

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

FOR OFFICIAL USE ONLY –
DO NOT WRITE IN THIS SPACE

UST Electronic Release Detection Equipment Test

1. UST Facility Information

Agency Interest Number (AI)			
UST Facility Name	Lake Time Marine & RV Center		
UST Facility Physical Address	Street Address:	7470 South SR-145	
	City:	Frank Lick, IN	County: Orange Zip Code: 47432

2. Test Details

Test Date	6/17/2024
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3. Monitoring Console Information

Console Type ¹	Manufacturer ²	Model ³	Serial Number	Function Check	Alarms Test
ATG	Veeder-Root	TLS-350	C0916936505001	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
				<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

4. Automatic Tank Gauge Probe Information

Tank / Compartment	Product	Probe Type ⁴	Manufacturer ⁵	Model ⁶	Serial Number	Function Check
#1	Pure Gas	HD. 2 & 1	Veeder-Root	Mag 2	206463	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
#2	Unleaded	HD. 2 & 1	Veeder-Root	Mag 2	225909	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
-						<input type="checkbox"/> Pass <input type="checkbox"/> Fail
-						<input type="checkbox"/> Pass <input type="checkbox"/> Fail
-						<input type="checkbox"/> Pass <input type="checkbox"/> Fail
-						<input type="checkbox"/> Pass <input type="checkbox"/> Fail

5. Sensor Information

Location ⁷	Type ⁸	Manufacturer ⁹	Model ¹⁰	Serial Number	Function Check
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail

¹ Monitoring Console Information – Console Type (e.g. ATG, ELLD, IM, etc.)
² Monitoring Console Information – Manufacturer (e.g. Veeder-Root, Incon, etc.)
³ Monitoring Console Information – Model (e.g. TLS-350, TS-1001, etc.)
⁴ Automatic Tank Gauge Probe Information – Probe Type (e.g. inventory only, leak detection [0.2/01], or CSLD/SCALD)
⁵ Automatic Tank Gauge Probe Information – Manufacturer (e.g. Veeder-Root, Incon, etc.)
⁶ Automatic Tank Gauge Probe Information – Model (e.g. MagPlus, TSP-LL2, etc.)
⁷ Sensor Information – Location (e.g. DSL sump, dispenser ¼, RUL IM sensor, etc.)
⁸ Sensor Information – Type (e.g. float-switch, liquid, optical, discriminating, magnetostrictive, vapor, hydrostatic, dry interstitial, solid state, solid state discriminating, groundwater, etc.)
⁹ Sensor Information – Manufacturer (e.g. Veeder-Root, Incon, etc.)
¹⁰ Sensor Information – Model (e.g. MagSump, Series 7943, TSP-DTS, TSP-HIS, etc.)

AI _____

Sensor Information (continued from Section 5)

Location	Type	Manufacturer	Model	Serial Number	Function Check
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Comment on all failures, repairs, or maintenance required

6. Attachments (required)

I have attached copies of the alarm history verifying probe out, water alarms, and high product alarms following test completion (required).

7. Certification

I certify that all the information provided on this document is true, accurate, and complete.

Tester Certification	Printed	Marty H. Jova	Date	6/17/2024
	Signature	<i>Marty H. Jova</i>		
License	Number:		Expiration Date:	/ /
Certification Type (mark all that apply)	<input type="checkbox"/> Tank Manufacturer	<input checked="" type="checkbox"/> Test Equipment Manufacturer	<input type="checkbox"/> Other (specify):	
Contact Information	Phone:	(822) 547-8082	Email:	tri-state@tri-stateservice.net
Company Name	Tri-State Service & Maintenance, Inc			

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.

