

Operator Name: W. J. Smith Date of Inspection: 06-27-25

Facility Name: 1245 S. Main St. Elkhart, IN Contact Person: W. J. Smith

Facility ID (FID): 13068 Contact Phone:

30 DAYS WALK THROUGH INSPECTION

Tanks Data		30 DAYS WALK THROUGH INSPECTION			
UST Facility I.D. (FID) #	1633	Contact Number			
Facility Name	Genesee	Contact email			
Address	1245 S. Main St. Elkhart, IN	Date of Inspection	06-27-25		
Operator on Duty Name	IN-46514	Name of the Person Conducting Inspection	W. J. Smith		
Operator Training current		Operator Training			
☐ Yes ☐ No		☐ Yes ☐ No			
Registration current with correct owner, operator etc.		Registration/Notification Form			
☐ Yes ☐ No		☐ Yes ☐ No			
Release Detection Method		Release Detection			
☒ ATG ☐ CIM ☐ SIR		☐ ATG ☐ CIM ☐ SIR			
Make and Model		TS1001			
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			
Piping/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: _____

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