

# 30 DAYS WALK THROUGH INSPECTION

Tanks Data

|                           |                              |                                          |          |
|---------------------------|------------------------------|------------------------------------------|----------|
| UST Facility I.D. (FID) # | 12240                        | Contact Number                           |          |
| Facility Name             | MOBILE                       | Contact email                            |          |
| Address                   | 601 N Main Street, Mishawaka | Date of Inspection                       | 12/22/24 |
| Operator on Duty Name     | IN 46545                     | Name of the Person Conducting Inspection | AKSHIT   |

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

ATG

IC

Other

Make and Model

VR TL 3350

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 OF ACCORDING TO EXISTING RULES AND REGULATIONS FOLLOWING PROPER PROCEDURE BY A CERTIFIED CONTRACTOR.

Operator on Duty Name

Signature

Date

317-645-0215

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