



**UNDERGROUND STORAGE
TANK INSPECTION REPORT**

INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT

UST FAC ID: **3613**

Inspector's Name:	Danny Rice
Date:	June 25, 2024
Time In:	08:00
Time Out:	09:00
Inspection Type:	Initial

FACILITY NAME / LOCATION

FACILITY NAME Circle S Mart #114		FACILITY ADDRESS (number and street) 7683 E US Hwy 36		
ADDRESS (line 2)	CITY Avon	STATE IN	ZIP CODE	COUNTY Hendricks

UST OWNER

UST Owner Name (If in Individual Capacity) C & S INC				BUSINESS ID (From the Secretary of State) 194375-019	
PREFIX	FIRST NAME Jonathan	MI	LAST NAME Smith	SUFFIX	
TELEPHONE NUMBER (812) 547-6435		EMAIL ADDRESS jssmith@psci.net			

UST OPERATOR

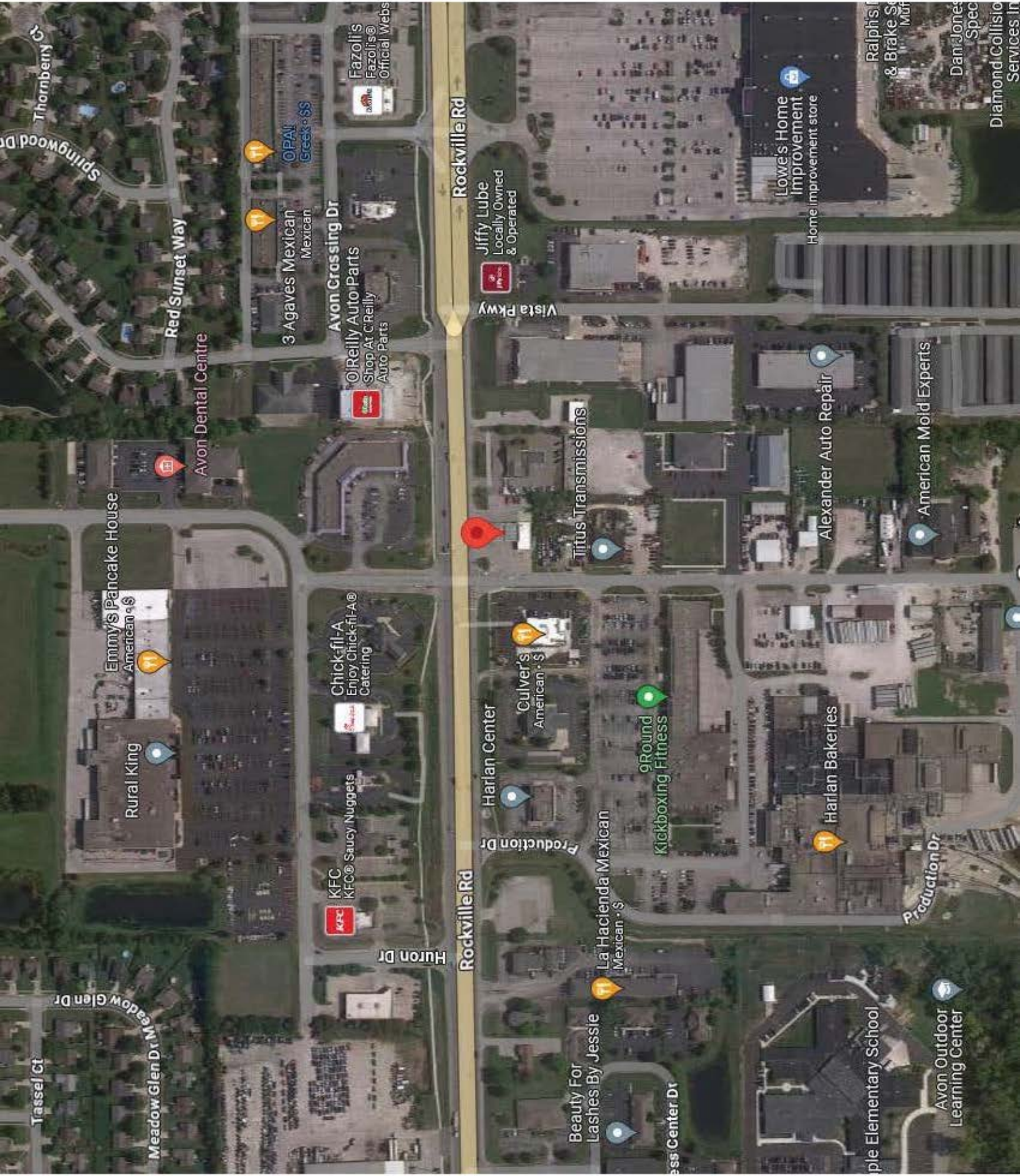
UST Operator Name (If in Individual Capacity) C & S INC				BUSINESS ID (From the Secretary of State) 194375-019	
PREFIX	FIRST NAME Jonathan	MI	LAST NAME Smith	SUFFIX	
TELEPHONE NUMBER (812) 547-6435		EMAIL ADDRESS jssmith@psci.net			

PROPERTY OWNER

UST Property Owner Name (If in Individual Capacity) C & S INC				BUSINESS ID (From the Secretary of State) 194375-019	
PREFIX	FIRST NAME Jonathan	MI	LAST NAME Smith	SUFFIX	
TELEPHONE NUMBER (812) 547-6435		EMAIL ADDRESS csinc@psci.net			

COMPLIANCE ELEMENTS

All USTs properly registered and up-to-date notification form on file	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNK	
Current							
O/O is in compliance with reporting & record keeping requirements	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNK	
O/O is in compliance with release reporting or investigation	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	N/A	UNK
O/O is in compliance with all UST closure requirements	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	N/A	UNK
O/O has met all financial responsibility requirements	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	UNK
40 CFR 280, Subpart A installation requirements (partially excluded) met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	UNK
40 CFR 280, Subpart B installation and upgrade requirements met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNK	
40 CFR 280, Subpart C spill/overfill control requirements met	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	UNK
GAS/DSL alarm faulty. need documetation							
40 CFR 280, Subpart C compatibility requirements met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	UNK
40 CFR 280, Subpart C O&M and testing requirements met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNK	
40 CFR 280, Subpart D release detection requirements met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNK	
40 CFR 280, Subpart J operator training requirements met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNK	



