Kentucky Department for Environmental Protection **Division of Waste Management Underground Storage Tank Branch** 300 Sower Boulevard, Second Floor - Frankfort KY 40601 (502) 564-5981

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#### **UST Electronic Release Detection Equipment Test**

	A exemple a constraint										
e oreal III seed	9 2000		1. UST Facili	ty Information							
Agency Interes	st Number (AI)										
UST Facility Na	ame		Lake Time	Mainel	PV	ander	_				
	en de la companya de	St		South Sh	14			•••••••••••••••••••••••••••••••••••••••			
<b>UST Facility Pl</b>	nysical Addres	····									
		Ci	· VICKETT ALL	Myounty: Ova	nge	Zip	Code: 4	145	72		
1, 388			2. Te	st Details	/						
Test Date		6	117 2024	1							
	F1.1		3. Monitoring (	onsole Information	ı						
Console Type <sup>1</sup>	Manu	ufacturer <sup>2</sup>	Model <sup>3</sup>	Serial Num	ber	Functio	n Check	Alarr	ns Test		
ATG	Veeder	Rost	TL5-350	<09/16936	515ml	Pass	☐ Fail	Pass	☐ Fail		
istill na	- (1.				☐ Fail	☐ Pass	☐ Fail				
			4. Automatic Tank C	Sauge Probe Inform	ation						
Tank / Compartment	Product	Probe Type	4 Manufacturer <sup>5</sup>	Model <sup>6</sup>		Serial Num	ber	Function	on Check		
#/ -	Pure GAS	WD -2%.	1 Veeder-Root	Mag 2	20	VUK =	?	☑ Pass	☐ Fail		
¥7 -	1 labo Lad	ID 2 l	1 Vender-Root	man	23	2598	2,	☑ Pass	☐ Fail		
- <del>-</del> -	JIIBUUR	40 14 Br	i vecaci iasi	- My	~~~		Z	☐ Pass	☐ Fail		
_				4		ve Bester	er serié	☐ Pass	 ☐ Fail		
_								☐ Pass	☐ Fail		
_			#					Pass	☐ Fail		
								LIFass	LJ Fall		
Location <sup>7</sup>	Harris de la Celebra de la constitución	State of the Anna to the Control	5. Senso	r Information  Model <sup>10</sup>							
rogation		ype <sup>8</sup>	Manulacturer	Model	•	Serial Numl	oer .		n Check		
(V dynamics	or dates t		<u>m-45 import na 12 22 23 23 23 23 23 23 23 23 23 23 23 23</u>			lo ranj		☐ Pass	☐ Fail		
								☐ Pass	☐ Fail		
								☐ Pass	☐ Fail		
			-/	7	8-9-1			☐ Pass	☐ Fail		
17 12000	Lane By		100001	11111111		•••••		☐ Pass	☐ Fail		
			- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a Non the	AP AP		e la	☐ Pass	☐ Fail		
				Samo ii I	is more		-	☐ Pass	☐ Fail		

Monitoring Console Information – Console Type (e.g. ATG, ELLD, IM, etc.)

Monitoring Console Information – Manufacturer (e.g. Veeder-Root, Incon, etc.)

Monitoring Console Information – Model (e.g. TLS-350, TS-1001, etc.)

Automatic Tank Gauge Probe Information – Probe Type (e.g. inventory only, leak detection [0.2/01], or CSLD/SCALD)

Automatic Tank Gauge Probe Information – Manufacturer (e.g. Veeder-Root, Incon, etc.)

Automatic Tank Gauge Probe Information – Model (e.g. MagPlus, TSP-LL2, etc.)

Sensor Information – Location (e.g. DSL sump, dispenser ¼, RUL IM sensor, etc.)

Sensor Information – Type (e.g. float-switch, liquid, optical, discriminating, magnetostrictive, vapor, hydrostatic, dry interstitial, solid state, solid state discriminating, magnetostrictive, vapor, hydrostatic, dry interstitial, solid state discriminating, groundwater, etc.)