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UST Annual Walkthrough Inspection

1. UST Facility Information

Agency Interest Number (AI)			
UST Facility Name	Lake time Marine & RV Center		
UST Facility Physical Address	Street Address: 7470 South SR-145	City: Frenchlick, IN.	Zip Code: 47430

2. Annual Inspection Checklist

The monthly walkthrough inspection is part of the annual walkthrough inspection and should be completed at the time of the annual inspection.	Inspection Date	6/17/2024		
	Tank Number / Product Type	#1	ExeGas	#2 Unlead

Spill Prevention

		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> N/A
All Submersible Turbine Pump (STP) Areas	1. Visible piping and fittings show no signs of leakage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	2. No evidence of a potential release into the environment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	3. Excess corrosion is not present	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	4. STP area is free of debris	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	5. Metallic components are not in contact with soil or water, or are cathodically protected	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STP in Containment Sump	6. Any water or product removed & properly disposed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	7. Sumps are free of cracks, holes, or other defects	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	8. Sump lids, gaskets, & seals present & in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
All Dispenser Areas	9. Manway covers at grade in good condition, does not touch sump cover, all bolts present	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	10. Visible piping and fittings show no signs of leakage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	11. No evidence of a potential release into the environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	12. Shear valves are present & securely anchored	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dispensers with Liquid-Tight UDCs	13. Metallic components are not in contact with soil or water, or are cathodically protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	14. Any water or product removed & properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	15. UDCs are free of trash, debris, & used filters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	16. UDCs are free of cracks, holes, or other defects	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	17. Penetration fittings intact & secured	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

AI _____

Annual Inspection Checklist (continued from Section 2)			
Tanks continued from previous page	Tank Number / Product Type	#1 Pure Gas	#2 Unlead
Hand Held Release Detection Equipment			
Tank Gauge Stick	18. Tank gauge sticks can be clearly read & are not broken	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
3. Problem and Solution / Repair Log (Corresponds to Section 2 – attach additional pages if necessary)			
Description Item Number	Describe Problem	Describe Solution or Repair	Solution Repair
			/
			/
			/
			/
			/
			/
			/
			/
			/
4. Certification			
In accordance with 401 KAR 42:060, Section 1, confirmed or suspected releases, spills, and overfills, shall be reported immediately to the cabinet's 24-hour Emergency Response Line (800) 928-2380 or (502) 564-2380.			
I certify that I have personally examined and performed the walkthrough inspection as described above for this UST facility as established in 40 C.F.R. 280.36. I further certify that the information in this document is true, accurate and complete.			
Certification	Printed	Marty H. Joya	Date
	Signature	Marty H. Joya	
Check appropriate box:	<input type="checkbox"/> UST System Owner <input type="checkbox"/> UST System Operator <input type="checkbox"/> Combined Class A & Class B Operator		
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 facility records please visit http://eec.ky.gov/pages/openrecords.aspx or email EEC.KORA@ky.gov .			

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UST Containment Device Test

1. UST Facility Information

Agency Interest Number (AI)			
UST Facility Name	Lake Time Marine & RV Center		
UST Facility Physical Address	Street Address:	747D South SR-145	
	City:	County:	Zip Code:
	Franklick, N.	Orange	47432

2. Test Information

Reason for Test (indicate UST system for all that apply)	<input checked="" type="checkbox"/> Required Periodic Test	<input type="checkbox"/> New Installation	<input type="checkbox"/> DEP Directed
	<input type="checkbox"/> Suspected Release	<input type="checkbox"/> Repair	<input type="checkbox"/> Other (specify):
Test Equipment	Water & Measuring Tape		
Test Method	<input type="checkbox"/> Vacuum (must attach test equipment manufacturer's data sheet)	<input checked="" type="checkbox"/> Hydrostatic (only for single walled devices)	
	<input type="checkbox"/> Other (specify):		