Tassel Ct

Meadow Glen Dr
Meadow Glen Dr

Rural King

Emmy's Pancake House
American • \$

Red Sunset Way

Avon Dental Centre

3 Agaves Mexican
Mexican

Avon Crossing Dr

O'Reilly Auto Parts
Shop At O'Reilly
Auto Parts

KFC
KFC® Saucy Nuggets

Chick-fil-A
Enjoy Chick-fil-A®
Catering

Huron Dr

Rockville Rd

Production Dr

Harlan Center

Culver's
American • \$

Beauty For
Lashes By Jessie

La Hacienda Mexican
Mexican • \$

gRound
Kickboxing Fitness

ess Center Dr

Rockville Rd

Jiffy Lube
Locally Owned
& Operated

Vista Pkwy

Titus Transmissions

Alexander Auto Repair

American Mold Experts

Lowes Home
Improvement
Home improvement store

ple Elementary School

Avon Outdoor
Learning Center

Ralph's
& Brake S
Mot

Dani Jones
Spec

Diamond Collision
Services In



Rockville Rd

Production Dr

Production Dr

MARATHON

7088

7717
Huntington, B



ICE

TITUS
TRANSMISSION
& 4 WHEEL DRIVE CENTER







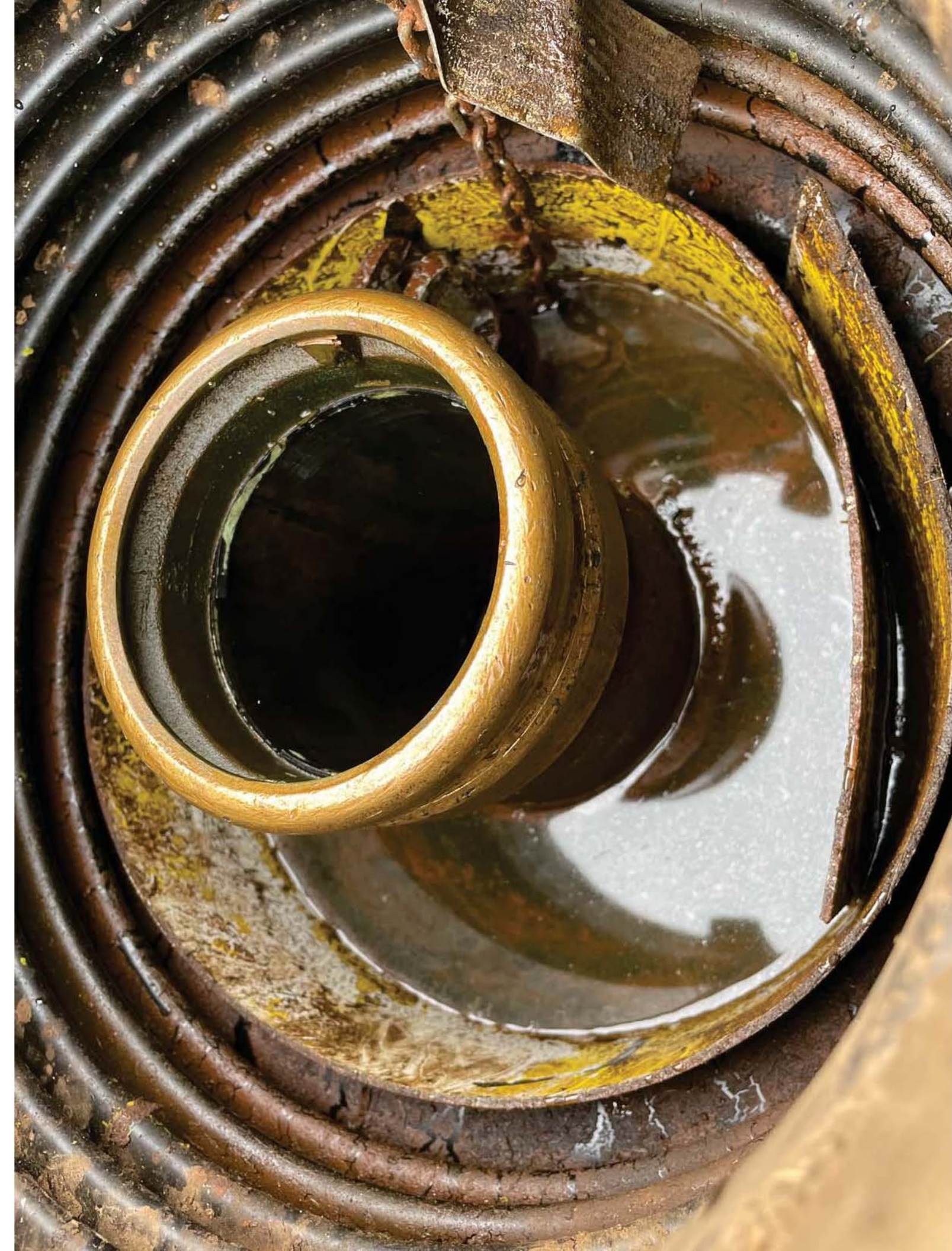


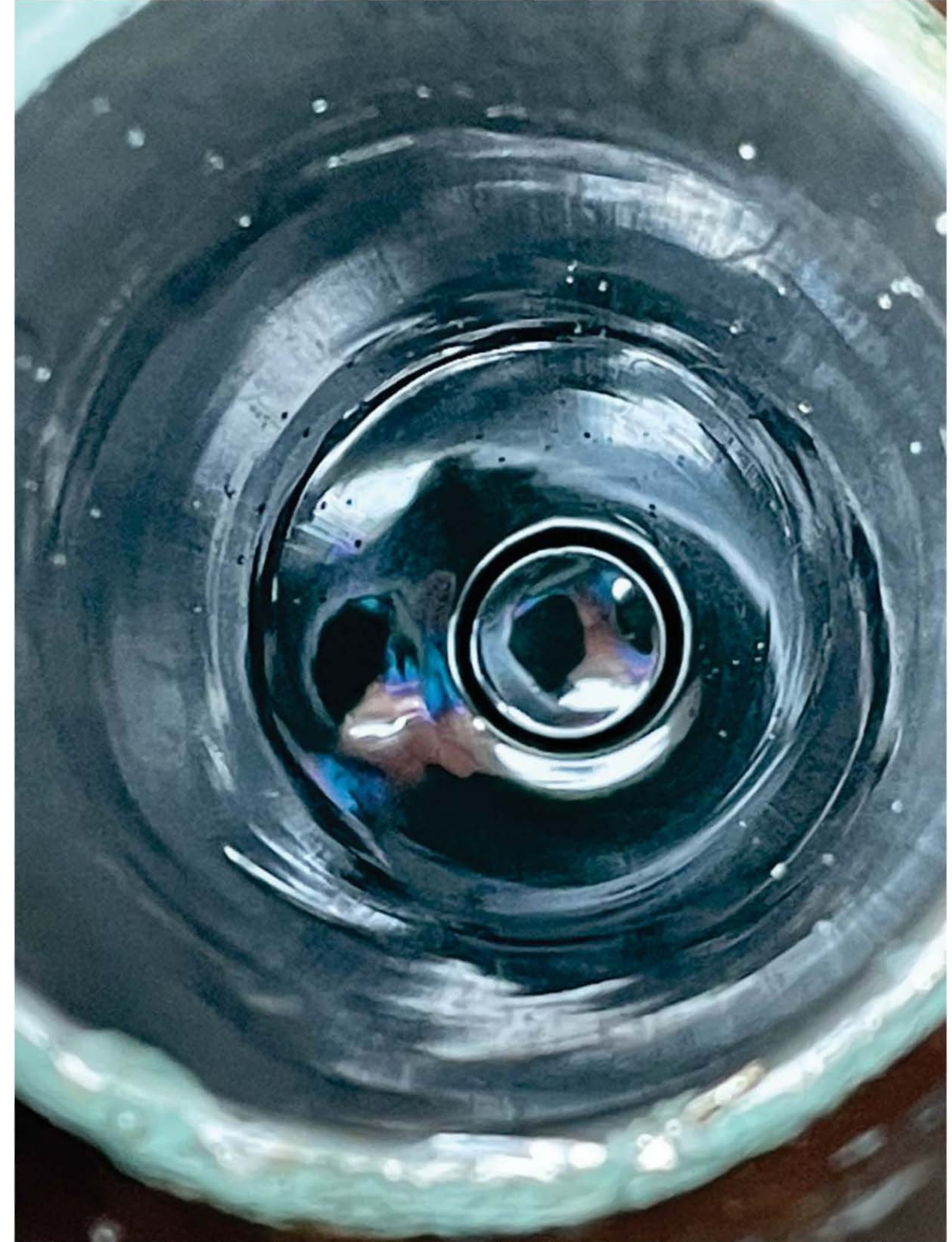
MARATHON

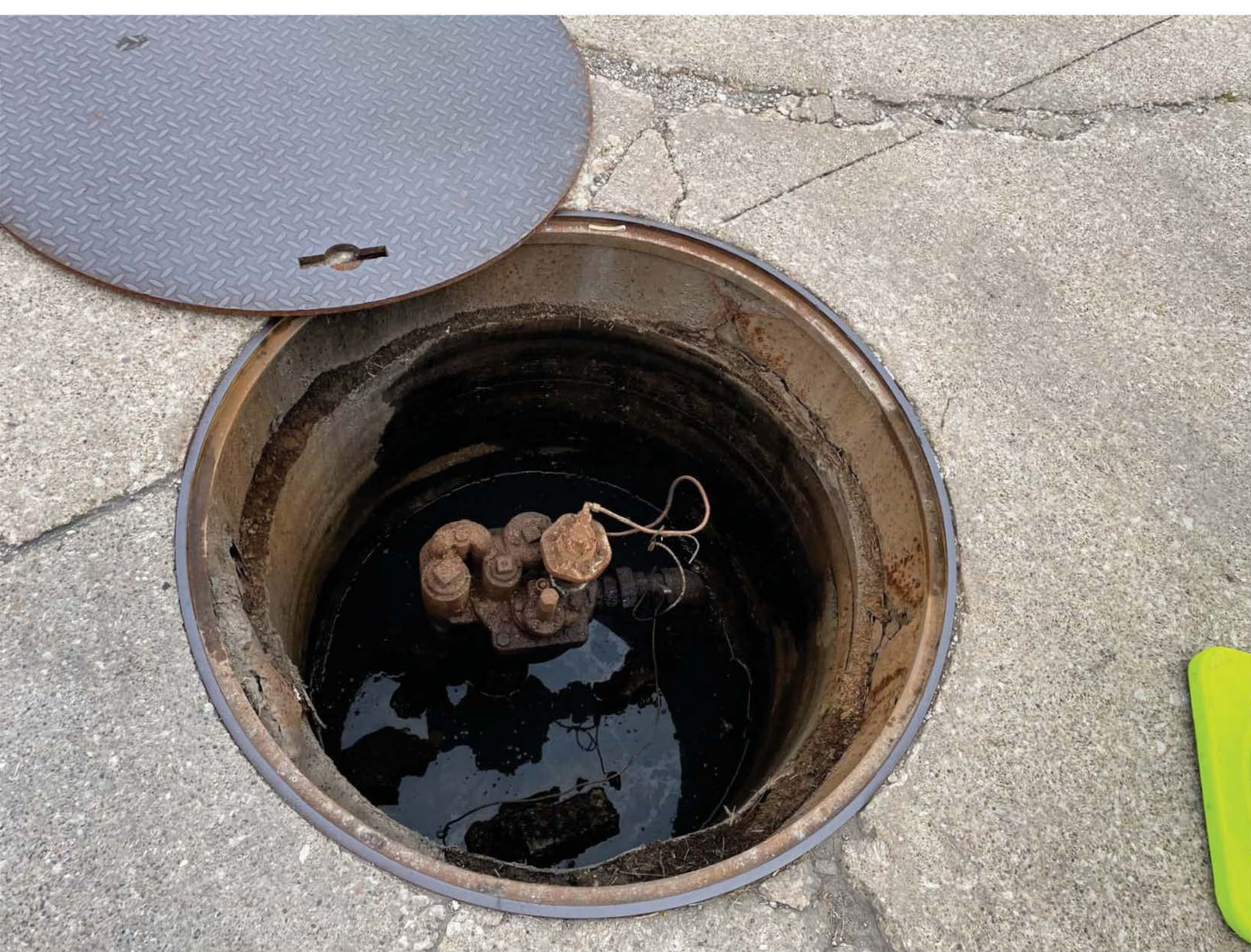
MONITORING
WELL





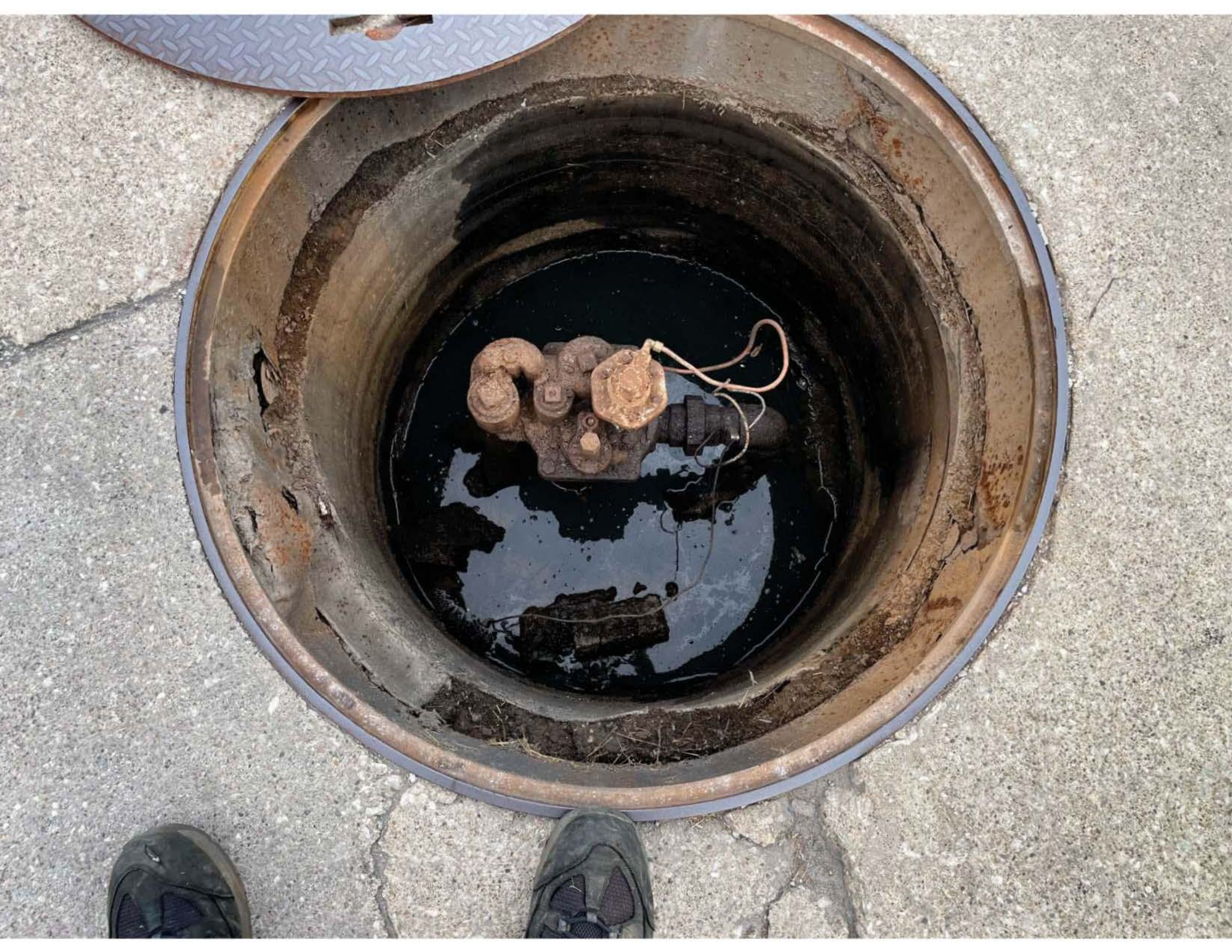
























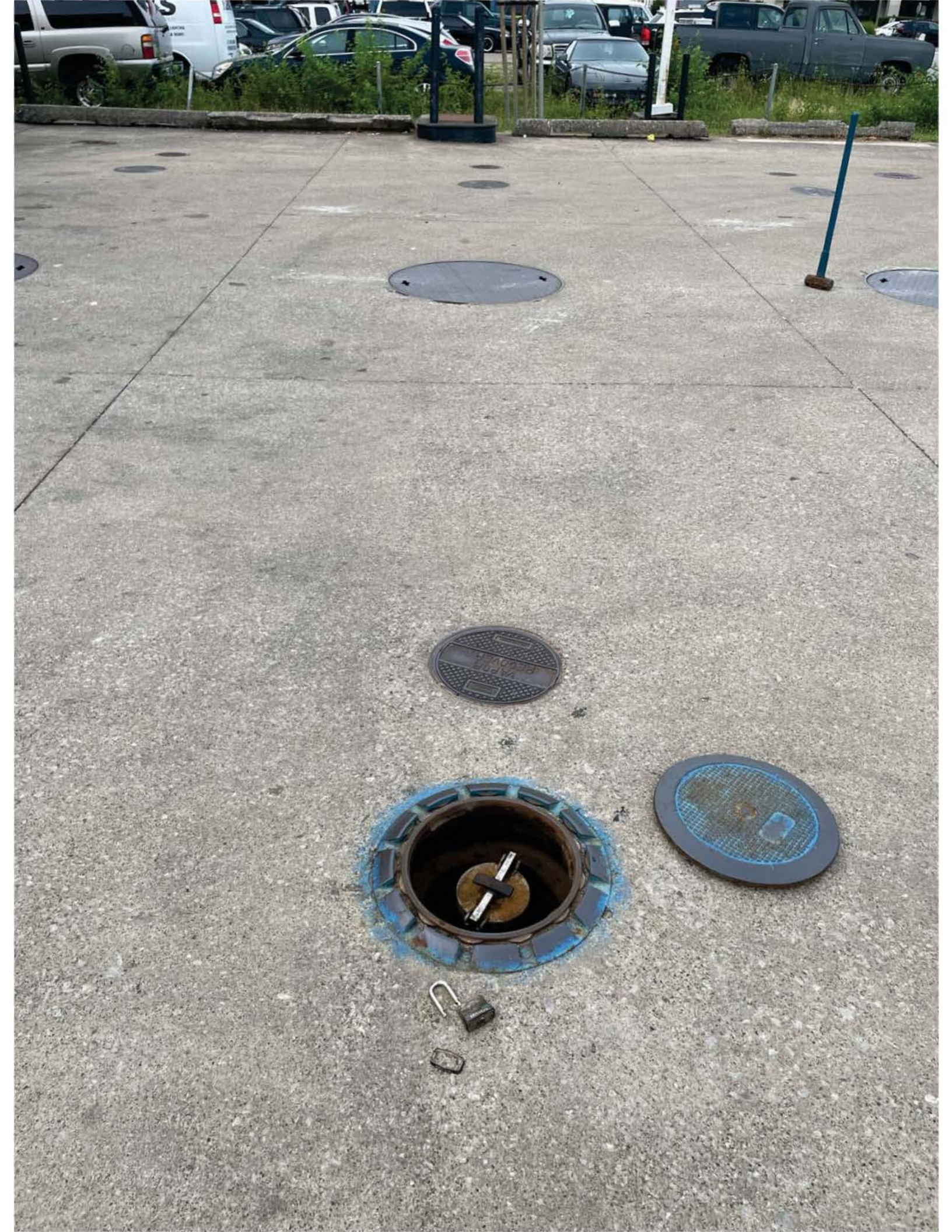






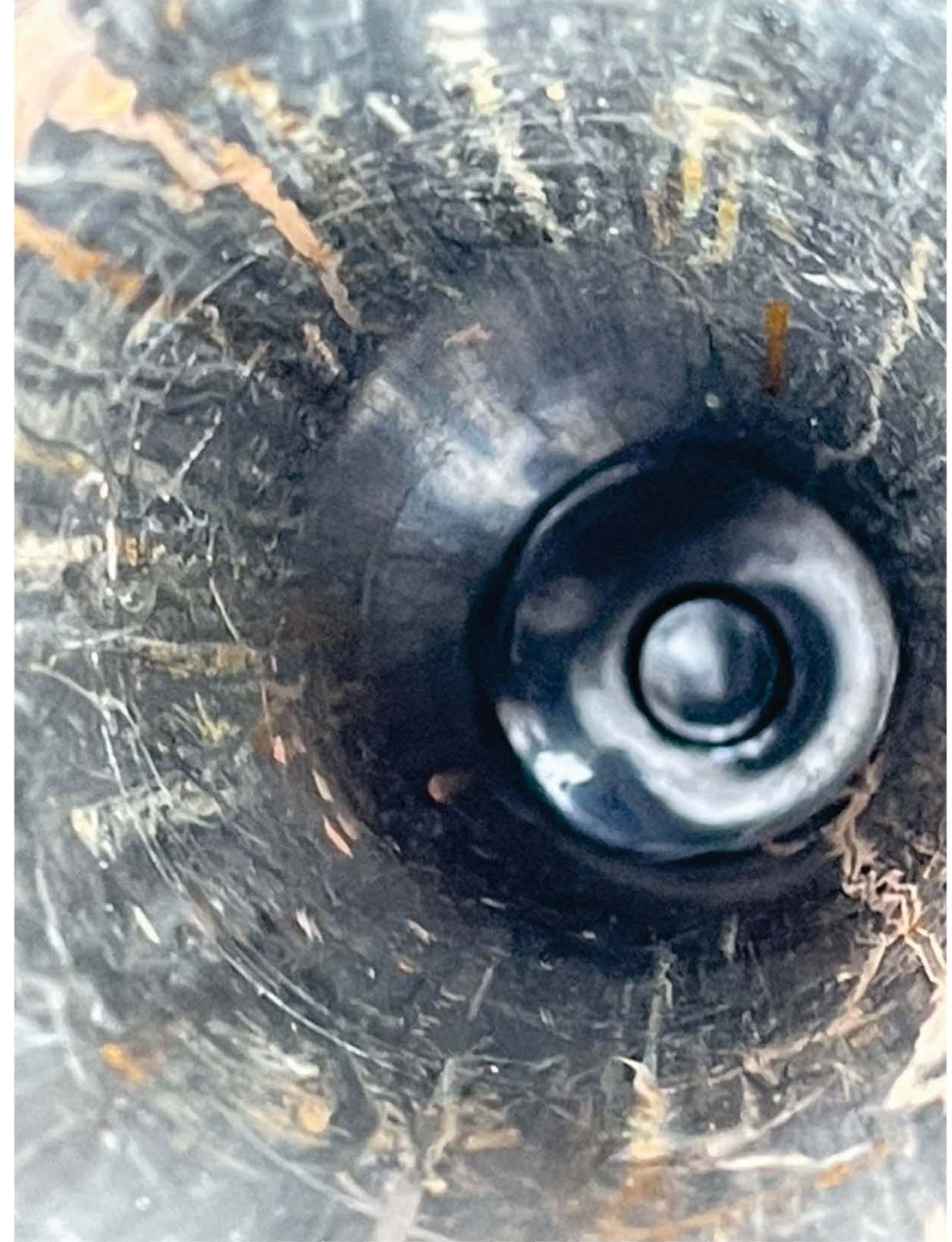














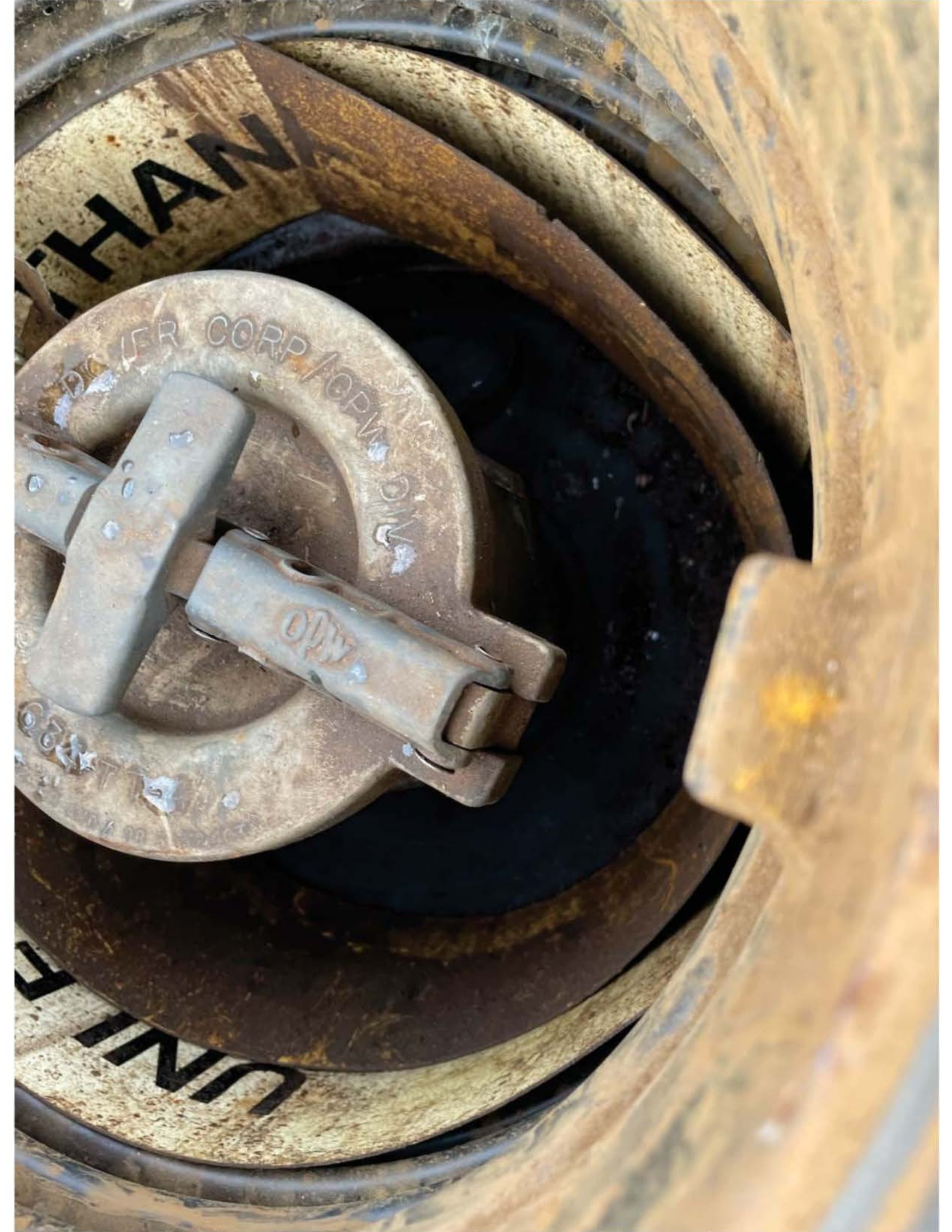












HAWK

DUNLOP CORP / OPM

OPM

OPM

HAWK









**TANK
OVERFILL
ALARM**







MARATHON









Kerosene

Kerosene









**TANK
OVERFILL
ALARM**





**TANK
OVERFLOW
ALARM**



KEROSENE

DOLLARS

GALLONS

9



Fuelling the American Spirit.





MARATHON



S 25.01
Gallons 6584

Bank Alerts

7

Enter mobile #

TOP TIER

WARNING: Do not use fuel in unapproved containers.

INSTRUCTIONS

- 1. Press the [] key to select the fuel grade.
- 2. Press the [] key to enter the amount to dispense.
- 3. Press the [] key to start the pump.

Recreation Fuel	Regular	Plus	Ultra 93
5.49	4.79	4.99	5.19
90	87	89	93



Fueling the American Spirit.

Gasolines with  Additives

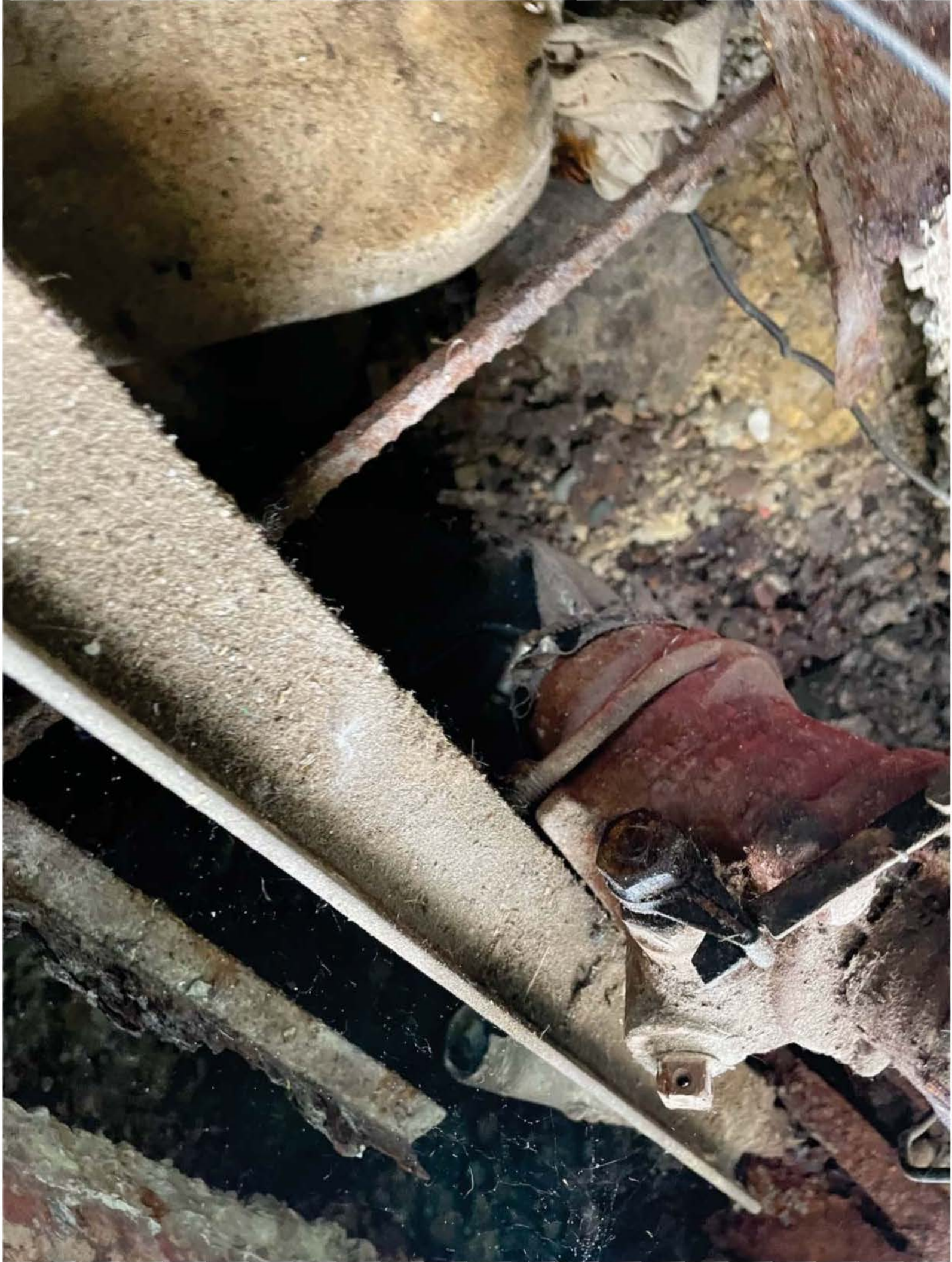
Self

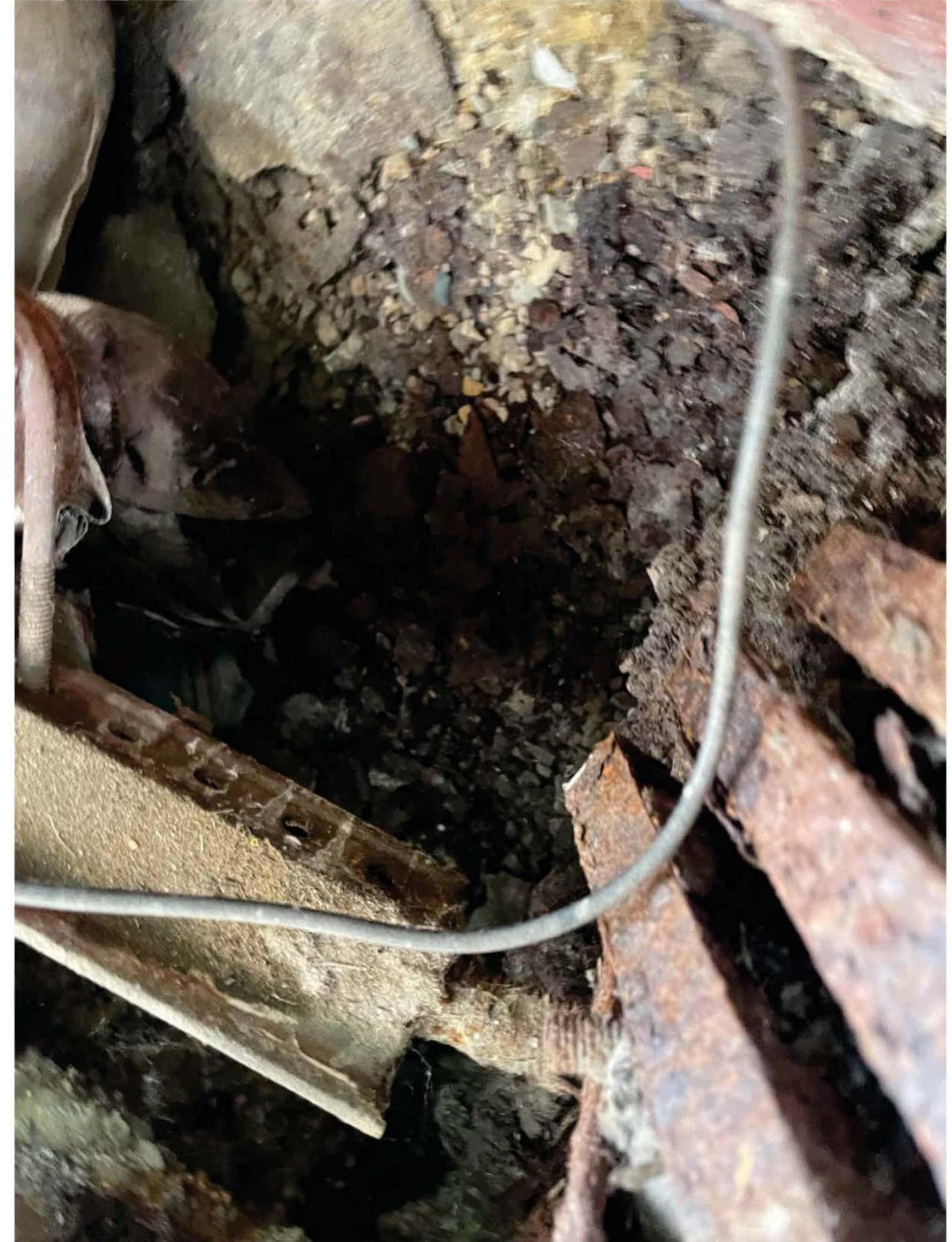
No smoking
Stop engine during refueling
Warning-It is unlawful and dangerous to dispense gasoline into unapproved containers.

