VERIS
· LAW GROUP ·

HOWARD F. JENSEN
howard@verislawgroup.com
(206) 829.8429 (direct)
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November 5, 2026

Via Online Portal and Email

Olu Akeroro
Site Manager
Washington State Department of Ecology
PO Box 330316
Shoreline, Washington 98133
olu.akeroro@ecy.wa.gov

Re: *Comments on Draft Cleanup Action Plan*
Tiki Car Wash Site

Dear Olu:

Tiki Enterprises, Inc. ("Tiki") issues the following comments in response to the Draft Cleanup Action Plan ("Draft CAP") submitted for public comment by the Washington State Department of Ecology ("Ecology") for the Tiki Car Wash Site ("Site"):

- Section 1.2. This section states that the consent decree between Tiki and Ecology was terminated in 2017, after which Ecology took over cleanup responsibility for the Site. This is not true. It is important that the cleanup action plan is accurate in its description of the consent decree and the allocation of responsibility under the consent decree. Tiki and Ecology entered into the consent decree in 1993, more than 30 years ago. Under the terms of the consent decree, Tiki paid Ecology $250,000 to effectively resolve its liability for the Site. In exchange for this sum, Ecology agreed to design, select, and implement a cleanup action for the entire Site that is compliant with the Model Toxics Control Act, Chapter 70A.305 RCW. The consent decree has never been terminated and is still in effect.

- Section 2.1. This section states that four single-walled steel underground storage tanks ("USTs") were installed on the Tiki property between 1971 and 1978. The cleanup action plan should provide more information about the USTs to avoid confusion or misunderstanding. The USTs were originally installed in the 1970s but they were relined in 1995 to prevent leaks and extend their useful life. The relining was performed by Ulrich Industrial Coatings Co. and involved installation of an internal epoxy lining on all four USTs. The USTs have, throughout their entire life cycle, been regularly inspected, monitored, and tested. In 1991, before the USTs were relined, Ecology determined that the USTs were not leaking. In the years since then, cathodic protection tests, pressure decay tests, and annual leak detection tests confirm the USTs

have not leaked. Information regarding Ecology's 1991 investigation, the 1995 relining of the USTs, and recent test results are enclosed with this letter.

- Section 3.1. This section states that a model remedy was selected for the Tiki property and a different remedy was selected for the neighboring properties. The cleanup action plan does not identify the model remedy selected for the Tiki property, so it cannot be evaluated whether the remedial actions proposed for the Tiki property comply with the model remedy. Also, a model remedy must apply to an entire site because Ecology's model remedy guidance does not allow a model remedy to apply only to a portion of a site. Most significantly, none of the model remedies allow contamination to be left in place on a property other than the source property. The remedial actions proposed for the neighboring properties will likely leave contamination in place, which is not allowed under a model remedy.

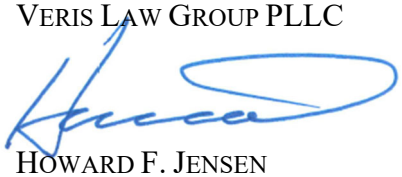
- Section 3.2.1. This section is supposed to describe the remedial actions to be performed on the Tiki property, but it does not. The cleanup action plan should be akin to a work plan describing in detail the remedial actions to be performed at a site. There should be a narrative description of each of the key elements of the remedy proposed for the Tiki property. The key elements should include, at minimum, the following: (1) demolition of existing structures; (2) excavation of contaminated soil; (3) removal of contaminated groundwater via dewatering; (4) treatment of residual soil contamination and groundwater contamination through the placement of an oxygen-release compound in the remedial excavation; and (5) backfilling of the remedial excavation and restoring the Tiki property to its original grade. It should also be explained that the remedial actions on the Tiki property will comply with applicable City of Bellevue codes that pertain to the excavation, backfilling, and property restoration activities.

- Section 3.2.2. This section describes the remedial actions to be performed on the neighboring properties. The targeted soil excavation will remove only about half of the contaminated soil that extends under the neighboring properties. Removal of contaminated groundwater via dewatering is not mentioned, which would be beneficial and might prove to be necessary. The contaminated soil and contaminated groundwater that will remain on the neighboring properties after the targeted excavation is proposed to be addressed by in situ chemical oxidation. The efficacy of that remedy is doubtful and no sampling of soil is proposed to evaluate its efficacy. The cleanup action plan should identify the contingent actions that will be performed on the neighboring properties if the proposed in situ chemical oxidation does not result in soil and groundwater complying with cleanup levels. The cleanup action will be incomplete, and further action will be needed, if cleanup levels are not achieved throughout the neighboring properties.

Tiki appreciates Ecology's consideration of these comments. We are available to discuss the comments if you have questions or need additional information.

Sincerely,

VERIS LAW GROUP PLLC



HOWARD F. JENSEN

Enclosures

cc: Dan Lawler, Assistant Attorney General (dan.lawler@atg.wa.gov)
JT Cooke, counsel to TRF (jt@houlihan-law.com)
Hossein Khorram, Manager of KFI (milano@milanoapts.com)
John Houlihan, counsel to Dollar Capital (john@houlihan-law.com)
Client

ATTACHMENT 1

SITE 100678

State of Washington
Department of Ecology

ENTERED

UST INSPECTION

Inspection Date: 3/16/98 **Time:** 9.30

Inspector(s): Storey **Insp. Type:** ☒ T/A ☐ Leak ☐ Other

FACILITY INFORMATION		UBI #	600 037-719
UST #:	100678	County	King
Site Name	TIKI CAR WASH	Contact	RICK
Address	11909 NE 8TH Bellevue 98005	Phone	—

TANK INFORMATION

Tank #	Gal.	Content	Status	Leak Det.	Tank Tight	Line Tight	LLD Test	Test Date
1	6,	MU	OP	(INV) (ATG) TT GWM VPM INT SIR	P F	P F	P F	
2	8,	D		INV ATG TT GWM VPM INT SIR	P F	P F	P F	
3	10,	PU		INV ATG TT GWM VPM INT SIR	P F	P F	P F	current
4	15	RU		INV ATG TT GWM VPM INT SIR	P F	P F	P F	
				INV ATG TT GWM VPM INT SIR	P F	P F	P F	

1.	Have all the USTs been registered? (WAC 173-360-200)	(YES)	NO	N/A
2.	Do all the USTs have current endorsement on license? (WAC 173-360-130)	(YES)	NO	N/A
3.	Are the USTs installed after 12/22/88?	(YES)	NO	N/A
4.	Are records of release detection available? (WAC 173-360-140)	(YES)	NO	N/A
5,	Are records of tank tightness testing available? (WAC 173-360-345)	(YES)	NO	N/A
6.	Are records of line tightness testing available? (WAC 173-360-350 (2) ii)	(YES)	NO	N/A
7.	Does the facility have records of annual line leak detector test? (WAC 173-360-350 (2) a ii)	YES	NO ?	(N/A)
8.	Does the facility have proof of financial responsibility? (WAC 173-360-400)	(YES)	NO	N/A
9.	Inventory complete? (WAC 173-360-345 (6)) *(circle)* (Daily) Weekly Monthly	(YES)	NO	N/A
10.	Does the ATG have a test strip run to verify operation?	(YES)	NO	N/A
11.	Do ATG records demonstrate monthly leak detection testing done? (WAC 173-360-355 (2))	(YES)	NO	N/A
12.	Does the facility have line leak detector(s)? (WAC 173-360-335)	(YES)	NO	N/A
13.	Doe the tanks have spill/overfill prevention? *(circle)* (Spill) (Overfill)	(YES)	NO	N/A
14.	Does the UST system have corrosion protection? *(circle)* (Tanks) (Piping)	(YES)	NO	N/A
15.	Action taken? *(circle)* ☐ Warning Letter ☐ Notice of Correction ☐ Field Citation	N/A		
16.	Date follow up is required?			

Comments: Veeder Root TLS 250.
TANK = Steel lined Pipe = FRG.

Inspector's Signature [signature] 649-7219

Ecology is an Equal Opportunity and Affirmative Action Employer.
To receive this message in an alternative format, contact the Toxics Cleanup Program at 1-800-826-7716 (voice) or (360) 407-6006 (TDD).

ECY 020-88 (9/95)

COPY

Distribution: Original to File
2 & 3 to Tank Owner

Explanation of Codes on Inspection Type

T/A	=	Technical Assistance Visit
Leak	=	Leak Detection Visit
Other	=	Enforcement Visit

Explanation of Codes Under Tank Information

Leak Det	=	Leak Detection
LLD	=	Line Leak Detectors
INV	=	Inventory Control
ATG	=	Automatic Tank Gauging
TT	=	Tank Tightness
GWM	=	Ground Water Monitoring
VPM	=	Vapor Monitoring
INT	=	Interstitial Monitoring
SIR	=	Statistical Inventory Reconciliation
P F	=	Pass or Fail

N.W U0008978
100678

UNDERGROUND STORAGE TANK
Retrofitting/Repair Checklist

APR 1 1995 # 9509

The purpose of this form is to certify the proper retrofitting and/or repair of underground storage tank (UST) systems. (These activities shall be conducted in accordance with Chapter 173.360 WAC.) It will also be used to record any changes to information previously provided on the Notification form (ECY 020-32) for the specific UST system(s) resulting from the retrofit/repair described below.

Retrofitting and/or repair of cathodic protection systems shall be separately certified by a licensed Cathodic Protection Supervisor on the Cathodic Protection Checklist. All required tank and line tightness testing upon completion of the rerofit/repair shall be separately ceartified by a licensed tightness testing supervisor on the Tightness Testing Checklist.

This Retrofitting Checklist shall be completed and signed by a **Licensed Installation and Retrofitting Supervisor.** The licensed supervisor shall be on site when all retrofitting/repair activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a **Service Provider.** If any of the activities listed below have been supervised by a different licensed supervisor, a separate checklist shall be filled out and signed by the licensed supervisor performing those activities.

For further information about completing this form please contact the Department of Ecology UST Program.

A separate checklist must be completed for each UST system (tank and associated piping) where retrofitting/repair activities are conducted, except that UST systems retrofitted or repaired at one site may be reported together by completing pages 3 and 4 of this form separately for each UST system. The completed checklist should be mailed to the following address within 30 days of completion of retrofit/repair:

Underground Storage Tank Section, Department of Ecology, P.O. Box 47655 Olympia, WA 98504-7655

RECEIVED
APR 25 1995
DEPT. OF ECOLOGY

1. UST SYSTEM OWNER AND LOCATION

UST Owner/Operator: Tiki Enterprise, Inc.

