

30 DAYS WALK THROUGH INSPECTION

PLUMBING DATA

UST Facility I.D. (FID) #	14301	Contact Number	
Facility Name	AR1010	Contact email	
Address	59572 Mayflower Rd, South Bend, IN 46614	Date of Inspection	07/05/24
Operator on Duty Name	IN 46614	Name of the Person Conducting Inspection	AKSHIT SHARMA

Operator Training current <input type="radio"/> Yes <input type="radio"/> No	Operator Training <input type="radio"/> Yes <input type="radio"/> No	Operator Notified <input type="radio"/> Yes <input type="radio"/> No
Is Registration current with correct owner, operator etc. <input type="radio"/> Yes <input type="radio"/> No	Registration/Notification Form <input type="radio"/> Yes <input type="radio"/> No	Operator Notified <input type="radio"/> Yes <input type="radio"/> No
Release Detection Method Make and Model Does it have paper? Is it in Alarm mode? Interstitial Monitoring Sensor Status Normal Necessary Monthly Printout Taken	Release Detection MTG V12 T1 S350 <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No	Operator Notified SIR <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
Are Spill Buckets Clean and free from water, debris, product etc? Are the Spill Bucket in good condition and free of damage/cracks Is Fill pipe cap tight and fill pipe free from any obstruction? Are Sumps Clean and free from water, debris, product etc? Are UDCs clean and free from water, debris, product etc?	Spill Buckets <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No Fill Ports <input checked="" type="radio"/> Yes <input type="radio"/> No Piping/STP Sumps <input checked="" type="radio"/> Yes <input type="radio"/> No Under Dispenser Containments (UDC) <input type="radio"/> Yes <input type="radio"/> No	Operator Notified <input checked="" type="radio"/> Yes <input type="radio"/> No Operator Notified <input type="radio"/> Yes <input type="radio"/> No Operator Notified <input type="radio"/> Yes <input type="radio"/> No Operator Notified <input type="radio"/> Yes <input type="radio"/> 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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