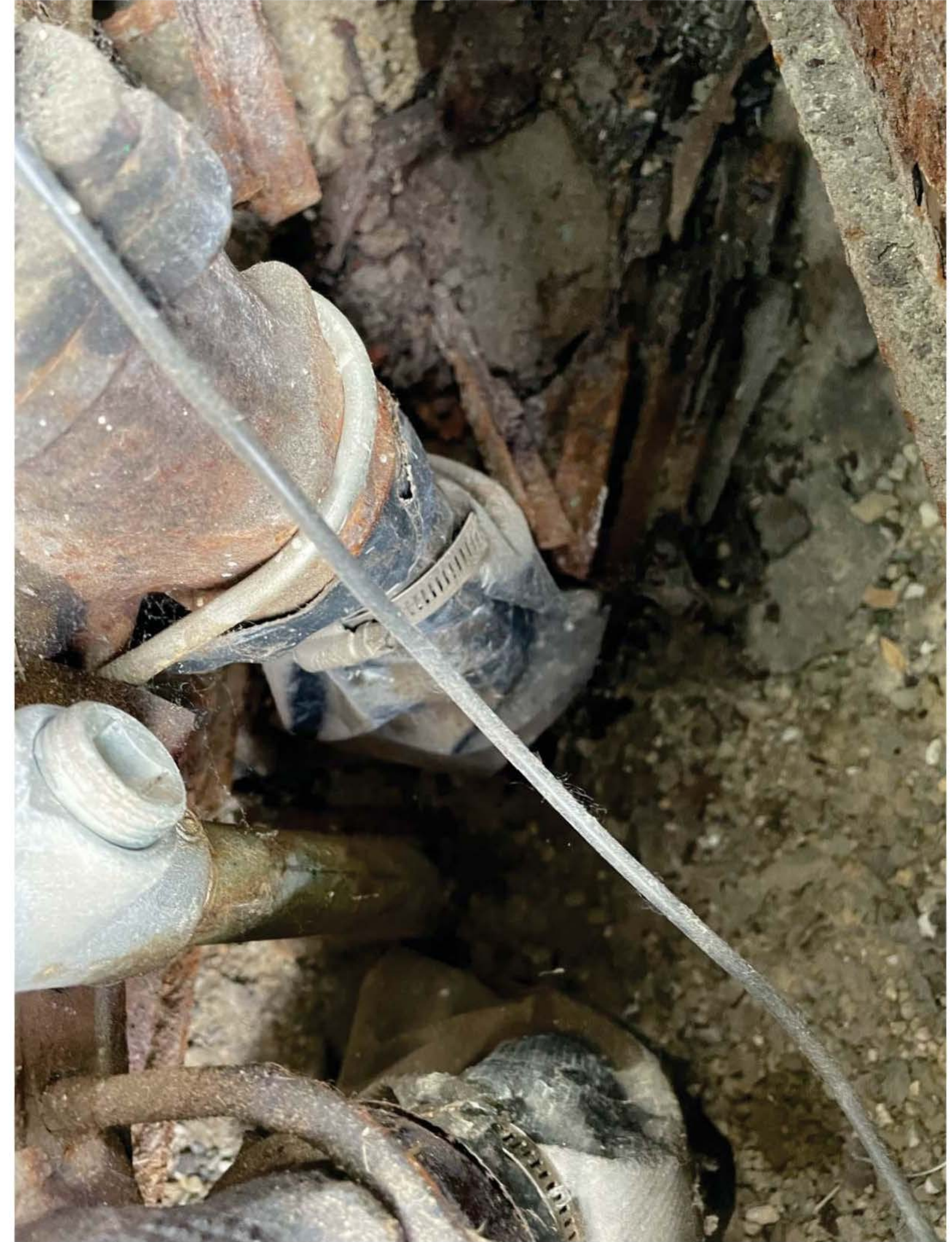












MARATHON



\$ 32.63
Gallons 85.90

6

DIESEL

DIESEL	UNLEADED	PLUS	PREMIUM
3.799	3.799	4.299	4.799
DIESEL	87	89	93



Fueling the American Spirit.



Gasolines with

Self

No smoking
Stop engine during refueling
Warning - It is unlawful and dangerous to dispense gasoline into unapproved containers







MARATHON

CIRCLE S MA

7683



Self

No smoking
Stop engine
during refueling
Warning: It is
unsafe and
dangerous to
dispense gasoline
into unapproved
containers.

\$ 30.26
Gallons 79.54



UNLEADED 87
PLUS 89
PREMIUM 93



Fuelling the American Spirit.

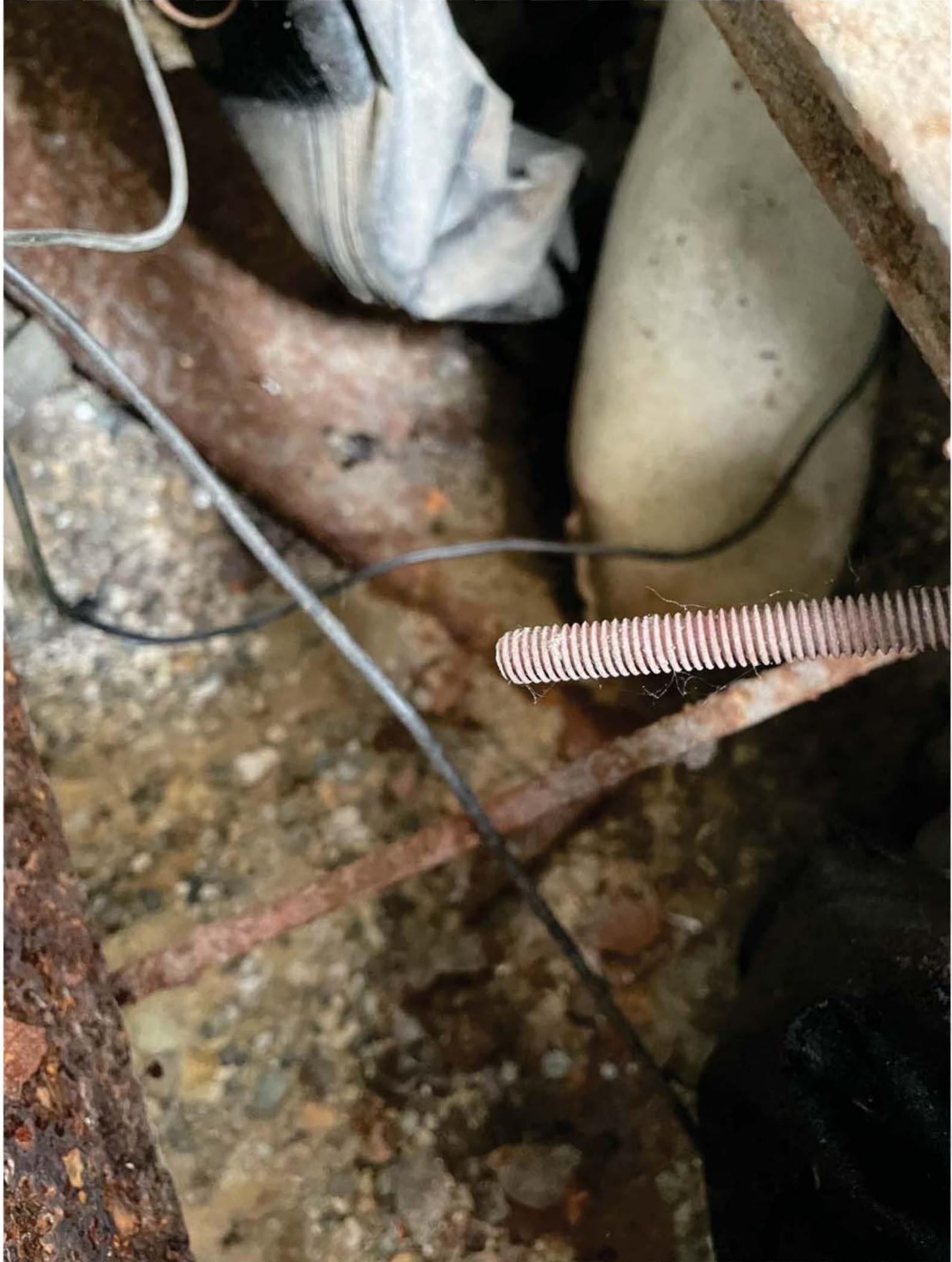


Goodness with STP Additives









MARATHON

MART

7683



\$ 15.78
Gallons 15.761

2

INSTRUCTIONS

UNLEADED

PLUS

PREMIUM

3.199

87

89

93



Fueling the American Spirit.



Gasolines with

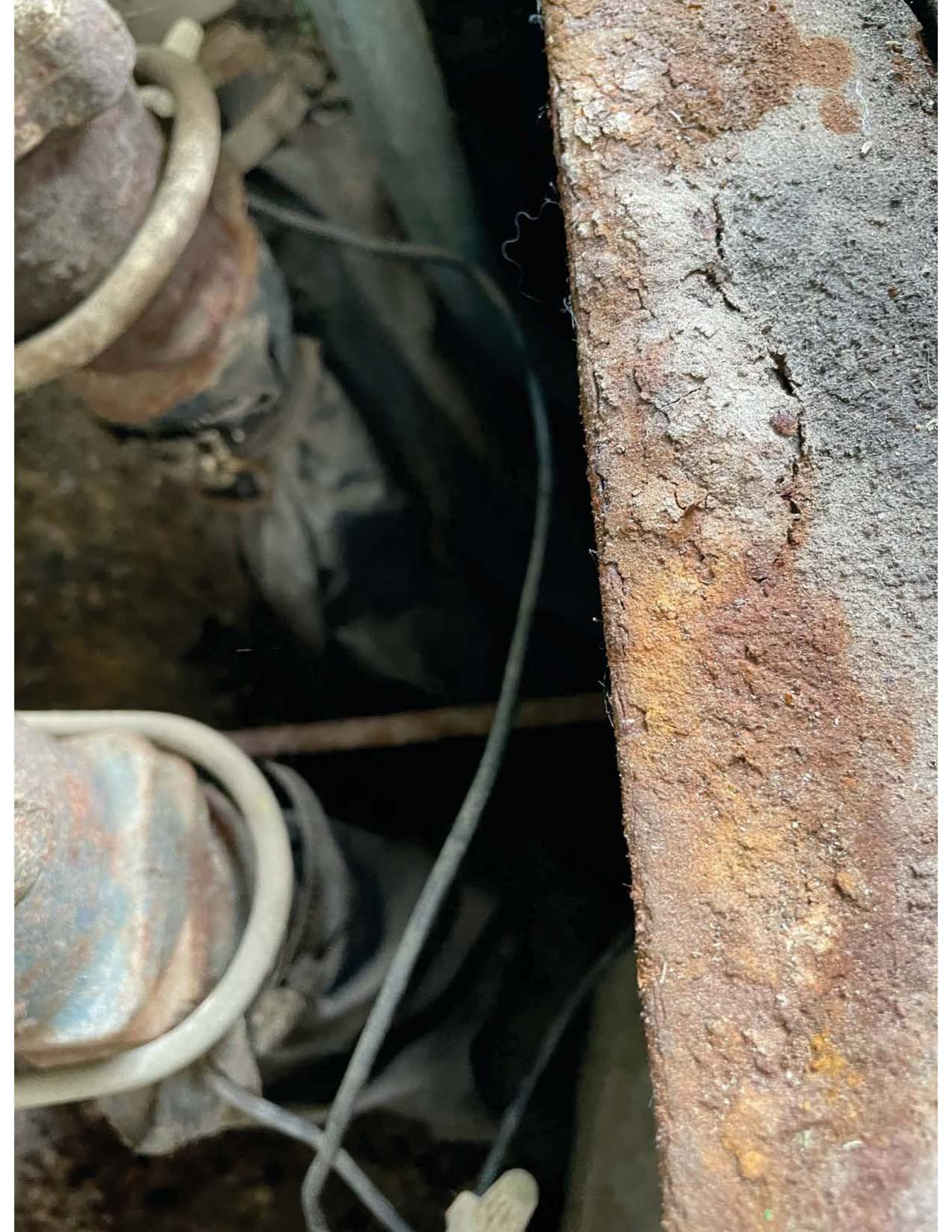


Self

No smoking
Stop engine during refueling
Warning: It is unlawful and dangerous to dispense gasoline into unapproved containers



ICE







CIRCLE S 114
7683 E US-36
AVON IN 46123

JUN 25, 2024 8:23 AM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

INVENTORY REPORT

T 1:UNLEADED

VOLUME = 7778 GALS
ULLAGE = 4253 GALS
90% ULLAGE = 3049 GALS
TC VOLUME = 7730 GALS
HEIGHT = 59.14 INCHES
WATER VOL = 23 GALS
WATER = 1.05 INCHES
TEMP = 68.6 DEG F

T 2:PURE GAS

VOLUME = 1421 GALS
ULLAGE = 10610 GALS
90% ULLAGE = 9406 GALS
TC VOLUME = 1415 GALS
HEIGHT = 16.86 INCHES
WATER VOL = 14 GALS
WATER = 0.75 INCHES
TEMP = 65.9 DEG F

T 3:PREMIUM

VOLUME = 2746 GALS
ULLAGE = 9285 GALS
90% ULLAGE = 8081 GALS
TC VOLUME = 2737 GALS
HEIGHT = 26.80 INCHES
WATER VOL = 16 GALS
WATER = 0.83 INCHES
TEMP = 64.7 DEG F

T 4:DIESEL

VOLUME = 3047 GALS
ULLAGE = 2969 GALS
90% ULLAGE = 2367 GALS
TC VOLUME = 3033 GALS
HEIGHT = 48.49 INCHES
WATER VOL = 14 GALS
WATER = 1.21 INCHES
TEMP = 70.1 DEG F

T 5:KEROSENE

VOLUME = 2664 GALS
ULLAGE = 3352 GALS
90% ULLAGE = 2750 GALS
TC VOLUME = 2658 GALS
HEIGHT = 43.69 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 64.2 DEG F

***** END *****

CIRCLE S 114
7683 E US-36
AVON IN 46123

JUN 25. 2024 8:23 AM

TANK LEAK TEST HISTORY

T 1:UNLEADED

LAST GROSS TEST PASSED:

NO TEST PASSED

LAST ANNUAL TEST PASSED:

NO TEST PASSED

FULLEST ANNUAL TEST PASS

NO TEST PASSED

LAST PERIODIC TEST PASS:

JUN 25. 2024 6:23 AM

TEST LENGTH 40 HOURS

STARTING VOLUME = 7443

PERCENT VOLUME = 61.9

TEST TYPE = CSLD

FULLEST PERIODIC TEST
PASSED EACH MONTH:

JAN 18. 2024 12:35 AM

TEST LENGTH 33 HOURS

STARTING VOLUME = 8773

PERCENT VOLUME = 72.9

TEST TYPE = CSLD

FEB 18. 2024 6:23 AM

TEST LENGTH 26 HOURS

STARTING VOLUME = 8528

PERCENT VOLUME = 70.9

TEST TYPE = CSLD

MAR 3. 2024 7:35 AM

TEST LENGTH 33 HOURS

STARTING VOLUME = 7515

PERCENT VOLUME = 62.5

TEST TYPE = CSLD

APR 19. 2024 1:48 AM

TEST LENGTH 35 HOURS

STARTING VOLUME = 8085

PERCENT VOLUME = 67.2

TEST TYPE = CSLD

MAY 31. 2024 6:09 AM

TEST LENGTH 30 HOURS

STARTING VOLUME = 8755

PERCENT VOLUME = 72.8

TEST TYPE = CSLD

JUN 8. 2024 6:00 AM

TEST LENGTH 36 HOURS

STARTING VOLUME = 9489

PERCENT VOLUME = 78.9

TEST TYPE = CSLD

JUL 31. 2023 2:09 AM

TEST LENGTH 24 HOURS

STARTING VOLUME = 7501

PERCENT VOLUME = 62.3

TEST TYPE = CSLD

CIRCLE S 114
7683 E US-36
AVON IN 46123

JUN 25, 2024 8:23 AM

TANK LEAK TEST HISTORY

T 21PURE GAS

LAST GROSS TEST PASSED:

NO TEST PASSED

LAST ANNUAL TEST PASSED:

NO TEST PASSED

FULLEST ANNUAL TEST PASS

NO TEST PASSED

LAST PERIODIC TEST PASS:

JUN 25, 2024 6:56 AM
TEST LENGTH 55 HOURS
STARTING VOLUME = 1536
PERCENT VOLUME = 12.8
TEST TYPE = CSLD

FULLEST PERIODIC TEST
PASSED EACH MONTH:

JAN. 1, 2024 12:50 AM
TEST LENGTH 93 HOURS
STARTING VOLUME = 1441
PERCENT VOLUME = 12.0
TEST TYPE = CSLD

AUG 1, 2023 3:26 AM
TEST LENGTH 33 HOURS
STARTING VOLUME = 7908
PERCENT VOLUME = 64.9
TEST TYPE = CSLD

FEB 29, 2024 11:43 PM
TEST LENGTH 46 HOURS
STARTING VOLUME = 2050
PERCENT VOLUME = 17.0
TEST TYPE = CSLD

SEP 26, 2023 5:52 AM
TEST LENGTH 28 HOURS
STARTING VOLUME = 8782
PERCENT VOLUME = 73.0
TEST TYPE = CSLD

MAR 1, 2024 2:43 AM
TEST LENGTH 46 HOURS
STARTING VOLUME = 2097
PERCENT VOLUME = 17.4
TEST TYPE = CSLD

OCT 1, 2023 8:24 AM
TEST LENGTH 27 HOURS
STARTING VOLUME = 8674
PERCENT VOLUME = 72.1
TEST TYPE = CSLD

APR 21, 2024 3:10 AM
TEST LENGTH 40 HOURS
STARTING VOLUME = 2441
PERCENT VOLUME = 20.3
TEST TYPE = CSLD

NOV 24, 2023 3:46 AM
TEST LENGTH 33 HOURS
STARTING VOLUME = 7164
PERCENT VOLUME = 59.5
TEST TYPE = CSLD

MAY 1, 2024 2:39 AM
TEST LENGTH 50 HOURS
STARTING VOLUME = 2165
PERCENT VOLUME = 18.0
TEST TYPE = CSLD

DEC 4, 2023 12:46 AM
TEST LENGTH 29 HOURS
STARTING VOLUME = 7748
PERCENT VOLUME = 64.4
TEST TYPE = CSLD

JUN 3, 2024 12:16 AM
TEST LENGTH 65 HOURS
STARTING VOLUME = 2203
PERCENT VOLUME = 18.3
TEST TYPE = CSLD

JUL 23, 2023 1:32 AM
TEST LENGTH 53 HOURS
STARTING VOLUME = 1922
PERCENT VOLUME = 16.0
TEST TYPE = CSLD

AUG 25, 2023 10:30 PM
TEST LENGTH 48 HOURS
STARTING VOLUME = 2061
PERCENT VOLUME = 17.1
TEST TYPE = CSLD

SEP 1, 2023 2:44 AM
TEST LENGTH 47 HOURS
STARTING VOLUME = 1950
PERCENT VOLUME = 16.2
TEST TYPE = CSLD

OCT 7, 2023 8:06 AM
TEST LENGTH 38 HOURS
STARTING VOLUME = 2819
PERCENT VOLUME = 23.4
TEST TYPE = CSLD

NOV 1, 2023 2:10 AM
TEST LENGTH 61 HOURS
STARTING VOLUME = 2253
PERCENT VOLUME = 18.7
TEST TYPE = CSLD

DEC 1, 2023 1:45 AM
TEST LENGTH 57 HOURS
STARTING VOLUME = 1602
PERCENT VOLUME = 13.3
TEST TYPE = CSLD

***** END *****

***** END *****

CIRCLE # 114
7683 E US-26
WON IN 76123

JUN 25, 2024 8:23 AM

TANK LEAK TEST HISTORY

T-3 PREMIUM

LAST GROSS TEST PASSED:

NO TEST PASSED

LAST ANNUAL TEST PASSED:

NO TEST PASSED

FULLEST ANNUAL TEST PASS

NO TEST PASSED

LAST PERIODIC TEST PASS:

JUN 25, 2024 6:16 AM

TEST LENGTH 38 HOURS

STARTING VOLUME = 2448

PERCENT VOLUME = 20.4

TEST TYPE = CSLD

FULLEST PERIODIC TEST
PASSED EACH MONTH:

JAN 9, 2024 7:42 PM

TEST LENGTH 36 HOURS

STARTING VOLUME = 2505

PERCENT VOLUME = 20.8

TEST TYPE = CSLD

FEB 10, 2024 12:18 AM

TEST LENGTH 32 HOURS

STARTING VOLUME = 3042

PERCENT VOLUME = 25.3

TEST TYPE = CSLD

MAR 10, 2024 10:08 PM

TEST LENGTH 37 HOURS

STARTING VOLUME = 4052

PERCENT VOLUME = 33.7

TEST TYPE = CSLD

APR 9, 2024 12:46 AM

TEST LENGTH 41 HOURS

STARTING VOLUME = 3475

PERCENT VOLUME = 28.9

TEST TYPE = CSLD

MAY 30, 2024 9:16 PM

TEST LENGTH 32 HOURS

STARTING VOLUME = 3432

PERCENT VOLUME = 28.5

TEST TYPE = CSLD

JUN 9, 2024 12:06 PM

TEST LENGTH 34 HOURS

STARTING VOLUME = 4148

PERCENT VOLUME = 34.5

TEST TYPE = CSLD

JUL 1, 2023 11:13 AM

TEST LENGTH 30 HOURS

STARTING VOLUME = 2373

PERCENT VOLUME = 19.7

TEST TYPE = CSLD

AUG 22, 2023 3:07 AM

TEST LENGTH 26 HOURS

STARTING VOLUME = 2786

PERCENT VOLUME = 23.2

TEST TYPE = CSLD

SEP 13, 2023 7:12 PM

TEST LENGTH 25 HOURS

STARTING VOLUME = 2924

PERCENT VOLUME = 24.3

TEST TYPE = CSLD

OCT 13, 2023 2:31 PM

TEST LENGTH 32 HOURS

STARTING VOLUME = 3087

PERCENT VOLUME = 25.7

TEST TYPE = CSLD

NOV 20, 2023 3:30 AM

TEST LENGTH 28 HOURS

STARTING VOLUME = 2276

PERCENT VOLUME = 18.9

TEST TYPE = CSLD

DEC 10, 2023 6:08 AM

TEST LENGTH 30 HOURS

STARTING VOLUME = 3343

PERCENT VOLUME = 27.8

TEST TYPE = CSLD

***** END *****

11:27 75°
30 ADI

CIRCLE K 114
7603 E US-26
AVON LN 46123

JUN 25, 2024 8:24 AM

THIRK LEAK TEST HISTORY
T 4(DIESEL)

LAST GROSS TEST PASSED!

NO TEST PASSED

LAST ANNUAL TEST PASSED!

NO TEST PASSED

FULLEST ANNUAL TEST PASS

NO TEST PASSED

LAST PERIODIC TEST PASS!
JUN 25, 2024 8:136 AM
TEST LENGTH 48 HOURS
STARTING VOLUME = 2413
PERCENT VOLUME = 40.1
TEST TYPE = CSLD

FULLEST PERIODIC TEST
PASSED EACH MONTH!