Owners Address: 515 116th Avenue N.E., Suite 266 (Street / P.O. Box)
Bellevue (City) WA (State) 98004 (ZIP-Code)

Telephone: (206) 455-4947

Site ID Number (on invoice or available from Ecology if tank is registered): 100678

Site/Business Name: Tiki Car Wash

Site Address: 11909 N.E. 8th Street (Street) King (County)
Bellevue (City) WA. (State) (ZIP-Code)

2. TANK RETROFITTING/REPAIR PERFORMED BY:

Firm: Ulrich Industrial Coatings Co. License Number: ULRICIC066QH

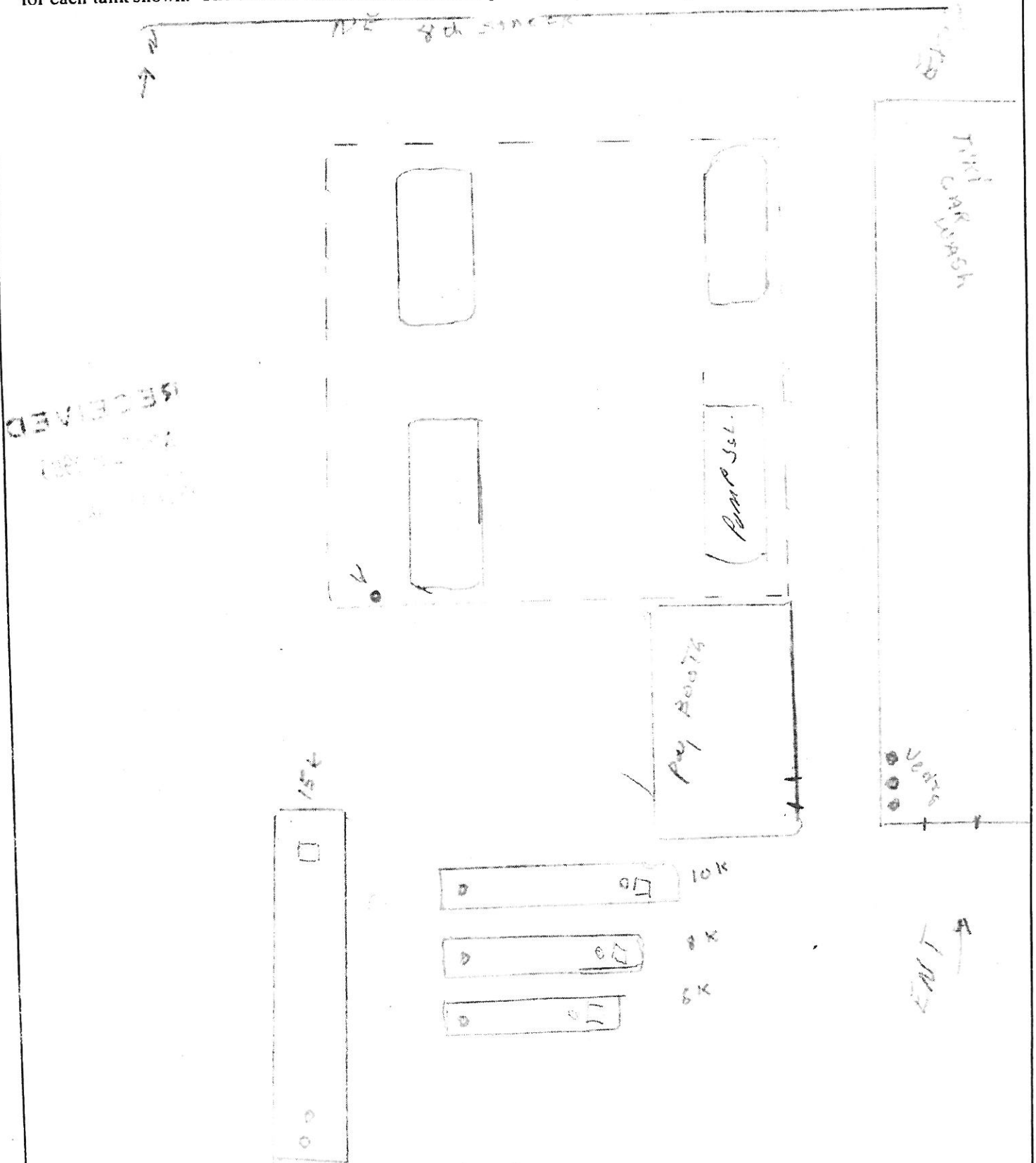
Address: P.O. Box 772 (Street / P.O. Box)
Hillsboro (City) OR (State) 97123 (ZIP-Code)

lephone: (503) 648-9587

Licensed Supervisor: Wiley M Fretwell Installation/Retrofitting License Number: 32-US-32000587

3. AS-BUILT SITE PLAN

An as-built site plan of the retrofitted or repaired UST system(s) at this site must be shown in the space provided below. Indicate locations of items retrofitted or repaired. Show North arrow and nearest street(s). Indicate tank ID number for each tank shown. The tank ID should be the number provided by the owner/operator on the Notification form.



Always contact local authorities regarding permit requirements.

Page 3 and 4 of this checklist must be completed separately for each UST system (tank and associated piping) retrofitted or repaired at the site. For more than one UST system you may photocopy this form prio to completing.

4. UST SYSTEM INFORMATION

1. Tank ID number (as registered with Ecology): 1
2. Year installed: 7-18-71
3. Tank capacitiy in gallons: 8 K
4. Tank material:
   - ✓ steel
   - ___ fiberglass reinforced plastic (FRP)
   - ___ composite
   - ___ other (specify) _____
5. Tank construction:
   - ✓ single wall
   - ___ double wall
   - ___ partitioned

5. RETROFITTING/REPAIR INFORMATION

1. Reason for retrofitting UST system (indicate all that apply):
   - ✓ To comply with upgrading requirements for existing UST systems
   - ___ To repair structural defect(s) in tank
   - ___ Preventive maintenance
   - ___ To comply with corrective action requirements
   - ___ Other (describe) _____
2. Type of retrofitting (indicate all that apply):
   - ✓ Installation of internal lining
     - ☐ rubber ☐ alkyd ☑ epoxy ☐ phenolic ☐ glass ☐ other (specify)_____
   - ___ Installation of spill and overfill prevention equipment
     - ☐ catchment basin ☐ auto shutoff ☐ overfill alarm ☐ ball float valve ☐ other (specify)_____
   - ___ Installation of release detection equipment
     - ☐ automatic tank gauge ☐ vapor monitoring equipment ☐ groundwater monitoring equipment
     - ☐ interstitial monitoring within secondary barrier ☐ interstitial monitoring within double wall
     - ☐ automatic line leak detector ☐ other (describe) _____
   - ___ Repair or replacement of release detection equipment
     - ☐ automatic tank gauge ☐ vapor monitoring equipment ☐ groundwater monitoring equipment
     - ☐ interstitial monitoring within secondary barrier ☐ interstitial monitoring within double wall
     - ☐ automatic line leak detector ☐ other (describe)
   - ___ Tank repair (describe) _____
   - ___ Replacement of metal pipe sections and fittings (indicate new piping material) _____
   - ___ Replacement of fiberglass pipe sections and fittings (indicate new piping material) _____
   - ___ Repair of fiberglass pipe sections and fittings
   - ___ Other (describe) EPOXIE LINED INT.
3. Date of completion of retrofit or repair(s) indicated above: 3-27-95

Page 3 and 4 of this checklist must be completed separately for each UST system (tank and associated piping) retrofitted or repaired at a site. For more than one UST system, you may photocopy this form prior to completing.

Tank ID Number: 1

6. CHECKLIST

The following items shall be initialed by the **licensed supervisor** whose signature appears below.

	Yes	No	NA*
1. Have all items checked above been installed, repaired or replaced per code and manufacturer's requirements and in accordance with federal and/or state regulations?	WMF		
2. Has the owner/operator been provided with written documentation of the item(s) installed, repaired or replaced?	WMF		

*Item not applicable

I hereby certify that I have been the licensed supervisor present on site during the above listed retrofitting/repair activities and to the best of my knowledge they have been conducted in compliance with all state and federal laws, regulations and procedures pertaining to underground storage tanks.

Persons submitting false information are subject to penalties under Chapter 173.360 WAC.

3-27-95
Date

WM Fretwell
Signature of Licensed Supervisor

7. ADDITIONAL REQUIRED SIGNATURES

4.7.95
Date

VICC by Traci L Ulrich
Signature of Licensed Service Provider (firm) Owner or Authorized Representative

4-14-95
Date

Donald Thorpe
Signature of Tank Owner or Authorized Representative

Page 3 and 4 of this checklist must be completed separately for each UST system (tank and associated piping) retrofitted or repaired at the site. For more than one UST system you may photocopy this form prio to completing.

4. UST SYSTEM INFORMATION

1. Tank ID number (as registered with Ecology): 2 2. Year installed: 7-18-71

3. Tank capacitiy in gallons: 6,000

4. Tank material:

- ✓ steel
- ___ fiberglass reinforced plastic (FRP)
- ___ composite
- ___ other (specify) ___

5. Tank construction:

- ✓ single wall
- ___ double wall
- ___ partitioned

5. RETROFITTING/REPAIR INFORMATION

1. Reason for retrofitting UST system (indicate all that apply):

- ✓ To comply with upgrading requirements for existing UST systems
- ___ To repair structural defect(s) in tank
- ___ Preventive maintenance
- ___ To comply with corrective action requirements
- ___ Other (describe) ___

2. Type of retrofitting (indicate all that apply):

- ✓ Installation of internal lining
  - ☐ rubber ☐ alkyd ☑ epoxy ☐ phenolic ☐ glass ☐ other (specify)___
- ___ Installation of spill and overfill prevention equipment
  - ☐ catchment basin ☐ auto shutoff ☐ overfill alarm ☐ ball float valve ☐ other (specify)___
- ___ Installation of release detection equipment
  - ☐ automatic tank gauge ☐ vapor monitoring equipment ☐ groundwater monitoring equipment
  - ☐ interstitial monitoring within secondary barrier ☐ interstitial monitoring within double wall
  - ☐ automatic line leak detector ☐ other (describe) ___
- ___ Repair or replacement of release detection equipment
  - ☐ automatic tank gauge ☐ vapor monitoring equipment ☐ groundwater monitoring equipment
  - ☐ interstitial monitoring within secondary barrier ☐ interstitial monitoring within double wall
  - ☐ automatic line leak detector ☐ other (describe)
- ___ Tank repair (describe) ___
- ___ Replacement of metal pipe sections and fittings (indicate new piping material) ___
- ___ Replacement of fiberglass pipe sections and fittings (indicate new piping material) ___
- ___ Repair of fiberglass pipe sections and fittings
- ___ Other (describe) EPOXIE LINED INT.

3. Date of completion of retrofit or repair(s) indicated above: 3-27-95

Page 3 and 4 of this checklist must be completed separately for each UST system (tank and associated piping) retrofitted or repaired at the site. For more than one UST system, you may photocopy this form prior to completing.

Tank ID Number: 2

6. CHECKLIST

The following items shall be initialed by the **licensed supervisor** whose signature appears below.

	Yes	No	NA*
1. Have all items checked above been installed, repaired or replaced per code and manufacturer's requirements and in accordance with federal and/or state regulations?	WMF		
2. Has the owner/operator been provided with written documentation of the item(s) installed, repaired or replaced?	WMF		

*Item not applicable

I hereby certify that I have been the licensed supervisor present on site during the above listed retrofitting/repair activities and to the best of my knowledge they have been conducted in compliance with all state and federal laws, regulations and procedures pertaining to underground storage tanks.

Persons submitting false information are subject to penalties under Chapter 173.360 WAC.

4-27-95
Date

WM Fretwell
Signature of Licensed Supervisor

7. ADDITIONAL REQUIRED SIGNATURES

4-7-95
Date

VICC by Traci L Ulrich
Signature of Licensed Service Provider (firm) Owner or Authorized Representative

4-14-95
Date

Signature of Tank Owner or Authorized Representative

Page 3 and 4 of this checklist must be completed separately for each UST system (tank and associated piping) retrofitted or repaired at the site. For more than one UST system you may photocopy this form prio to completing.

4. UST SYSTEM INFORMATION

1. Tank ID number (as registered with Ecology): 3
2. Year installed: 7-18-71
3. Tank capacitiy in gallons: 15,000
4. Tank material:
   - ✓ steel
   - ___ fiberglass reinforced plastic (FRP)
   - ___ composite
   - ___ other (specify) _____
5. Tank construction:
   - ✓ single wall
   - ___ double wall
   - ___ partitioned

5. RETROFITTING/REPAIR INFORMATION

1. Reason for retrofitting UST system (indicate all that apply):
   - ✓ To comply with upgrading requirements for existing UST systems
   - ___ To repair structural defect(s) in tank
   - ___ Preventive maintenance
   - ___ To comply with corrective action requirements
   - ___ Other (describe) _____
2. Type of retrofitting (indicate all that apply):
   - X Installation or internal lining
     - ☐ rubber ☐ alkyd ☒ epoxy ☐ phenolic ☐ glass ☐ other (specify)_____
   - ___ Installation of spill and overfill prevention equipment
     - ☐ catchment basin ☐ auto shutoff ☐ overfill alarm ☐ ball float valve ☐ other (specify)_____
   - ___ Installation of release detection equipment
     - ☐ automatic tank gauge ☐ vapor monitoring equipment ☐ groundwater monitoring equipment
     - ☐ interstitial monitoring within secondary barrier ☐ interstitial monitoring within double wall
     - ☐ automatic line leak detector ☐ other (describe) _____
   - ___ Repair or replacement of release detection equipment
     - ☐ automatic tank gauge ☐ vapor monitoring equipment ☐ groundwater monitoring equipment
     - ☐ interstitial monitoring within secondary barrier ☐ interstitial monitoring within double wall
     - ☐ automatic line leak detector ☐ other (describe)
   - ___ Tank repair (describe) _____
   - ___ Replacement of metal pipe sections and fittings (indicate new piping material) _____
   - ___ Replacement of fiberglass pipe sections and fittings (indicate new piping material) _____
   - ___ Repair of fiberglass pipe sections and fittings
   - ___ Other (describe) EPOXIE LINEd INT.
3. Date of completion of retrofit or repair(s) indicated above: 3 27 95

Page 3 and 4 of this checklist m't be completed separately for each US' 'stem (tank and associated piping) retrofitted or repaired a.' ' site. For more than one UST system , ou may photocopy this form prior to completing.

