KDHE Reference No.: Owner ID:_____ Facility ID:_____

Underground Storage Tank System
(LINE) Tightness Test

(This form must accompany tank/line tightness test results)

FOR TESTER USE ONLY:

Date of Test 8-7-06
Tester I.D. 10930-1
Company I.D. C0008
Signed: Ethan Kappler

Submit to: **Kansas Department of Health and Environment**
Bureau of Environmental Remediation
Storage Tank Section
1000 SW Jackson, Suite 410
Topeka, KS 66612-1367
Phone: 785 296-8061
Fax: 785 296-6190

Please Print Clearly or Type

I. Facility Information

A. Facility Name: SAC + FOX TRUCK STOP

B. Facility Address: HWY 75 (street) Powhattan (city) KS! (state) (zip)

C. Contact Person: MARK Phone: (____)____-_____

II. Owner Information

A. Owner Name: SAC + FOX NATION of MISSOURI

B. Owner Address: _____ (street) (city) (state) (zip)

C. Owner Contact Person: _____ Phone: (____)____-_____

III. Test Information

A. Test Method: KIS Leak Threshold: 0.1 gph

IV. Tank Systems Tested When performing line tests *always* provide corresponding tank information.

KDHE tank no.					
Total Capacity (gals)					
Capacity during Test (gals)					
Year installed					
Pass/Fail					
Leak rate					
3rd Party Certification met	Yes___No___	Yes___No___	Yes___No___	Yes___No___	Yes___No___

KDHE tank/line no.	UNlead	Mid	PRem	Deisel	
Dispenser type: Safe/Conventional/Pressure	PRESS	PRESS	PRESS	PRESS	
Mech. Leak Det. (MLD) Model:	R/J	R/J	R/J	R/J	
MLD operating correctly: Y/N	Y	Y	Y	Y	
Pass/Fail	PASS	PASS	PASS	PASS	
Leak rate	0	0	0	0	
3rd Party Certification met	Yes___No___	Yes___No___	Yes___No___	Yes___No___	Yes___No___

V. If tank or line has failed, a release is suspected. To whom has suspected release been reported?

_____

Please direct questions regarding tank and line tests to KDHE, Storage Tank Section, 785-296-8061.

REC'D STOP BR

FEB 03 2003

K A N S A S

RODERICK L. BREMBY, SECRETARY — KATHLEEN SEBELIUS, GOVERNOR

DEPARTMENT OF HEALTH AND ENVIRONMENT

January 30, 2004

Mr. Ed Wakeland, Geologist
USEPA/ARTD/USTB
Region 7
901 N 5th Street
Kansas City, KS 66101

Dear Mr. Wakeland:

Please find enclosed line tightness test results for the Sac & Fox Truck Stop, 1346 US HWY 75, Powhattan. I am passing these test results along to you because the Storage Tank Section does not regulate underground storage tank systems located on Indian Lands. If you have any questions, you may contact me at 785-296-1685. Thank you for your consideration.

Sincerely,

Michael L. Pomes

Michael L. Pomes, L.G.
Environmental Geologist
Storage Tank Section
Bureau of Environmental Remediation

Enclosures

D:\MyFiles\U.S. Environmental Protection Agency\Quarterly Reports for EPA\Transmittal Letter for Test Results from Indian Lands.wpd

DIVISION OF ENVIRONMENT
Bureau of Environmental Remediation
CURTIS STATE OFFICE BUILDING, 1000 SW JACKSON ST., STE 410, TOPEKA, KS 66612-1367
Phone 785-296-1685 Fax 785-296-6190 http://www.kdhe.state.ks.us/ber/index.html
Printed on Recycled Paper

10-01 UST011

KDHE Reference No.: Owner ID:_____ Facility ID:_____

Underground Storage Tank System
(LINE) Tightness Test

(This form must accompany tank/line tightness test results)

FOR TESTER USE ONLY:

Date of Test 12-2-03

Tester I.D. T0167-1

Company I.D. C0063

Signed: Donald A. Smith

Submit to: Kansas Department of Health and Environment
Bureau of Environmental Remediation
Storage Tank Section
1000 SW Jackson, Suite 410
Topeka, KS 66612-1367
Phone: 785 296-8061
Fax: 785 296-6190