JAN 1, 2024 11:25 AM
TEST LENGTH 60 HOURS
STARTING VOLUME = 3528
PERCENT VOLUME = 58.7
TEST TYPE = CSLD

FEB 27, 2024 2:04 PM
TEST LENGTH 44 HOURS
STARTING VOLUME = 3237
PERCENT VOLUME = 53.8
TEST TYPE = CSLD

MAR 16, 2024 2:53 AM
TEST LENGTH 37 HOURS
STARTING VOLUME = 4464
PERCENT VOLUME = 74.2
TEST TYPE = CSLD

APR 11, 2024 7:17 PM
TEST LENGTH 41 HOURS
STARTING VOLUME = 3992
PERCENT VOLUME = 66.4
TEST TYPE = CSLD

MAY 29, 2024 12:08 PM
TEST LENGTH 32 HOURS
STARTING VOLUME = 3900
PERCENT VOLUME = 64.8
TEST TYPE = CSLD

JUN 2, 2024 7:13 AM
TEST LENGTH 33 HOURS
STARTING VOLUME = 3875
PERCENT VOLUME = 64.4
TEST TYPE = CSLD

JUL 31, 2023 6:14 PM
TEST LENGTH 52 HOURS
STARTING VOLUME = 3152
PERCENT VOLUME = 52.4
TEST TYPE = CSLD

AUG 5, 2023 2:36 PM
TEST LENGTH 30 HOURS
STARTING VOLUME = 3222
PERCENT VOLUME = 53.6
TEST TYPE = CSLD

SEP 29, 2023 10:19 PM
TEST LENGTH 49 HOURS
STARTING VOLUME = 3035
PERCENT VOLUME = 50.5
TEST TYPE = CSLD

OCT 4, 2023 5:31 AM
TEST LENGTH 41 HOURS
STARTING VOLUME = 3384
PERCENT VOLUME = 56.3
TEST TYPE = CSLD

NOV 30, 2023 6:04 AM
TEST LENGTH 35 HOURS
STARTING VOLUME = 2803
PERCENT VOLUME = 46.6
TEST TYPE = CSLD

DEC 29, 2023 7:08 PM
TEST LENGTH 53 HOURS
STARTING VOLUME = 3611
PERCENT VOLUME = 60.0
TEST TYPE = CSLD

CIRCLE B 114
7603 E US-36
AVON IN 46120

JUN 25, 2024 8:24 AM

TANK LEAK TEST HISTORY

T 5 (KEROSENE)

LAST GROSS TEST PASSED:

NO TEST PASSED

LAST ANNUAL TEST PASSED:

NO TEST PASSED

FULLEST ANNUAL TEST PASS:

NO TEST PASSED

LAST PERIODIC TEST PASS:

JUN 25, 2024 7:33 AM

TEST LENGTH 120 HOURS

STARTING VOLUME = 2658

PERCENT VOLUME = 44.2

TEST TYPE = CSLD

FULLEST PERIODIC TEST
PASSED EACH MONTH:

JAN 1, 2024 6:53 AM

TEST LENGTH 72 HOURS

STARTING VOLUME = 1442

PERCENT VOLUME = 24.0

TEST TYPE = CSLD

FEB 12, 2024 4:44 PM

TEST LENGTH 42 HOURS

STARTING VOLUME = 2878

PERCENT VOLUME = 47.8

TEST TYPE = CSLD

MAR 1, 2024 1:35 AM

TEST LENGTH 45 HOURS

STARTING VOLUME = 2773

PERCENT VOLUME = 46.1

TEST TYPE = CSLD

APR 1, 2024 1:49 AM

TEST LENGTH 62 HOURS

STARTING VOLUME = 2704

PERCENT VOLUME = 44.9

TEST TYPE = CSLD

MAY 1, 2024 2:08 AM

TEST LENGTH 107 HOURS

STARTING VOLUME = 2668

PERCENT VOLUME = 44.4

TEST TYPE = CSLD

JUN 1, 2024 12:14 AM

TEST LENGTH 83 HOURS

STARTING VOLUME = 2658

PERCENT VOLUME = 44.2

TEST TYPE = CSLD

JUL 3, 2023 9:57 AM

TEST LENGTH 86 HOURS

STARTING VOLUME = 1841

PERCENT VOLUME = 30.6

TEST TYPE = CSLD

AUG 1, 2023 2:09 AM

TEST LENGTH 53 HOURS

STARTING VOLUME = 1830

PERCENT VOLUME = 30.4

TEST TYPE = CSLD

SEP 1, 2023 12:35 AM

TEST LENGTH 55 HOURS

STARTING VOLUME = 1825

PERCENT VOLUME = 30.3

TEST TYPE = CSLD

OCT 1, 2023 12:04 AM

TEST LENGTH 93 HOURS

STARTING VOLUME = 1816

PERCENT VOLUME = 30.2

TEST TYPE = CSLD

NOV 1, 2023 12:05 AM

TEST LENGTH 71 HOURS

STARTING VOLUME = 1778

PERCENT VOLUME = 29.6

TEST TYPE = CSLD

DEC 1, 2023 2:35 AM

TEST LENGTH 56 HOURS

STARTING VOLUME = 1653

PERCENT VOLUME = 27.5

TEST TYPE = CSLD

Call # 6-03

PO # _____



Service Order

P.O. Box 281
Cannelton, IN 47520
Phone: 812-547-8082

Page 69
Confirmation # _____

C.O.D.

Charge

Customer Name Circle S #1111

Address 7693 E-45 Highway Phone _____

City Aum State IN Zip 46128

Make _____ Model _____ Serial # _____

Service Requested Alarm low power (on alarm) changed battery
inside door know it to be working

Quantity	Part #	Description	Price	Amount
1	Misc.	TL5350 Fuse		9.98

Service Performed: <u>Check System</u> <u>Gas/DSE Alarm Dead's Bad</u> <u>Box - Under Rear Window (To</u> <u>to solder Temp across 1/2"</u> <u>Track - Rizzer Always on)</u> <u>W-wire & order New Extant</u> <u>Alarm</u>	Total Material			
	Helper # 1	/ Per Hour		
	Helper # 2	/ Per Hour		
	Travel Time	3	Travel Charge	
	Start Time	1:15pm	Previous Trip	
	Finish Time	3:15pm	Labor & Service	
	Hours	2	Freight Charge	
			Mileage Miles	
			Tax	
			TOTAL	

Store Stamp

Test Fuel R/T Tank	\$ -	Gal
Test Fuel R/T Tank	\$ -	Gal
Test Fuel R/T Tank	\$ -	Gal
Test Fuel R/T Tank	\$ -	Gal

Date Completed 6/17/84

I hereby accept above performance and charges as being satisfactory and acknowledge that equipment has been left in good condition. Tri-State reserves the right to remove any equipment installed if payment is not remitted by due date.

Customer's Signature _____
Technician's Signature Marky H. [Signature]

Thank You
for using
Tri-State Service & Maintenance, Inc.

CIRCLE S 114
7683 E US-36
AVON IN 46123

MAY 2, 2024 7:21 AM

CSLD TEST RESULTS

MAY 2, 2024 7:21 AM

T 1:UNLEADED
PROBE SERIAL NUM 046088

0.2 GAL/HR TEST
PER: MAY 2, 2024 PASS

T 2:PURE GAS
PROBE SERIAL NUM 165221

0.2 GAL/HR TEST
PER: MAY 2, 2024 PASS

T 3:PREMIUM
PROBE SERIAL NUM 165223

0.2 GAL/HR TEST
PER: MAY 2, 2024 PASS

T 4:DIESEL
PROBE SERIAL NUM 165319

0.2 GAL/HR TEST
PER: MAY 2, 2024 PASS

T 5:KEROSENE
PROBE SERIAL NUM 165222

0.2 GAL/HR TEST
PER: MAY 2, 2024 PASS

***** END *****

CIRCLE S 114
7683 E US-36
AVON IN 46123

APR 1, 2024 10:49 AM

CSLD TEST RESULTS

APR 1, 2024 10:49 AM

T 1:UNLEADED
PROBE SERIAL NUM 046088

0.2 GAL/HR TEST
PER: APR 1, 2024 PASS

T 2:PURE GAS
PROBE SERIAL NUM 165221

0.2 GAL/HR TEST
PER: APR 1, 2024 PASS

T 3:PREMIUM
PROBE SERIAL NUM 165223

0.2 GAL/HR TEST
PER: APR 1, 2024 PASS

T 4:DIESEL
PROBE SERIAL NUM 165319

0.2 GAL/HR TEST
PER: APR 1, 2024 PASS

T 5:KEROSENE
PROBE SERIAL NUM 165222

0.2 GAL/HR TEST
PER: APR 1, 2024 PASS

***** END *****

CIRCLE S 114
7683 E US-36
AVON IN 46123

MAR 1, 2024 8:48 AM

CSLD TEST RESULTS

MAR 1, 2024 8:48 AM

T 1:UNLEADED
PROBE SERIAL NUM 046088

0.2 GAL/HR TEST
PER: MAR 1, 2024 PASS

T 2:PURE GAS
PROBE SERIAL NUM 165221

0.2 GAL/HR TEST
PER: MAR 1, 2024 PASS

T 3:PREMIUM
PROBE SERIAL NUM 165223

0.2 GAL/HR TEST
PER: MAR 1, 2024 PASS

T 4:DIESEL
PROBE SERIAL NUM 165319

0.2 GAL/HR TEST
PER: MAR 1, 2024 PASS

T 5:KEROSENE
PROBE SERIAL NUM 165222

0.2 GAL/HR TEST
PER: MAR 1, 2024 PASS

* * * * * END * * * * *

CIRCLE S 114
7683 E US-36
AVON IN 46123

FEB 1, 2024 8:00 AM

CSLD TEST RESULTS

FEB 1, 2024 8:00 AM

T 1:UNLEADED
PROBE SERIAL NUM 046088

0.2 GAL/HR TEST
PER: FEB 1, 2024 PASS

T 2:PURE GAS
PROBE SERIAL NUM 165221

0.2 GAL/HR TEST
PER: FEB 1, 2024 PASS

T 3:PREMIUM
PROBE SERIAL NUM 165223

0.2 GAL/HR TEST
PER: FEB 1, 2024 PASS

T 4:DIESEL
PROBE SERIAL NUM 165319

0.2 GAL/HR TEST
PER: FEB 1, 2024 PASS

T 5:KEROSENE
PROBE SERIAL NUM 165222

0.2 GAL/HR TEST
PER: FEB 1, 2024 PASS

* * * * * END * * * * *

CIRCLE S 114
7683 E US-36
AVON IN 46123

JAN 2, 2024 5:25 AM

CSLD TEST RESULTS

JAN 2, 2024 5:25 AM

T 1:UNLEADED
PROBE SERIAL NUM 046088

0.2 GAL/HR TEST
PER: JAN 2, 2024 PASS

T 2:PURE GAS
PROBE SERIAL NUM 165221

0.2 GAL/HR TEST
PER: JAN 2, 2024 PASS

T 3:PREMIUM
PROBE SERIAL NUM 165223

0.2 GAL/HR TEST
PER: JAN 2, 2024 PASS

T 4:DIESEL
PROBE SERIAL NUM 165319

0.2 GAL/HR TEST
PER: JAN 2, 2024 PASS

T 5:KEROSENE
PROBE SERIAL NUM 165222

0.2 GAL/HR TEST
PER: JAN 2, 2024 PASS

* * * * * END * * * * *

CIRCLE S 114
7683 E US-36
AVON IN 46123

DEC 2, 2023 6:46 AM

CSLD TEST RESULTS

DEC 2, 2023 6:46 AM

T 1:UNLEADED
PROBE SERIAL NUM 046088

0.2 GAL/HR TEST
PER: DEC 2, 2023 PASS

T 2:PURE GAS
PROBE SERIAL NUM 165221

0.2 GAL/HR TEST
PER: DEC 2, 2023 PASS

T 3:PREMIUM
PROBE SERIAL NUM 165223

0.2 GAL/HR TEST
PER: DEC 2, 2023 PASS

T 4:DIESEL
PROBE SERIAL NUM 165319

0.2 GAL/HR TEST
PER: DEC 2, 2023 PASS

T 5:KEROSENE
PROBE SERIAL NUM 165222

0.2 GAL/HR TEST
PER: DEC 2, 2023 PASS

* * * * * END * * * * *

CIRCLE S 114
7683 E US-36
AVON IN 46123

NOV 1, 2023 6:22 AM

CSLD TEST RESULTS

NOV 1, 2023 6:22 AM

T 1:UNLEADED
PROBE SERIAL NUM 046088

0.2 GAL/HR TEST
PER: NOV 1, 2023 PASS

T 2:PURE GAS
PROBE SERIAL NUM 165221

0.2 GAL/HR TEST
PER: NOV 1, 2023 PASS

T 3:PREMIUM
PROBE SERIAL NUM 165223

0.2 GAL/HR TEST
PER: NOV 1, 2023 PASS

T 4:DIESEL
PROBE SERIAL NUM 165319

0.2 GAL/HR TEST
PER: NOV 1, 2023 PASS

T 5:KEROSENE
PROBE SERIAL NUM 165222

0.2 GAL/HR TEST
PER: NOV 1, 2023 PASS

* * * * * END * * * * *

CIRCLE S 114
7683 E US-36
AVON IN 46123

OCT 2, 2023 2:03 PM

CSLD TEST RESULTS

OCT 2, 2023 2:03 PM

T 1:UNLEADED
PROBE SERIAL NUM 046088

0.2 GAL/HR TEST
PER: OCT 2, 2023 PASS

T 2:PURE GAS
PROBE SERIAL NUM 165221

0.2 GAL/HR TEST
PER: OCT 2, 2023 PASS

T 3:PREMIUM
PROBE SERIAL NUM 165223

0.2 GAL/HR TEST
PER: OCT 2, 2023 PASS

T 4:DIESEL
PROBE SERIAL NUM 165319

0.2 GAL/HR TEST
PER: OCT 2, 2023 PASS

T 5:KEROSENE
PROBE SERIAL NUM 165222

0.2 GAL/HR TEST
PER: OCT 2, 2023 PASS

* * * * * END * * * * *

CIRCLE S 114
7683 E US-36
AVON IN 46123

SEP 1, 2023 6:57 AM

CSLD TEST RESULTS

SEP 1, 2023 6:57 AM

T 1:UNLEADED
PROBE SERIAL NUM 046088

0.2 GAL/HR TEST
PER: SEP 1, 2023 PASS

T 2:PURE GAS
PROBE SERIAL NUM 165221

0.2 GAL/HR TEST
PER: SEP 1, 2023 PASS

T 3:PREMIUM
PROBE SERIAL NUM 165223

0.2 GAL/HR TEST
PER: SEP 1, 2023 PASS

T 4:DIESEL
PROBE SERIAL NUM 165319

0.2 GAL/HR TEST
PER: SEP 1, 2023 PASS

T 5:KEROSENE
PROBE SERIAL NUM 165222

0.2 GAL/HR TEST
PER: SEP 1, 2023 PASS

* * * * * END * * * * *

CIRCLE S 114
7683 E US-36
AVON IN 46123

AUG 2, 2023 6:01 AM

OSLD TEST RESULTS

AUG 2, 2023 6:01 AM

T 1:UNLEADED
PROBE SERIAL NUM 046088

0.2 GAL/HR TEST
PER: AUG 2, 2023 PASS

T 2:PURE GAS
PROBE SERIAL NUM 165221

0.2 GAL/HR TEST
PER: AUG 2, 2023 PASS

T 3:PREMIUM
PROBE SERIAL NUM 165223

0.2 GAL/HR TEST
PER: AUG 2, 2023 PASS

T 4:DIESEL
PROBE SERIAL NUM 165319

0.2 GAL/HR TEST
PER: AUG 2, 2023 PASS

T 5:KEROSENE
PROBE SERIAL NUM 165222

0.2 GAL/HR TEST
PER: AUG 2, 2023 PASS

* * * * * END * * * * *

CIRCLE S 114
7683 E US-36
AVON IN 46123

JUL 1, 2023 11:25 AM

CSLD TEST RESULTS

JUL 1, 2023 11:25 AM

T 1:UNLEADED
PROBE SERIAL NUM 046088

0.2 GAL/HR TEST
PER: JUL 1, 2023 PASS

T 2:PURE GAS
PROBE SERIAL NUM 165221

0.2 GAL/HR TEST
PER: JUL 1, 2023 PASS

T 3:PREMIUM
PROBE SERIAL NUM 165223

0.2 GAL/HR TEST
PER: JUL 1, 2023 PASS

T 4:DIESEL
PROBE SERIAL NUM 165319

0.2 GAL/HR TEST
PER: JUL 1, 2023 PASS

T 5:KEROSENE
PROBE SERIAL NUM 165222

0.2 GAL/HR TEST
PER: JUL 1, 2023 PASS

***** END *****

CIRCLE S 114
7683 E US-36
AVON IN 46123

JUN 1, 2023 6:16 AM

CSLD TEST RESULTS

JUN 1, 2023 6:16 AM

T 1:UNLEADED
PROBE SERIAL NUM 046088

0.2 GAL/HR TEST
PER: MAY 31, 2023 PASS

T 2:PURE GAS
PROBE SERIAL NUM 165221

0.2 GAL/HR TEST
PER: MAY 31, 2023 PASS

T 3:PREMIUM
PROBE SERIAL NUM 165223

0.2 GAL/HR TEST
PER: MAY 30, 2023 PASS

T 4:DIESEL
PROBE SERIAL NUM 165319

0.2 GAL/HR TEST
PER: JUN 1, 2023 PASS

T 5:KEROSENE
PROBE SERIAL NUM 165222

0.2 GAL/HR TEST
PER: MAY 30, 2023 PASS

* * * * * END * * * * *

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 Galvanic Cathodic Protection Evaluation

1. UST Facility Information

Agency Interest Number (AI)	43697		
UST Facility Name	Circle S #114		
UST Facility Physical Address	Street Address:	7683 East US-36	
	City:	Avon, IN	Zip Code: 46123

2. Cathodic Protection Tester Evaluation (mark only one)

Date of Evaluation	1/22 2022		
Reason for Evaluation (mark only one)	<input type="checkbox"/> New Install (within 180 days)	<input type="checkbox"/> Re-evaluation following repair / modification (within 180 days)	
	<input checked="" type="checkbox"/> Routine (every 36 months)	<input type="checkbox"/> Re-evaluation following a failure (within 30 days)	
All protected structures at this UST facility pass the cathodic protection system evaluation and it is judged that adequate cathodic protection has been provided to the UST system. Complete Section 4.			<input checked="" type="checkbox"/> Pass
One or more protected structure at this UST facility fail the cathodic protection system evaluation and it is judged that adequate cathodic protection has not been provided to the UST system. Complete Section 5.			<input type="checkbox"/> Fail
If the remote and the local potential readings do not both indicate the same test result on all protected structure (both pass or both fail), the cathodic protection system shall be re-evaluate and/or retested by a corrosion expert. Complete Section 3.			<input type="checkbox"/> Inconclusive

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

Cathodic Protection Tester Certification	Printed	Jeremie Joyal	Date	2/22/22
	Signature			
Certification Type (mark all that apply)	<input checked="" type="checkbox"/> NACE <input type="checkbox"/> STI <input type="checkbox"/> Other (specify):			
Certification	Number:	CP16054	Expiration Date:	11/7/22
Contact Information	Phone:	(812) 547 8082	Email:	tri-state@tri-stateservice.net
Company Name	Tri-State Service & Maintenance			

3. Corrosion Expert Evaluation (mark only one)

The evaluation shall be conducted and/or evaluated by a corrosion expert when: a) an inconclusive is indicated for any protected structure since both the local and the remote structure-to-soil potentials do not result in the same outcome (both pass or both fail); b) repairs to galvanized or uncoated steel piping are conducted or c) supplemental anodes are added to the tanks and/or piping without following an acceptable industry code.

Date of Evaluation	/ /		
All protected structures at this UST facility pass the cathodic protection system evaluation and it is judged that adequate cathodic protection has been provided to the UST system. Complete Section 4.			<input type="checkbox"/> Pass
One or more protected structure at this UST facility fail the cathodic protection system evaluation and it is judged that adequate cathodic protection has not been provided to the UST system. Complete Section 5.			<input type="checkbox"/> Fail
I certify that all the information provided on this document is true, accurate, and complete.			