3. Testing Data and Results

(List tank information for up to four (4) spill containment devices; attach additional 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.)	#1	#2		
Containment Device Type	<input checked="" type="checkbox"/> Spill Bucket <input type="checkbox"/> Catch Basin <input type="checkbox"/> UDC <input type="checkbox"/> Sump	<input checked="" type="checkbox"/> Spill Bucket <input type="checkbox"/> Catch Basin <input type="checkbox"/> UDC <input type="checkbox"/> Sump	<input type="checkbox"/> Spill Bucket <input type="checkbox"/> Catch Basin <input type="checkbox"/> UDC <input type="checkbox"/> Sump	<input type="checkbox"/> Spill Bucket <input type="checkbox"/> Catch Basin <input type="checkbox"/> UDC <input type="checkbox"/> Sump
Installation Type	<input checked="" type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in a Sump	<input checked="" type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in a Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in a Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in a Sump
Construction Type	<input type="checkbox"/> Double Wall <input checked="" type="checkbox"/> Single Wall	<input type="checkbox"/> Double Wall <input checked="" type="checkbox"/> Single Wall	<input type="checkbox"/> Double Wall <input type="checkbox"/> Single Wall	<input type="checkbox"/> Double Wall <input type="checkbox"/> Single Wall
Diameter (in)	11"	11"		
Depth (ft)	13 1/2"	13"		
Height at the top of the Highest Penetration Point (UDCs and Sumps)	17 1/2"	13"		
Wait Time	1/2 hr	1/2 hr		
Test Start Time	10:45am	10:45am		
Initial Reading	13 1/2"	13"		
Test End Time	11:45am	11:45am		
Final Reading	13 1/2"	13"		
Test Period (total time)	1 hr	1 hr		
Reading Change	NONE	NONE		
Test Results	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Recommendations	Repairs/Retest <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Release Report Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Next Test Date	6/17/27

AI _____

Comments	
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4. Certification

I certify that all the information provided on this document is true, accurate, and complete.

Tester Certification	Printed: <i>Marty H. Jones</i>	Date: <i>6/17/2024</i>
	Signature: <i>Marty H. Jones</i>	
License	Number: _____	Expiration Date: <i>1 / 1</i>
Certification Type (mark all that apply)	<input checked="" type="checkbox"/> Tank Manufacturer <input type="checkbox"/> Test Equipment Manufacturer <input type="checkbox"/> Other (specify): _____	
Contact Information	Phone: <i>(812) 547-8082</i>	Email: <i>tri-state@tri-stateservice.net</i>
Company Name	<i>Tri-State Service & Maintenance, Inc.</i>	

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.

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(502) 564-5981

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UST Overfill Prevention Device Test

1. UST Facility Information

Agency Interest Number (AI)			
UST Facility Name	Lake Time Marine & RV Center		
UST Facility Physical Address	Street Address: 7470 South SR-145		
	City: Frenchhick, In.	County: Orange	Zip Code: 47432

2. Test Information

Test Date	6/17/2024
Reason for Test (mark only one)	<input type="checkbox"/> New Install (within 30 days of bringing into service) <input checked="" type="checkbox"/> Routine (every 36 months) <input type="checkbox"/> Repair (within 30 days)

3. Test Details

(Attach additional pages as necessary)

Tank Number / Product Type	#1 Pure Gas	#2 Unleaded				
Overfill Prevention Device Type	<input checked="" type="checkbox"/> ASD <input type="checkbox"/> HLA <input type="checkbox"/> BFV	<input checked="" type="checkbox"/> ASD <input type="checkbox"/> HLA <input type="checkbox"/> BFV	<input type="checkbox"/> ASD <input type="checkbox"/> HLA <input type="checkbox"/> BFV	<input type="checkbox"/> ASD <input type="checkbox"/> HLA <input type="checkbox"/> BFV	<input type="checkbox"/> ASD <input type="checkbox"/> HLA <input type="checkbox"/> BFV	<input type="checkbox"/> ASD <input type="checkbox"/> HLA <input type="checkbox"/> BFV
Tank Capacity (gallons)	200.5gal	200.5gal				
Tank Diameter (inches)	62"	62"				
1. Device Removed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. No Damage Present	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Clean & Free of Debris	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Activation Mechanism Moves Freely	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Device Activation Level Measured	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Activation Level is At or Below Regulatory Limit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Activation Level of Device (%)	85 %	88 %	%	%	%	%

Criteria: If "No" was answered in any one of the items (1 through 6) above, the test indicates a fail.