Sensor Information – Manufacturer (e.g. Veeder-Root, Incon, etc.)

Sensor Information – Model (e.g. MagSump, Series 7943, TSP-DTS, TSP-HIS, etc.)

Al per solution and out		ď		DWI	M 4223 (August 2018) 401 KAR 42:020
		Sensor Information	(continued from Section 5)	entro (1866) e <b>186</b> 0 e la companya de la companya del companya de la companya de la companya del companya de la companya de l	
Location	Туре	Manufacturer	Model	Serial Number	Function Check
		(19)	100 2 2 20 6 1 6 C C	a ita ita angresa i	☐ Pass ☐ Fail
			7.0		☐ Pass ☐ Fail
		*22.53	lanconado nostranos	Assessible transition	☐ Pass ☐ Fail
					☐ Pass ☐ Fail
			18000 1 160		☐ Pass ☐ Fail
		V		44/100	☐ Pass ☐ Fail
	14816	J. 18 4 3 11 11 11 11 11 11 11 11 11 11 11 11 1	163 11116 1		☐ Pass ☐ Fail
	S	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		rgi	☐ Pass ☐ Fail
	54(41) 74 is 1	Marin Mary	24146	20.3	☐ Pass ☐ Fail
		A custant o	4E 3		☐ Pass ☐ Fail
			1,2002	V 3	☐ Pass ☐ Fail
h !		1120000 70000 034000	Cantalina M	and a second sec	☐ Pass ☐ Fail
10 1 <b>13</b> 17 10	10030/100704.7	produced the control	Todaya Tirili T	Constitution of the	☐ Pass ☐ Fail
arta jirthilji	-10 100	22 MAN 28 45 5	TV25-2577	shee Kash	☐ Pass ☐ Fail
rsin zosin	Life was E.	100			☐ Pass ☐ Fail
		providence di constituti e	Danelogarolik b		☐ Pass ☐ Fail
Ksc10 nansaet		Sacrat 4	State Conductor	3-2 - 3-3	☐ Pass ☐ Fail
0 × 6 × 0 × 0 × 0			13-18		☐ Pass ☐ Fail
Comment on all fail maintenance requi		Elmin.			Land S
	Section (III) Section (III)		hments (required)		
☑ I have attached co	pies of the alarm histo	ry verifying probe out, water a	alarms, and high product al Certification	arms following test comple	tion (required).
certify that all the info	ormation provided on t	this document is true, accurat	e, and complete.		
Fester Certification		Printed Marky Signature Market	H Joya	Date	6/17/202
License	en sunt en annual de la company	Number:	Expiration Date: /	1	<del>-</del>
Certification Type (m	nark all that apply) [	☐ Tank Manufacturer	Test Equipment Manufactu	rer	

If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <a href="http://waste.ky.gov/ust">http://waste.ky.gov/ust</a>. For copies of UST facility records please visit <a href="http://ecc.ky.gov/pages/openrecords.aspx">http://ecc.ky.gov/pages/openrecords.aspx</a> or email <a href="mailto:EC.KORA@ky.gov">EC.KORA@ky.gov</a>.

Contact Information
Company Name

Kentucky Department for Environmental Protection
Division of Waste Management
Underground Storage Tank Branch
300 Sower Boulevard, Second Floor – Frankfort KY 40601
(502) 564-5981

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**UST Annual Walkthrough Inspection** 