Tank ID Number: 3

6. CHECKLIST

The following items shall be initialed by the **licensed supervisor** whose signature appears below.

	Yes	No	NA*
1. Have all items checked above been installed, repaired or replaced per code and manufacturer's requirements and in accordance with federal and/or state regulations?	WMF		
2. Has the owner/operator been provided with written documentation of the item(s) installed, repaired or replaced?	WMF		

*Item not applicable

I hereby certify that I have been the licensed supervisor present on site during the above listed retrofitting/repair activities and to the best of my knowledge they have been conducted in compliance with all state and federal laws, regulations and procedures pertaining to underground storage tanks.

Persons submitting false information are subject to penalties under Chapter 173.360 WAC.

3-27-95
Date

WM Fretwell
Signature of Licensed Supervisor

7. ADDITIONAL REQUIRED SIGNATURES

4-7-95
Date

VICC by Traci L Weich
Signature of Licensed Service Provider (firm) Owner or Authorized Representative

4-14-95
Date

Signature of Tank Owner or Authorized Representative

Page 3 and 4 of this checklist must be completed separately for each UST system (tank and associated piping) retrofitted or repaired at the site. For more than one UST system you may photocopy this form prior to completing.

4. UST SYSTEM INFORMATION

1. Tank ID number (as registered with Ecology): 4 2. Year installed: 7-18-78

3. Tank capacitiy in gallons: 10,800

4. Tank material:

- ✓ steel
- ___ fiberglass reinforced plastic (FRP)
- ___ composite
- ___ other (specify) _____

5. Tank construction:

- ✓ single wall
- ___ double wall
- ___ partitioned

5. RETROFITTING/REPAIR INFORMATION

1. Reason for retrofitting UST system (indicate all that apply):

- ✓ To comply with upgrading requirements for existing UST systems
- ___ To repair structural defect(s) in tank
- ___ Preventive maintenance
- ___ To comply with corrective action requirements
- ___ Other (describe) _____

2. Type of retrofitting (indicate all that apply):

- ✓ Installation of internal lining
  - ☐ rubber ☐ alkyd ☑ epoxy ☐ phenolic ☐ glass ☐ other (specify)_____
- ___ Installation of spill and overfill prevention equipment
  - ☐ catchment basin ☐ auto shutoff ☐ overfill alarm ☐ ball float valve ☐ other (specify)_____
- ___ Installation of release detection equipment
  - ☐ automatic tank gauge ☐ vapor monitoring equipment ☐ groundwater monitoring equipment
  - ☐ interstitial monitoring within secondary barrier ☐ interstitial monitoring within double wall
  - ☐ automatic line leak detector ☐ other (describe) _____
- ___ Repair or replacement of release detection equipment
  - ☐ automatic tank gauge ☐ vapor monitoring equipment ☐ groundwater monitoring equipment
  - ☐ interstitial monitoring within secondary barrier ☐ interstitial monitoring within double wall
  - ☐ automatic line leak detector ☐ other (describe)
- ___ Tank repair (describe) _____
- ___ Replacement of metal pipe sections and fittings (indicate new piping material) _____
- ___ Replacement of fiberglass pipe sections and fittings (indicate new piping material) _____
- ___ Repair of fiberglass pipe sections and fittings
- ___ Other (describe) EPOXIE LINEd iNT

3. Date of completion of retrofit or repair(s) indicated above: 3 27 95

Page 3 and 4 of this checklist m[illegible] be completed separately for each US[illegible] stem (tank and associated piping) retrofitted or repaired at [illegible] site. For more than one UST system, [illegible]u may photocopy this form prior to completing.

Tank ID Number: 4

6. CHECKLIST

The following items shall be initialed by the **licensed supervisor** whose signature appears below.

	Yes	No	NA*
1. Have all items checked above been installed, repaired or replaced per code and manufacturer's requirements and in accordance with federal and/or state regulations?	WMF		
2. Has the owner/operator been provided with written documentation of the item(s) installed, repaired or replaced?	WMF		

*Item not applicable

I hereby certify that I have been the licensed supervisor present on site during the above listed retrofitting/repair activities and to the best of my knowledge they have been conducted in compliance with all state and federal laws, regulations and procedures pertaining to underground storage tanks.

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3 27 95
Date

WM Fretwell
Signature of Licensed Supervisor

7. ADDITIONAL REQUIRED SIGNATURES

4-7-95
Date

VTCC by Traci L Ulrich
Signature of Licensed Service Provider (firm) Owner or Authorized Representative

4-14-95
Date

Donald Thorpe
Signature of Tank Owner or Authorized Representative

ATTACHMENT 2

TINE O. GREGOIRE
Director

STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY
Northwest Regional Office, 3190 - 160th Ave S.E. • Bellevue, Washington 98008-5452 • (206) 649-7000

RECEIVED
OCT 30 1991
TRF PACIFIC, INC.

October 29, 1991

Mr. Robert M. Parks
TRF Pacific, Inc.
PO Box 5727
Bellevue, WA 98006-5727

Re: Tiki Car Wash at 11909 NE 8th St., Bellevue, WA

Dear Mr. Parks,

This letter is in response to your request of October 15, 1991, regarding the contamination at and around the Tiki Car Wash. Based on a review of the soil and groundwater analysis conducted in this vicinity, it appears that the source of petroleum contamination found by Hart Crowser may have originated from the Tiki Car Wash property; however, further investigations are needed to make a determination.

It is not known for certain, but it appears there is not an on-going leak from the current tanks and lines. The owners of Tiki Car Wash had both the tanks and lines tightness tested and all passed. One of the lines testing result was .030 gph, which is below the .05 gph threshold specified in the current guidance for line tests.

The soil and groundwater concentrations which are above the cleanup levels in the Model Toxics Control Act regulation (Chapter 173-340 WAC), will need to be remediated by the potentially liable person.

If you have any questions, you may reach me at (206) 649-7257.

Sincerely,

Annette Petrie

Annette Petrie
Site Inspector
Toxics Cleanup Program

ATTACHMENT 3

Tanknology
11000 N. MoPac Expressway, Suite 500
Austin, Texas 78759
Phone: (512) 451-6334
Fax: (512) 459-1459

Date Printed and Mailed: 1/2/2026

UNDERGROUND STORAGE TANK SECTION
WASHINGTON DEPT. OF ECOLOGY
P.O. BOX 47655
OLYMPIA, WA 98504

Test Date: 12/22/2025
Order Number: 2389580

Dear Regulator,

Enclosed are the results of recent testing performed at the following facility:

Tiki Carwash (BELLEVUE)
11909 NE 8th Street
Bellevue, WA 98005

Testing performed:
- Annual Sump Inspection
- LEAK DETECTOR
- Line Tightness Test
- MONITOR CERTIFICATION

Sincerely,

Dawn Kohlmeyer

Dawn Kohlmeyer
Manager, Field Reporting

DEPARTMENT OF ECOLOGY
State of Washington

LEAK TESTING CHECKLIST
FOR UNDERGROUND STORAGE TANKS (USTs)

UST ID #: 100678
County: KING

This checklist certifies testing activities conducted in accordance with Chapter 173-360A WAC. Read instructions on pages 4-7.

☑ **PASS** – All Section VI services performed have passing results. ☐ **FAIL** – One or more components tested in Section VI require repair and re-testing.	**DATE TESTS CONDUCTED:** 12/22/2025

I. UST FACILITY	**II. CERTIFIED SERVICE PROVIDER**
Facility Compliance Tag #: A 8051	Service Provider Name: Candace Wheatley
UST ID #: 100678	Company Name: TANKNOLOGY, INC.
Site Name: Tiki Carwash	Address: 11000 N. MOPAC EXPRESSWAY #500
Site Address: 11909 NE 8th Street	City: AUSTIN State: TX Zip: 78759
City: Bellevue	Phone: (800)800-4633 Email: testreporting@tanknology.com
County: KING	ICC Certification Type: ICC UST Tank Tightness Testing
Site Phone: 425-260-9210	ICC Cert. #: 10322067 - U3 Exp. Date: 09/27/2027

III. UST OWNER/OPERATOR

Name: Kelly Pullen Phone: 425-260-9210 Email: kellypullen@hotmail.com; nancy.barnett@tikiwash.com

IV. UST SYSTEM INFORMATION
Observations on test day.

1. Tank ID #, as registered with Ecology or identified on ATG	1	2	3	4
2. Tank Status. OP (Operational); TC (Temporary Closure)	OP	OP	OP	OP
3. Product stored, including % of alternative fuels	REG	REG	DSL	PREM
4. Tank or compartment capacity (gallons)	15K	6K	8K	10K
5. Product pumping/flow method. Note as: P (Pressurized); NS (Non-safe Suction); SS (Safe Suction); Si (Siphon); GR (Gravity Fed)	P	P	P	P
Abbreviations for lines 5 and 6 below: Steel (ST); Fiberglass (FRP); Clad Steel (CLAD); Flexible (FLEX); Double Wall (DW); Single Wall (SW); Not Visible (NV)				
6. Tank material and construction observed	ST SW	ST SW	ST SW	ST SW
7. Pipe material and construction observed	FRP DW	FRP DW	FRP DW	FRP DW

V. REASON FOR SERVICES PERFORMED
(Check all that apply)

☑ Annual testing	☐ Test after install/repair	☐ Other (explain):
☐ 3-year testing	☐ Return UST system to operation	

VI. SERVICES PERFORMED

Required: Include verification for each test performed.