Device Test Results	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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4. Attachments

I have attached photographs documenting the overfill device was removed and set to activate at the appropriate level.

Comments	
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AI (8/20/2018) DWM 4232 (August 2018)

5. Certification

I certify that all the information provided on this document is true, accurate, and complete.

Tester Certification	Printed: <i>Marty H Ford</i>	Date: <i>6/17/2024</i>
	Signature: <i>Marty H Ford</i>	
License	Number: _____	Expiration Date: <i>1/1</i>
Certification Type (mark all that apply)	<input type="checkbox"/> Test Equipment Manufacturer <input checked="" type="checkbox"/> Recommended Practice <input type="checkbox"/> Other (specify): _____	
Contact Information	Phone: <i>(812) 547-8082</i>	Email: <i>tri-state@tri-stateservice.net</i>
Company Name	<i>Tri-State Service & Maintenance, LLC</i>	

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1. Test Details		2. Test Information		3. Test Results	
Test Date	Reason for Test (check only one)	Test Equipment	Test Method	Test Results	Comments
<i>6/17/2024</i>	<input type="checkbox"/> New install (within 30 days of shipping the unit) <input type="checkbox"/> Repair/replace (within 30 days)	<input type="checkbox"/> ASD <input type="checkbox"/> ASDA <input type="checkbox"/> BRV <input type="checkbox"/> ASD <input type="checkbox"/> ASDA <input type="checkbox"/> BRV <input type="checkbox"/> ASD <input type="checkbox"/> ASDA <input type="checkbox"/> BRV <input type="checkbox"/> ASD <input type="checkbox"/> ASDA <input type="checkbox"/> BRV	<input type="checkbox"/> BPOD <input type="checkbox"/> BPOD <input type="checkbox"/> BPOD <input type="checkbox"/> HLA <input type="checkbox"/> HLA <input type="checkbox"/> HLA <input type="checkbox"/> BRV <input type="checkbox"/> BRV <input type="checkbox"/> BRV	1. Device Removed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2. No Damage Present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 3. Clean & Free of Debris: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4. Activation Mechanism Moves Freely: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 5. Device Activation Level Measured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 6. Activation Level is At or Below Regulatory Limit: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>3005404</i>
				Activation Level of Device (%): <i>85</i> Overall: If "No" was answered in any one of the boxes, the test indicates a fail. Device Test Results: <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	



UST Tank Tightness Test

1. UST Facility Information

Agency Interest Number (AI)	4920		
UST Facility Name	Lake Time Marina		
UST Facility Physical Address	Street Address: 7470 SR 145		
	City: French Lick	County: Orange	Zip Code: 47432

2. Test Information

Test Date	6/19/2024		
Next Test Date Due	6/19/2027		
Reason for Test <i>(mark only one)</i>	<input type="checkbox"/> New Install <i>(within 30 days from bringing into service)</i> <input type="checkbox"/> Repair <i>(within 30 days)</i> <input checked="" type="checkbox"/> DEP Directed <i>(specify):</i> _____ <input type="checkbox"/> Suspected Release – Incident #: _____ <input type="checkbox"/> Other <i>(specify):</i> _____		
Test Type <i>(mark all that apply)</i>	Volumetric	Non-Volumetric	Other
	<input type="checkbox"/> Overfill <input type="checkbox"/> Underfill	<input checked="" type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Ullage <input type="checkbox"/> Tracer	<input type="checkbox"/> Interstitial <input type="checkbox"/> Other <i>(specify):</i> _____
Leak Threshold	<input checked="" type="checkbox"/> 0.1 gph <input type="checkbox"/> 0.05 gph <input type="checkbox"/> 0.01 gph <input type="checkbox"/> Other <i>(specify):</i> _____		
Test Method	Acoustic, Vacuum and Water Intrusion		
Test Duration and Delivery	Minimum Test Duration <i>(min)</i> : 16	Time Since Last Delivery <i>(hr)</i> : UTD	
Dispensing During Test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Tanks Isolated During Test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Groundwater Depth <i>(ft)</i>	UTD		
Level Above Tank Bottom	<input type="checkbox"/> Yes <input type="checkbox"/> No		