			OOI Ailliaal Walkilloag	ппэрс	CHOI		ALLEG THE STATE OF								
			thibutane has vergel appring	1. UST	Facili	ty Informatio	on								
Agency Interest Nu	mber (AI)					and due but	1.8%, 7				- b 383 /	ne. I santira	. / 6 1 4	Marie M	
<b>UST Facility Name</b>	16 16.2 (2.15. G. 16.1)	L	ake time Mari	ne &	R.	V Ce	nte	r	9 A MC13 1		70 AVI 7 5			7270 J. L.	
UST Facility Physic	al Address	886	et Address: 7470 South	SR	45	5947 f; 09707+3	•	City: Fre	nchlic	k.	N.		Zip Code:	47	43
				2. Annu	ıal İns	spection Ch	ecklist			7					
The monthly walkthro			Inspection Date	617	20	24									
annual walkthrough completed at the time			Tank Number / Product Type	#1		PreGas		#2 U	nlead						1
	Sp	oill Pre	vention				1								
	1. Visible piping	and fittir	ngs show no signs of leakage	□Y	□N	AIN	DY	□N	II N/A	ΠY	□и	□ N/A	A DY	□N	
All Submersible Turbine Pump (STP) Areas	2. No evidence of	No evidence of a potential release into the environment				ŪŊ/A	ΠY	□N	[] N/A	ΠY	□N	□ N/A	Y	□N	
	3. Excess corros	ion is no	ot present	ΠY	□N	ID∕N/A	ΠY	□N	□/N/A	ΠY	□N	□ N/A	Y	□N	$\Box$
	4. STP area is fro	ee of de	bris	ΠY	□N	IT/N/A	ΠY	□N	D N/A	ΠY	□N	□ N/A	Y	□ N	
Control of the second s	5. Metallic components are not in contact with soil or water, or are cathodically protected		ΠY	□N	Ú N/A	ΠY	□N	D N/A	ΠY	□N	□ N/A	Y	□N		
	6. Any water or p	roduct	removed & properly disposed		□N	N/A	ΠY	□N	ID N/A	ΠY	□N	□ N/A	Y	□N	
STP in	7. Sumps are fre	e of cra	cks, holes, or other defects	ΠY	□N	DINJA	ΠY	□N	D/N/A	ΠY	□N	□ N/A	Y	□N	
Containment	8. Sump lids, gas	skets, &	seals present & in good condition	ΠY	□N	DAIA	ΠY	□N	<b>□</b> ⁄N/A	ΠY	□N	□ N/A	Y	□N	
Sump	9. Manway cover sump cover, a		ade in good condition, does not touch present	DY	□N	N/A	ΠY	, DN	VAIA	ΠY	□N	□ N/A	Y	□N	
genezaci.	10. Visible piping	and fitti	ngs show no signs of leakage	ΔY,	□N	□ N/A	DY	□N	□ N/A	□Y	□N	□ N/A	Y N	□N	
All Dispenser	11. No evidence of	of a pote	ential release into the environment	₩	□N	□ Ņ/A	D/Y	□N	□ N/A	ΠY	N 🔲 ret	□ N/A	Y	□N	
An Dispenser	All Dispenser Areas  12. Shear valves are present & securely anchored		□Y/	□N	☑ N/A	□Y,	_ □N	Ū∕N/A	□Y	□N	□ N/A	Y□	□N		
	Metallic components are not in contact with soil or water, or are cathodically protected		WY	□N	□ N/A	DY	□N	□ N/A	ΠY	□N	□ N/A	Y	□N		
	14. Any water or p	oroduct	removed & properly disposed	ΠY	□N	TZ N/A	ΠY	□N	DA/J/A	□Y	□N	□ N/A	Y 🗆 Y	□N	- 🗆
Dispensers	15. UDCs are free	of tras	h, debris, & used filters	ΠY	□N	Ď/Ŋ/A	□Y	□N	□∕Ņ/A	ΠY	□N	□ N/A	Y	□N	
with Liquid-Tight UDCs	16. UDCs are free	of crac	ks, holes, or other defects	ΠY	□N	□ N/A	ΠY	□N	Ď y/A	□Y	□N	□ N/A	Y	□N	
	17. Penetration fit	tinas inf	act & secured	ПΥ	Пи	ID∕N/A	ПΥ	ΠN	D/N/A	ПΥ	ПΝ	□ N/A	ΥПΙ	ΠN	П