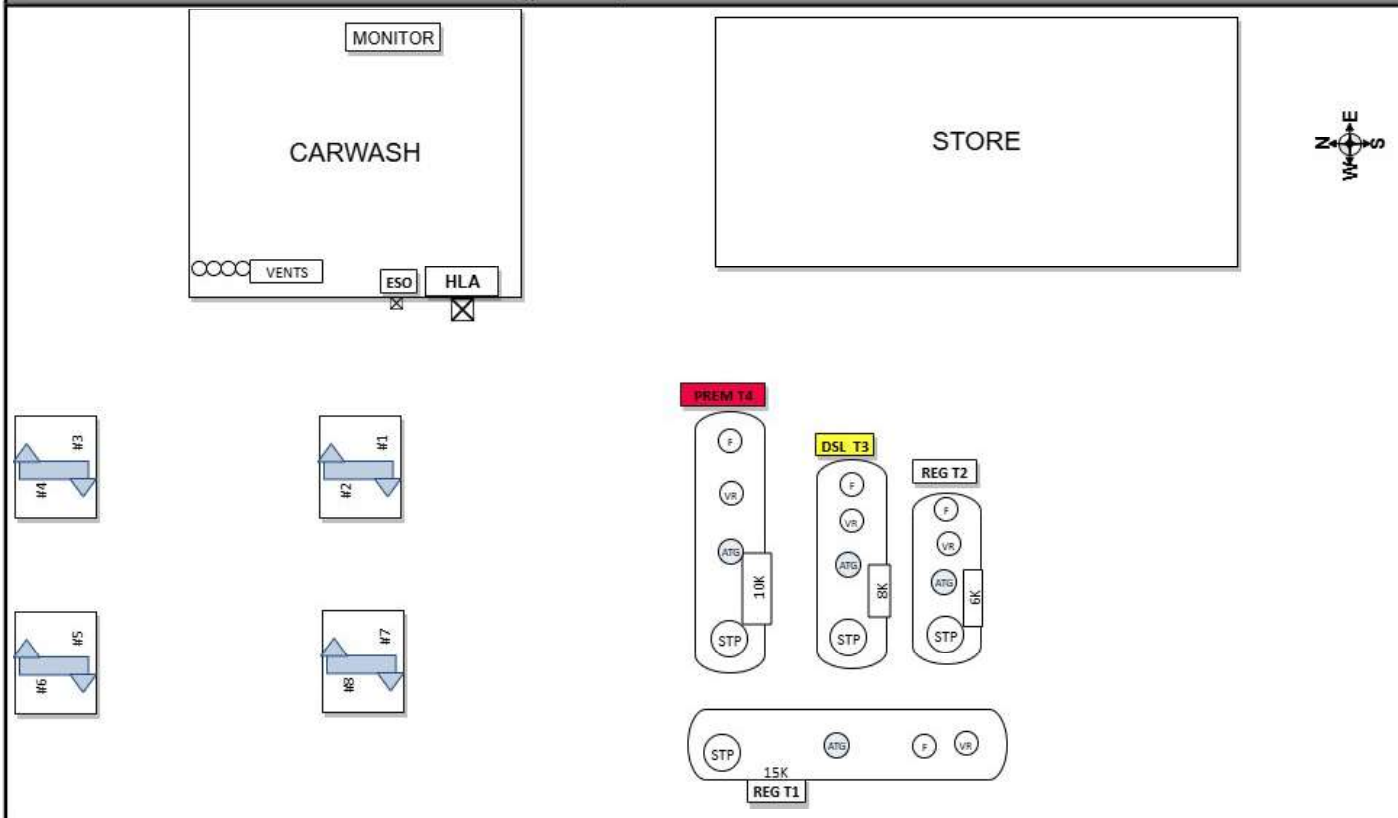
SERVICES:	# PASS	# FAIL	# REPAIRED & PASSING	DESCRIPTIONS REQUIRED: (SEE INSTRUCTIONS P. 4-7)
ALLD Test **(attach data)** Test method used: LDT-5000 Test method cert. exp. date:	4	—	—	Tied into and tested from impacts in disp.2 and 4. All ALLD's passed the 3 GPH test in accordance with CFR 40 part 280.44. per RP 1200. Please see attached document.
Line Tightness Test **(attach data)** Test method used: ACURITE Test method cert. exp. date: 10/26/2027	4	—	—	Tied into and tested from impacts in disp.2 and 4. All lines passed the 0.01 GPH test in accordance with CFR 40 part 280.44. per RP 1200. Please see attached document.
Electronic Monitoring System Tests Controller manufacturer/model VR TLS 350 Controller cert. exp. date 9/27/27				TLS 350 was tested per RP 1200 standards. Probes were removed and tested for max product, high product, low product, overfill, high water alarm and high water warning.
Monitor/controller	1	—	—	
Probe	4	—	—	
Sump Sensor Functionality	0	—	—	
Tank Annular Sensor Functionality	0	—	—	
Overfill Equipment Test ☐ Auto shutoff	—	—	—	Not scheduled for testing
☐ Ball float valve	—	—		
☐ Overfill alarm	—	—	—	
Fill/Spill Bucket Test (**attach data**)	—	—	—	Not scheduled for testing
Tank-Top or Transition Sump Test (**attach data**)	—	—	—	Not scheduled for testing
UDC Sump Test (**attach data**)	—	—	—	Not scheduled for testing
Tank Tightness Test **(attach data)** 3rd-party certified test: Test method used: VacuTect Test method cert. exp. date:	—	—	—	Not scheduled for testing
Other	—	—	—	

VII. EXPLANATIONS/PROBLEMS ENCOUNTERED:

Provide additional test information. Explain irregularities. Describe problems encountered and how addressed.

VIII. UST Site and System Diagram

Diagram required. Include North arrow.



Persons submitting false information are subject to formal enforcement and/or penalties under Chapter 173-360A WAC.

IX. Final Check

Mark the following:	YES	NO	N/A
1. All checked services tested per recommended practices, code and/or manufacturer's requirements, and in accordance with state regulations.	☑	☐	☐
2. Owner/operator provided with copy of the checklist and testing results.	☑	☐	☐
3. Any faulty equipment or necessary repairs explained to owner/operator or site contact.	☐	☐	☑

X. Required Signatures

12/22/2025	Candace Wheatley	Candace Wheatley
Date	Signature of Certified Service Provider	Print or Type Name
12/22/2025	Kelly Pullen (Jan 7, 2026 11:05:32 PST)	Kelly Pullen
Date	Signature of Tank Owner or Authorized Representative	Print or Type Name

Tanknology
Your Compliance Expert.

VOLUMETRIC LINE TEST

All testing and servicing is conducted per the manufacturer's instructions and/or specifications.

SITE: State ID # Owner 100678 Facility Tiki Carwash

TIKI CARWASH
11909 NE 8th Street
Bellevue WA
98005

DATE: 12/22/2025
CONTACT: Kelly Pullen
PHONE: 425-260-9210
JOB #: NW1-2389580

Test Number	1	1	1	1
Sump Pump #	1	2	3	4
Product	REG	REG	DSL	PREM
Manufacturer				
Isolation (pump)	BALL VALVE	BALL VALVE	BALL VALVE	BALL VALVE
Isolation (disp.)	IMPACT	IMPACT	IMPACT	IMPACT
Test Pressure	50	50	50	50
Initial Cyl. Level	.060	.060	.060	.060
Final Cyl. Level	.060	.060	.060	.060
Begin Time	8:45	8:45	8:45	8:45
End Time	9:15	9:15	9:15	9:15
Change in Time	30 MINS	30 MINS	30 MINS	30 MINS
Change in Volume	0	0	0	0
Leak Rate	0	0	0	0
Pass/Fail	PASS	PASS	PASS	PASS
Line Test Method	ACURITE	ACURITE	ACURITE	ACURITE

Technician Candace Wheatley **Signature** Candace Wheatley

Certification # 5114.LTN **Exp Date** 12/13/2025

Comments: Tied into and tested from impacts in disp.2 and 4.
All lines passed the 0.01 GPH test in accordance with CFR 40 part 280.44. per RP 1200.

Tanknology

LDT 5000 Field Test Apparatus
Line Leak Detector Test

Work Order: 2389580 Date: 12/22/2025
Site Name / ID: Tiki Carwash / BELLEVUE
Address: 11909 NE 8th Street
City: Bellevue State: WA Zip: 98005

Tank ID	1	2	3	4		
Product	REG UNLEAD	REG UNLEAD	Diesel	SUPREME		
Product Line	1	1	1	1		
Tested From	4	2	4	4		
Existing/New	Existing	Existing	Existing	Existing		
Mechanical/Electronic	Mechanical	Mechanical	Mechanical	Mechanical		
Manufacturer/Model	Vaporless LD-2000	Vaporless LD-2000	Vaporless LD-2000	Red Jacket FX1V		
Serial No.						
Pump Operating Pressure (psi)	26.00	27.00	30.00	25.00		
Calibrated Leak (ml/min)	189.0	189.0	189.0	189.0		
Calibrated Leak (gph)	3.00	3.00	3.00	3.00		
Holding PSI *N/A for Electronic LD's	25.00	26.00	17.00	25.00		
Resiliency (ml) *N/A for Electronic LD's	100.00	100.00	100.00	100.00		
Metering PSI *N/A for Electronic LD's	10	13	10	15		
Opening Time (sec) *N/A for Electronic LD's	2	2	2	3		
Test Results	Pass	Pass	Pass	Pass		

Technician Comments: Tied into and tested from impacts in disp.2 and 4. All ALLD's passed the 3 GPH test in accordance with CFR 40 part 280.44. per RP 1200.

Technician Name: Candace Wheatley **Certification #:** 5496

Technician Signature: Candace Wheatley **Expire Date:** 10/26/2027

Environmental Compliance for Petroleum Systems

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MONITORING SYSTEM CERTIFICATION

This form is used to document testing and servicing of tank and piping leak monitoring equipment. If required by applicable law, a copy of the completed form must be provided by the Testing Contractor or owner to the governing UST agency as required by regulation.

A. General Information

Facility Name: Tiki Carwash Bldg. No.:

Site Address: 11909 NE 8th Street City: Bellevue State: WA Zip: 98005

Facility Contact Person: Kelly Pullen Contact Phone No.: 425-260-9210

Make/Model of Monitoring System: Veeder Root TLS-350 Date of Testing/Servicing: 12/22/2025

B. Inventory of Equipment Tested/Certified Check the appropriate boxes to indicate specific equipment inspected/serviced:

Tank ID: 1 - REG UNLEAD	**Tank ID:** 2 - REG UNLEAD
☑ In-Tank Gauging Probe. Model: 847390-107	☑ In-Tank Gauging Probe. Model: 847390-107
☐ Annular Space or Vault Sensor. Model:	☐ Annular Space or Vault Sensor. Model:
☐ Piping Sump / Trench Sensor(s). Model:	☐ Piping Sump / Trench Sensor(s). Model:
☐ Fill Sump Sensor(s). Model:	☐ Fill Sump Sensor(s). Model:
☑ Mechanical Line Leak Detector. Model: Vaporless LD-2000	☑ Mechanical Line Leak Detector. Model: Vaporless LD-2000
☐ Electronic Line Leak Detector. Model:	☐ Electronic Line Leak Detector. Model:
☑ Tank Overfill / High-Level Sensor. Model: VR-001	☑ Tank Overfill / High-Level Sensor. Model: VR-001
☐ Other (specify equipment type and model in Section E on Page 2).	☐ Other (specify equipment type and model in Section E on Page 2).
Tank ID: 3 - Diesel	**Tank ID:** 4 - SUPREME
☑ In-Tank Gauging Probe. Model: 847390-107	☑ In-Tank Gauging Probe. Model: 847390-107
☐ Annular Space or Vault Sensor. Model:	☐ Annular Space or Vault Sensor. Model:
☐ Piping Sump / Trench Sensor(s). Model:	☐ Piping Sump / Trench Sensor(s). Model:
☐ Fill Sump Sensor(s). Model:	☐ Fill Sump Sensor(s). Model:
☑ Mechanical Line Leak Detector. Model: Vaporless LD-2000	☑ Mechanical Line Leak Detector. Model: Red Jacket FX1V
☐ Electronic Line Leak Detector. Model:	☐ Electronic Line Leak Detector. Model:
☑ Tank Overfill / High-Level Sensor. Model: VR-001	☑ Tank Overfill / High-Level Sensor. Model: VR-001
☐ Other (specify equipment type and model in Section E on Page 2).	☐ Other (specify equipment type and model in Section E on Page 2).
Dispenser ID: 1/2	**Dispenser ID:** 3/4
☐ Dispenser Containment Sensor(s). Model:	☐ Dispenser Containment Sensor(s). Model:
☑ Shear Valve(s).	☑ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).	☐ Dispenser Containment Float(s) and Chain(s).
Dispenser ID: 5/6	**Dispenser ID:** 7/8
☐ Dispenser Containment Sensor(s). Model:	☐ Dispenser Containment Sensor(s). Model:
☑ Shear Valve(s).	☑ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).	☐ Dispenser Containment Float(s) and Chain(s).
Dispenser ID:	**Dispenser ID:**
☐ Dispenser Containment Sensor(s). Model:	☐ Dispenser Containment Sensor(s). Model:
☐ Shear Valve(s).	☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).	☐ Dispenser Containment Float(s) and Chain(s).

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; *(check all that apply)*: ☑ System set-up ☑ Alarm history report

Technician Name (print): Candace Wheatley Signature: Candace Wheatley

Certification No.: License. No.: 10322067

Testing Company Name: Tanknology Phone No.: (800) 800-4633

Testing Company Address: 11000 N. MoPac Expressway Suite 500 Date of Testing/Servicing: 12/22/2025

D. Results of Testing/Servicing

Software Version Installed: 121.00

Complete the following checklist:

☑ Yes	☐ No* ☐ N/A	Is the **visual** alarm on the console operational?
☑ Yes	☐ No* ☐ N/A	Is the **audible** alarm on the console operational?
☑ Yes	☐ No	Is the external **visual** overfill alarm (light unit) present?
☑ Yes	☐ No* ☐ N/A	Is the external **visual** overfill alarm operating properly?
☑ Yes	☐ No	Is the external **audible** overfill alarm present?
☑ Yes	☐ No* ☐ N/A	Is the external **audible** overfill alarm operating properly?
90 %	☐ N/A	At what percent of tank(s) capacity is the external alarm programmed to trigger? *If different % between tanks, clarify in section E.*
☐ Yes	☐ No* ☑ N/A	Were all sensors visually inspected, functionally tested, and confirmed operational?
☐ Yes	☐ No* ☑ N/A	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
☐ Yes	☐ No* ☑ N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? *(Check all that apply)* ☐ Sump/Trench Sensors; ☐ Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ☐ Yes; ☐ No
☐ Yes*	☑ No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
☐ Yes*	☑ No	Was liquid found inside any secondary containment systems designed as dry systems? *(Check all that apply)* ☐ Product; ☐ Water. If yes, describe causes in Section E, below.
☑ Yes	☐ No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
☑ Yes	☐ No*	Is all monitoring equipment operational per manufacturer's specifications?