Please Print Clearly or Type

I. Facility Information

A. Facility Name: Sac and Fox Truck Stop

B. Facility Address: 1346 US Hwy 75 (street) Powhattan (city) Ks. (state) 66527 (zip)

C. Contact Person: Sharon Phone: (785) 467-5354

II. Owner Information

A. Owner Name: Sac and Fox Nation

B. Owner Address: 1346 US Hwy 75 (street) Powhattan (city) Ks. (state) 66527 (zip)

C. Owner Contact Person: Sharon Phone: (785) 467-5354

III. Test Information

A. Test Method: KTS Leak Threshold: .1gph

IV. Tank Systems Tested When performing line tests *always* provide corresponding tank information.

KDHE tank no.					
Total Capacity (gals)					
Capacity during Test (gals)					
Year Installed					
Pass/Fail					
Leak rate					
3rd Party Certification met	Yes___No___	Yes___No___	Yes___No___	Yes___No___	Yes___No___

KDHE tank/line no.	1	2	3	4	
Dispenser type: Safe/Conventional/Pressure	Pressure	Pressure	Pressure	Pressure	
Mech. Leak Det. (MLD) Model:	PLD	PLD	PLD	PLD	
MLD operating correctly: Y/N	Y	Y	Y	Y	
Pass/Fail	Pass	Pass	Pass	Pass	
Leak rate					
3rd Party Certification met	Yes X No___	Yes X No___	Yes X No___	Yes X No___	Yes___No___

V. If tank or line has failed, a release is suspected. To whom has suspected release been reported?

Please direct questions regarding tank and line tests to KDHE, Storage Tank Section, 785-296-8061.

KDHE Reference No.: Owner I.D. _____ Facility I.D. _____

Underground Storage Tank System Tightness Test

For Tester Use Only.

Date of Test 10-31-00
Signed [illegible]
Tester I.D. IDILT
Company I.D. CODLZ

This form must accompany tank/line tightness test results.

Submit to: Kansas Department of Health and Environment
Bureau of Environmental Remediation -
Storage Tank Section
Forbes Field, Bldg. 740
Topeka KS 66620

Please Print Clearly or Type

I. Facility Information

A. Facility Name: Sac & Fox Truck Stop

B. Facility Address: 1346 N. Hwy 75 Powhattan Ks. 66527
(street) (city) (state) (zip)

C. Contact Person: Gina Phone: (785) 467-5354 or 785-742-7471

II. Contractor Information

A. Contractor Name: The Topeka Pump Co. License No. and Exp. Date: CODLZ / 11-18-0

B. Contractor Address: 1733 N. Kansas Topeka Ks. 66608
(street) (city) (state) (zip)

C. Contact Person: Don Smith Phone: (785) 354-1210

III. Test Information

A. Test Method: _____ Leak Threshold: _____

IV. Tank Systems Tested When performing line tests *always* provide corresponding tank information.

KDHE tank no.					
Total Capacity (gals)					
Capacity during Test (gals)					
Year Installed					
Pass/Fail					
Leak rate					
3rd Party Certification met	Yes__No__	Yes__No__	Yes__No__	Yes__No__	Yes__No__

KDHE tank/line no.	1	2	3	4	
Dispenser type: Suct/Conv/Press.	Press.	Press.	Press.	Press.	
Mech. Leak Det. (MLD) Model:	PLD	PLD	PLD	PLD	
MLD operating correctly: Y/N	Y	Y	Y	Y	
Pass/Fail	Pass	Pass	Pass	Pass	
Leak rate	0	0	0	0	
3rd Party Certification met	Yes__No__	Yes__No__	Yes__No__	Yes__No__	Yes__No__

V. If tank or line has failed, a release is suspected. To whom has suspected release been reported?

Please direct questions regarding tank and line tests to KDHE, Storage Tank Section, 785-296-8061.

203482

The Topeka Pump Co., Inc.
1733 N. Kansas Ave
Topeka, KS 66608-1254
Ph 785-354-1210
Fax 785-354-1938

Date 10-14-00

Customer PO#

SERVICE WORK ORDER

Charge To:

Location Sac & Fox Truck Stop
Powhattan KS
785-742 7471

Attn:

Make	Model	Serial #

Time Arrived		Mileage Ending		Driving Time To
Time Finished		Mileage Beginning		
		Mileage Difference		
Hours to Load Truck		Hours to Unload Truck		Driving Time From

WORK INSTRUCTIONS

Line Test

Do on 10-31-00 at 10:00am

MECHANIC'S REPORT

Done line test on 4 product lines. All 4 lines tested OK.

Checked 4 leak detectors on I.D. tester. All 4 tested OK.

MATERIALS AND PARTS USED

QTY	Part#	DESCRIPTION	Price	Amount

Key Code

Total Parts & Materials

Outside Labor

@ Mechanic Labor

@ Helper Labor

Miles @ /mi Mileage

Subtotal

Sales Tax

TOTAL DUE

Serviceman's Signature

WORK AUTHORIZED BY:

By: Jason

Customers Signature Bob Vinnage

Labor Hours: