Kentucky Department for Environmental Protection
Division of Waste Management
Underground Storage Tank Branch
300 Sower Boulevard, Second Floor – Frankfort KY 40601
(502) 564-5981

FOR OFFICIAL USE ONLY –
DO NOT WRITE IN THIS SPACE

UST Annual Walkthrough Inspection

1. UST Facility Information

Agency Interest Number (AI)	24551				
UST Facility Name	Marathon				
UST Facility Physical Address	Street Address: 206 N. Benton St.		City: Millersburg, IN	Zip Code: 46543	

2. Annual Inspection Checklist

The monthly walkthrough inspection is part of the annual walkthrough inspection and should be completed at the time of the annual inspection.

Inspection Date	9/26/23																
Tank Number / Product Type	Reg			Prem			DSL			Kero							
Spill Prevention																	
All Submersible Turbine Pump (STP) Areas	**1.** Visible piping and fittings show no signs of leakage	☑ Y	☐ N	☐ N/A	☑ Y	☐ N	☐ N/A	☑ Y	☐ N	☐ N/A	☐ Y	☐ N	☑ N/A
	2. No evidence of a potential release into the environment	☑ Y	☐ N	☐ N/A	☐ Y	☑ N	☐ N/A	☑ Y	☐ N	☐ N/A	☐ Y	☐ N	☑ N/A
	3. Excess corrosion is not present	☑ Y	☐ N	☐ N/A	☑ Y	☐ N	☐ N/A	☑ Y	☐ N	☐ N/A	☐ Y	☐ N	☑ N/A
	4. STP area is free of debris	☑ Y	☐ N	☐ N/A	☑ Y	☐ N	☐ N/A	☑ Y	☐ N	☐ N/A	☐ Y	☐ N	☑ N/A
	5. Metallic components are not in contact with soil or water, or are cathodically protected	☑ Y	☐ N	☐ N/A	☑ Y	☐ N	☐ N/A	☑ Y	☐ N	☐ N/A	☐ Y	☐ N	☑ N/A
STP in Containment Sump	**6.** Any water or product removed & properly disposed	☑ Y	☐ N	☐ N/A	☐ Y	☐ N	☑ N/A	☑ Y	☐ N	☐ N/A	☐ Y	☐ N	☑ N/A
	7. Sumps are free of cracks, holes, or other defects	☑ Y	☐ N	☐ N/A	☑ Y	☐ N	☐ N/A	☑ Y	☐ N	☐ N/A	☐ Y	☐ N	☑ N/A
	8. Sump lids, gaskets, & seals present & in good condition	☑ Y	☐ N	☐ N/A	☐ Y	☑ N	☐ N/A	☑ Y	☐ N	☐ N/A	☐ Y	☐ N	☑ N/A
	9. Manway covers at grade in good condition, does not touch sump cover, all bolts present	☑ Y	☐ N	☐ N/A	☐ Y	☑ N	☐ N/A	☑ Y	☐ N	☐ N/A	☐ Y	☐ N	☑ N/A
All Dispenser Areas	**10.** Visible piping and fittings show no signs of leakage	☑ Y	☐ N	☐ N/A	☑ Y	☐ N	☐ N/A	☑ Y	☐ N	☐ N/A	☑ Y	☐ N	☐ N/A
	11. No evidence of a potential release into the environment	☑ Y	☐ N	☐ N/A	☑ Y	☐ N	☐ N/A	☑ Y	☐ N	☐ N/A	☐ Y	☑ N	☐ N/A
	12. Shear valves are present & securely anchored	☑ Y	☐ N	☐ N/A	☑ Y	☐ N	☐ N/A	☑ Y	☐ N	☐ N/A	☑ Y	☐ N	☐ N/A
	13. Metallic components are not in contact with soil or water, or are cathodically protected	☑ Y	☐ N	☐ N/A	☑ Y	☐ N	☐ N/A	☑ Y	☐ N	☐ N/A	☑ Y	☐ N	☐ N/A
Dispensers with Liquid-Tight UDCs	**14.** Any water or product removed & properly disposed	☐ Y	☐ N	☑ N/A	☐ Y	☐ N	☑ N/A	☐ Y	☐ N	☑ N/A	☐ Y	☐ N	☑ N/A
	15. UDCs are free of trash, debris, & used filters	☐ Y	☐ N	☑ N/A	☐ Y	☐ N	☑ N/A	☐ Y	☐ N	☑ N/A	☐ Y	☐ N	☑ N/A
	16. UDCs are free of cracks, holes, or other defects	☐ Y	☐ N	☑ N/A	☐ Y	☐ N	☑ N/A	☐ Y	☐ N	☑ N/A	☐ Y	☐ N	☑ N/A
	17. Penetration fittings intact & secured	☐ Y	☐ N	☑ N/A	☐ Y	☐ N	☑ N/A	☐ Y	☐ N	☑ N/A	☐ Y	☐ N	☑ N/A