	er til starre i skriveter til er	Annual Ins	pection C	hecklist (con	inued from	Section 2)		madelmaksa	The Assistance of	entente regueren		elização de la competitada
Tanks continued	d from previous page	Tank Number / Product Type	#1	Pure	985	#2 1	hlead					
gradion process	Hand	Held Release Detection Equipment		The Table			DAVAY					
Tank Gauge Stick	18. Tank gauge sticks	can be clearly read & are not broken	ΠY		M/A 🗆	Y DN	NIA	ΠY	□N	□ N/A	DY	□N
	ez politico controlos.	3.	Problem s to Section	n and Solution 2 – attach add	n / Repai itional page	r Log es if necessar	Carana Variation				And the second	
Description Item Number		Describe Problem	43			Descr	ibe Solution	or Repa	dr.	T yay		Solutio Repair
		orthodor domining Common and a common		A.			Ass		2	12.0		1
Captable sets 1	September de Propo September de la comme	grand trades grants and some	6 1 200			L 4	UNIX ID		ii.	i v		1
1		A DAY OF THE STATE		De Ny	Vilve	2191	fr.	Ţ.,.	14.	S.A.Y.		1
(aja) grado Brago arab						1214	TA CO		To The Control of the	1700	136	I I
AN S James Hole	Alexander (1)	well and the transition of the following of				1124 1124	CONT !			figure.		1 37
	70008 1888 900 P	ANTERNA DE LA LA SER DE LA COMPANSION DE	1	C) 173			T. M.			1757	112	9 7
enterior de la comparta de La comparta de la comparta de		Take respired Propertype	- b- )	Exercise 1	1	13 17	144				-10	
	Water State Control of the	Assumed the control of the control o	T Steven	w file	r su Orași					100.5		1 .
	Secretary Commence	GALVARIANE (ALVI)		. Certificat	ion	manifest of the second	CHAC		Ä			
In accordance wit (800) 928-2380 o		ction 1, confirmed or suspected rele	ases, spills	s, and overfills	shall be i	reported imm	ediately to	the cabir	net's 24-ho	our Emer	gency Re	sponse Lin
	ersonally examined and , accurate and complete	performed the walkthrough inspection.	on as desc	ribed above for	this UST	facility as es	tablished in	40 C.F.F	R. 280.36.	I further	certify tha	t the inform
Certification		Printed Marty H	Jay	9)				1		Date	617	12020
Check appropriate bo	»X:	☐ UST System Owner ☐ UST	System O	perator [	Combine	ed Class A &	Class B Op	perator		1	M4	· · · · · · · · · · · · · · · · · · ·
		please contact the cabinet at (502) 56 or email <u>EEC.KORA@ky.gov</u> .	4-5981 or v	isit our web site	at http://w	aste.ky.gov/u	st. For copie	s of facilit	y records p	olease		

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Division of Waste Management
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#### **UST Containment Device Test**

00.00.	Turini Device 10								
	1. UST	Facility Information							
Agency Interest Number (AI)	1.00								
UST Facility Name	Lake Tim	e Marine	& RV Cente						
UST Facility Physical Address	Street Address: 7	County: De	2 Zip Code:	47432					
	2.	Test Information							
Reason for Test (indicate UST system for all that apply)	Required Periodic Tes	New Installation	☐ DEP Directed☐ Other (specify	);					
Test Equipment		Measing Tape	-15 33 alfre						
Test Méthod	☐ Vacuum (must attach test equipment manufacturer's data sheet) ☐ Hydrostatic (only for single walled devices) ☐ Other (specify):								
(List tank inform		g Data and Results ontainment devices; attach ad	lditional pages as necessary	)					
Test Date	6 17 2024	•	,						
Tank ID Number / Product Type	#1 Pure GAS	#2 Unleaded							
Dispenser Number (e.g., 1/2, 3/4, etc.)	* /	#2							
Containment Device Type	ID-Spill Bucket ☐ Catch Basin ☐ UDC ☐ Sump	☑ 85îÎl Bucket   ☐ Catch Basin   ☐ UDC   ☐ Sump	☐ Spill Bucket ☐ Catch Basin ☐ UDC ☐ Sump	☐ Spill Bucket ☐ Catch Basin ☐ UDC ☐ Sump					
Installation Type	☐ Contained in a Sump	☐ Direct Bury ☐ Contained in a Sump	☐ Direct Bury ☐ Contained in a Sump	☐ Direct Bury ☐ Contained in a Sump					
Construction Type	☐ Double Wall ☐ Single Wall	☐ Double Wall ☐ Single Wall	☐ Double Wall ☐ Single Wall	☐ Double Wall ☐ Single Wall					
Diameter (in)	114	11 4							
Depth (ft)	1254	13"							
Height at the top of the Highest Penetration Point (UDCs and Sumps)	131 11 AZ	13"		1					
Wait Time	Vzhr	1/2 hr							
Test Start Time	10:45pm	11) 45 mm							
Initial Reading	135"	13"	·	. r					
Test End Time	11:45 am	11:45pm							
Final Reading	1350	13"		-					
Test Period (total time)	Ihr	lhv							
Reading Change	MANO	BAR		,					
Test Results	Pass	Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail					
Recommendations	Repairs/Retest Y	N Release Report Requi	red Y A Next	Test Date 6 1727					