Corrosion Expert Certification	Printed		Date	/ /
	Signature			
	License #		License Expiration Date	/ /

AI _____

4. Applicable Evaluation Criteria (mark all that apply)

Structure-to-soil potential more negative than -850mV with respect to a Cu/CuSO ₄ reference electrode with the protective current applied. Applicable to any galvanically protected structure.	<input type="checkbox"/> 850 On
Structure-to-soil potential more negative than -850mV with respect to a Cu/CuSO ₄ reference electrode with the protective current temporarily interrupted. Applicable to galvanic systems where anodes can be disconnected.	<input type="checkbox"/> 850 Off
Structure tested exhibits at least 100mV of cathodic polarization. Applicable to galvanic systems where anodes can be disconnected.	<input type="checkbox"/> 100 mV Polarization

5. Required Actions (mark only one)

Cathodic protection is adequate. No further action is necessary at this time. Next evaluation due 3 years from the date of this evaluation or if another reason listed in Section 2 (Reason for Evaluation) occurs.	<input type="checkbox"/> None
Cathodic protection may not be adequate. Re-evaluate during the next 90 days to determine if passing results can be achieved.	<input type="checkbox"/> Re-evaluation
Cathodic protection is not adequate. A repair or modification is necessary as soon as practical, but within the next 90 days.	<input type="checkbox"/> Repair & Re-evaluation

Next Cathodic Protection Evaluation shall be completed by 2/22/2025

6. Description of Evaluated UST System

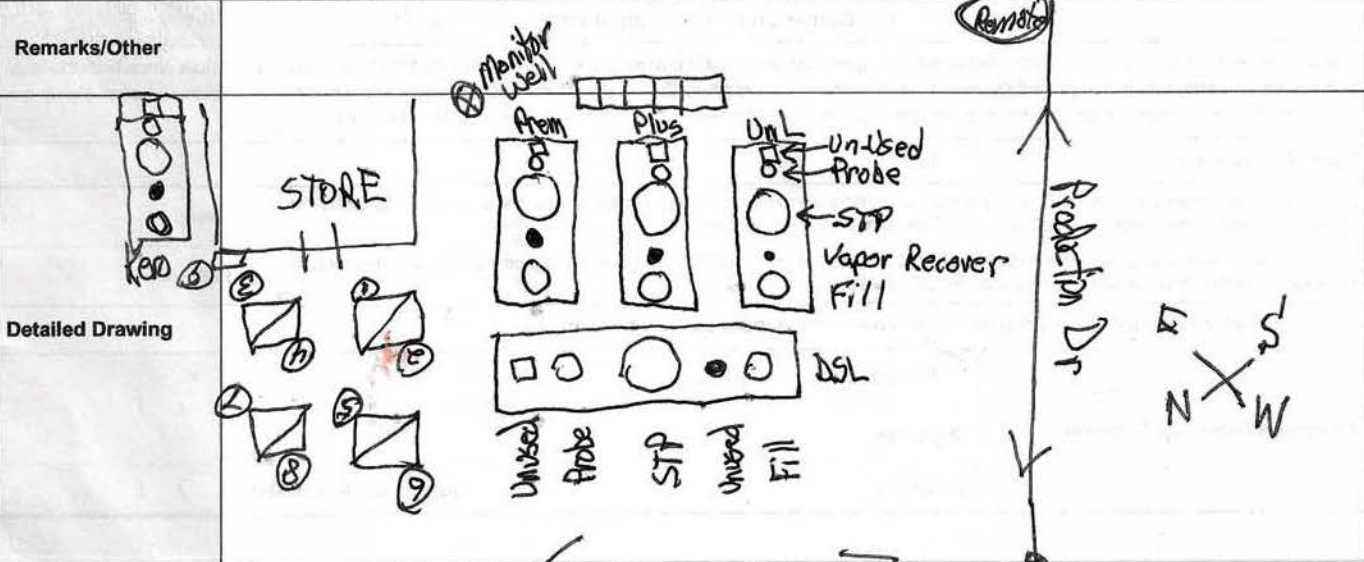
Tank	Product	Capacity (gal)	Tanks	Piping	Flex Connectors	
					STP	UDC
1	Unleaded	12,031 gal	Steel	Fiberglass	Flex	
2	Plus	12,031 gal	Steel	Fiberglass	Flex	
3	Premium	12,031 gal	Steel	Fiberglass	Flex	
4	Diesel	6,016 gal	Steel	Fiberglass	Flex	
5	Kerosen	6,016 gal	Steel	Fiberglass	Flex	
6						

7. Description of Cathodic Protection System Repairs and/or Modifications

Provide detailed information about all modifications or repairs made to the cathodic protection system. Provide a detailed drawing below of the UST facility and cathodic protection systems. Sufficient detail shall be given in order to clearly indicate where the reference electrode was placed for each structure-to-soil potential that is recorded on the survey forms. At a minimum indicate the following:

- a) Tanks
- b) Piping
- c) Dispensers
- d) Buildings and Streets
- e) Anodes and Wires
- f) Location of CP Test Stations
- g) Each reference electrode placement (indicated by a code: 1, 2, T-1, T-2) corresponding with the appropriate line number in Section 9.

- Supplemental anodes for metallic pipe (attach corrosion expert's design or documentation that industry standard was followed).
- Supplemental anodes for a sti-P³® tank (attach corrosion expert's design or documentation that industry standard was followed).
- Galvanically protected tanks/piping not electrically isolated (explain in "Remarks/Other" below).



US-36

AI _____

8. Galvanic (Sacrificial Anode) Cathodic Protection System Continuity Survey					
Use this section to document measurements of continuity on UST systems that are protected by galvanic cathodic protection systems.					
Structure "A" ¹	Structure "B" ²	Structure "A" Fixed Remote Voltage ³	Structure "B" Fixed Remote Voltage ⁴	Point-to-Point Fixed Remote Voltage ⁵	Isolated / Continuous / Inconclusive ⁶
Premium Tank Bottom	Premium Tank Fill Riser	-921 mV	-915 mV		Inconclusive
Premium Tank Bottom	Premium Tank Fill Riser			17 mV	Isolated
Unlead Tank Bottom (Fill) (STP)	Unl Fill	-1058 mV	-516 mV		
	Unl Vapor Recovery		-954 mV		
Unl Tank Bottom	Unl STP	-1056 mV	-457 mV		
Unl Tank Bottom (Probe) A	Unl Probe	-1056 mV	-739 mV		
	Unl Un-Used		-1081 mV		
	Unl Vent		-832 mV		
	Unl Dispenser		-457 mV		
Plus Tank Bottom (Fill) (STP)	Plus Fill	-1017 mV	-383 mV		
	Plus Vapor Recovery		-1006 mV		
Plus Tank Bottom	PLUS STP	-1029 mV	-815 mV		
Plus Tank Bottom (Probe)	Plus Probe	-1029 mV	-798 mV		
	Plus Un-used		-846 mV		
	Plus Vent		-810 mV		
	Plus Dispensers		-457 mV		
Prem Tank Bottom (Fill) (STP)	Prem Fill	-1029 mV	-862 mV		
	Prem Vapor Recovery		-856 mV		
Prem Tank Bottom	Prem STP	-1028 mV	-750 mV		
Prem Tank Bottom (Probe)	Prem Probe	-1028 mV	-612 mV		
	Prem Un-Used		-782 mV		
	Prem Vent		-810 mV		
	Prem Dispensers		-457 mV		
DSL Tank Bottom (Fill) (STP)	DSL Fill	-949 mV	-487 mV		
	DSL Un-Used		-380 mV		
DSL Tank Bottom	DSL STP	-949 mV	-455 mV		
DSL Tank Bottom (Probe)	DSL Probe	-949 mV	-614 mV		
	DSL Un-Used		-890 mV		
	DSL Vent		-800 mV		
	DSL Dispensers		-457 mV		
Comments					

¹ Describe the cathodically protected structure being demonstrated as isolated from unprotected structures (e.g. premium tank bottom).
² Describe the unprotected structure being demonstrated as isolated from the protected structure (e.g. premium tank fill riser).
³ Record the measured structure-to-soil potential of the cathodically protected structure "A" in millivolts (e.g. -921 mV).
⁴ Record the measured structure-to-soil potential of the unprotected structure "B" in millivolts (e.g. -915 mV).
⁵ Record the voltage observed between the protected and the unprotected structures when conducting point-to-point testing (e.g. 17 mV).
⁶ Document whether the test (fixed cell and/or point-to-point) indicated the protected structure was isolated, continuous or inconclusive.

AI _____

9. Galvanic (Sacrificial Anode) Cathodic Protection System Survey

Use this section to document a survey of a galvanic cathodic protection system by obtaining structure-to-soil potential measurements.

Location Code ⁷	Structure ⁸	Contact Point ⁹	Local Reference Cell Placement ¹⁰	Local Voltage ¹¹	Remote Voltage ¹²	Pass / Fail / Inconclusive ¹³
Example 1	Plus Tank	Tank Bottom	Plus Tank STP Manway	-928 mV	-810 mV	Inconclusive
Example 2	Plus Piping	Dispenser 5/6	Under Dispenser 5/6	-890 mV	-885 mV	Pass
1	Unl Tank	Fill Bottom	Monitor Well	-1058mV	-1080mV	Pass
2	Unl Tank	Probe Bottom	Monitor Well	-1056mV	-1076mV	Pass
3	Plus Tank	Fill Bottom	Monitor Well	-1017mV	-1054mV	Pass
4	Plus Tank	Probe Bottom	Monitor Well	-1029mV	-1061mV	Pass
5	Prem Tank	Fill Bottom	Monitor Well	-1029mV	-1283mV	Pass
6	Prem Tank	Probe Bottom	Monitor Well	-1028mV	-1061mV	Pass
7	DSL Tank	Fill Bottom	Monitor Well	-949mV	-974mV	Pass
8	DSL Tank	Probe Bottom	Monitor Well	-949mV	-970mV	Pass
9	Kero Tank	Fill Bottom	Monitor Well	-1124mV	-1100mV	Pass
10	Kero Tank	Probe Bottom	Monitor Well	-1124mV	-1100mV	Pass
11	Unl Tank	STP Bottom	Monitor Well	-1056mV	-1076mV	Pass
12	Plus Tank	STP Bottom	Monitor Well	-1029mV	-1054mV	Pass
13	Prem Tank	STP Bottom	Monitor Well	-1028mV	-1061mV	Pass
14	DSL Tank	STP Bottom	Monitor Well	-949mV	-970mV	Pass
15	Kero Tank	STP Bottom	Monitor Well	-1124mV	-1100mV	Pass

Comments _____

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.

⁷ Designate numerically or by code on the site drawing each local reference electrode placement (e.g. 1, 2, 3..., T-1, T-2..., P-1, P-2...etc.).
⁸ Describe the structure that is being tested (e.g. plus tank, premium piping, flex connector, etc.).
⁹ Describe where contact with the structure that is being tested is made (e.g. plus tank @ test lead, diesel piping @ dispenser 5/6, etc.)
¹⁰ Describe the exact location where the reference electrode is placed for each "local" measurement (e.g. soil @ plus tank STP, soil @ dispenser 5/6, etc.).
¹¹ Record the structure-to-soil potential measured with the reference electrode place "local" in millivolts (e.g. -865 mV).
¹² Recorded the structure-to-soil potential measured with the reference electrode placed "remote" (copy voltage that was obtained during continuity survey).
¹³ Indicate whether the tested structure passed or failed the -850 mV "on" criterion based on the interpretation of the test data.

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 Galvanic Cathodic Protection Evaluation


1. UST Facility Information

Agency Interest Number (AI)	43697		
UST Facility Name	Circle "S" #114		
UST Facility Physical Address	Street Address: 7683 US-36		
	City: Afton, IN	County: Hendricks	Zip Code: 46128

2. Cathodic Protection Tester Evaluation (mark only one)

Date of Evaluation	6/9/2022		
Reason for Evaluation (mark only one)	<input checked="" type="checkbox"/> New Install (within 180 days)	<input type="checkbox"/> Re-evaluation following repair / modification (within 180 days)	
	<input type="checkbox"/> Routine (every 36 months)	<input type="checkbox"/> Re-evaluation following a failure (within 30 days)	
All protected structures at this UST facility pass the cathodic protection system evaluation and it is judged that adequate cathodic protection has been provided to the UST system. Complete Section 4.			<input type="checkbox"/> Pass
One or more protected structure at this UST facility fail the cathodic protection system evaluation and it is judged that adequate cathodic protection has not been provided to the UST system. Complete Section 5.			<input type="checkbox"/> Fail
If the remote and the local potential readings do not both indicate the same test result on all protected structure (both pass or both fail), the cathodic protection system shall be re-evaluate and/or retested by a corrosion expert. Complete Section 3.			<input type="checkbox"/> Inconclusive

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

Cathodic Protection Tester Certification	Printed	Jeremie Joyal	Date	6/9/22
	Signature			
Certification Type (mark all that apply)	<input checked="" type="checkbox"/> NACE <input type="checkbox"/> STI <input type="checkbox"/> Other (specify):			
Certification	Number: CP 16054	Expiration Date: 11/7/22		
Contact Information	Phone: (812) 547 8082	Email: tri-state@tri-state-service.net		
Company Name	Tri-State Service & Maintenance			

3. Corrosion Expert Evaluation (mark only one)

The evaluation shall be conducted and/or evaluated by a corrosion expert when: a) an inconclusive is indicated for any protected structure since both the local and the remote structure-to-soil potentials do not result in the same outcome (both pass or both fail); b) repairs to galvanized or uncoated steel piping are conducted or c) supplemental anodes are added to the tanks and/or piping without following an acceptable industry code.

Date of Evaluation	/ /		
All protected structures at this UST facility pass the cathodic protection system evaluation and it is judged that adequate cathodic protection has been provided to the UST system. Complete Section 4.			<input type="checkbox"/> Pass
One or more protected structure at this UST facility fail the cathodic protection system evaluation and it is judged that adequate cathodic protection has not been provided to the UST system. Complete Section 5.			<input type="checkbox"/> Fail

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

Corrosion Expert Certification	Printed		Date	/ /
	Signature			
	License #		License Expiration Date	/ /

AI _____

4. Applicable Evaluation Criteria (mark all that apply)

Structure-to-soil potential more negative than -850mV with respect to a Cu/CuSO ₄ reference electrode with the protective current applied. Applicable to any galvanically protected structure.	<input type="checkbox"/> 850 On
Structure-to-soil potential more negative than -850mV with respect to a Cu/CuSO ₄ reference electrode with the protective current temporarily interrupted. Applicable to galvanic systems where anodes can be disconnected.	<input type="checkbox"/> 850 Off
Structure tested exhibits at least 100mV of cathodic polarization. Applicable to galvanic systems where anodes can be disconnected.	<input type="checkbox"/> 100 mV Polarization

5. Required Actions (mark only one)

Cathodic protection is adequate. No further action is necessary at this time. Next evaluation due 3 years from the date of this evaluation or if another reason listed in Section 2 (Reason for Evaluation) occurs.	<input type="checkbox"/> None
Cathodic protection may not be adequate. Re-evaluate during the next 90 days to determine if passing results can be achieved.	<input type="checkbox"/> Re-evaluation
Cathodic protection is not adequate. A repair or modification is necessary as soon as practical, but within the next 90 days.	<input type="checkbox"/> Repair & Re-evaluation

Next Cathodic Protection Evaluation shall be completed by / /

6. Description of Evaluated UST System

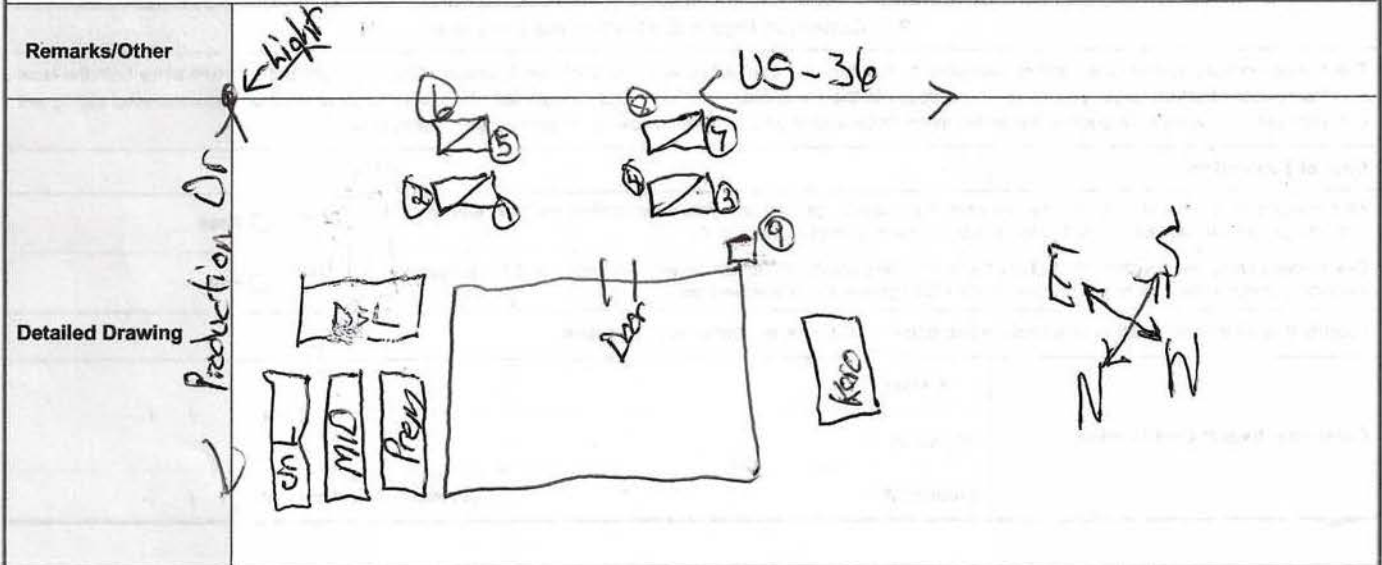
Tank	Product	Capacity (gal)	Tanks	Piping	Flex Connectors	
					STP	UDC
1	UNL	12,031gal	Steel	Fiberglass	✓	✓
2	Plus	12,031gal	Steel	Fiberglass	✓	✓
3	Prem	12,031gal	Steel	Fiberglass	✓	✓
4	DSL	6,016gal	Steel	Fiberglass	✓	✓
5	Kero	6,016gal	Steel	Fiberglass	✓	✓
6						

7. Description of Cathodic Protection System Repairs and/or Modifications

Provide detailed information about all modifications or repairs made to the cathodic protection system. Provide a detailed drawing below of the UST facility and cathodic protection systems. Sufficient detail shall be given in order to clearly indicate where the reference electrode was placed for each structure-to-soil potential that is recorded on the survey forms. At a minimum indicate the following:

- a) Tanks
- b) Piping
- c) Dispensers
- d) Buildings and Streets
- e) Anodes and Wires
- f) Location of CP Test Stations
- g) Each reference electrode placement (indicated by a code: 1, 2, T-1, T-2) corresponding with the appropriate line number in Section 9.

- Supplemental anodes for metallic pipe (attach corrosion expert's design or documentation that industry standard was followed).
- Supplemental anodes for a sti-P³® tank (attach corrosion expert's design or documentation that industry standard was followed).
- Galvanically protected tanks/piping not electrically isolated (explain in "Remarks/Other" below).



Tri-State Service & Maintenance, Inc.

P.O. Box 281
 4216 E. State Road 66
 Cannelton, IN 47520

INVOICE

Invoice Number: 32471
 Invoice Date: Jun 28, 2022
 Page: 1

Duplicate

Voice: 812-547-8082
 Fax: 812-547-9662

Bill To:
 Circle S #114-Avon
 c/o C&S, Inc.
 P.O. Box 39
 Tell City, IN 47586

Ship to:
 Circle S #114-Avon
 c/o C&S, Inc.
 P.O. Box 39
 Tell City, IN 47586

Customer ID	Customer PO	Payment Terms	
Circle S #114-Avon	108-JS-114	Net 30 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
Marty Joyal	Airborne		7/28/22

Quantity	Item	Description	Unit Price	Amount
		4-91		
2.50	Travel Time	Travel Time	65.00	162.50
1.25	Labor	Labor	75.00	93.75
151.00	Mileage	Mileage	0.75	113.25
		Second Trip		
1.00	Miscellaneous	Galvanic Stick Anode	69.39	69.39
9.00	Misc-Anode	Anodes-5 MAG	144.68	1,302.12
11.00	Misc-Anode Clamp	Anode Clamp	32.60	358.60
1.00	Misc-Cathodic Onsite	Cathodic Testing Onsite	250.00	250.00
1.00		Overfill Alarm	2,490.59	2,490.59
6.50	Helper	Helper	65.00	422.50
2.00	Helper	Helper	65.00	130.00
3.00	Travel Time	Travel Time	65.00	195.00
6.50	Labor	Labor	75.00	487.50
155.00	Mileage	Mileage	0.75	116.25
		Service Requested: Need overfill prevention test.		
		Service Performed: Unable to remove ball float valves on tanks. Must remove to verify		

Subtotal	Continued
Sales Tax	Continued
Total Invoice Amount	Continued
Payment/Credit Applied	
TOTAL	Continued

Check/Credit Memo No:

Tri-State Service & Maintenance, Inc.

P.O. Box 281
 4216 E. State Road 66
 Cannelton, IN 47520

Voice: 812-547-8082
 Fax: 812-547-9662

INVOICE

Invoice Number: 32471
 Invoice Date: Jun 28, 2022
 Page: 2
 Duplicate

Bill To:
Cirde S #114-Avon c/o C&S, Inc. P.O. Box 39 Tell City, IN 47586

Ship to:
Cirde S #114-Avon c/o C&S, Inc. P.O. Box 39 Tell City, IN 47586

Customer ID	Customer PO	Payment Terms	
Cirde S #114-Avon	108-JS-114	Net 30 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
Marty Joyal	Airborne		7/28/22

Quantity	Item	Description	Unit Price	Amount
		set correctly and take pictures-Site failed. Order overfill alarm for TLS-350 and site requires 2 alarm boxes. Service Performed: Install anodes on STPs and under dispensers. Perform Galvanic Cathodic Protection Test-Passes. Note: Hard to run two external alarm boxes. Tanks on both sides of building. Perform overfill prevention test all passed.		

Subtotal	6,191.45
Sales Tax	295.45
Total Invoice Amount	6,486.90
Payment/Credit Applied	
TOTAL	6,486.90

Check/Credit Memo No:



TSG 100 Leak Detector Tester
 DATA COLLECTION AND REPORT FORM

Facility Name: Circle 5 #114

Facility Address: 7683 East US-36
Avon, IN 46128

Facility Telephone Number: 317-270-2044 Test Date: 5-7-2024

Test Contractor: Tri-State Service & Maintenance, Inc.