AI 24551

Annual Inspection Checklist *(continued from Section 2)*											
Tanks continued from previous page	**Tank Number / Product Type**										
Hand Held Release Detection Equipment											
Tank Gauge Stick	**18.** Tank gauge sticks can be clearly read & are not broken	☐ Y	☐ N	☐ N/A	☐ Y	☐ N	☐ N/A	☐ Y	☐ N	☐ N/A	☐ Y	☐ N	☐ N/A

3. Problem and Solution / Repair Log

(Corresponds to Section 2 – attach additional pages if necessary)

Description Item Number	Describe Problem	Describe Solution or Repair	Solution or Repair Date
Kero Disp	There is some liquid in the bottom, but no liquid in fill port.		/ /
PRM STP	The check valve plug needs repaired, and possibly the shut off ball valve. Liquid in fill port and bottom.		/ /
REG STP	The check valve plug needs repaired.		/ /
PRM STP	Cover needs repaired.		/ /
			/ /
			/ /
			/ /
			/ /

4. Certification

In accordance with 401 KAR 42:060, Section 1, confirmed or suspected releases, spills, and overfills, shall be reported immediately to the cabinet's 24-hour Emergency Response Line at (800) 928-2380 or (502) 564-2380.

I certify that I have personally examined and performed the walkthrough inspection as described above for this UST facility as established in 40 C.F.R. 280.36. I further certify that the information in this document is true, accurate and complete.

Certification	*Printed*	Chris Zell - contractor, Midwest Tank Testing	**Date**	9/26/23
	Signature	Chris Zell		

Check appropriate box: ☐ UST System Owner ☐ UST System Operator ☐ Combined Class A & Class B Operator

If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at http://waste.ky.gov/ust. For copies of facility records please visit http://eec.ky.gov/pages/openrecords.aspx or email EEC.KORA@ky.gov.

GENERAL INSTRUCTIONS
UST Annual Walkthrough Inspection

Instructions provided are for the DWM 4220, UST Annual Walkthrough Inspection form. For any questions regarding any section of this form, please call the Division of Waste Management's Underground Storage Tank (UST) Branch. This form must be completed either by typing or by printing legibly with black ink.

The monthly walkthrough inspection is part of the annual walkthrough inspection and should be completed at the time of the annual inspection. Walkthrough inspections shall be completed by the owner, operator, or combined Class A and Class B operator. The walkthrough inspections are to be completed and retained at the UST facility, or made available to the cabinet upon request.

Section	**1.**	**UST Facility Information:** • **Agency Interest Number (AI) –** Enter the agency interest number for the UST facility. • **UST Facility Name –** Enter the UST facility name. • **UST Facility Physical Address –** Enter the UST facility physical address including a street address, city, county, and zip code. A PO Box will not be accepted.
Section	**2.**	**Annual Inspection Checklist:** • **Inspection Date –** Enter date the walkthrough inspection was performed. • **Tank Number/Product Type –** Enter the appropriate tank number and product type for each UST system. Attach additional pages as necessary. • During each walkthrough inspection, answer questions 1 through 18 by checking the appropriate box for each corresponding question for each UST system. o If a condition is observed select Y (yes). o If the condition is not present select N (no). If N is selected for any question, comments are required in Section 3 of this form. o If the question does not pertain to the particular UST facility select N/A (not applicable).
Section	**3.**	**Problem and Solution / Repair Log:** • Complete this section for any condition observed during the walkthrough inspection with N in Section 2 of this form. • Indicate the corresponding question number (1 through 18). • Describe the problem. • Describe the solution or repair that was preformed to correct the problem. • Enter the date the problem was corrected.
Section	**4.**	**Certification:** • Certify the annual walkthrough inspection by printing name, sign and date, and select the appropriate box indicating whether you are the UST owner, UST operator, or combined Class A & Class B operator.