AI_E_ A A CAMBANA	
Comments	The transfer of the state of th
	Commission
	DEFECTIVE OF VECTOR AND A PROPERTY.
	4. Certification
I certify that all the information provided	on this document is true, accurate, and complete.
Tester Certification	Signature Mark Hard Date 6/17/2024
License	Number: Expiration Date: / /
Certification Type (mark all that apply)	☐ Tank Manufacturer ☐ Test Equipment Manufacturer ☐ Other (specify):
Contact Information	Phone 812)547-8082 Email: Hi-statesprice net
Company Name	Tri-3tate, Service & Maintenance, M
If you have questions on how to fill out this UST facility records please visit <a href="http://eec.lustration.org/linearing-nc-nd-4">http://eec.lustration.org/linearing-nc-nd-4</a>	form please contact the cabinet at (502) 564-5981 or visit our web site at <a href="http://waste.ky.gov/ust">http://waste.ky.gov/ust</a> . For copies of <a href="https://www.ky.gov/pages/openrecords.aspx">ky.gov/pages/openrecords.aspx</a> or email <a href="mailto:EEC.KORA@ky.gov">EEC.KORA@ky.gov</a> .

Kentucky Department for Environmental Protection **Division of Waste Management** Underground Storage Tank Branch 300 Sower Boulevard, Second Floor - Frankfort KY 40601 (502) 564-5981