* In Section E below, describe how and when these deficiencies were or will be corrected.

E. Comments:

Backup Battery reading, if applicable (Required for VR TLS 300/350):3.4

F. In-Tank Gauging / SIR Equipment:

☐ Check this box if tank gauging is used only for inventory control.
☐ Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

☑ Yes	☐ No*	Were all tank gauging probes visually inspected for damage and residue buildup?
☑ Yes	☐ No*	Was accuracy of system product level readings tested?
☑ Yes	☐ No*	Was accuracy of system water level readings tested?
☑ Yes	☐ No*	Were all probes reinstalled properly?
☑ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In the Section G, below, describe how and when these deficiencies were or will be corrected.

G. Comments:

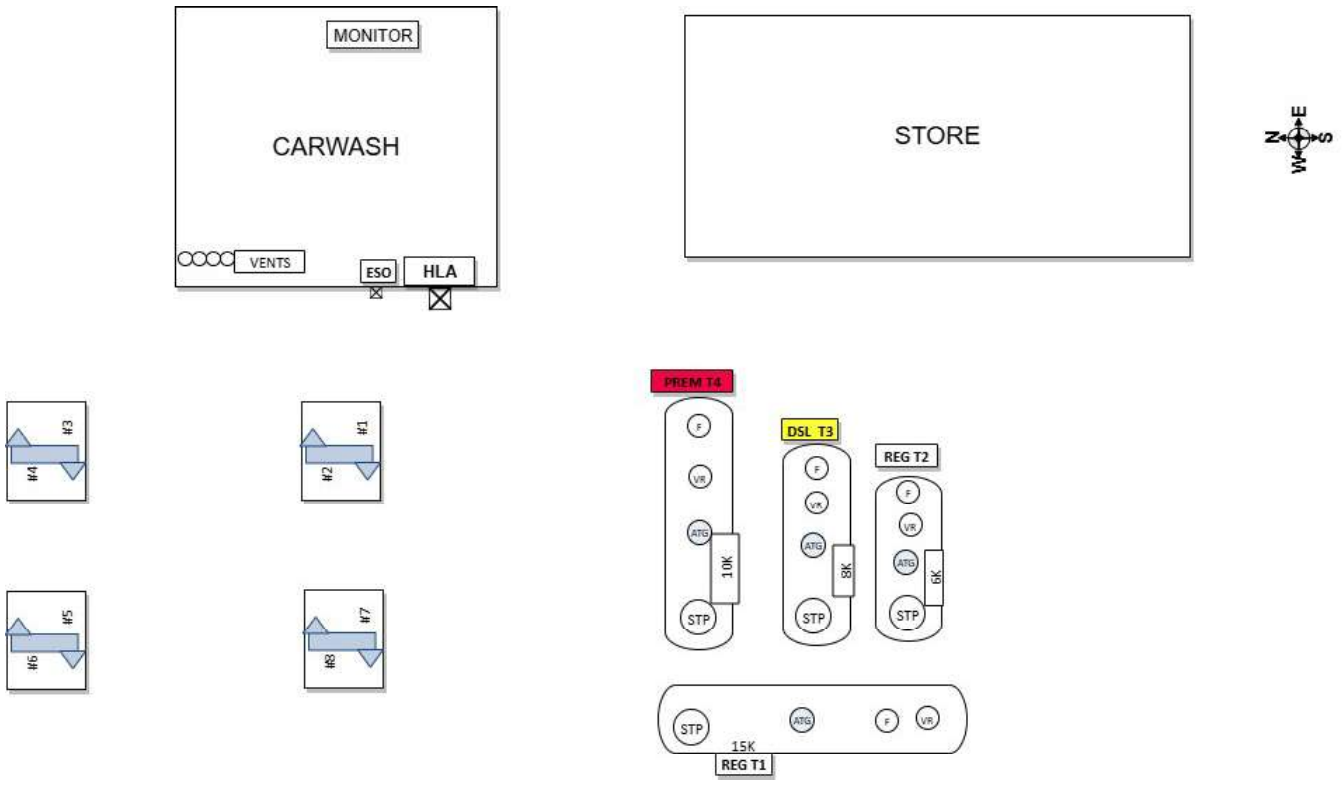
TLS 350 was tested per RP 1200 standards.
Probes were removed and tested for max product, high product, low product, overfill, high water alarm and high water warning.

DID OVERALL MONITOR SYSTEM TESTING PASS (Check One)? YES☑ NO ☐ INCONCLUSIVE ☐

Site Diagram

(This site diagram is for reference only and is not drawn to scale)

Work Order: 2389580
Site ID / Name: BELLEVUE / Tiki Carwash
Address: 11909 NE 8th Street
City: Bellevue State: WA Zip: 98005



UST WALKTHROUGH INSPECTIONS CHECKLIST

TIKI CARWASH	11909 NE 8TH STREET	A8051
Site Name	**Site Address**	**Tag #**

- Initial each box to indicate the equipment was inspected, as described. Use NA if the equipment inspection does not apply to the site.
- Take action for any alarms, damaged equipment and non-normal operating conditions; note actions taken on page 2
- NOTE: Petroleum found in a sump or interstice must be reported to Ecology within 24 hours.

YEAR: 2025 Date of Inspection →	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
												22
REQUIRED MONTHLY												
Spill bucket(s) checked for damage and cracks*. Liquid and/or debris removed.												CW
Fill pipe(s) checked for obstructions. Removed, if found.												CW
Fill cap(s) securely fitted on fill pipe(s).												CW
Tank monitor equipment checked for alarms and normal operating condition.												CW
Leak detection records are reviewed for non-leaking results and kept for three years. Suspected leaks were reported.												CW
REQUIRED ANNUALLY												
Containment sump(s) checked for damage and presence of liquid. Liquid and/or debris removed.												CW
If using **manual tank gauging**, checked condition of tank gauge stick is good (e.g. readable at 1/8" increments throughout).												NA
RECOMMENDED ACTIVITIES												
Emergency spill response supplies inventoried and restocked if low. Inspected supplies for deterioration.												CW
Inspected loose fitting, deterioration, obvious signs of leaks and improper function of **dispenser hoses, nozzles and breakaways**.												CW

*If a tank receives deliveries at intervals greater than 30 days, the spill bucket check may instead be conducted prior to each delivery. To be eligible for this option, include a copy of each delivery receipt with this form.

Note: This checklist doesn't include the requirement to inspect hydrant pits and piping vaults at airport hydrant systems at least every 30 days.

Use this table to explain actions taken by employees and/or service provider to fix issues. Use additional sheets, as necessary.

Date	Action Taken	Initials
Ex: 3/1/16	Removed water from regular spill bucket into drum for proper disposal. Called service provider to respond to reg unl sensor alarm.	
Ex: 3/8/16	Checked reg unl annular space, found fuel. Called Ecology to report. Product removed 3/9/16. Tank tightness test scheduled 3/10/16. Called Ecology to report test results.	

Keep this record for three years after the last inspection date on the form.

To request materials in a format for the visually impaired, visit https://ecology.wa.gov/accessibility, call Ecology at 360-407-7668, Relay Service 711, or TTY 877-833-6341.

TIKI CAR WASH
11309 NE 8TH
BELLEVUE WA 98005

12-22-25 8:02 AM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

INVENTORY REPORT

T 1:REG UNL
VOLUME = 11480 GALS
ULLAGE = 3639 GALS
90% ULLAGE= 2127 GALS
TC VOLUME = 11512 GALS
HEIGHT = 84.49 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 55.8 DEG F

T 2:REG UNL
VOLUME = 2758 GALS
ULLAGE = 3502 GALS
90% ULLAGE= 2876 GALS
TC VOLUME = 2760 GALS
HEIGHT = 42.72 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 58.7 DEG F

T 3:DIESEL
VOLUME = 4922 GALS
ULLAGE = 3217 GALS
90% ULLAGE= 2403 GALS
TC VOLUME = 4925 GALS
HEIGHT = 55.11 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 58.1 DEG F

T 4:SUPREME
VOLUME = 5829 GALS
ULLAGE = 4481 GALS
90% ULLAGE= 3450 GALS
TC VOLUME = 5851 GALS
HEIGHT = 52.04 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 54.6 DEG F

* * * * * END * * * * *

SYSTEM SETUP
- - - - - - - - - - - -
12-22-25 8:01 AM

SYSTEM UNITS
U.S.
SYSTEM LANGUAGE
ENGLISH
SYSTEM DATE/TIME FORMAT
MM-DD-YY HH:MM:SS XM

TIKI CAR WASH
11909 NE 8TH
BELLEVUE WA 98005

SHIFT TIME 1 : 6:00 AM
SHIFT TIME 2 : 9:00 PM
SHIFT TIME 3 : DISABLED
SHIFT TIME 4 : DISABLED

TANK PER TST NEEDED WRN
ENABLED
TANK PER TST NEEDED WRN
DAYS = 25
TANK PER TST NEEDED ALM
DAYS = 30
TANK ANN TST NEEDED WRN
DISABLED

LINE RE-ENABLE METHOD
PASS LINE TEST

LINE PER TST NEEDED WRN
DISABLED
LINE ANN TST NEEDED WRN
DISABLED

PRINT TC VOLUMES
ENABLED

TEMP COMPENSATION
VALUE (DEG F): 60.0
STICK HEIGHT OFFSET
DISABLED

H-PROTOCOL DATA FORMAT
HEIGHT
DAYLIGHT SAVING TIME
ENABLED
START DATE
APR WEEK 2 SUN
START TIME
2:00 AM
END DATE
NOV WEEK 2 SUN
END TIME
2:00 AM

RE-DIRECT LOCAL PRINTOUT
DISABLED

EURO PROTOCOL PREFIX
S

SYSTEM SECURITY
CODE : 000000

COMMUNICATIONS SETUP
- - - - - - - - - - - - - -

PORT SETTINGS:

COMM BOARD : 1 (RS-232)
BAUD RATE : 9600
PARITY : ODD
STOP BIT : 1 STOP
DATA LENGTH: 7 DATA
RS-232 SECURITY
CODE : DISABLED

AUTO TRANSMIT SETTINGS:

AUTO LEAK ALARM LIMIT
DISABLED
AUTO HIGH WATER LIMIT
DISABLED
AUTO OVERFILL LIMIT
DISABLED
AUTO LOW PRODUCT
DISABLED
AUTO THEFT LIMIT
DISABLED
AUTO DELIVERY START
TRANSMIT
AUTO DELIVERY END
TRANSMIT
AUTO EXTERNAL INPUT ON
DISABLED
AUTO EXTERNAL INPUT OFF
DISABLED
AUTO SENSOR FUEL ALARM
DISABLED
AUTO SENSOR WATER ALARM
DISABLED
AUTO SENSOR OUT ALARM
DISABLED

AUTO DELAY TIME : 5 SEC

RS-232 END OF MESSAGE
DISABLED

IN-TANK SETUP
- - - - - - - - - - - - - -

T 1:REG UNL
PRODUCT CODE : 1
THERMAL COEFF : .000690
TANK DIAMETER : 119.00
TANK PROFILE : 1 PT
FULL VOL : 15119

FLOAT SIZE: 4.0 IN.

WATER WARNING : 1.5
HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 15119
OVERFILL LIMIT : 90%
: 13607
HIGH PRODUCT : 95%
: 14363
DELIVERY LIMIT : 10%
: 1511

LOW PRODUCT : 1000
LEAK ALARM LIMIT: 6
SUDDEN LOSS LIMIT: 50
TANK TILT : 0.00

MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 0%
: 0

LEAK MIN ANNUAL : 0%
: 0

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM ENABLED

GROSS TEST FAIL
ALARM ENABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 5 MIN

T 2:REG UNL
PRODUCT CODE : 1
THERMAL COEFF : .000700
TANK DIAMETER : 95.00
TANK PROFILE : 4 PTS
FULL VOL : 6260
71.3 INCH VOL : 5035
47.5 INCH VOL : 3171
23.8 INCH VOL : 1224

FLOAT SIZE: 4.0 IN.

