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 Nur																	
UST Facility Name Marathon																	
UST Facility Physical Address			et Address: 2701 Prairie St.	City: Elkhart, IN					Zip Code: 46517								
2. Annual Inspection Checklist																	
The monthly walkthrough inspection is part of the Inspection Date					11/14/23												
annual walkthrough inspection and should completed at the time of the annual inspection			Tank Number / Product Type	Reg			Prem			DSL							
		•			•			•			•						
All Submersible Turbine Pump (STP) Areas	1. Visible piping an	g and fittings show no signs of leakage			□N	□ N/A	☑ Y	□N	□ N/A	✓ Y	□N	□ N/A	ПΥ	□N	□ N/A		
	2. No evidence of a	lo evidence of a potential release into the environment			☑ N	□ N/A	ΠY	ØN	□ N/A	ΠY	☑N	□ N/A	ΠY	□N	□ N/A		
	3. Excess corrosion	xcess corrosion is not present			□ N	□ N/A	VΥ	□ N	□ N/A	ØΥ	□N	□ N/A	ПΥ	□N	□ N/A		
	4. STP area is free	TP area is free of debris			□N	□ N/A	ØΥ	□N	□ N/A	ØΥ	□N	□ N/A	ПΥ	□N	□ N/A		
	 Metallic components are not in contact with soil or water, or are cathodically protected 			ΠY	☑ N	□ N/A	ΠY	☑N	□ N/A	ΠY	☑ N	□ N/A	ΠY	□N	□ N/A		
	6. Any water or pro	product removed & properly disposed			□N	☑ N/A	□ Y	□N	☑ N/A	□Y	□N	☑ N/A	□Y	□N	□ N/A		
Containment Sump	7. Sumps are free	Sumps are free of cracks, holes, or other defects			☑ N	□ N/A	ΠY	ØN	□ N/A	ΠY	☑ N	□ N/A	ΠY	□N	□ N/A		
	8. Sump lids, gaske	Sump lids, gaskets, & seals present & in good condition			□N	□ N/A	☑ Y	□N	□ N/A	☑ Y	□N	□ N/A	ΠY	□N	□ N/A		
	,	Manway covers at grade in good condition, does not touch sump cover, all bolts present			□N	□ N/A	⊘ Y	□N	□ N/A	☑ Y	□N	□ N/A	ΠY	□N	□ N/A		
All Dispenser Areas	10. Visible piping an	e piping and fittings show no signs of leakage			□N	□ N/A	✓	□N	□ N/A	✓ Y	□N	□ N/A	□Y	\square N	□ N/A		
	11. No evidence of a	No evidence of a potential release into the environment			□N	□ N/A	☑ Y	□N	□ N/A	✓Y	□N	□ N/A	ΠY	□N	□ N/A		
	12. Shear valves are	Shear valves are present & securely anchored			□N	□ N/A	ΖY	□N	□ N/A	✓Y	□N	□ N/A	ΠY	□N	□ N/A		
		Metallic components are not in contact with soil or water, or are cathodically protected			□N	□ N/A	☑ Y	□N	□ N/A	☑ Y	□N	□ N/A	ΠY	□N	□ N/A		
Dispensers with Liquid-Tight UDCs	14. Any water or pro	or product removed & properly disposed			□N	☑ N/A	ΠY	□N	☑ N/A	ΠY	□N	☑ N/A	ΠY	□N	□ N/A		
	15. UDCs are free or	are free of trash, debris, & used filters			□N	☑ N/A	ΠY	□N	☑ N/A	ΠY	□N	☑ N/A	ΠY	□N	□ N/A		
	16. UDCs are free o	re free of cracks, holes, or other defects			□N	☑ N/A	ΠY	□N	☑ N/A	ΠY	□N	☑ N/A	ПΥ	□N	□ N/A		
	17. Penetration fittin	Penetration fittings intact & secured				☑ N/A	ΠY	□N	☑ N/A	ΠY	□N	☑ N/A	ΠY	□N	□ N/A		

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Annual Inspection Checklist (continued from Section 2)																
Tanks continued	l from previous page	Tank	Number / Pro	duct Type												
Hand Held Release Detection Equipment																
Tank Gauge Stick	18. Tank gauge sticks ca	an be clea	rly read & are	not broken	ΠY	□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													tion or ir Date			
STP Areas	They all have a l	ittle liqu	uid in the	bottom											/	/
															/	/
															/	1
															/	1
															/	/
															/	/
															/	/
															/	/
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 of this document is true, accurate and complete.												mation in				
Certification		Printed Chris Zell - technician, Midwest Tank Testing Date 11/1										4/23				
		Signature Chris Zell									, .					
Check appropriate box	x: 🗆	UST Sys	em Owner	□ UST S	System Ope	erator	☐ Con	nbined C	lass A & C	Class B Op	erator	<u> </u>				
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 .																