

30 DAYS WALK THROUGH INSPECTION

Tanks Data		Contact Number	Contact email
UST Facility ID (FID) #	16408		
Facility Name	CITGO	Date of Inspection	4/30/23
Address	509 E US Hwy 20, Midway, IL 60449	Name of the Person Conducting Inspection	V. LENZ
Operator on Duty Name	IN 46360		
Operator Training current		Operator Training	
☐ Yes ☐ No		☐ Yes ☐ No	
Registration/Notification Form		Operator/Notified	
☐ Yes ☐ No		☐ Yes ☐ No	
Is Registration current with correct owner, operator etc.		Release Detection	
☐ Yes ☐ No		☒ ATG ☐ DIM ☐ SIR ☐ IC ☐ Other	
Release Detection Method		Operator/Notified	
Make and Model		☐ Yes ☐ No	
Does it have paper?		☐ Yes ☐ No	
Is it in Alarm mode?		☐ Yes ☐ No	
Interstitial Monitoring Sensor Status Normal		☐ Yes ☐ No	
Necessary Monthly Printout Taken		☐ Yes ☐ No	
Spill Buckets		Operator/Notified	
☐ Yes ☐ No		☐ Yes ☐ No	
Are Spill Buckets Clean and free from water, debris, product etc?		☐ Yes ☐ No	
Are the Spill Bucket in good condition and free of damage/cracks		☐ Yes ☐ No	
Fill Ports		Operator/Notified	
☐ Yes ☐ No		☐ Yes ☐ No	
Is Fill pipe cap tight and fill pipe free from any obstruction?		☐ Yes ☐ No	
Pipeline/STP Sumps		Operator/Notified	
☐ Yes ☐ No		☐ Yes ☐ No	
Are Sumps Clean and free from water, debris, product etc?		☐ Yes ☐ No	
Under Dispenser Containments (UDC)		Operator/Notified	
☐ Yes ☐ No		☐ Yes ☐ No	
Are UDCs clean and free from water, debris, product etc?		☐ Yes ☐ No	

NOTE: ALL LIQUID/DEBRIS OR WASTE MUST BE DISPOSED OFF ACCORDING TO EXISTING RULES AND REGULATIONS FOLLOWING PROPER PROCEDURE BY A CERTIFIED CONTRACTOR.

Operator on Duty Name: _____ Signature: _____ Date: 4/30/23

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