3. Tank Information

(Attach additional pages as necessary)

Tank Number	1			
Substance Stored	0-E Unleaded			
Capacity	2,005			
Diameter	69"			
Material	UTD			
Manufacturer	UTD			
Model	UTD			
Configuration	Round / Single Wall			
Number of Compartments	1			
Manifolded	No			
Leak Detection Method	ATG			

4. Tank Tightness Test Data
(Columns are a continuation from Section 3)

Amount of Product in Tank (gal)	904			
Tank Percent Full (%)	45%			
Temperature of Product (°F)	70.6			
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			

5. Test Results
(Columns are a continuation from Sections 3 and 4)

Double Wall Tank Secondary Containment	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ullage Portion of Tank	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Results for Wet Portion of Tank	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Repairs & Retest Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Release Reporting Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Comments	The testing was conducted using Estabrook EZY Locator Plus test equipment ND=Not Determined			

6. Certification

I certify that all the information provided on this document is true, accurate, and complete.

Tester Certification	Printed	Tristan Martin		Date	6/19/2024
	Signature	<i>Tristan Martin</i>			
License	Number: 25-1041	Expiration Date: 9/23/25			
Certification Type (mark all that apply)	<input type="checkbox"/> Tank Manufacturer <input checked="" type="checkbox"/> Test Equipment Manufacturer <input type="checkbox"/> 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 Information

Facility Identification Number (FID)	4920		
UST Facility Name	Lake Time Marine and RV Center		
UST Facility Physical Address	Street Address: 7470 S State RD 145		
	City: French Lick	County: Orange	Zip Code: 47432

2. Monthly Inspection Checklist

(The monthly walkthrough inspection is part of the annual walkthrough inspection and should be completed at the time of the annual inspection)

40 C.F.R. 280.36(a)(1)(i) – UST systems receiving deliveries at intervals greater than every 30 days shall conduct an inspection prior to each delivery.

Monthly Inspection Date	5-22-24	6-17-24			
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Spill Prevention

Category	Description	N/A	Y	N	Y	N	Y	N	Y	N
Covers & Lids <i>(Spill Buckets)</i>	1. Present, in good condition, seated firmly on correct tank	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
	2. Bucket walls, plunger, plugs, gauges, in good condition	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
Spill Containment Manhole <i>(Spill Buckets)</i>	3. Free of water and product	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
	4. Free of trash or debris	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
Drop Tubes	5. Check for and remove obstructions	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
	6. Fill cap fits securely	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N

Release Detection

Automatic Tank Gauge (ATG)	7. Passing tank test results	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
Continuous Interstitial Monitoring	8. Sensor status normal	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
Statistical Inventory Reconciliation (SIR)	9. Previous months results obtained with passing result	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
	10. Data being collected for current month	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
Monthly Piping Leak Test	11. Passing piping leak test results	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
Manual Interstitial Monitoring for Piping	12. Tank-top sumps inspected, free of liquid	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N

I certify that I have personally examined and performed the walkthrough inspections as described above for this UST facility as established in 40 C.F.R. 280.36. I further certify that the information in this document is true, accurate and complete.

Walkthrough Certification (Initial) <i>(Must be completed by the owner, operator, or Combined Class A & Class B Operator)</i>	JD	JD				
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Indiana Department of Environmental Management

A Underground Storage Tank Program
Operator Training Certification

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

Certificate of Completion

Awarded to:
Johnthan DeVoy

*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. Rockenstess, 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

C 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:

Company Name: Lake Time Marine and RV Center

Address: 7470 S State Road 145

City: French Lick, IN 47432-9318

Facility ID#: _____

UST Facility ID#: 4920

Training Authorized by: Johnathan DeVoy License #(s): A - 24196

Class A or B Operator Signature: Johnathan DeVoy

Training Provided by: Johnathan DeVoy

Trainer Signature: Johnathan DeVoy

Issue Date: 6-13-2024 Expiration Date*: 6-13-2027

*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.