Contractor Telephone Number: (812) 547-8082 Contractor Fax Number: (812) 547-9662

Product	Leak Detector Model	Serial Number	Line PSI	Seating PSI	Slow Flow PSI	Tripped gph flow	Flow Rate at 10 PSI	Leak Detector Recovery Time	Pass or Fail
Unlead	Feretro	N/A	27psi	12psi	10psi	3.0gph	8gph	3 1/2 sec	Pass
Premium	116-056	9017	26psi	20psi	10psi	3.0gph	8gph	2sec	Pass
Diesel	116-058	N/A	30psi	15psi	10psi	3.0gph	9gph	1sec	Pass
Pure Gas	116-056	0550	26psi	20psi	10psi	3.0gph	8gph	1 1/2 sec	Pass
Kerosene	LD2000	N/A	25psi	18psi	10psi	3.0gph	8gph	1sec	Pass

I have verified the above data was collected and recorded on this form while in my presence

Technician Marty H. Javal Signature Marty H. Javal

Customer Eric M. Green Signature Eric M. Green



Acurite Line Test Data Sheet

Date: 5-7-2024

Start Time: 10:00am

Finished Time: 5:00pm

Testing Site:

Circle S #114
7683 East US36
Avon, IN, 46129
317-270-2044

Technician: Marty H. Jopel
 Signature: Marty H. Jopel
 Page 1 of 2

Product	Unleaded	Premium	Diesel	Pure Gas
Pump Manufacturer	Red Jacket	Red Jacket	Red Jacket	Red Jacket
Isolation Mechanism (Pump) (1 1/2 times working pressure)	Funct. Element	Funct. Element	Isolation Plug	Isolation Plug
Test Pressure	50psi	50psi	50psi	50psi
Initial Cylinder Level (ICL)	•1000gal	•1000gal	•1000gal	•1000gal
Final Cylinder Level (FCL)	•1000gal	•1000gal	•0975gal	•0965gal
Leak Volume: ICL-FCL	•000gal	•000gal	•0025gal	•0035gal
Time Completed	11:00am	12:00pm	2:30pm	3:45pm
Time Started	10:30am	12:30pm	2:00pm	3:15pm
Total Test Time (30 min. minimum)	30min	30min	30min	30min
Conclusion (Pass or Fail)	Pass	Pass	Pass	Pass
Volume Displaced to Test	•8gal	•8gal	•03gal	•07
Last Time Fuel Dispensed	10:10am	11:10am	11:10am	10:10am
Impact Value Holding	✓ Yes 1/2	No		
Impact Value Holding	✓ Yes 3/4	No		
Impact Value Holding	✓ Yes 5/6	No		
Impact Value Holding	✓ Yes 7/8	No		
Impact Value Holding	✓ Yes 9	No		
Impact Value Holding	Yes	No		
Impact Value Holding	Yes	No		
Impact Value Holding	Yes	No		
Impact Value Holding	Yes	No		
Impact Value Holding	Yes	No		
Impact Value Holding	Yes	No		

I have verified the above data was collected and recorded on this form while in my presence:

Customer EVA M. GREEN

Customer Signature: Eva M. Green



Acurite Line Test Data Sheet

Date: 5-7-2024

Start Time: 10:00am Finished Time: 5:00pm

Testing Site:

Circle S #114
7683 East 125-36
Aven, Wn 46128
317-270-2044

Technician: Marty H. Jones
 Signature: Marty H. Jones
 Page 2 of 2

Product	<u>Kerosene</u>	
Pump Manufacturer	<u>Red Jacket</u>	
Isolation Mechanism (Pump) (1 1/2 times working pressure)	<u>Isolation Plug</u>	
Test Pressure	<u>50 psi</u>	
Initial Cylinder Level (ICL)	<u>1000 gal</u>	
Final Cylinder Level (FCL)	<u>1000 gal</u>	
Leak Volume: ICL-FCL	<u>000 gal</u>	
Time Completed	<u>4:45pm</u>	
Time Started	<u>4:15pm</u>	
Total Test Time (30 min. minimum)	<u>30 min</u>	
Conclusion (Pass or Fail)	<u>Pass</u>	
Volume Displaced to Test	<u>0.25 gal</u>	
Last Time Fuel Dispensed	<u>10:00am</u>	
Impact Value Holding	<u>Yes</u>	<u>No</u>
Impact Value Holding	<u>Yes</u>	<u>No</u>
Impact Value Holding	<u>Yes</u>	<u>No</u>
Impact Value Holding	<u>Yes</u>	<u>No</u>
Impact Value Holding	<u>Yes</u>	<u>No</u>
Impact Value Holding	<u>Yes</u>	<u>No</u>
Impact Value Holding	<u>Yes</u>	<u>No</u>
Impact Value Holding	<u>Yes</u>	<u>No</u>
Impact Value Holding	<u>Yes</u>	<u>No</u>
Impact Value Holding	<u>Yes</u>	<u>No</u>

I have verified the above data was collected and recorded on this form while in my presence:
 Customer EVA M. GROED Customer Signature: Eva M. Groed



Acurite Line Test Data Sheet

Date: 5-4-2023 Start Time: 2:30pm Finished Time: 9:45pm

Testing Site:
Circle "S" #114
7683 US-36 East
Avon, IN. 46123
317-272-2041

Technician: Marty H. Joyal
 Signature: Marty H. Joyal

Product	Unlead	Premium	Diesel	Pure Gas
Pump Manufacturer	Red Jacket	Red Jacket	Red Jacket	Red Jacket
Isolation Mechanism (Pump) (1 1/2 times working pressure)	Isolation Plug	Isolation Plug	Isolation Plug	Isolation Plug
Test Pressure	50psi.	50psi.	50psi.	50psi.
Initial Cylinder Level (ICL)	•1000 gal	•1000 gal	•1000 gal	•1000 gal
Final Cylinder Level (FCL)	•096 gal	•1000 gal	•1000 gal	•1000 gal
Leak Volume: ICL-FCL	•004 gal	•000 gal	•000 gal	•000 gal
Time Completed	7:45pm	4:50pm	8:45pm	11:20am
Time Started	7:15pm	4:20pm	8:15pm	10:30am
Total Test Time (30 min. minimum)	30min.	30min.	30min.	30min.
Conclusion (Pass or Fail)	Pass	Pass	Pass	Pass
Volume Displaced to Test	•11 gal	•08 gal	•04 gal	•05 gal
Last Time Fuel Dispensed	2:30pm	2:30pm	2:30pm	2:30pm
Impact Value Holding <u>1/2</u>	Yes <input checked="" type="checkbox"/>	No		
Impact Value Holding <u>3/4</u>	Yes <input checked="" type="checkbox"/>	No		
Impact Value Holding <u>5/6</u>	Yes <input checked="" type="checkbox"/>	No		
Impact Value Holding <u>7/8</u>	Yes <input checked="" type="checkbox"/>	No		
Impact Value Holding <u>9</u>	Yes <input checked="" type="checkbox"/>	No		
Impact Value Holding	Yes	No		
Impact Value Holding	Yes	No		
Impact Value Holding	Yes	No		
Impact Value Holding	Yes	No		
Impact Value Holding	Yes	No		

I have verified the above data was collected and recorded on this form while in my presence:
 Customer Jeff Andrie Customer Signature: Jeff Andrie



Acurite Line Test Data Sheet

Date: 5-4-2023

Start Time: 2:30 pm

Finished Time: 9:45 pm

Testing Site:

Circle "S" #114
7683 US-36 East
Avon, IN, 46123

Technician: Marty H. Jovan
 Signature: Marty H. Jovan

Product	Kerosene			
Pump Manufacturer	Red Jacket			
Isolation Mechanism (Pump) (1 1/2 times working pressure)	Isolation Plug			
Test Pressure	50 psi.			
Initial Cylinder Level (ICL)	1000 gal			
Final Cylinder Level (FCL)	1000 gal			
Leak Volume: ICL-FCL	0 gal			
Time Completed	12:15 pm			
Time Started	11:45 am			
Total Test Time (30 min. minimum)	30 min.			
Conclusion (Pass or Fail)	Pass			
Volume Displaced to Test	0 gal			
Last Time Fuel Dispensed	2:30 pm			
Impact Value Holding <u>1/2</u>	Yes	<input checked="" type="checkbox"/>	No	
Impact Value Holding <u>3/4</u>	Yes	<input checked="" type="checkbox"/>	No	
Impact Value Holding <u>5/6</u>	Yes	<input checked="" type="checkbox"/>	No	
Impact Value Holding <u>7/8</u>	Yes	<input checked="" type="checkbox"/>	No	
Impact Value Holding <u>9</u>	Yes	<input checked="" type="checkbox"/>	No	
Impact Value Holding	Yes	<input type="checkbox"/>	No	
Impact Value Holding	Yes	<input type="checkbox"/>	No	
Impact Value Holding	Yes	<input type="checkbox"/>	No	
Impact Value Holding	Yes	<input type="checkbox"/>	No	
Impact Value Holding	Yes	<input type="checkbox"/>	No	

I have verified the above data was collected and recorded on this form while in my presence:

Customer Jeff Andrie

Customer Signature: Jeff Andrie



TSC 100 Leak Detector Tester
DATA COLLECTION AND REPORT FORM

Facility Name: Circle "S" #114

Facility Address: 7683 US-36 East
Avon, IN. 46123

Facility Telephone Number: 317-270-2044 Test Date: 5-4-2023

Test Contractor: Tri-State Service & Maintenance, Inc.

Contractor Telephone Number: (812) 547-8082 Contractor Fax Number: (812) 547-9662

Product	Leak Detector Model	Serial Number	Line PSI	Seating PSI	Slow Flow PSI	Tripped gph flow	Flow Rate at 10 PSI	Leak Detector Recovery Time	Pass or Fail
Unlead	FE Retro	N/A	28psi.	20psi.	10psi.	3.0gph	11gph	2 1/2 sec	Pass
Pure Gas	116-056	0550	29psi.	22psi.	10psi.	3.0gph	9gph	1 1/2 sec	Pass
Premium	116-056	9017	24psi.	18psi.	10psi.	3.0gph	10gph	2sec.	Pass
Diesel	116-058	N/A	26psi.	20psi.	10psi.	3.0gph	10gph	2 1/2 sec	Pass
Kerosene	LD2000	N/A	27psi.	17psi.	10psi.	3.0gph	12gph	2sec.	Pass

I have verified the above data was collected and recorded on this form while in my presence

Technician Marty H Joyal Signature Marty H Joyal
Customer Jeff Andrie Signature Jeff Andrie

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	Circle S #114 317-270-2044		
UST Facility Physical Address	Street Address:	7683 East US-36	
	City:	County:	Zip Code:
	Avon, IN.	Hendricks	46123

2. Test Details

Test Date	5/7/2024
-----------	----------

3. Monitoring Console Information

Console Type ¹	Manufacturer ²	Model ³	Serial Number	Function Check	Alarms Test
ATG	Veeder-Root	TLS-350	70341919705001	<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 -	Un lead	CSLD	Veeder-Root	Mag Plus	46088	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
2 -	Pure Gas	CSLD	Veeder-Root	Mag 1	165221	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
3 -	Premium	CSLD	Veeder-Root	Mag 1	165223	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
4 -	Diesel	CSLD	Veeder-Root	Mag 1	165319	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
5 -	Kerosene	CSLD	Veeder-Root	Mag 1	165222	<input checked="" 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.)

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

1. UST Facility Information

Agency Interest Number (AI)			
UST Facility Name	Circle "S" #114 317-272-2041		
UST Facility Physical Address	Street Address: 7683 US-36 East		
	City: Avon, IN	County: Hendricks	Zip Code: 46123

2. Test Details

Test Date	5/4/2023
-----------	----------

3. Monitoring Console Information

Console Type ¹	Manufacturer ²	Model ³	Serial Number	Function Check	Alarms Test
ATG	Veeder-Root	TLS-350	70341969705001	<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 -	Unleaded	CSLD	Veeder-Root	MAG 7-Plus	46088	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
2 -	Pure Gas	CSLD	Veeder-Root	MAG 1	165221	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
3 -	Premium	CSLD	Veeder-Root	MAG 1	165223	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
4 -	Diesel	CSLD	Veeder-Root	MAG 1	165319	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
5 -	Kerosene	CSLD	Veeder-Root	MAG 1	165222	<input checked="" 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.)

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 Overfill Prevention Device Test

1. UST Facility Information

Agency Interest Number (AI) 43697

UST Facility Name Circle "S" #114

Street Address: 7683 US-36

City: Avon, IN County: Hendrick's Zip Code: 46128

2. Test Information

Test Date 6/9/2022

Reason for Test (mark only one):
 New Install (within 30 days of bringing into service) Routine (every 36 months)
 Repair (within 30 days)

3. UST Test Details
(Attach additional pages as necessary)

Agency Interest Number (AI)	Tank Number / Product Type	Overfill Prevention Device Type	Tank Capacity (gallons)	Tank Diameter (inches)	1. Device Removed	2. No Damage Present	3. Clean & Free of Debris	4. Activation Mechanism Moves Freely	5. Device Activation Level Measured	6. Activation Level is At or Below Regulatory Limit
	<u>#1 Uni</u>	<input type="checkbox"/> ASD <input checked="" type="checkbox"/> HLA <input type="checkbox"/> BFV	<u>12,03/gal</u>	<u>96"</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<u>#2 Fuel</u>	<input type="checkbox"/> ASD <input checked="" type="checkbox"/> HLA <input type="checkbox"/> BFV	<u>12,03/gal</u>	<u>96"</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<u>#3 Prem</u>	<input type="checkbox"/> ASD <input checked="" type="checkbox"/> HLA <input type="checkbox"/> BFV	<u>12,03/gal</u>	<u>96"</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<u>#4 DSL</u>	<input type="checkbox"/> ASD <input checked="" type="checkbox"/> HLA <input type="checkbox"/> BFV	<u>6,016gal</u>	<u>96"</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<u>#5 Kero</u>	<input type="checkbox"/> ASD <input checked="" type="checkbox"/> HLA <input type="checkbox"/> BFV	<u>6,016gal</u>	<u>96"</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

Device Test Results:
 Pass Fail Pass Fail Pass Fail Pass Fail Pass Fail Pass Fail

4. Attachments

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

Comments

Location Type (mark all that apply)

Other (specify):

Contact Information

Phone: () -

Email:

DWM 4232 (August 2018)
401 KAR 42:020

Company Name

AI

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

5. Certification

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

Tester Certification

Printed

Marty H. Joya

Date

6/9/2022

Signature

Marty H. Joya

License

Number:

Expiration Date: / /

Certification Type (mark all that apply)

Test Equipment Manufacturer

Recommended Practice

Other (specify):

Contact Information

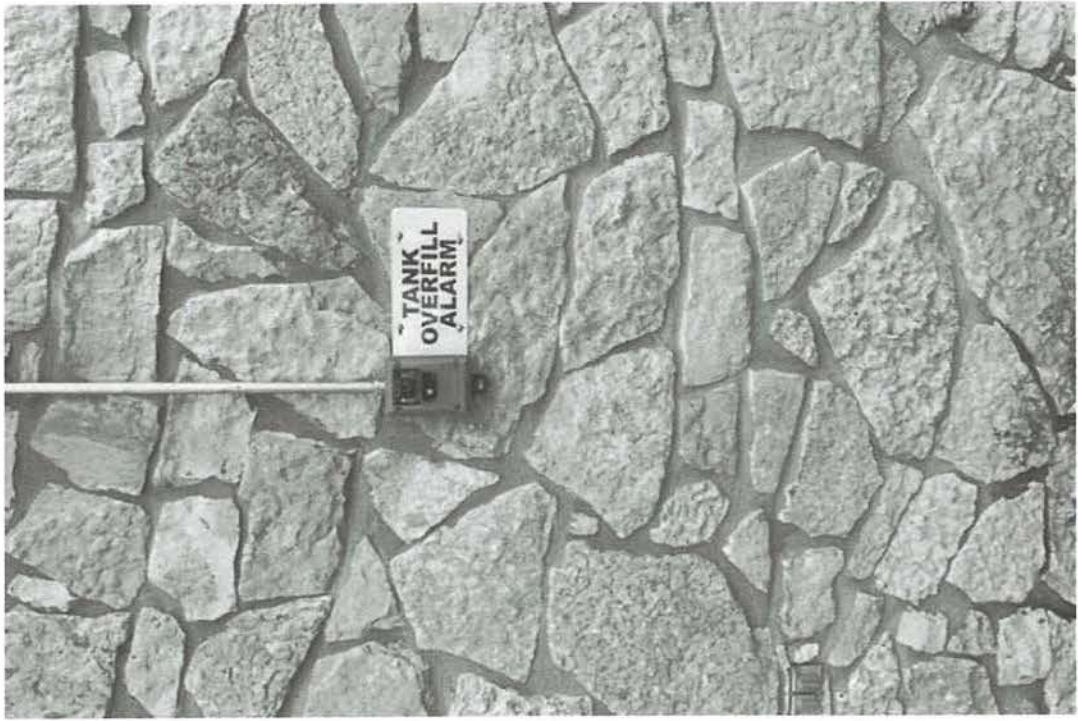
Phone: (812) 547-8582

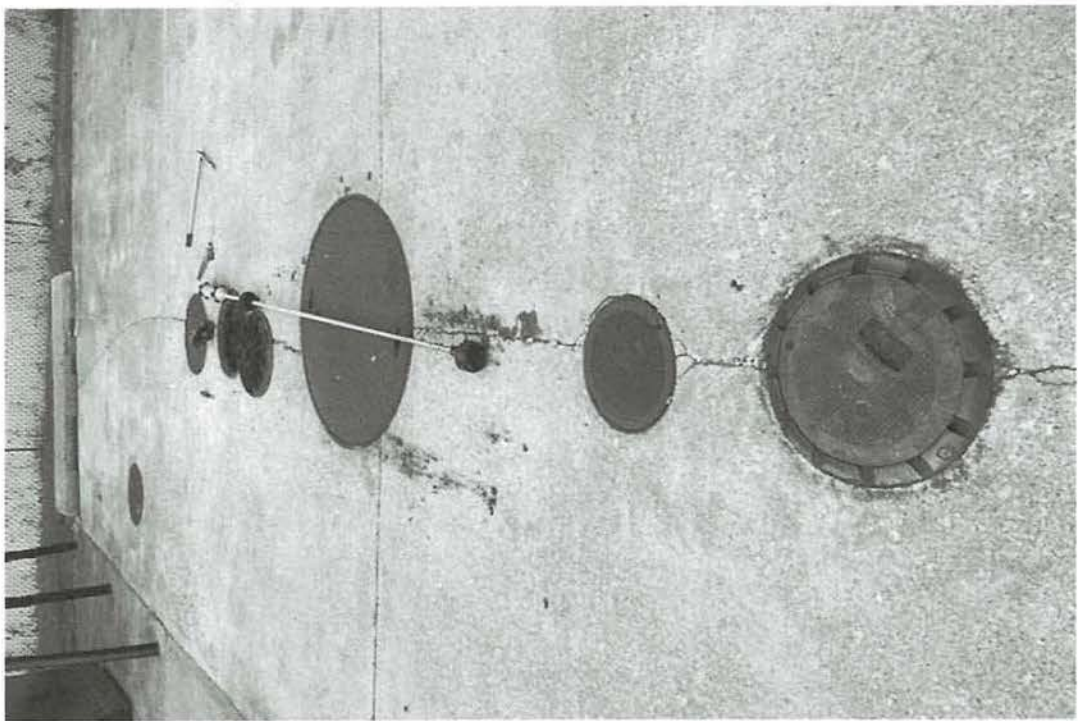
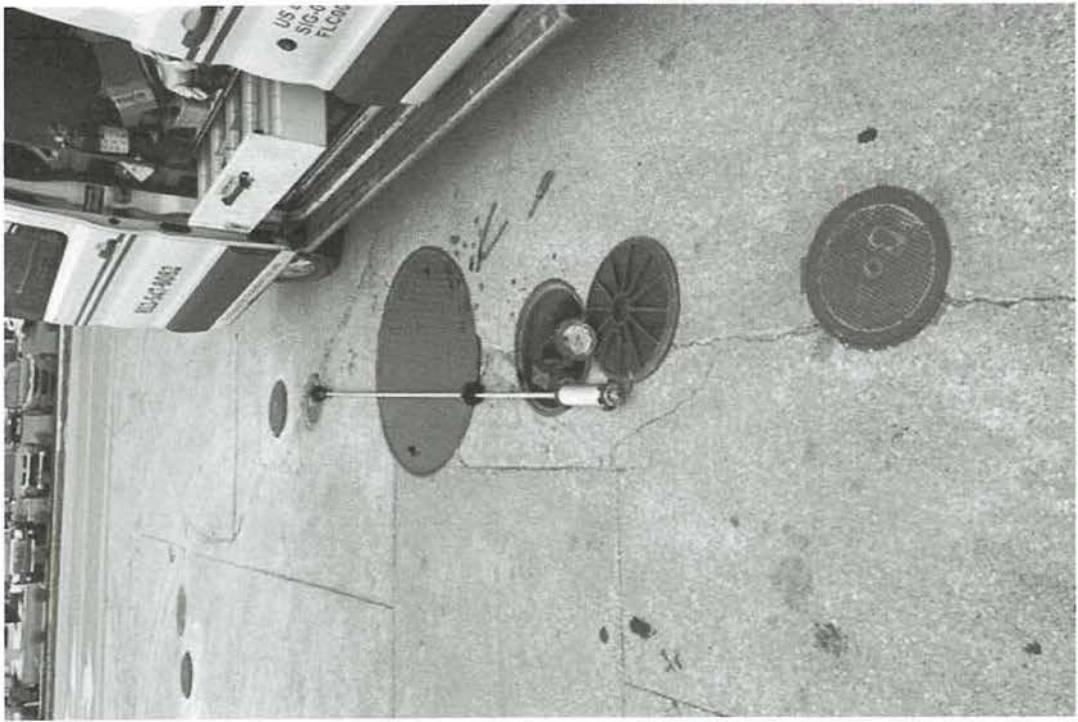
Email: tri-state@tri-stateservice.net

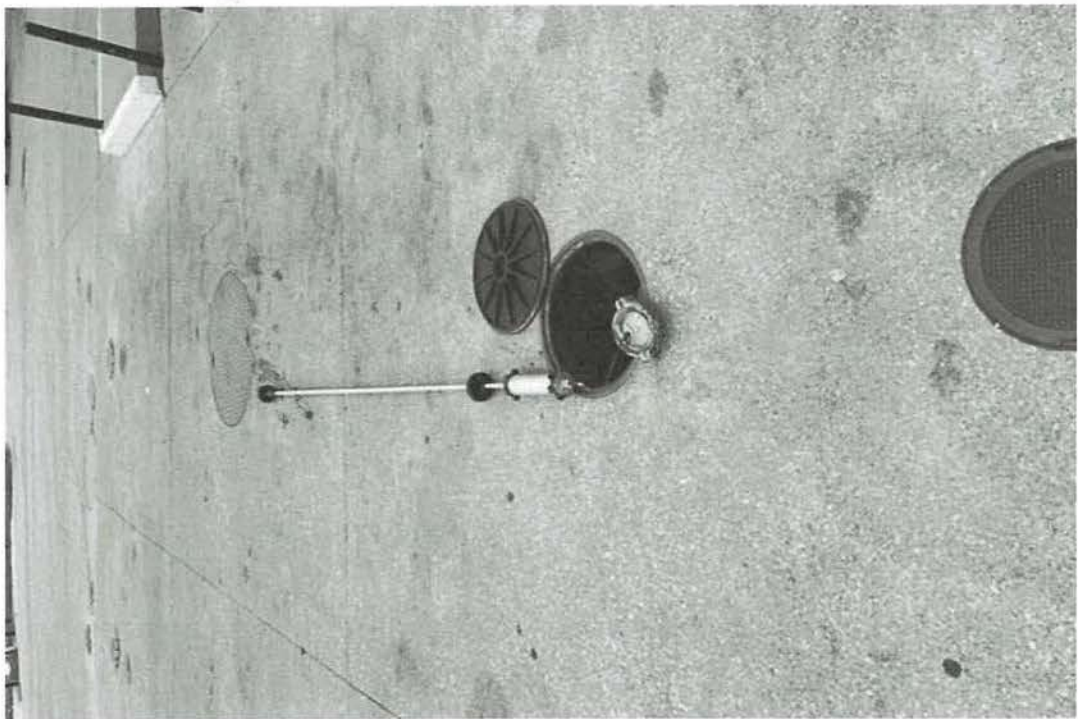
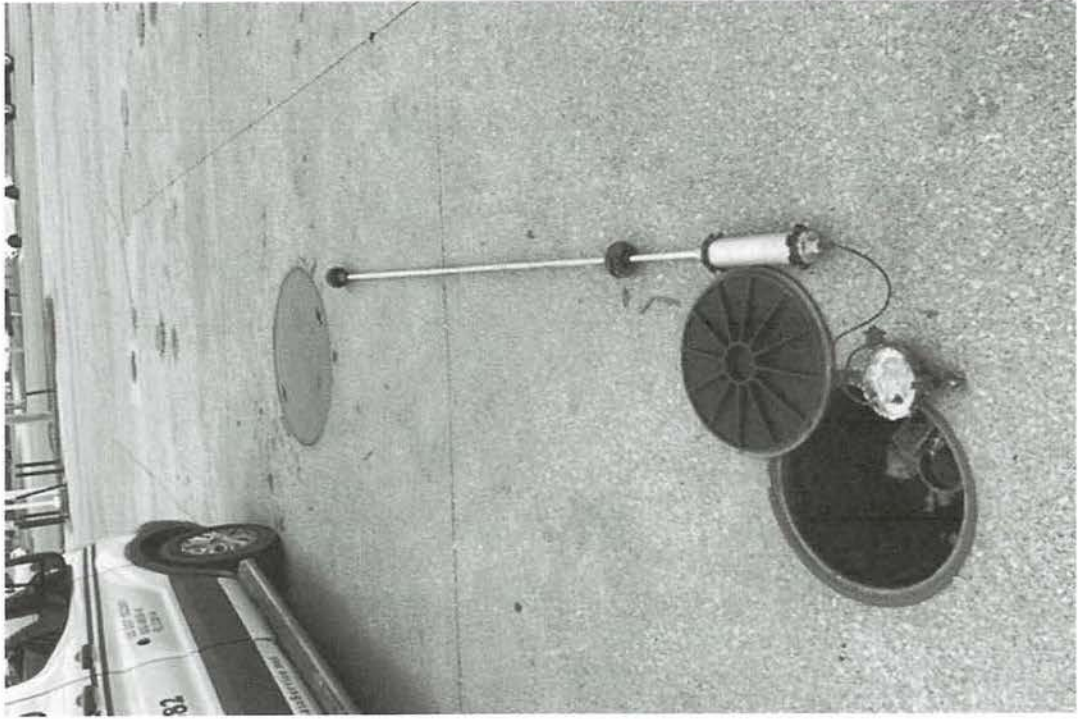
Company Name

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







Tri-State Service & Maintenance, Inc.

P.O. Box 281
4216 E. State Road 66
Cannelton, IN 47520

INVOICE

Invoice Number: 32471
Invoice Date: Jun 28, 2022
Page: 1

Voice: 812-547-8082
Fax: 812-547-9662

Duplicate

Bill To:
Circle S #114-Avon c/o C&S, Inc. P.O. Box 39 Tell Clty, IN 47586

Ship to:
Circle S #114-Avon 7683 US-36 Avon, IN 46128

Customer ID	Customer PO	Payment Terms	
Circle S #114-Avon	108-JS-114	Net 30 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
Marty Joyal	Airborne		7/28/22

Quantity	Item	Description	Unit Price	Amount
		4-91		
2.50	Travel Time	Travel Time	65.00	162.50
1.25	Labor	Labor	75.00	93.75
151.00	Mileage	Mileage	0.75	113.25
		Second Trip		
1.00	Misc-Stick Anode	Mesa Stick Anode	69.39	69.39
9.00	Misc-Anode	Anodes-5 MAG	144.68	1,302.12
11.00	Misc-Anode Clamp	Anode Clamp	32.60	358.60
1.00	Misc-Cathodic Onsite	Cathodic Testing Onsite	250.00	250.00
1.00		Overfill Alarm	2,490.59	2,490.59
9.50	Helper	Helper		
2.00	Helper	Helper		
2.50	Travel Time	Travel Time	65.00	162.50
4.50	Labor	Labor	75.00	337.50
155.00	Mileage	Mileage	0.75	116.25
		Service Requested: Need overfill prevention test.		
		Service Performed: Unable to remove ball float valves on tanks. Must remove to verify		
Subtotal				Continued
Sales Tax				Continued
Total Invoice Amount				Continued
Payment/Credit Applied				
TOTAL				Continued

Check/Credit Memo No:

Tri-State Service & Maintenance, Inc.

P.O. Box 281
 4216 E. State Road 66
 Cannelton, IN 47520

INVOICE

Invoice Number: 32471
 Invoice Date: Jun 28, 2022
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Customer ID	Customer PO	Payment Terms	
Circle S #114-Avon	108-JS-114	Net 30 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
Marty Joyal	Airborne		7/28/22

Quantity	Item	Description	Unit Price	Amount
		set correctly and take pictures-Site failed. Order overfill alarm for TLS-350 and site requires 2 alarm boxes. Service Performed: Install anodes on STPs and under dispensers. Perform Galvanic Cathodic Protection Test-Passes. Note: Hard to run two external alarm boxes. Tanks on both sides of building. Perform overfill prevention test all passed.		
Subtotal				5,456.45
Sales Tax				295.45
Total Invoice Amount				5,751.90
Payment/Credit Applied				
TOTAL				5,751.90

Check/Credit Memo No:

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 Containment Device Test

Page 1 of 3

1. UST Facility Information

Agency Interest Number (AI)	
UST Facility Name	Circle 5 #114 317-270-2044
UST Facility Physical Address	Street Address: 7683 East US-36
	City: Aton, Mo County: Hancock Zip Code: 64628

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	5/7/2024			
Tank ID Number / Product Type	#1 Unleaded	#2 Pure Gas	#3 Premium	#4 Diesel
Dispenser Number (e.g., 1/2, 3/4, etc.)	1-8	7-8	1-8	5-6
Containment Device Type	<input checked="" type="checkbox"/> Spill Bucket	<input checked="" type="checkbox"/> Spill Bucket	<input checked="" type="checkbox"/> Spill Bucket	<input checked="" type="checkbox"/> Spill Bucket
	<input type="checkbox"/> Catch Basin	<input type="checkbox"/> Catch Basin	<input type="checkbox"/> Catch Basin	<input type="checkbox"/> Catch Basin
	<input type="checkbox"/> UDC	<input type="checkbox"/> UDC	<input type="checkbox"/> UDC	<input type="checkbox"/> UDC
	<input type="checkbox"/> Sump	<input type="checkbox"/> Sump	<input type="checkbox"/> Sump	<input type="checkbox"/> Sump
Installation Type	<input checked="" type="checkbox"/> Direct Bury	<input checked="" type="checkbox"/> Direct Bury	<input checked="" type="checkbox"/> Direct Bury	<input checked="" type="checkbox"/> Direct Bury
	<input type="checkbox"/> Contained in a Sump	<input type="checkbox"/> Contained in a Sump	<input type="checkbox"/> Contained in a Sump	<input type="checkbox"/> Contained in a Sump
Construction Type	<input type="checkbox"/> Double Wall	<input type="checkbox"/> Double Wall	<input type="checkbox"/> Double Wall	<input type="checkbox"/> Double Wall
	<input checked="" type="checkbox"/> Single Wall	<input checked="" type="checkbox"/> Single Wall	<input checked="" type="checkbox"/> Single Wall	<input checked="" type="checkbox"/> Single Wall
Diameter (in)	11"	12"	12"	11"
Depth (ft)	12 1/2"	11"	11"	12"
Height at the top of the Highest Penetration Point (UDCs and Sumps)	12 1/2"	11"	11"	12"
Wait Time	1/2 hr	1/2 hr	1/2 hr	1/2 hr
Test Start Time	15:15	15:15	15:15	15:15
Initial Reading	12 1/2"	11"	11"	12"
Test End Time	16:15	16:15	16:15	16:15
Final Reading	12 1/2"	11"	11"	12"
Test Period (total time)	1 hr	1 hr	1 hr	1 hr
Reading Change	none	none	none	none
Test Results	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" 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 5/7/27			

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 Containment Device Test

Page 2 of 3

1. UST Facility Information

Agency Interest Number (AI)			
UST Facility Name	Circle S #114 317-270-2044		
UST Facility Physical Address	Street Address: 7683 East 85-36		
	City: Avon, IN	County: Hendricks	Zip Code: 46128

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 Tap		
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	5/7/2024			
Tank ID Number / Product Type	#5 Keasler			
Dispenser Number (e.g., 1/2, 3/4, etc.)	#9			
Containment Device Type	<input checked="" type="checkbox"/> Spill Bucket	<input type="checkbox"/> Spill Bucket	<input type="checkbox"/> Spill Bucket	<input type="checkbox"/> Spill Bucket
	<input type="checkbox"/> Catch Basin	<input type="checkbox"/> Catch Basin	<input type="checkbox"/> Catch Basin	<input type="checkbox"/> Catch Basin
	<input type="checkbox"/> UDC	<input type="checkbox"/> UDC	<input type="checkbox"/> UDC	<input type="checkbox"/> UDC
	<input type="checkbox"/> Sump	<input type="checkbox"/> Sump	<input type="checkbox"/> Sump	<input type="checkbox"/> Sump
Installation Type	<input checked="" type="checkbox"/> Direct Bury	<input type="checkbox"/> Direct Bury	<input type="checkbox"/> Direct Bury	<input type="checkbox"/> Direct Bury
	<input type="checkbox"/> Contained in a Sump	<input type="checkbox"/> Contained in a Sump	<input type="checkbox"/> Contained in a Sump	<input type="checkbox"/> Contained in a Sump
Construction Type	<input type="checkbox"/> Double Wall	<input type="checkbox"/> Double Wall	<input type="checkbox"/> Double Wall	<input type="checkbox"/> Double Wall
	<input checked="" type="checkbox"/> Single Wall	<input type="checkbox"/> Single Wall	<input type="checkbox"/> Single Wall	<input type="checkbox"/> Single Wall
Diameter (in)	12"			
Depth (ft)	11"			
Height at the top of the Highest Penetration Point (UDCs and Sumps)	11"			
Wait Time	1/2 hr			
Test Start Time	1515			
Initial Reading	11"			
Test End Time	1615			
Final Reading	11"			
Test Period (total time)	1 hr			
Reading Change	None			
Test Results	<input checked="" 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 5/7/27

AI _____

Comments	
-----------------	--

4. Certification

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

Page 3 of 3

Tester Certification	Printed: <i>Marty D. Boyd</i>	Date: <i>5/7/2024</i>
	Signature: <i>Marty D. Boyd</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) 517-8082</i>	Email: <i>tri-state@tri-stateservice.net</i>
Company Name	<i>Tri-State Services 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.

DWN4220 (January 2019)
401 KAR 42-020

Monthly Inspection Checklist (continued from Section 2)

Tanks continued from previous page Task Number / Problem Type

Hand Held Release Detection Equipment

Tank Gauge Stick 15. Tank gauging sticks can be clearly read & are not broken Y N N/A Y N N/A Y N N/A Y N N/A

3. Problems and Solution / Repair Log:
(Corresponds to Section 2 - attach additional pages if necessary)

Description Item Number	Describe Problem	Describe Solution or Repair	Solution or Repair Date
Pump #4	Needs New 87 Sticker	Replace	4/24/24
Pump #5	Needs New 87 Sticker	Replace	4/24/24
			..
			..
			..
			..
			..
			..

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 at (800) 926-2390 or (502) 584-2390.

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. 260.36. I further certify that the information in this document is true, accurate and complete.

Certification Printed: DAN DRAKE Date: 4/24/24
Signature: Dan Drake

Check appropriate box: UST System Owner UST System Operator Combined Class A & Class B Operator

If you have questions on how to fill out this form please contact the cabinet at (502) 584-6961 or visit our web site at <http://www.ky.gov/ust>. For copies of facility records please visit <http://www.ky.gov/ust> or email UST@KY.gov.



Indiana Department of Environmental Management

B Underground Storage Tank Program
Operator Training Certification

100 North Senate Ave
Indianapolis, Indiana 46204
Phone: 317-4627 (317) 332-8601
www.idem.in.gov

Certificate of Completion

Awarded to:
Dan Drake

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

License #: 18890

Issue Date: July 23, 2021

Expiration Date: July 23, 2024

Bruno L. Pigott, Commissioner

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

CIRCLE S 114
7683 E US-36
AVON IN 46123

APR 24, 2024 10:22 AM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

INVENTORY REPORT

T 1:UNLEADED
VOLUME = 8248 GALS
ULLAGE = 3783 GALS
90% ULLAGE= 2579 GALS
TC VOLUME = 8275 GALS
HEIGHT = 62.20 INCHES
WATER VOL = 23 GALS
WATER = 1.05 INCHES
TEMP = 55.1 DEG F

T 2:PURE GAS
VOLUME = 2191 GALS
ULLAGE = 9640 GALS
90% ULLAGE= 8636 GALS
TC VOLUME = 2198 GALS
HEIGHT = 22.83 INCHES
WATER VOL = 14 GALS
WATER = 0.76 INCHES
TEMP = 55.4 DEG F

T 3:PREMIUM
VOLUME = 2117 GALS
ULLAGE = 9914 GALS
90% ULLAGE= 8710 GALS
TC VOLUME = 2123 GALS
HEIGHT = 22.28 INCHES
WATER VOL = 14 GALS
WATER = 0.77 INCHES
TEMP = 55.9 DEG F

T 4:DIESEL
VOLUME = 3517 GALS
ULLAGE = 2499 GALS
90% ULLAGE= 1897 GALS
TC VOLUME = 3522 GALS
HEIGHT = 54.40 INCHES
WATER VOL = 14 GALS
WATER = 1.20 INCHES
TEMP = 56.2 DEG F

T 5:KEROSENE
VOLUME = 2668 GALS
ULLAGE = 3348 GALS
90% ULLAGE= 2746 GALS
TC VOLUME = 2672 GALS
HEIGHT = 43.73 INCHES
WATER VOL = 7 GALS
WATER = 0.77 INCHES
TEMP = 56.2 DEG F

***** END *****

DWM 4220 (January 2016)
401 KAR 42.020

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 Monthly Walkthrough Inspection

1. UST Facility Information

Agency Interest Number (AI)	3013		
UST Facility Name	Circle S Mart #114		
UST Facility Physical Address	Street Address: 7683 East US 316	City: Avon, IN	Zip Code: 46123

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.

Inspection Date	3/26/2024			
Tank Number / Product Type	#1 UN220	#2 Fern	#3 UN250	K-1

Spill Prevention

Area	Inspection Item	#1 UN220	#2 Fern	#3 UN250	K-1
All Submersible Turbine Pump (STP) Areas	1. Visible piping and fittings show no signs of leakage	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y
	2. No evidence of a potential release into the environment	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y
	3. Excessive corrosion is not present	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y
	4. STP area is free of debris	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y
	5. Metallic components are not in contact with soil or water, or are cathodically protected	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y
STP In Containment Sump	6. Any water or product removed & properly disposed	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y
	7. Sumps are free of cracks, holes, or other defects	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y
	8. Sump lids, gaskets, & seals present & in good condition	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y
All Dispenser Areas	9. Manway covers at grade in good condition, does not touch sump cover, all bolts present	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y
	10. Visible piping and fittings show no signs of leakage	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y
	11. No evidence of a potential release into the environment	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y
	12. Shear valves are present & securely anchored	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y
Dispensers with Liquid-Tight UDCs	13. Metallic components are not in contact with soil or water, or are cathodically protected	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y
	14. Any water or product removed & properly disposed	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y
	15. UDCs are free of trash, debris, & used filters	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y
	16. UDCs are free of cracks, holes, or other defects	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y
	17. Penetration fittings intact & secured	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y

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 Monthly Walkthrough Inspection

1. UST Facility Information

Agency Interest Number (AI)	3613		
UST Facility Name	Circle S Mart #114		
UST Facility Physical Address	Street Address: 7683 East US 316	City: Avon, IN	Zip Code: 46123

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.	Inspection Date	3/24/2024		
	Tank Number / Product Type	PURE GAS		

Spill Prevention

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

OWM 4220 (January 2019)
401 KAR 42:020

At _____

Monthly Inspection Checklist (continued from Section 2)			
Tanks continued from previous page		Tank Number / Product Type	
Hand Held Release Detection Equipment			
Tank Gauge Stick	19. Tank gauge sticks can be clearly read & are not broken	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
3. Problem and Solution / Repair Log <small>(Corresponds to Section 2 - attach additional pages if necessary)</small>			
Description Item Number	Describe Problem	Describe Solution or Repair	Solution or Repair Date
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /
4. Certification			
In accordance with 401 KAR 42:020, Section 1, confirmed or suspected releases, spills, and overfills, shall be reported immediately to the cabinet's 24-hour Emergency Response Line at (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: DAW DRAKE Signature: <i>Da Drake</i>	Date: 3/26/2024	
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://www.ky.gov/ust . For copies of facility records please visit http://www.ky.gov/ust/open/copyrecords.aspx or email EEC.KORA@ky.gov .			