WATER WARNING : 1.5
HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 6260
OVERFILL LIMIT : 90%
: 5634
HIGH PRODUCT : 95%
: 5947
DELIVERY LIMIT : 10%
: 626

LOW PRODUCT : 400
LEAK ALARM LIMIT: 6
SUDDEN LOSS LIMIT: 50
TANK TILT : 2.00

MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 0%
: 0

LEAK MIN ANNUAL : 0%
: 0

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM ENABLED

GROSS TEST FAIL
ALARM ENABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 5 MIN

```
T 3:DIESEL
PRODUCT CODE      :        0
THERMAL COEFF     :.000450
TANK DIAMETER     :    95.00
TANK PROFILE      :    4 PTS
        FULL VOL  :     8139
   71.3 INCH VOL  :     6541
   47.5 INCH VOL  :     4125
   23.8 INCH VOL  :     1592

FLOAT SIZE:          4.0 IN.

WATER WARNING     :      1.5
HIGH WATER LIMIT:        2.0

MAX OR LABEL VOL:      8139
OVERFILL LIMIT    :      90%
                  :     7325
HIGH PRODUCT      :      95%
                  :     7732
DELIVERY LIMIT    :      10%
                  :      813

LOW PRODUCT       :     1000
LEAK ALARM LIMIT:         6
SUDDEN LOSS LIMIT:       50
TANK TILT         :     1.00

MANIFOLDED TANKS
T#: NONE


LEAK MIN PERIODIC:       0%
                  :        0

LEAK MIN ANNUAL   :      0%
                  :        0


PERIODIC TEST TYPE
                      STANDARD

ANNUAL TEST FAIL
             ALARM DISABLED

PERIODIC TEST FAIL
             ALARM DISABLED

GROSS TEST FAIL
              ALARM ENABLED

ANN TEST AVERAGING:    OFF
PER TEST AVERAGING:    OFF

TANK TEST NOTIFY:      OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY    :  5 MIN
```

```
T 4:SUPREME
PRODUCT CODE      :        3
THERMAL COEFF     :.000700
TANK DIAMETER     :    95.00
TANK PROFILE      :    4 PTS
        FULL VOL  :     10310
   71.3 INCH VOL  :     8293
   47.5 INCH VOL  :     5224
   23.8 INCH VOL  :     2015


FLOAT SIZE:          4.0 IN.

WATER WARNING     :      1.5
HIGH WATER LIMIT:        2.0

MAX OR LABEL VOL:     10310
OVERFILL LIMIT    :      90%
                  :     9279
HIGH PRODUCT      :      95%
                  :     9794
DELIVERY LIMIT    :      10%
                  :     1031

LOW PRODUCT       :     1000
LEAK ALARM LIMIT:         6
SUDDEN LOSS LIMIT:       50
TANK TILT         :     1.50

MANIFOLDED TANKS
T#: NONE


LEAK MIN PERIODIC:       0%
                  :        0

LEAK MIN ANNUAL   :      0%
                  :        0


PERIODIC TEST TYPE
                      STANDARD

ANNUAL TEST FAIL
             ALARM DISABLED

PERIODIC TEST FAIL
              ALARM ENABLED

GROSS TEST FAIL
              ALARM ENABLED

ANN TEST AVERAGING:    OFF
PER TEST AVERAGING:    OFF

TANK TEST NOTIFY:      OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY    :  5 MIN


SOFTWARE REVISION LEVEL
VERSION 121.00
SOFTWARE# 346121-100-A
CREATED - 00.11.15.13.23

I-MODULE# 330160-002-A
SYSTEM FEATURES:
  PERIODIC IN-TANK TESTS
  ANNUAL IN-TANK TESTS
  CSLD
```

```
LEAK TEST METHOD
- - - - - - - - - - - - -
TEST CSLD     : ALL TANK
PW = 99%
CLIMATE FACTOR:MODERATE

REPORT ONLY:
DISABLED

TST EARLY STOP:DISABLED

LEAK TEST REPORT FORMAT
                   NORMAL


LIQUID SENSOR SETUP
- - - - - - - - - - - - -
NONE


OUTPUT RELAY SETUP
- - - - - - - - - - - - -

R 1:OVERFILL
TYPE:
  STANDARD
NORMALLY CLOSED


IN-TANK ALARMS
 ALL:OVERFILL ALARM
 ALL:HIGH PRODUCT ALARM


RECONCILIATION SETUP
- - - - - - - - - - - - -


AUTOMATIC DAILY CLOSING
TIME:  2:00 AM

PERIODIC RECONCILIATION
MODE:              MONTHLY

TEMP COMPENSATION
STANDARD

SUB SLOT FUEL METER TANK
- - - - - - - - - - - - -
TANK MAP EMPTY
```

ALARM HISTORY REPORT

---- IN-TANK ALARM -----

T 1:REG UNL

LEAK ALARM
11-01-13 9:50 AM

HIGH WATER ALARM
12-22-25 9:53 AM
11-08-24 11:14 AM
11-09-23 8:37 AM

OVERFILL ALARM
12-22-25 10:01 AM
11-08-24 11:19 AM
11-09-23 8:52 AM

LOW PRODUCT ALARM
12-22-25 10:05 AM
11-08-24 11:20 AM
11-09-23 8:46 AM

SUDDEN LOSS ALARM
11-01-13 9:21 AM

HIGH PRODUCT ALARM
12-22-25 10:01 AM
12-22-25 9:50 AM
11-08-24 11:18 AM

INVALID FUEL LEVEL
12-22-25 10:05 AM
11-08-24 11:20 AM
11-09-23 8:46 AM

PROBE OUT
12-22-25 9:49 AM
09-25-25 7:45 PM
09-01-25 10:43 PM

HIGH WATER WARNING
12-22-25 9:53 AM
11-08-24 11:14 AM
11-09-23 8:37 AM

DELIVERY NEEDED
12-22-25 10:05 AM
11-08-24 11:20 AM
11-09-23 8:46 AM

MAX PRODUCT ALARM
12-22-25 9:50 AM
11-08-24 11:10 AM
11-09-23 8:34 AM

PERIODIC TEST FAIL
05-31-18 4:51 PM
05-31-18 5:42 AM
06-25-15 4:02 AM

LOW TEMP WARNING
06-16-25 6:20 AM
06-16-25 2:40 PM
04-21-14 2:32 PM

ALARM HISTORY REPORT

---- IN-TANK ALARM -----

T 2:REG UNL

HIGH WATER ALARM
12-22-25 9:51 AM
11-08-24 11:12 AM
11-09-23 8:38 AM

OVERFILL ALARM
12-22-25 10:02 AM
01-24-25 12:56 AM
12-25-24 10:42 PM

LOW PRODUCT ALARM
12-22-25 10:05 AM
11-08-24 11:20 AM
11-09-23 8:46 AM

HIGH PRODUCT ALARM
12-22-25 10:02 AM
12-22-25 9:48 AM
11-08-24 11:09 AM

INVALID FUEL LEVEL
12-22-25 10:05 AM
11-08-24 11:20 AM
11-09-23 8:46 AM

PROBE OUT
12-22-25 9:47 AM
09-01-25 10:29 PM
09-01-25 9:57 PM

HIGH WATER WARNING
12-22-25 9:51 AM
11-08-24 11:12 AM
11-09-23 8:38 AM

DELIVERY NEEDED
12-22-25 10:04 AM
11-08-24 11:20 AM
11-09-23 8:46 AM

MAX PRODUCT ALARM
12-22-25 9:48 AM
11-08-24 11:09 AM
11-09-23 8:35 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

---- IN-TANK ALARM -----

T 3:DIESEL

HIGH WATER ALARM
12-22-25 10:10 AM
11-08-24 11:16 AM
11-09-23 8:42 AM

OVERFILL ALARM
12-22-25 10:02 AM
11-08-24 11:18 AM
11-09-23 8:57 AM

LOW PRODUCT ALARM
12-22-25 10:04 AM
11-08-24 11:20 AM
11-08-24 11:05 AM

HIGH PRODUCT ALARM
12-22-25 10:02 AM
12-22-25 9:58 AM
11-08-24 11:18 AM

INVALID FUEL LEVEL
12-22-25 10:04 AM
11-08-24 11:20 AM
11-08-24 11:06 AM

PROBE OUT
12-22-25 9:57 AM
09-01-25 10:33 PM
09-01-25 10:29 PM

HIGH WATER WARNING
12-22-25 10:10 AM
11-08-24 11:16 AM
11-09-23 8:42 AM

DELIVERY NEEDED
12-22-25 10:05 AM
11-08-24 11:20 AM
11-08-24 11:06 AM

MAX PRODUCT ALARM
12-22-25 9:58 AM
11-08-24 11:07 AM
11-09-23 8:39 AM

LOW TEMP WARNING
08-31-25 7:11 AM
09-07-21 4:32 PM

* * * * * END * * * * *

ALARM HISTORY REPORT

---- IN-TANK ALARM -----

T 4:SUPREME

HIGH WATER ALARM
12-22-25 9:45 AM
11-08-24 11:04 AM
11-09-23 8:45 AM

OVERFILL ALARM
12-22-25 10:01 AM
11-08-24 11:18 AM
11-09-23 8:59 AM

LOW PRODUCT ALARM
12-22-25 10:04 AM
09-26-25 2:33 PM
11-08-24 11:20 AM

SUDDEN LOSS ALARM
11-01-13 9:41 AM

HIGH PRODUCT ALARM
12-22-25 10:01 AM
12-22-25 9:36 AM
11-08-24 11:18 AM

INVALID FUEL LEVEL
12-22-25 10:04 AM
09-26-25 5:21 PM
11-08-24 11:21 AM

PROBE OUT
12-22-25 9:35 AM
09-01-25 10:45 PM
09-01-25 10:28 PM

HIGH WATER WARNING
12-22-25 9:45 AM
11-08-24 11:04 AM
11-09-23 8:45 AM

DELIVERY NEEDED
12-22-25 10:04 AM
09-26-25 2:02 PM
11-08-24 11:20 AM

MAX PRODUCT ALARM
12-22-25 9:36 AM
11-08-24 11:01 AM
11-09-23 8:42 AM

LOW TEMP WARNING
06-15-25 5:25 AM
11-08-24 11:40 AM
11-09-23 9:03 AM

* * * * * END * * * * *

TIKI CARWASH BELLEVUE UST 100678 NW1-2389580 20251222

Final Audit Report 2026-01-07

Created:	2026-01-07
By:	Trista Welch (twelch@tanknology.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAtcMkCEyO09DQAvxipMWKk2_tlYs9Mx9M

"TIKI CARWASH BELLEVUE UST 100678 NW1-2389580 20251222" History

Document created by Trista Welch (twelch@tanknology.com)
2026-01-07 - 6:42:28 PM GMT

Document emailed to kellypullen@hotmail.com for signature
2026-01-07 - 6:42:35 PM GMT

Email viewed by kellypullen@hotmail.com
2026-01-07 - 7:04:41 PM GMT

Signer kellypullen@hotmail.com entered name at signing as Kelly Pullen
2026-01-07 - 7:05:30 PM GMT

Document e-signed by Kelly Pullen (kellypullen@hotmail.com)
Signature Date: 2026-01-07 - 7:05:32 PM GMT - Time Source: server

Agreement completed.
2026-01-07 - 7:05:32 PM GMT

ATTACHMENT 4

DEPARTMENT OF ECOLOGY
State of Washington

IMPRESSED CURRENT CATHODIC PROTECTION EVALUATION CHECKLIST

FOR UNDERGROUND STORAGE TANKS

This checklist certifies that cathodic protection testing activities were performed and conducted in accordance with Chapter 173-360A WAC.

I. UST FACILITY	II. CERTIFIED CATHODIC PROTECTION TESTER
Facility Compliance Tag #: A8051	Service Provider Name: **Marcus Rounds**
UST ID #: **100678**	Company Name: **MTM Services LLC**
Site Name: **TIKI CARWASH**	Address: **PO Box 576**
Site Address: **11909 NE 8TH ST**	City: **Twisp** State: **Wa** Zip: **98856**
City: **BELLEVUE**	Phone: **509-560-0421** Email: **marcus.rounds94@gmail.com**
County: **KING**	Certification Type: **STI Cathodic Protection Tester**
Phone:	Certification Number: **STI CP 16624** Exp. Date: **06/25**

III. RESULTS OF EVALUATION (which include results of both continuity and system surveys)

☒ **PASS** ☐ **FAIL** The criteria, used to evaluate whether cathodic protection is adequate, were in accordance with a code of practice developed by a nationally recognized association (e.g. NACE), as required by the Washington State Underground Storage Tank Regulations.

