

Tanks Data

30 DAYS WALK THROUGH INSPECTION

UST Facility I.D. (FID) #	50029	Contact Number	
Facility Name	MARKATHON	Contact email	
Address	7269 Woodway, Merrillville	Date of Inspection	04-29-2025
Operator on Duty Name	JN-46410	Name of the Person Conducting Inspection	Madison Singh

Operator Training		Registration/Notification Form		Release Detection	
Operator Training current	☐ Yes ☐ No	Operator Notified	☐ Yes ☐ No	Operator Notified	☐ Yes ☐ No
Is Registration current with correct owner, operator etc.	☐ Yes ☐ No	Operator Notified	☐ Yes ☐ No	Operator Notified	☐ Yes ☐ No
Release Detection Method	☒ ATG ☐ CIM ☐ SIR ☐ IC ☐ Other				
Make and Model	VR-T25950 Plus				
Does it have paper?	☒ Yes ☐ No	Operator Notified	☐ Yes ☐ No	Operator Notified	☐ Yes ☐ No
Is it in Alarm mode?	☐ Yes ☒ No	Operator Notified	☐ Yes ☐ No	Operator Notified	☐ Yes ☐ No
Interstitial Monitoring Sensor Status Normal	☐ Yes ☒ No	Operator Notified	☐ Yes ☐ No	Operator Notified	☐ Yes ☐ No
Necessary Monthly Printout Taken	☐ Yes ☒ No	Operator Notified	☐ Yes ☐ No	Operator Notified	☐ Yes ☐ No

Spill Buckets		Fill Ports		Piping/STP Sumps		Under Dispenser Containments (UDC)	
Are Spill Buckets Clean and free from water, debris, product etc?	☒ Yes ☐ No	Operator Notified	☐ Yes ☐ No	Operator Notified	☐ Yes ☐ No	Operator Notified	☐ Yes ☐ No
Are the Spill Bucket in good condition and free of damage/cracks	☒ Yes ☐ No	Operator Notified	☐ Yes ☐ No	Operator Notified	☐ Yes ☐ No	Operator Notified	☐ Yes ☐ No
Is Fill pipe cap tight and fill pipe free from any obstruction?	☒ Yes ☐ No	Operator Notified	☐ Yes ☐ No	Operator Notified	☐ Yes ☐ No	Operator Notified	☐ Yes ☐ No
Are Sumps Clean and free from water, debris, product etc?	☒ Yes ☐ No	Operator Notified	☐ Yes ☐ No	Operator Notified	☐ Yes ☐ No	Operator Notified	☐ Yes ☐ No
Are UDCs clean and free from water, debris, product etc?	☒ Yes ☐ No	Operator Notified	☐ Yes ☐ No	Operator Notified	☐ 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: _____

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