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|-------------|---------------------|
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Date

10/28/25

HYDROSTATIC SPILL BUCKET INTEGRITY TEST

| | SINGLE- ANI | | OOBLE-WALL | | VACOUM 1EST | IVIE | ПОО | | | | | | |
|---|---|-------|--------------------|----|-------------------------|---|-----------------------|-------|--------------------|----------|-------------------------------|-----|--|
| acility Name: Sunoco | | | | | Owner: Sunoco | | | | | | | | |
| Address: 765 N State St | | | | | Address: 765 N State St | | | | | | | | |
| City, State, Zip Code: North Verna | City, State, Zip Code: North Vernon, IN 47265 | | | | | City, State, Zip Code: North Vernon, IN 47265 | | | | | | | |
| Facility I.D. #: 2 | 22 | | Phone #: | | | | | | | | | | |
| | | | | L | | | | | | _ | | | |
| This procedure is to test the leak integrity of sir 6.3 for single-walled vacuum test method and | | | | | | | | 5.2 f | or hydrostatic | tes | t method, Section | on | |
| Tank Number | 1 | | 2 | | 3 | | 4 | | | | | | |
| Product Stored | Regular 1 | | Premium | | Diesel | | Regular 2 | | | | | | |
| Spill Bucket Capacity | 5 gal | | 5 gal | | 5 gal | | 5 gal | | | | | | |
| Manufacturer | OPW | | OPW | | OPW | | OPW | | | | | | |
| Construction | sw | • | sw | • | sw | • | sw | • | | • | • | • | |
| Test Type | Hydrostation | • | Hydrostati | • | Hydrostati | • | Hydrostatic | • | . [| • | • | • | |
| Spill Bucket Type | Product | • | Product | • | Product | • | Product | • | | V | - | • | |
| Liquid and debris removed from spill bucket? | Yes | • | Yes | • | Yes | • | Yes | • | | • | | • | |
| Visual Inspection (No cracks, loose parts or separation of the bucket from the fill pipe.) | Pass | • | Pass | • | Pass | • | Pass | • | | • | - | • | |
| Tank riser cap included in test? | Yes | • | Yes | • | Yes | • | Yes | • | | • | - | V | |
| Drain valve included in test? | Yes | • | Yes | • | Yes | • | Yes | • | | _ | - | _ | |
| Starting Level | 12" | | 12.5" | | 12" | | 12" | | | | | | |
| Test Start Time | 12:40pm | | 12:55pm | | 12:50pm | | 12:45pm | | | | | | |
| Ending Level | 12" | | 12.5" | | 12" | | 12" | | | | | | |
| Test End Time | End Time 1:40pm | | 1:55pm | | 1:50pm | | 1:45pm | | | | | | |
| Test Period | 1 Hr | | 1 Hr | | 1 Hr | | 1 Hr | | | | | | |
| Level Change | 0 | | 0 | | 0 | | 0 | | | | | | |
| Pass/fail criteria: Must pass visual inspection. Hydrostatic: Water at least 12 inches water column | er level drop of les | s tha | ın 1/8 inch; Vacuu | ım | single-walled only: | : Mai | ntain at least 26 inc | hes v | vater column; Vacu | um | doub l e-walled: maint | ain | |
| Test Results | Pass | • | Pass | • | Pass | • | Pass | • | [| • | - | • | |
| Comments: | | | | | | | | \ | | | | | |
| Tester's Name: Josh Rider Tester's Signature: | | | | | | | | | | | | | |