Date CP Evaluation Performed: 04/10/2025

IV. CRITERIA APPLICABLE TO EVALUATION

☒ **PASS** ☐ **FAIL** USTs must show continuity using an approved testing method.

Neg. 850 mV Instant Off	☒ **PASS**	4				A negative polarized potential of at least 850 mV relative to a saturated copper-copper sulfate reference electrode ("Instant Off" Potential).
	☐ **FAIL**					
100 mV Polarization	☐ **PASS**					A minimum of 100 mV of cathodic polarization between the structure surface and a stable reference electrode contacting the electrolyte.
	☐ **FAIL**					

V. ACTION REQUIRED AS A RESULT OF THIS EVALUATION (check one box and explain further in comment box below)

☒ NONE	The cathodic protection system is adequately providing protection. No further action is necessary at this time. System must be tested in three years unless more immediate attention is required.
☐ RETEST	The cathodic protection system may not be adequately protecting steel from corrosion. Retesting is necessary.
☐ RETROFIT/REPAIR	The cathodic protection system is not adequately providing protection. Retrofitting or repairing is necessary.
☐ RETEST AFTER RETROFIT/REPAIR	The cathodic protection system has been retrofitted or repaired and tested at time of the retrofit/repair. A re-test is required within one to six months of retrofit or repair.

Comments (include type of testing gear used, steel components tested, etc.: **McMiller RE-5 Reference cell, Fluke 110 Multimeter, Wire Spool, Copper Rod.**

1. If no submersible turbine pump (STP) is present, these steel flex connectors (SFC) are on the tank end of piping.
2. If no dispenser is installed, these SFCs are on the non-tank end of piping.

VI. Impressed Current Rectifier Data

Rectifier Manufacturer: **UNIVERSAL**	Rectifier Serial Number: **242572**
Rectifier Model Number: **GSAI**	Rated DC Output: **80V – 12 A**

Rectifier "As Found" Data

AC Input Voltage: **120**		DC Voltage on Panel Meter: **64 V**
AC Step-Down Voltage:		DC Voltage on Rectifier Output Terminal: **66.30 V**
Tap Settings: Coarse: **3** Fine: **4**		DC Amps on Panel Meter: **7.5 A**
Cycles	Secondary Taps **60** Hz	Shunt Rating: 50 MV – 15 A
	DC Output **120** Hz	Shunt Measurement: **24.5 MV**
		DC Amps from Shunt Reading: **7.35 A**

Rectifier "As Left" Data

AC Input Voltage: **120**		DC Voltage on Panel Meter: **64 V**
AC Step-Down Voltage:		DC Voltage on Rectifier Output Terminal: **66.30 V**
Tap Settings: Coarse: **3** Fine: **4**		DC Amps on Panel Meter: **7.5 A**
Cycles	Secondary Taps **60** Hz	Shunt Rating: 50 MV – 15 A
	DC Output **120** Hz	Shunt Measurement: **24.5 MV**
		DC Amps from Shunt Reading: **7.35 A**

VII. Individual Anode Data (complete only if anode measurements can be taken independently)

"As Found" Data

Anode #	1	2	3	4	5	6	7	8	9	10
Volts										
Amps										

"As Left" Data

Anode #	1	2	3	4	5	6	7	8	9	10
Volts										
Amps										

VIII. Remarks

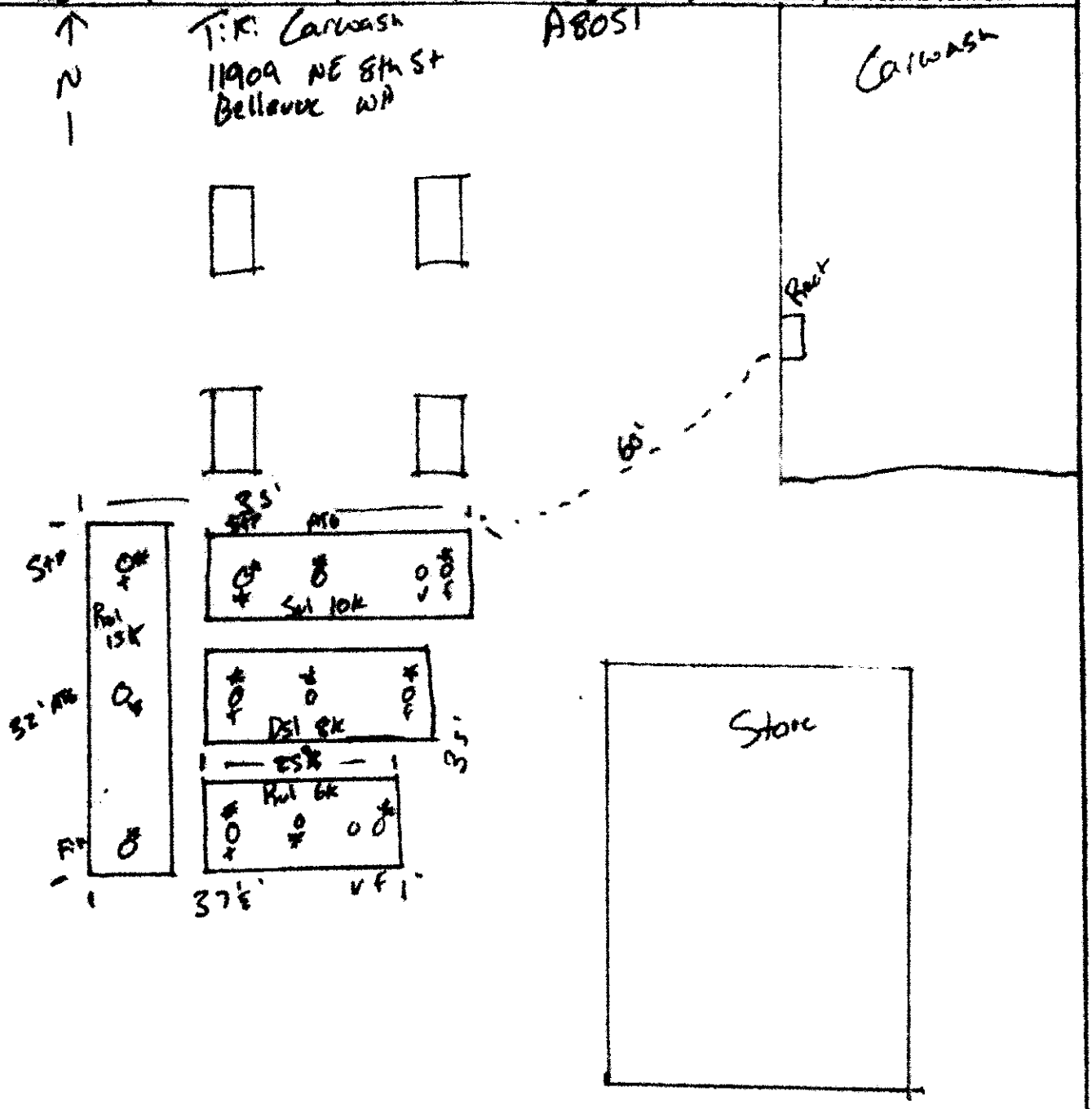
IX. Continuity Survey

Structure "A"	Structure "B"	Point "A" to Point "B" or Fixed Cell Location >30'	Structure "A" Fixed Voltage >30'	Structure "B" Fixed Voltage >30'	Point-to-Point or Fixed Voltage Difference	PASS	FAIL	Method and Standards Used (e.g. RP-0285, R051)
RUL 15 K	**NEG RECT**				**0.5 MV**	☒	☐	**RP-0285**
RUL 6 K	"				**0.5 MV**	☒	☐	"
DSL 8 K	"				**0.3 MV**	☒	☐	"
SUL, 10 K	"				**0.1 MV**	☒	☐	"
						☐	☐	
						☐	☐	
						☐	☐	
						☐	☐	
						☐	☐	
						☐	☐	
						☐	☐	
						☐	☐	
						☐	☐	

X. System Survey

Structure	Contact Point	Half Cell Location	Local Voltage "ON"	Local Voltage "Instant Off"	Local Voltage (Depolarized)	Voltage Change	PASS	FAIL	Method and Standard Used
RUL 15 K	**STP**	**STP**	**-2182 MV**	**-1232 MV**	**-641 mv**		x	☐	**-850 I/O**
"	"	**ATG**	**-2089 MV**	**-1014 MV**	**-560 mv**		x		"
"	"	**South end**	**-2619 mv**	**-1255 mv**	**-709 mv**		x	☐	"
RUL 6 K	"	**STP**	**-2215 MV**	**-873 MV**	**-662 mv**		x		"
"	"	**ATG**	**-1932 MV**	**-895 MV**	**-695 mv**		x	☐	"
"	"	**East end**	**-2934 mv**	**-1332 mv**	**-740 mv**		x	☐	"
DSL 8 K	"	**STP**	**-3074 MV**	**-1217 MV**	**-620 mv**		x		"
"	"	**ATG**	**-2425 MV**	**-1138 MV**	**-587 mv**		x		"
"	"	**East end**	**-2532 MV**	**-1314 MV**	**-560 mv**		x	☐	"
SUL 10 K	"	**STP**	**-3113 MV**	**-1055 MV**	**-503 mv**		x	☐	"
"	"	**ATG**	**-3104 MV**	**-1132 MV**	**-635 mv**		x		"
"	"	**East end**	**-3020 mv**	**-1097 MV**	**-626 mv**		x	☐	"
							☐	☐	

Diagram the UST System, including tanks, piping, and dispenser locations, approximate scale, and any other notable structures/physical features. Indicate north with arrow. On the map below, include the half cell locations used during testing. All test points must be easily identifiable, so that testing can be reproduced and your results verified.



XII. 60-Day Record of Rectifier Operation

(a copy of this page must be provided to Ecology and the owner)

Name: **TIKI CARWASH**	Name: **TIKI CARWASH**
Phone: **425-260-9210**	Address: **11909 NE 8TH ST**
Email: **KELLYPULLEN@HOTMAIL.COM**	City: **BELLEVUE**
Rectifier Manufacturer: **UNIVERSAL**	Rectifier Model Number: **GSAI**
Rated DC Output: **80V – 12 A**	Rectifier Serial Number: **242572**
Volts: **62** to **70**	Amps: **6.5** to **8**

Date Inspected	Rectifier Turned On?	Tap Settings COURSE	Tap Settings FINE	Volts	Amps	Hour Meter (if present)	Operator Initials	Comments
04/10/25	**YES**	**3**	**4**	66.30	7.35	**3574.6**	**MR**	**CP OK NEW RECTIFIER**

XIII. Retrofit or Repair Design (if applicable)

All retrofitting or repairs to CP systems shall be designed by a Corrosion Expert. I certify that I am a Corrosion Expert qualified to engage in the practice of corrosion control on buried or submerged metal piping systems and metal tanks. I have attached copies of the retrofit/repair design and of the Underground Storage Tank Retrofit and Repair Checklist.

Corrosion Expert's Name:	National Recognized Organization:
Company's Name:	Certification Number:
Corrosion Expert's Signature:	***Date:***

XIV. Required Signatures

The service provider certifies the criteria used to evaluate whether cathodic protection is adequate were in accordance with a code of practice developed by a nationally recognized association (e.g. NACE), as required by the Washington State Underground Storage Tank Regulations.

