

30 DAYS WALK THROUGH INSPECTION

UST Facility I.D. (FID) #	25131	Contact Number	
Facility Name	Mantho	Contact email	
Address	149 N Main St Goshen 46528	Date of Inspection	2-28-24
Operator on Duty Name		Name of the Person Conducting Inspection	Austin B

Operator Training current

Operator Training

Operator/Notified

Yes No

Is Registration current with correct owner, operator etc.

Registration/Notification Form

Operator/Notified

Yes No

Release Detection Method

Release Detection

Operator/Notified

Yes No

Make and Model

Yes No

Operator/Notified

Yes No

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

317-645-0215

tankdata@gmail.com

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