

Warranty Registration

TO BE COMPLETED BY CONTRACTOR / INSTALLER

Contractor

Name: SRS Petroleum Services / Jeff Liquori
Address: 700 West Center Street
West Bridgewater, MA. 02379
Email: info@srspetroleum.com
Fax: 508-232-7780
Phone: 508-232-67760
Training Certification Expiration Date: 8/20/2023

Installation Site

Name: 7-Eleven
Address: 775 Cranston Street
Providence, RI. 02909
Installation Date: Nov 11th, 2021
Distributor: Source North American

IMPORTANT - The Product Warranty only becomes effective upon completion and return of this form to the Marketing Department of OPW-FCS. (See reverse side for mailing). Registration Form must be either mailed to OPW-FCS, faxed to 919-573-9497 or emailed to llovering@opwfcs.com within 14 days of site installation completion.

TANK SUMPS, TRANSITION SUMPS & MANHOLE COVERS

	Yes	No		Yes	No
1. Were all sumps inspected for damage prior to installation?	<input type="checkbox"/>	<input type="checkbox"/>	5. If the riser was cut down, was it measured and cut 1/4" below the inside valley of the corrugate at sump riser?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the site known to have a high water table?	<input type="checkbox"/>	<input type="checkbox"/>	6. Was the cover installed onto the sump riser during backfilling?	<input type="checkbox"/>	<input type="checkbox"/>
3. How many Tank Fitting Adapters (TFA-4090 or SMF-4E) were used? <u> (1) (2)</u>			7. Were the instructions in the product manual followed?	<input type="checkbox"/>	<input type="checkbox"/>
4. Were all compression rings installed on two piece sumps? (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	8. Was a hydrostatic test performed on each sump?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			9. Was the sump cleaned of all debris?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

DISPENSER SUMPS

	Yes	No		Yes	No
1. Were all sumps inspected for damage prior to installation?	<input type="checkbox"/>	<input type="checkbox"/>	4. Was a hydrostatic test performed on each sump?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Were all of the stabilizer bars secure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Were the instructions in the product manual followed?	<input type="checkbox"/>	<input type="checkbox"/>
3. Were all the provided anchor bolts installed?	<input type="checkbox"/>	<input type="checkbox"/>	6. Was the sump cleaned of all debris?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PIPE & CONDUIT ENTRY SEALS

	Yes	No		Yes	No
1. Was the correct size hole saw used on each size entry boot?	<input type="checkbox"/>	<input type="checkbox"/>	3. Were all entry boot nuts secure & tightened to 60 in. lbs.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Were all band clamps secure & tightened, not to exceed 30 in. lbs.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Are all pipe & conduit entries less than 15° off center-line?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FLEXIBLE PIPING

1. What size Piping was installed?	<input type="checkbox"/> 3/4"	<input type="checkbox"/> 1"	<input checked="" type="checkbox"/> 1-1/2"	<input type="checkbox"/> 2"	<input type="checkbox"/> 3"	<input type="checkbox"/> 4"	Pipe date code <u>21061113</u>	Issue No <u>A-438</u>
2. What type of flexible piping was installed?	<input type="checkbox"/> UL Approved FlexWorks Single Wall <input checked="" type="checkbox"/> UL Approved FlexWorks Double Wall <input type="checkbox"/> Access Pipe (AXP) <input type="checkbox"/> BlueLine Single Wall <input type="checkbox"/> BlueLine Double Wall <input type="checkbox"/> KIWA Single Wall <input type="checkbox"/> KIWA Double Wall							
3. What type of fittings were installed?	<input type="checkbox"/> Coaxial <input type="checkbox"/> Swivel <input type="checkbox"/> Swivel Bolt-On (SBC) <input checked="" type="checkbox"/> Double Wall Swivel (DPC) <input type="checkbox"/> Barbed <input type="checkbox"/> Stainless Steel							
4. What type of fuel is to be stored?	<input checked="" type="checkbox"/> Gasoline <input type="checkbox"/> Gasohol <input type="checkbox"/> Methanol <input type="checkbox"/> Ethanol <input type="checkbox"/> Diesel <input type="checkbox"/> Kerosene <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Other _____							
5. Was the site contaminated prior to install?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
6. Was all piping inspected for damage prior to & after installation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Were all piping connections tightened to the required specification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
7. Were all couplings inspected for damage prior to & after installation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. Was the primary piping air tested?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
8. Were all fittings inspected for damage prior to & after installation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. Was the interstitial space of the Double Wall piping air tested?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
9. Were only approved backfill materials used around the piping?	<input type="checkbox"/>	<input type="checkbox"/>	15. Was Access Pipe (AXP) used?	<input type="checkbox"/>	<input type="checkbox"/>			
10. Were the instructions in the product manual followed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16. Was the secondary left open to atmosphere after testing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
11. Were crossover supports used at all direct bury piping crossovers?	<input type="checkbox"/>	<input type="checkbox"/>	17. Were all connections/pipe entries/sumps straight & aligned properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

CONTRACTOR

I hereby certify that the above information is correct, and that I have read the OPW Fueling Containment Systems Warranty enclosed. I have reviewed the respective OPW-FCS Product Manuals and have received training by an OPW-FCS representative on the proper installation procedures for components of the Flex Works Piping System. **Copy protocol (1) Contractor (1) End User**

Contractor's Signature: _____ **Owners Signature:** Warren Lind
 Date: November 11th, 2021

Please fold in half and staple or tape closed.

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PLACE
STAMP
HERE



Marketing Department
3250 US 70 Business West
Smithfield, NC 27577