4-10-25		**Marcus Rounds**
Date	Signature of Certified Cathodic Protection Tester	Print or Type Name
4-10-25		AYUSH POKHAREL.
Date	Signature of Tank Owner or Authorized Representative	Print or Type Name

ATTACHMENT 5

Testing and Inspection Certificate

Tanknology Inc.
11000 North MoPac Expressway, Suite 500, Austin, TX 78759
800-800-4633 www.tanknology.com

Test Date	6/4/2026	Tanknology WO#	NW1-2394384
Test Purpose	COMPLIANCE	Customer PO#	

Customer

Tiki Carwash
11909 NE 8th Street
Bellevue, WA 98005

Attn: Kelly Pullen
(425) 260-9210

Location

Tiki Carwash (BELLEVUE)
11909 NE 8th Street
Bellevue, WA 98005

Attn: Kelly Pullen
(425) 260-9210

Test / Inspection Description	Item Tested	Date Tested	Result
Pressure Decay	See test report for details	6/4/2026	Pass
WA Tie-Tank	See test report for details	6/4/2026	Passed

Tanknology Representative: David Edens
Telephone: ()

Technician: Candace Wheatley
Technician Certification: (See forms)

Tanknology

2"wc Pressure Decay Test

Store Information

Site Name: Tiki Carwash
Address: 11909 NE 8th Street, Bellevue WA 98005
Phone: 260-9210

Testing Company

Name: TANKNOLOGY INC.
Address: 11000 N. MOPAC EXPRESSWAY, SUITE 500, AUSTIN, TX 78759
Phone: (512) 451-6334

Phase I System?	TWO POINT	Vapor System Manifolded ?	Yes
Phase II System?	BALANCE	Vapor Pot Present?	NO
Total # of Nozzles	8	Total # of Gas Tanks	3
Products per Nozzle	3		

Tank Information		1	2	4		Total
1.	Product Grade	REG UNLEAD	REG UNLEAD	SUPREME		
2.	Actual Tank Capacity, gallons	15119	6260	10310		31689
3.	Gasoline Volume, gallons	7694	4133	4918		16745
4.	Ullage, **(V)** gallons (line #2 minus line#3)	7425	2127	5392		14944
Test Information		**1**	**2**	**4**		**All**
5.	Start Time	12:38				12:38
6.	Initial Test Pressure, inches H2O	2.00				2.00
7.	Pressure after 1 minute, inches H2O	1.98				1.98
8.	Pressure after 2 minutes, inches H2O	1.97				1.97
9.	Pressure after 3 minutes, inches H2O	1.96				1.96
10.	Pressure after 4 minutes, inches H2O	1.95				1.95
11.	Pressure after 5 minutes, inches H2O	1.94				1.94
12.	Allowable Final Pressure	1.93				1.93
13.	Pass / Fail (Enter "GF" for Gross failure)	Pass				Pass

UNK	Enter time of last delivery.
MANOMETER	What type of pressure device used?
4/7/2026	Calibration date for pressure device (90 days).
-0.30	Enter initial tank ullage pressure (Vent if over 0.5 in. w.c., then start the 30 min no dispensing period)
2.00	Enter flowmeter rate, F(Must be 1 to 5 CFM).
00:04:55	Calculate ullage fill time, **t2**. t2= V / [1522]F
00:09:49	Calculate gross failure time (Twice t2).
0.00	Enter ending value of drift test (Must be 0.01 in. w.c. or less).
2	Record Vapor Coupler Integrity Test Assembly pressure after 1 minute and location.
PHASE 1	Nitrogen introduction point. Phase I vapor coupler or Phase II vapor riser?

Comments: Began inspection of system. No visual leaks found. Started 15 min manometer warmup. After 30 min wait period, pressurized the system to 2"WC. System held to passing standard. System passed the TP 201.3 Static Pressure Decay test.

Tester: Candace Wheatley
Certification #: 10322067
Signature: Candace Wheatley
Test Date: 6/4/2026

WO: 2394384

Washington Oregon Gasoline Vapor Control Committee

This form will be accepted by any State or Local Air Pollution Agency requiring compliance testing on gas station vapor recovery equipment within the states of Washington or Oregon

For Agency Use Only

Reviewed By: _____

Date: _____

○ Passed ○ Failed

(Attach reasons for test failure to this form)

Determination of Vapor Piping Connection (Tie-Tan Test) TP-201.3 C

Station Name: Tiki Carwash	Air Agency Registration No.:
Address: 11909 NE 8th Street	
City, State, Zip: Bellevue, WA 98005	

Testing Company Name: TANKNOLOGY INC.	Date/Time of Test: 6/4/2026
Address: 11000 N. MOPAC EXPWY #500	
City, State, Zip: AUSTIN, TX 78759	

The Tie-tan test is a pass fail test used to determine if all gasoline storage tanks are manifolded together. Diesel tank must not be manifold with the gasoline tanks. All tanks that service a stage 2 system must be manifold in order for the vapor recovery system to operate properly.

Option 1:

1) Remove dust cap from one stage 1 vapor adaptor. Introduce nitrogen at a stage 2 riser at the rate of 100 SCFH (bootiess nozzles = 60 SCFH)

2) Briefly open the dry breaks on each tank (one at a time)

3) Is pressure relieved on each tank about the same [ ]

Option 2:

1) Pressurize a tank to 2.10" WC and test the pressure in each tank using a pressure gauge on each vapor riser adapter.

2) Is pressure reading from each tank about the same [ ]

Option 3:

1) After conducting a pressure decay test, while the tanks are still pressurized.

2) Briefly open the dry breaks on each tank (one at a time)

3) Is pressure relieved on each tank about the same [Yes]

If the answer is yes, using the above options, then the tanks have passed the tie-tank test. [Passed]

Comments:

Tank owner or authorized representative:

Candace Wheatley	Candace Wheatley	6/4/2026
Print Name	Signature	Date

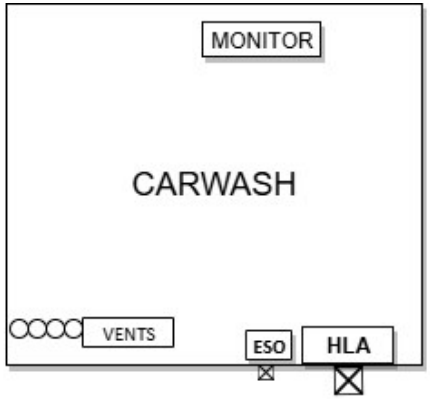
WO: 2394384

Site Diagram

(This site diagram is for reference only and is not drawn to scale)

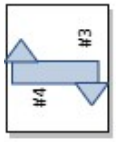
Work Order:	2394384
Site ID / Name:	BELLEVUE / Tiki Carwash
Address:	11909 NE 8th Street
City:	Bellevue

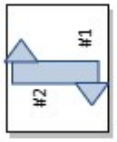
State: WA Zip: 98005

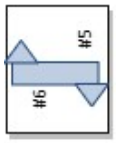


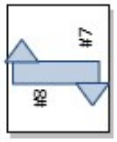


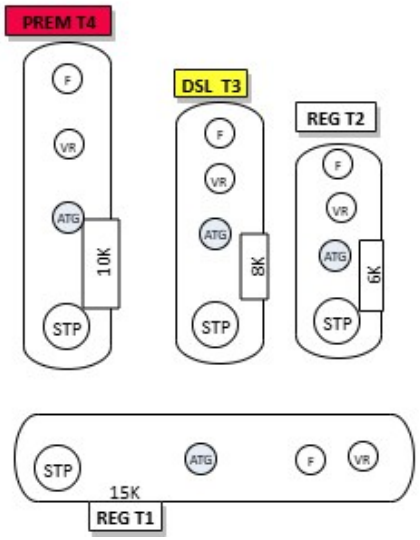












Tanknology Inc.
11000 N. MoPac Expressway, Suite 500 Austin, TX 78759 (800) 964-0010

JOB CLEARANCE FORM & SITE SAFETY CHECKLIST – OVF

Policy 100-29-A
Rev: I
Revised: 11/26/2024

Site Name/#:	Street Address:	W.O. #
TIKI CARWASH	11909 NE 8th ST.	2394384

Arrival Time:	Departure Time:	Travel Time:	Others on site:	Date
11:50 AM	1:00 PM	N/A	N/A	6-4-26

Scope of Work and Tasks Performed (JSA's must be available for all tasks):
P.D.

Repairs to Equipment or Parts Provided:

Follow-up actions required; equipment isolated; comments:
PASSED

PPE - PERSONAL PROTECTIVE EQUIPMENT REQUIRED (Check ✓ items used or mark ~ if not applicable)

✓ Safety Vest/Shirt (all jobs)	✓ Gloves (all jobs)	☐ Splash Goggles (if needed)	☐ Hearing Protection (if needed)
✓ Safety Toe Boots (all jobs)	✓ Safety Glasses (all jobs)	☐ Hard Hat (if needed)	☐ Other _____

✓ PRE-TEST PROCEDURES (Check ✓ each item completed or mark ~ if not applicable)

1. ✓ Discuss safety procedures with site personnel. Nearest hospital: OVERLAKE MEDICAL
2. ✓ Get ATG printout & check fuel/water levels. Prior to fuel delivery the system must be placed back into working order.
3. ✓ Barricade work area (cones, flags, bars/tape) and place Fire Extinguishers & "No Smoking" Signs at perimeter.
4. ☐ Confined Space Entry – If required complete separate CSE Checklist. If NO CSE check the following reason:
   ☐No CS's present ☐CS's not opened ☐No entry only visual inspection ✓No entry - used tools from outside space
5. ✓ Implement Lockout/Tagout per API 1646 (when accessing product piping during tasks)
   - ✓ Secure nozzles with "Out of Service" bags and nylon ties.
   - ~ Secure the circuit breaker(s) with lockout devices and tags.
   - ~ Close ball valves or check valves on product piping.
   - ~ Disconnect electrical "bayonet" connector from the STP(s).
   - ~ All applicable equipment disabled during test(s).
   - ~ **Verify LOTO is complete by trying to operate pumps.**

SIGN IN

General Safety Checks:
All site personnel have been informed.
Is a fuel delivery due today? NO
LOTO procedures have been discussed.
Work areas barricaded to protect workers, staff & public.

Lead Technician Name	Lead Technician Signature
Candace Wheatley	Candace Wheatley
Site Representative Name	**Site Representative Signature**
× Josh Barnett	

✓ POST-TEST PROCEDURES (Check ✓ each item completed or mark ~ if not applicable)

1. ✓ Remove all "Lockout/Tagout" devices and nozzle bags/ties.
2. ~ Run all pumps and verify there are no leaks:
   - ☐ Leak Detector & Vent Tubes
   - ~ Impact Valve Test Ports under dispensers
   - ~ STP Functional Elements & Relief Screws
3. ✓ Get ATG printout. Confirm water levels same as start or explain difference: _____
4. ✓ Check following components operational:
   - ✓ ATG probes, sensors, & caps
   - ✓ Ball floats, dry breaks & caps
   - ☐ Containment sumps are dry
   - ✓ Manhole covers and sump lids
   - ✓ Spill containers & drain valves
   - ✓ Drop tubes, flapper valves, fill adapters & caps
   - ~ Shear valves are open
   - ✓ Dispensers & POS operational
   - ✓ Dispenser panels are replaced
   - ✓ Vents & Extractors (not capped, plugged or isolated)
   - ~ Cathodic protection operational
   - ☐ Siphon lines and manifold valves open
5. ✓ Remove barricades.

34309

SIGN OUT & Operator Verification of Work (OVF)

General Safety Checks:
Work area has been left clean & safe.
Site staff aware of work status including any remaining isolation.
Changes to equipment are documented and communicated.
All incidents, near incidents, and unsafe situations reported.

Lead Technician Name	Lead Technician Signature
Candace Wheatley	Candace Wheatley
Site Representative Name	**Site Representative Signature**
× Josh Barnett	

Site Representative Comments:

COMPANY CONFIDENTIAL

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TIKI CAR WASH
11309 NE 8TH
BELLEVUE WA 98005

06-04-26 12:36 PM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

INVENTORY REPORT

T 1:REG UNL
VOLUME = 7694 GALS
ULLAGE = 7425 GALS
90% ULLAGE= 6913 GALS
TC VOLUME = 7680 GALS
HEIGHT = 60.33 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 62.5 DEG F

T 2:REG UNL
VOLUME = 4133 GALS
ULLAGE = 2127 GALS
90% ULLAGE= 1501 GALS
TC VOLUME = 4124 GALS
HEIGHT = 59.45 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 63.0 DEG F

T 3:DIESEL
VOLUME = 2618 GALS
ULLAGE = 5521 GALS
90% ULLAGE= 4707 GALS
TC VOLUME = 2614 GALS
HEIGHT = 33.89 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 62.4 DEG F

T 4:SUPREME
VOLUME = 4918 GALS
ULLAGE = 5392 GALS
90% ULLAGE= 4361 GALS
TC VOLUME = 4913 GALS
HEIGHT = 45.36 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 61.2 DEG F

* * * * * END * * * * *