

30 DAYS WALK THROUGH INSPECTION

Tanks Data

UST Facility I.D. (FID) #	24712	Contact Number	
Facility Name	MARATHON	Contact email	
Address	3204 Mnacrest, LaPorte,	Date of Inspection	02/16/25
Operator on Duty Name	W 46350	Name of the Person Conducting Inspection	AKSHIT

Operator Training current	☒ Yes	☐ No	Operator Notified	☐ Yes	☐ No
Is Registration current with correct owner, operator etc.	☐ Yes	☐ No	Operator Notified	☐ Yes	☐ No
Release Detection Method	☒ ATG	☐ CIM	☐ BIR	☐ IC	☐ Other
Make and Model	VR TLS 350				
Does it have paper?	☒ Yes	☐ No	Operator Notified	☐ Yes	☐ No
Is it in Alarm mode?	☒ Yes	☐ No	Operator Notified	☐ Yes	☐ No
Interstitial Monitoring Sensor Status Normal	☒ Yes	☐ No	Operator Notified	☐ Yes	☐ No
Necessary Monthly Printout Taken	☒ Yes	☐ No	Operator Notified	☐ Yes	☐ No
Spill Buckets	☒ Yes	☐ No	Operator Notified	☐ Yes	☐ No
Are Spill Buckets Clean and free from water, debris, product etc?	☒ Yes	☐ No	Operator Notified	☐ Yes	☐ No
Are the Spill Bucket in good condition and free of damage/cracks	☒ Yes	☐ No	Operator Notified	☐ Yes	☐ No
Fill Ports	☒ Yes	☐ No	Operator Notified	☐ Yes	☐ No
Is Fill pipe cap tight and fill pipe free from any obstruction?	☒ Yes	☐ No	Operator Notified	☐ Yes	☐ No
Piping/STP Sumps	☒ Yes	☐ No	Operator Notified	☐ Yes	☐ No
Are Sumps Clean and free from water, debris, product etc?	☒ Yes	☐ No	Operator Notified	☐ Yes	☐ No
Under Dispenser Containments (UDC)	☒ Yes	☐ No	Operator Notified	☐ Yes	☐ No
Are UDCs clean and free from water, debris, product etc?	☒ Yes	☐ No	Operator Notified	☐ 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 _____

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