09/7/1/4\_02\_(August 2018) 801 KAR 42 020

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UST Overfill	Preven	tion D	evice	Test	1		ne dened	TO THE				ancaen 1
Language and C	and Practics	bharin	1. US	T Facilit	y Inform	ation	al Sea	Jak	(16.7a) 1 %#	Philan) ne	te inchis	an o
Agency Interest Number (AI)		S. E.	d 1/2	mä Ç	28185	\$7.54 \$2.542	11X e) exe	1		rioi)	atrium) (	osino D
UST Facility Name	La	ke i	Timo	Mar	ine 1	SK	VC	ente	or	1000000000	amai/ yn	semaŭ
UST Facility Physical Address	Street A	and the second second	747	0	Sout	9 3	50-1	45		en no aes	aten ip sys	BAT KADY TI
OST Facility Physical Address	City To	City French Lick. In. County: Drange Zip Code: 47432										
		11-11-11	2.	Test In	formatio	n	7					
Test Date	6171-2024											
Reason for Test (mark only one)	☐ New	☐ New Install (within 30 days of bringing into service) ☐ Routine (every 36 months)										
reason for fest (main only one)	Repa	air <i>(withir</i>	30 days	)								
	3. Test Details (Attach additional pages as necessary)											
Tank Number / Product Type	#) Bin	645	なし	nkad	1							
Overfill Prevention Device Type	DAS	D	DAS	≶Ď	□ AS		☐ AS		☐ AS		☐ AS	
Automatic Shut-Off Device – ASD High-Level Alarm – HLA Ball Float Valve – BFV	201	□ HLA         □ HLA         □ HLA         □ HLA         □ HLA           □ BFV         □ BFV         □ BFV         □ BFV										
Tank Capacity (gallons)	200	200599) 200599)										
Tank Diameter (inches)	65	124 / 241										
1. Device Removed	Ves	□No	Yes	□No	☐ Yes	□ No	☐ Yes	□ No	☐ Yes	□ No	☐ Yes	□No
2. No Damage Present	<b>Q</b> ∕ es	□No	<b>⊠</b> Yes	□ No	☐ Yes	□ No	☐ Yes	□ No	☐ Yes	□ No	☐ Yes	□ No
3. Clean & Free of Debris	<b>□</b> ∕es	□ No	☑ Yes	□ No	☐ Yes	□ No	☐ Yes	☐ No	☐ Yes	□ No	☐ Yes	□ No
4. Activation Mechanism Moves Freely	Yes	□ No	☑ Yes	□No	☐ Yes	□ No	☐ Yes	□ No	☐ Yes	□ No	☐ Yes	□ No
5. Device Activation Level Measured	Yes	□ No	☐ Yes	□No	☐ Yes	□No	☐ Yes	□No	☐ Yes	□ No	☐ Yes	□ No
Activation Level is At or Below Regulatory Limit	Yes	□No	Yes	□No	☐ Yes	□ No	☐ Yes	□ No	☐ Yes	□ No	☐ Yes	□ No
Activation Level of Device (%)	85	%	88	%		%		%		%		%
Criteria: If "No" was answered in any one	of the item	s (1 thro	ugh 6) al	bove, the	test indic	ates a fa	il.					
Device Test Results	Pass	☐ Fail	Pass	☐ Fail	☐ Pass	☐ Fail	☐ Pass	☐ Fail	☐ Pass	☐ Fail	☐ Pass	☐ Fail
4. Attachments												
✓I have attached photographs documen	ting the ov	erfill dev	ice was ı	removed a	and set to	activate	at the ap	propriate	level.			
Comments												
												and the second
Fagg 2 of 2								ad loose for the partial backfore				

DWM 4232 (August 2018) IA Certification I certify that all the information provided on this document is true, accurate, and complete. Printed Date 6 1/7/2024 **Tester Certification** Signature UST Overfill Proyenpo Expiration Date: License Number: Certification Type (mark all that apply) Recommended Practice ☐ Test Equipment Manufacturer ☐ Other (specify): **Contact Information Company Name** If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at http://waste.ky.gov/ust. For copies of UST facility records please visit http://eec.ky.gov/pages/openrecords.aspx or email EEC.KORA@ky.gov. Tast Date Unitabline (every 36 months) Reason for Test Insid only one Overfill Provention Device Type Tank Diameter (Fiches) No Damage Present Clean & Free of Debris Activation Mechanism Moves Dovice Activation Level Activation Level is At or Below Augulatory Linux Activation Loyal of Dayloc (%)



