

		UST Overf	ill Inspectior	n - Automatic	Shutoff De	vice			
Owner Name:				Date:		Job/WO:			
GPM					/2025		230837		
Facility Name: 25305 South Bend				Office:	R. W. Mercer C Jackson 517-				-
Address:				Tester:	Jackson 517	767 2500			1
23395 Sr 2 W				Daniel Lewis					
City, State, Zip Code:				Certification #	:				
South Bend, In 46619 All testing procedures follow the guide	lines put forth in PEI/PP	1200							
Tank Number	1	2	3	4	5	6	7	8	
Product Grade	REGULAR		3	KERO	,	-	,		+
				+					-
Test type Overfill prevention device	Certification			Certification					4
brand, if known	OPW			OPW					
Drop tube passes visual									1
inspection?	Yes			Yes					
Drop tube removed from	Yes			Yes					
tank?				1.53					_
Drop tube and float									
mechanisms free of debris?	Yes			Yes					
Float moves freely without	+								+
binding and poppet moves	Yes			Yes					
into flow path?									
Bypass valve in the drop									Ī
tube open and free of	Yes			Yes					
blockage? (if present)									_
A "No" to any of the above items indicate	T		I	T T	I	1			
1. Full Volume, gallons	12032			1992					
2. Tank Diameter, inches	96			63					
Calculated 0E%									+
Calculated 95%	11430.4			1892.4					4_
4. Use tank charts to	0.5.5			53.5					
determine height of calculated volume	86.5			53.5					
			-			+			+
5. Measure top fill riser	36			33.5					4_
6. Calculated upper tube	9.5			6.5					
in tank									4
7. Subtract 2" from upper	<u> </u>			0.5					
length, if required by manufacturer specs.	7.5			6.5					
	+								\dashv
8. Calculated minimum upper tube length	43 . 5			40					
						+			-
9. Actual measured upper	48.00			40.00					
tube length w/out adaptor	70.00			70.00					
			! 	1					
Test Results	Dani			D					
	Pass		1	Pass	<u> </u>			<u> </u>	+
Comments:									
Tester's Name (print):	Daniel Lewis			Te	ester's Signatu	e: Daniel Lewis			
									-
									-
									+
	1								