#### **UST Tank Tightness Test**

		1. UST Facili	ty Informatio	on						
Agency Interest Number (AI)	4920									
UST Facility Name	Lake Time I	₋ake Time Marina								
	Street Address	:7470 SR 14	5							
UST Facility Physical Address	City: French	City: French Lick County: Orange Zip Code: 47432								
		2. Test Ir	formation		<u>.</u>					
Test Date	6/19/2024									
Next Test Date Due	6/19/2027									
	☐ New Install (	☐ New Install (within 30 days from bringing into service)								
Reason for Test (mark only one)	Repair <i>(withi</i>	in 30 days)		DEP Directed (sp	ecify):					
	☐ Suspected F	Release – Incident	#:	Other (specify): _						
	Volumetric	Non-Volumetri								
	Overfill	■ Vacuum	☐ Inters	titial						
Test Type (mark all that apply)	☐ Underfill	Ullage	☐ Other	(specify):						
		☐ Tracer								
Leak Threshold	■ 0.1 gph □ 0.05 gph □ 0.01 gph □ Other (specify):									
Test Method	Acoustic, Vacuum and Water Intrusion									
Test Duration and Delivery	Minimum Test	Duration (min): 1	6	Time Since Last Delive	ry <i>(hr):</i> UTD					
Dispensing During Test	☐ Yes ■ N	0								
Tanks Isolated During Test	■ Yes □ N	0								
Groundwater Depth (ft)	UTD									
Level Above Tank Bottom	☐ Yes ☐ N	0								
		3. Tank lı (Attach additional	nformation	ecan/)						
Tank Number	1	(rittaori additiorial	pages as need	osary)						
Substance Stored	0-E Unlea	ided								
Capacity	2,005									
Diameter	69"									
Material	UTD									
Manufacturer	UTD									
Model	UTD									
Configuration	Round / Sing	gle Wall								
Number of Compartments	1									
Manifolded	No									
Leak Detection Method	ATG									

		4. Tank (Columns are				3)				
Amount of Product in Tank (gal)	904									
Tank Percent Full (%)	45%									
Temperature of Product (°F)	70.6	6								
Amount of Water in Tank (inches)	0									
Pressure Measured at Tank Bottom (psi)	547									
Test Duration (military)	11:31-11:	37								
Calculated Lead Rate (gph)	0.1									
	(	<b>5.</b> Columns are a c	Test Re		ections 3	and 4)				
Double Wall Tank Secondary Containment	☐ Pass ☐	]Fail ■ N/A	☐ Pass	☐ Fail	□ N/A	☐ Pass	☐ Fail ☐ I	N/A	Pass 🗌 Fail	□ N/A
Ullage Portion of Tank	■ Pass □	]Fail □ N/A	☐ Pass	☐ Fail	□ N/A	☐ Pass	☐ Fail ☐ I	√A □	Pass 🗌 Fail	□ N/A
Results for Wet Portion of Tank	■ Pass □	] Fail □ N/A	☐ Pass	☐ Fail	□ N/A	☐ Pass	☐ Fail ☐ I	√A □	Pass 🗌 Fail	□ N/A
Repairs & Retest Required	☐ Yes ■	Yes ■ No								
Release Reporting Required	☐ Yes ■	□ Yes ■ No								
Comments	The testing	was conducted etermined	using Est	abrook E	ZY Locato	or Plus test	equipment			
		6.	Certific	ation						
I certify that all the information provided of	n this docum	nent is true, acc	urate, an	d comple	te.					
Tester Certification	Printed	Tristan N	/lartin					Doto	0/40/00	0.4
rester Certification	Signature	Signature Tristan Martin Date 6/19/2024							24	
License	Number: 25-1041 Expiration Date: 9/23/25									
Certification Type (mark all that apply)	☐ Tank Manufacturer ☐ Test Equipment Manufacturer ☐ Other (specify):									
Contact Information	Phone: (812)425-4137 Email: tmartin@hci4.com									
Company Name	Hinderliter Construction - 3601 N. St. Joseph Avenue Evansville, Indiana 47720									

### **UST MONTHLY WALKTHROUGH INSPECTION**

		1.	UST	Facility	Inform	nation								
Facility Identification N	lumber (FID)	493	1920											
UST Facility Name			ake Time Marine and RV Center											
NOT FWA Blood-I			treet Address: 7470 S State RD 145											
UST Facility Physical	Address	City: Fre	ish Li	ck	County	Ora	nge			Zip	Code:	474	132	
(The monthly w	alkthrough inspection is part of			Inspe		SOUND TO SERVICE COMPANY	30.00	omplete	d at the	time of t	he annu	al insped	ction)	
40 C.F.R. 280.36(a	ı)(1)(i) – UST systems receiving	deliveries	at interv	als grea	ter than	every 3	0 days s	hall con	duct an	inspection	on prior	to each	delivery.	
Monthly Inspection Da	ite		5-2	1-24	6-1	7-24								
	Spill Prevention												,	
Covers & Lids (Spill Buckets)	Present, in good condition, seated firmly on correct tank	□ N/A	Qх	□N	ĽΥ	□и	ПΥ	□и	ПΥ	□N	ΠY	□N	ΠY	□и
Spill Containment	Bucket walls, plunger, plugs, gauges, in good condition	□ N/A	€Y	□и	De Y	ΠN	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□и
Manhole (Spill Buckets)	3. Free of water and product	□ N/A	₫Y	ПΝ	ĽΥ	□и	ΠY	ПΝ	ΠY	ΠN	ΠY	□N	ΠY	Пи
)	4. Free of trash or debris	□ N/A	₫Y	Пи	PY	□и	ΠY	□и	ΠY	Пи	ΠY	Пи	ΠY	Пи
Drop Tubes	5. Check for and remove obstructions	□ N/A	ØΥ	□N	D2/Y	□N	ΠY	□N	ΠY	ПN	ΠY	□N	ΠY	ПΝ
Diop ruses	6. Fill cap fits securely	□ N/A	ŒΥ	□N	œ/Y	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□и
	Release Detection	1		- 1944										
Automatic Tank Gauge (ATG)	7. Passing tank test results	□ N/A	ØΥ	□N	<b>13</b>	□N	ΠY	□N	ĹΠΑ	□N	ΠY	□N	ΠY	□N
Continuous Interstitial Monitoring	8. Sensor status normal	N/A	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□и	ΠY	□N	ΠY	ΠN
Statistical Inventory	Previous months results obtained with passing result	□ N/A	V	□N		□N	ΠY	□N	ΠY	□и	ΠY	□N	ΠY	□N
Reconciliation (SIR)	10. Data being collected for current month	□ N/A	⊠∕Y	□N	O/Y	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□и
Monthly Piping Leak Test	11. Passing piping leak test results	NIA	ΠY	□N	ΠY	Пν	ΠY	□N	ΠY	□N	ΠY	ΠN	ΠY	□N
Manual Interstitial Monitoring for Piping	NIA	. DY	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	ΠN	
I certify that I have pers 280,36. I further certify					ibed ab	ove for	this US	T facility	y as est	ablished	d in 40	C.F.R.		
Walkthrough Certification (Initial) (Must be completed by the owner, operator, or Combined Class A & ∼'ass B Operator)				D	11	)								

100 North Senate Ave Indianapolis, Indiana, 46204 (800) 451-6027 . (317) 232-8603 www.idem.IN.gov

## Certificate of Completion

Awarded to:

<u>Johnthan DeVoy</u>

For completion of IDEM's Underground Storage Tank "A" Operator Training in accordance with 329 IAC 9.

License #: 24196

Issue Date: June 13, 2024

Expiration Date: June 13, 2027

Brian C. Rockensuess, Commissioner

IDEM may require operator retraining if a UST System managed by the operator has documented deficiencies per 329 IAC 9.



# Indiana Department of Environmental Management Underground Storage Tank Program Operator Training Certification

100 North Senate Ave Indianapolis, Indiana, 46204 (800) 451-6027 . (317) 232-8603 www.idem.IN.gov

## Certification of Completion

## Awarded to: Johnathan DeVoy

For completion of "C" Operator Training in accordance with 329 IAC 9.

Certification is applicable to the following location:	Training Authorized by: Johnthan DeVoy License #(s): A - 24196
Company Name: Lake Time Marine and RV Center	Class A or B Operator Signature: 4 D. Vo 17
Address: 7470 S State Road 145	Training Provided by: John why
City: French Lick, IN 47432-9318	Trainer Signature:
Facility ID#:	
UST Facility ID#: 4920	,
	Issue Date: 6-13-2024 Expiration Date*: 6-13-202

\*Certification expires three (3) years from the date of issuance.

IDEM may require operator retraining if a UST System managed by the operator has documented deficiencies per 329 IAC 9.