Indiana Department of Environmental Management



Underground Storage Tank Program
Operator Training Certification

100 North Senate Ave.
Indianapolis, Indiana 46204
(317) 451-6077 (TDD) 317-333-6003
www.idem.in.gov

Certificate of Completion

Awarded to:

Dan Drake

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

License #: 18890

Issue Date: July 23, 2021

Expiration Date: July 23, 2024

Bruno L. Pigott, Commissioner

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

CIRCLE S 114
7683 E US-36
AVON IN 46123

MAR 26, 2024 10:34 AM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

INVENTORY REPORT

T 1:UNLEADED
VOLUME = 8797 GALS
ULLAGE = 3234 GALS
90% ULLAGE= 2030 GALS
TC VOLUME = 8862 GALS
HEIGHT = 65.85 INCHES
WATER VOL = 23 GALS
WATER = 1.05 INCHES
TEMP = 49.3 DEG F

T 2:PURE GAS
VOLUME = 1738 GALS
ULLAGE = 10293 GALS
90% ULLAGE= 9089 GALS
TC VOLUME = 1747 GALS
HEIGHT = 19.40 INCHES
WATER VOL = 14 GALS
WATER = 0.76 INCHES
TEMP = 52.5 DEG F

T 3:PREMIUM
VOLUME = 2363 GALS
ULLAGE = 9668 GALS
90% ULLAGE= 8464 GALS
TC VOLUME = 2374 GALS
HEIGHT = 24.08 INCHES
WATER VOL = 14 GALS
WATER = 0.76 INCHES
TEMP = 53.0 DEG F

T 4:DIESEL
VOLUME = 3400 GALS
ULLAGE = 2616 GALS
90% ULLAGE= 2014 GALS
TC VOLUME = 3412 GALS
HEIGHT = 52.93 INCHES
WATER VOL = 14 GALS
WATER = 1.19 INCHES
TEMP = 51.9 DEG F

T 5:KEROSENE
VOLUME = 2698 GALS
ULLAGE = 3318 GALS
90% ULLAGE= 2716 GALS
TC VOLUME = 2706 GALS
HEIGHT = 44.11 INCHES
WATER VOL = 7 GALS
WATER = 0.77 INCHES
TEMP = 53.7 DEG F

***** END *****

03/01/2024

Circle S 114

03/01/2024 10:26AM 317272041

DWM 4270 (January 2019)
401 KAR 47-020

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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DO NOT WRITE IN THIS SPACE

UST Monthly Walkthrough Inspection

1. UST Facility Information

Agency Interest Number (AI)	3013		
UST Facility Name	Circle S Mart #114		
UST Facility Physical Address	Street Address: 7683 East US 36	City: Avon, IN	Zip Code: 46123

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.		Inspection Date	2/28/2024							
		Tank Number / Product Type	#1 UNK LRD	#2 PRM	#3 Diesel	#4 K-1				
Spill Prevention										
All Submersible Turbine Pump (STP) Areas	1. Visible piping and fittings show no signs of leakage	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	2. No evidence of a potential release into the environment	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	3. Excess corrosion is not present	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	4. STP area is free of debris	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	5. Metallic components are not in contact with soil or water, or are cathodically protected	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
STP in Containment Sump	6. Any water or product removed & properly disposed	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	7. Sumps are free of cracks, holes, or other defects	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	8. Sump lids, gaskets, & seals present & in good condition	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/> N/A
9. Manway covers at grade in good condition, does not touch sump cover, all bolts present	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	
All Dispenser Areas	10. Visible piping and fittings show no signs of leakage	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	11. No evidence of a potential release into the environment	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	12. Shutoff valves are present & securely anchored	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Dispensers with Liquid-Tight UDCs	13. Metallic components are not in contact with soil or water, or are cathodically protected	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	14. Any water or product removed & properly disposed	<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
	15. UDCs are free of fresh, debris, & used filters	<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
	16. UDCs are free of cracks, holes, or other defects	<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
	17. Penetration fittings intact & secured	<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

PAGE 02/03

Circle S 114

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(PMM 4220 (January 2019)
401 KAR 42.020

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Monthly Inspection Checklist (continued from Section 2)

Tanks continued from previous page	Tank Number / Product Type				
Hand Held Release Detection Equipment					
Tank Gauge Stick	18. Tank gauge sticks can be clearly read & are not broken	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y
		<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y
		<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y
		<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y
		<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y
		<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y
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		<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
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		<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
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		<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y
		<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y
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		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y
		<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y
		<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y
		<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y
		<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y
		<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y
		<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y
		<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y
		<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y
		<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y
		<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y
		<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y
		<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y
		<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y
		<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y
		<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y
		<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y
		<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y
		<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y
		<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y
		<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y
		<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y
		<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y
		<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y
		<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A



Indiana Department of Environmental Management

B Underground Storage Tank Program Operator Training Certification

1000 N. State Ave.
Indianapolis, Indiana 46204
Phone: 317-232-3333
www.idem.in.gov

Certificate of Completion

Awarded to:
Dan Drake

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

License #: 18890

Issue Date: July 23, 2021

Expiration Date: July 23, 2024

Bruno L. Pigott, Commissioner

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

CIRCLE S 114
7693 E US-30
AVON IN 46100

FEB 29. 2024 5:47 AM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

INVENTORY REPORT

T 1:UNLEADED

VOLUME = 6209 GALS
ULLAGE = 5822 GALS
90% ULLAGE= 4618 GALS
TC VOLUME = 6258 GALS
HEIGHT = 49.21 INCHES
WATER VOL = 23 GALS
WATER = 1.05 INCHES
TEMP = 48.5 DEG F

T 2:PURE GAS

VOLUME = 2069 GALS
ULLAGE = 9962 GALS
90% ULLAGE= 8758 GALS
TC VOLUME = 2083 GALS
HEIGHT = 21.92 INCHES
WATER VOL = 14 GALS
WATER = 0.76 INCHES
TEMP = 50.0 DEG F

T 3:PREMIUM

VOLUME = 3513 GALS
ULLAGE = 8518 GALS
90% ULLAGE= 7314 GALS
TC VOLUME = 3535 GALS
HEIGHT = 32.02 INCHES
WATER VOL = 14 GALS
WATER = 0.76 INCHES
TEMP = 50.9 DEG F

T 4:DIESEL

VOLUME = 4168 GALS
ULLAGE = 1848 GALS
90% ULLAGE= 1246 GALS
TC VOLUME = 4186 GALS
HEIGHT = 62.78 INCHES
WATER VOL = 13 GALS
WATER = 1.19 INCHES
TEMP = 50.2 DEG F

T 5:KEROSENE

VOLUME = 2756 GALS
ULLAGE = 3260 GALS
90% ULLAGE= 2658 GALS
TC VOLUME = 2767 GALS
HEIGHT = 44.84 INCHES
WATER VOL = 7 GALS
WATER = 0.76 INCHES
TEMP = 51.5 DEG F

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 Monthly Walkthrough Inspection

1. UST Facility Information

Agency Interest Number (AI)			
UST Facility Name	Circle 5 114		
UST Facility Physical Address	Street Address:	7683 E Highway 36	
	City:	County:	Zip Code:
	AVON	HENDRICKS	46123

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	1/25/24	/ /	/ /	/ /	/ /	/ /
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Spill Prevention

Covers & Lids (Spill Buckets)	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 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	<input type="checkbox"/> Y <input type="checkbox"/> N
	Spill Containment Manhole (Spill Buckets)	2. Bucket walls, plunger, plugs, gauges, in good condition	<input type="checkbox"/> N/A	<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	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
3. Free of water and product		<input type="checkbox"/> N/A	<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	<input 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 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	<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 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	<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 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	<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 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	<input type="checkbox"/> Y <input type="checkbox"/> N
Continuous Interstitial Monitoring	8. Sensor status normal	<input type="checkbox"/> N/A	<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	<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 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	<input type="checkbox"/> Y <input type="checkbox"/> N
	10. Data being collected for current month	<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	<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	<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 type="checkbox"/> N/A	<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	<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)	DD					
(Must be completed by the owner, operator, or Combined Class A & Class B Operator)						

CIRCLE S 11-1
7683 E US
AVON IN 46123

JAN 25, 2024 5:32 AM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

INVENTORY REPORT

T 1:UNLEADED

VOLUME = 7205 GALS
ULLAGE = 4826 GALS
90% ULLAGE= 3622 GALS
TC VOLUME = 7291 GALS
HEIGHT = 55.49 INCHES
WATER VOL = 23 GALS
WATER = 1.05 INCHES
TEMP = 42.8 DEG F

T 2:PURE GAS

VOLUME = 1245 GALS
ULLAGE = 10786 GALS
90% ULLAGE= 9582 GALS
TC VOLUME = 1254 GALS
HEIGHT = 15.38 INCHES
WATER VOL = 14 GALS
WATER = 0.76 INCHES
TEMP = 49.1 DEG F

T 3:PREMIUM

VOLUME = 2866 GALS
ULLAGE = 9165 GALS
90% ULLAGE= 7961 GALS
TC VOLUME = 2889 GALS
HEIGHT = 27.63 INCHES
WATER VOL = 14 GALS
WATER = 0.76 INCHES
TEMP = 48.5 DEG F

T 4:DIESEL

VOLUME = 2344 GALS
ULLAGE = 3672 GALS
90% ULLAGE= 3070 GALS
TC VOLUME = 2354 GALS
HEIGHT = 39.63 INCHES
WATER VOL = 14 GALS
WATER = 1.19 INCHES
TEMP = 50.1 DEG F

T 5:KEROSENE

VOLUME = 945 GALS
ULLAGE = 5071 GALS
90% ULLAGE= 4469 GALS
TC VOLUME = 948 GALS
HEIGHT = 20.57 INCHES
WATER VOL = 7 GALS
WATER = 0.76 INCHES
TEMP = 51.0 DEG F



Indiana Department of Environmental Management

B 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:

Dan Drake

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

License #: 18890

Issue Date: July 23, 2021

Expiration Date: July 23, 2024

Bruno L. Pigott, Commissioner

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

DWM 4230 (January 2019)
401 KAR 42.720

UST Monthly Walkthrough Inspection

FOR OFFICIAL USE ONLY --
DO NOT WRITE IN THIS SPACE

1. UST Facility Information

Agency Interest Number (AI)			
UST Facility Name	Circle S 114		
UST Facility Physical Address	Street Address:	7683 East Hwy 36	
	City:	County:	Zip Code:
	Avon	Hendricks	46123

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	7/10/23	8/17/23	9/11/23	10/16/23	11/21/23	12/28/23
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Spill Prevention

Category	Description	7/10/23	8/17/23	9/11/23	10/16/23	11/21/23	12/28/23
Covers & Lids (Spill Buckets)	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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Spill Containment Manhole (Spill Buckets)	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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Continuous Interstitial Monitoring	8. Sensor status normal	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
	10. Data being collected for current month	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" 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
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 checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Manual Interstitial Monitoring for Piping	12. Tank-top sumps inspected, free of liquid	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" 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) (Must be completed by the owner, operator, or Combined Class A & Class B Operator)	D	D	D	D	D	D
---	---	---	---	---	---	---



Indiana Department of Environmental Management

B Underground Storage Tank Program
Operator Training Certification

100 South Meridian Street
Indianapolis, Indiana 46204
Phone: 317-232-2500
www.idem.in.gov

Certificate of Completion

Awarded to:
Dan Drake

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

License #: 18890

Issue Date: July 23, 2021

Expiration Date: July 23, 2024

Bruno L. Pigott, Commissioner

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

CIRCLE S 114
7683 E US-36
AVON IN 46123

DEC 28, 2023 11:40 AM

SYSTEM STATUS REPORT
- - - - -
ALL FUNCTIONS NORMAL

INVENTORY REPORT

T 1:UNLEADED
VOLUME = 7157 GALS
ULLAGE = 4874 GALS
90% ULLAGE= 3670 GALS
TC VOLUME = 7195 GALS
HEIGHT = 55.18 INCHES
WATER VOL = 23 GALS
WATER = 1.05 INCHES
TEMP = 52.2 DEG F

T 2:PURE GAS
VOLUME = 1438 GALS
ULLAGE = 10593 GALS
90% ULLAGE= 9389 GALS
TC VOLUME = 1442 GALS
HEIGHT = 17.00 INCHES
WATER VOL = 14 GALS
WATER = 0.76 INCHES
TEMP = 55.3 DEG F

T 3:PREMIUM
VOLUME = 1876 GALS
ULLAGE = 10155 GALS
90% ULLAGE= 8951 GALS
TC VOLUME = 1880 GALS
HEIGHT = 20.46 INCHES
WATER VOL = 14 GALS
WATER = 0.76 INCHES
TEMP = 56.5 DEG F

T 4:DIESEL
VOLUME = 3472 GALS
ULLAGE = 2544 GALS
90% ULLAGE= 1942 GALS
TC VOLUME = 3478 GALS
HEIGHT = 53.83 INCHES
WATER VOL = 14 GALS
WATER = 1.19 INCHES
TEMP = 55.8 DEG F

T 5:KEROSENE
VOLUME = 1429 GALS
ULLAGE = 4587 GALS
90% ULLAGE= 3985 GALS
TC VOLUME = 1431 GALS
HEIGHT = 27.58 INCHES
WATER VOL = 7 GALS
WATER = 0.77 INCHES
TEMP = 57.2 DEG F

***** END *****

DA M 4230 (January 2015)
401 KAF (2015)

FOR OFFICIAL USE ONLY -
DO NOT WRITE IN THIS SPACE

UST Monthly Walkthrough Inspection

1. UST Facility Information

Agency Interest Number (AIN)	
UST Facility Name	Circle S 114
UST Facility Physical Address	Street Address: 7683 East Highway 36 City: Avon County: Hendricks Zip Code: 460135

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	7/10/23 8/7/23 9/11/23 10/16/23 11/21/23
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Spill Prevention

Category	Description	N/A	7/10/23	8/7/23	9/11/23	10/16/23	11/21/23
Covers & Lids (Spill Buckets)	1. Present, in good condition, seated firmly on correct tank	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	2. Bucket walls, plunger, plugs, gauges, in good condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Spill Containment Manhole (Spill Buckets)	3. Free of water and product	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	4. Free of trash or debris	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drop Tubes	5. Check for and remove obstructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	6. Fill cap fits securely	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Release Detection

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

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) (Must be completed by the owner, operator, or Combined Class A & Class B Operator)	D.D. DD DD DD DD DD
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IDEM



Indiana Department of Environmental Management

B Underground Storage Tank Program
Operator Training Certification

100 North Senate Ave
Indianapolis, Indiana 46204
(317) 232-2027 (317) 232-3611
www.idem.in.gov

Certificate of Completion

Awarded to:
Dan Drake

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

License #: 18890

Issue Date: July 23, 2021

Expiration Date: July 23, 2024

Bruno L. Pigott, Commissioner

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

CIRCLE S 114
7883 E US-36
AVON IN 46123

NOV 21, 2023 9:43 AM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

INVENTORY REPORT

T 1:UNLEADED

VOLUME = 4860 GALS
ULLAGE = 7171 GALS
90% ULLAGE = 5967 GALS
TC VOLUME = 4857 GALS
HEIGHT = 40.73 INCHES
WATER VOL = 23 GALS
WATER = 1.06 INCHES
TEMP = 60.9 DEG F

T 2:PURE GAS

VOLUME = 1651 GALS
ULLAGE = 10380 GALS
90% ULLAGE = 9176 GALS
TC VOLUME = 1647 GALS
HEIGHT = 18.71 INCHES
WATER VOL = 14 GALS
WATER = 0.76 INCHES
TEMP = 62.7 DEG F

T 3:PREMIUM

VOLUME = 1737 GALS
ULLAGE = 10294 GALS
90% ULLAGE = 9090 GALS
TC VOLUME = 1733 GALS
HEIGHT = 15.39 INCHES
WATER VOL = 14 GALS
WATER = 0.78 INCHES
TEMP = 63.1 DEG F

T 4:DIESEL

VOLUME = 1354 GALS
ULLAGE = 4662 GALS
90% ULLAGE = 4060 GALS
TC VOLUME = 1351 GALS
HEIGHT = 26.53 INCHES
WATER VOL = 14 GALS
WATER = 1.20 INCHES
TEMP = 64.0 DEG F

T 5:KEROSENE

VOLUME = 1683 GALS
ULLAGE = 4333 GALS
90% ULLAGE = 3731 GALS
TC VOLUME = 1679 GALS
HEIGHT = 31.03 INCHES
WATER VOL = 7 GALS
WATER = 0.77 INCHES
TEMP = 63.9 DEG F

* * * * * END * * * * *

UST Monthly Walkthrough Inspection

FOR OFFICIAL USE ONLY -
DO NOT WRITE IN THIS SPACE

1. UST Facility Information

Agency Interest Number (A#)	
UST Facility Name	Circle S 114
UST Facility Physical Address	Street Address: 7683 East Highway 36 City: Avon County: Hendricks Zip Code: 46023

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	7/10/23 8/7/23 9/11/23 10/16/23
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Spill Prevention

Covers & Lids (Spill Buckets)	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 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	<input type="checkbox"/> Y <input type="checkbox"/> N
	Spill-Containment Manhole (Spill Buckets)	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 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
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 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	<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 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	<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 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	<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 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	<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 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	<input type="checkbox"/> Y <input type="checkbox"/> N
Continuous Interstitial Monitoring	8. Sensor status normal	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<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	<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 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	<input type="checkbox"/> Y <input type="checkbox"/> N
	10. Data being collected for current month	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> N <input type="checkbox"/> Y	<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
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 checked="" 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	<input type="checkbox"/> Y <input type="checkbox"/> N
Manual Interstitial Monitoring for Piping	12. Tank-top sumps inspected, free of liquid	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<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	<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) (Must be completed by the owner, operator, or Combined Class A & Class B Operator)	D.D	DD	DD	DD
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IDEM

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Indiana Department of Environmental Management

B Underground Storage Tank Program
Operator Training Certification

100 North State Ave
Indianapolis, Indiana 46204
(317) 451-4027 (317) 332-8601
www.idem.IN.gov

Certificate of Completion

Awarded to:

Dan Drake

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

License #: 18890

Issue Date: July 23, 2021

Expiration Date: July 23, 2024

Bruno L. Pigott, Commissioner

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

CIRCLE S 114
7683 E US-36
AVON IN 46123

OCT 16, 2023 10:32 AM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

INVENTORY REPORT

T 1:UNLEADED

VOLUME = 5268 GALS
ULLAGE = 6763 GALS
90% ULLAGE= 5559 GALS
TC VOLUME = 5237 GALS
HEIGHT = 43.31 INCHES
WATER VOL = 23 GALS
WATER = 1.06 INCHES
TEMP = 68.2 DEG F

T 2:PURE GAS

VOLUME = 2530 GALS
ULLAGE = 9441 GALS
90% ULLAGE= 8237 GALS
TC VOLUME = 2573 GALS
HEIGHT = 25.70 INCHES
WATER VOL = 14 GALS
WATER = 0.76 INCHES
TEMP = 62.8 DEG F

T 3:PREMIUM

VOLUME = 2545 GALS
ULLAGE = 9486 GALS
90% ULLAGE= 8282 GALS
TC VOLUME = 2530 GALS
HEIGHT = 25.38 INCHES
WATER VOL = 15 GALS
WATER = 0.78 INCHES
TEMP = 67.8 DEG F

T 4:DIESEL

VOLUME = 2644 GALS
ULLAGE = 3372 GALS
90% ULLAGE= 2770 GALS
TC VOLUME = 2632 GALS
HEIGHT = 43.43 INCHES
WATER VOL = 14 GALS
WATER = 1.20 INCHES
TEMP = 69.7 DEG F

T 5:KEROSENE

VOLUME = 1803 GALS
ULLAGE = 4213 GALS
90% ULLAGE= 3611 GALS
TC VOLUME = 1794 GALS
HEIGHT = 32.64 INCHES
WATER VOL = 7 GALS
WATER = 0.79 INCHES
TEMP = 69.5 DEG F

* * * * * END * * * * *

FOR OFFICIAL USE ONLY -
DO NOT WRITE IN THIS SPACE

UST Monthly Walkthrough Inspection

1. UST Facility Information

Agency/Interest Number (AI)	
UST Facility Name	Circle S 114
UST Facility Physical Address	Street Address: 7683 East Hwy 36
	City: Avon County: Hendricks Zip Code: 46023

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	7/10/23	8/7/23	9/11/23	/ /	/ /	/ /
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Spill Prevention

Covers & Lids (Spill Buckets)	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 checked="" 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
	Spill Containment Manhole (Spill Buckets)	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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
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 checked="" 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
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 checked="" 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
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 checked="" 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
	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 checked="" 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

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 checked="" 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
Continuous Interstitial Monitoring	8. Sensor status normal	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<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	<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 checked="" 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
	10. Data being collected for current month	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" 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	<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 checked="" 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	<input type="checkbox"/> Y <input type="checkbox"/> N
Manual Interstitial Monitoring for Biping	12. Tank-top sumps inspected, free of liquid	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<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	<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. 36. I further certify that the information in this document is true, accurate and complete.

Walkthrough Certification (Initial) (Must be completed by the owner, operator, or Combined Class A & Class B Operator)	D D D D D D
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CIRCLE S 114
7683 E US-36
AVON IN 46123

SEP 11. 2023 12:29 PM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

INVENTORY REPORT

T 1:UNLEADED

VOLUME = 9914 GALS
ULLAGE = 2117 GALS
90% ULLAGE= 913 GALS
TC VOLUME = 9832 GALS
HEIGHT = 73.72 INCHES
WATER VOL = 23 GALS
WATER = 1.06 INCHES
TEMP = 71.8 DEG F

T 2:PURE GAS

VOLUME = 1524 GALS
ULLAGE = 10507 GALS
90% ULLAGE= 9303 GALS
TC VOLUME = 1512 GALS
HEIGHT = 17.70 INCHES
WATER VOL = 14 GALS
WATER = 0.77 INCHES
TEMP = 70.9 DEG F

T 3:PREMIUM

VOLUME = 2594 GALS
ULLAGE = 9437 GALS
90% ULLAGE= 8233 GALS
TC VOLUME = 2577 GALS
HEIGHT = 25.73 INCHES
WATER VOL = 15 GALS
WATER = 0.79 INCHES
TEMP = 69.4 DEG F

T 4:DIESEL

VOLUME = 1609 GALS
ULLAGE = 4407 GALS
90% ULLAGE= 3805 GALS
TC VOLUME = 1599 GALS
HEIGHT = 30.04 INCHES
WATER VOL = 14 GALS
WATER = 1.21 INCHES
TEMP = 73.2 DEG F

T 5:KEROSENE

VOLUME = 1827 GALS
ULLAGE = 4189 GALS
90% ULLAGE= 3587 GALS
TC VOLUME = 1816 GALS
HEIGHT = 32.95 INCHES
WATER VOL = 7 GALS
WATER = 0.78 INCHES
TEMP = 70.7 DEG F

* * * * * END * * * * *



Indiana Department of Environmental Management

B Undergound Storage Tank Program Operator Training Certification

100 North Circle Ave.
Indianapolis, Indiana, 46204
(317) 451-4027 / (317) 337-3600
www.idem.in.gov

Certificate of Completion

Awarded to:
Dan Drake

*For completion of IDEM's Undergound Storage Tank "B" Operator Training in
accordance with 329 IAC 9.*

License #: 18890

Issue Date: July 23, 2021

Expiration Date: July 23, 2024

Bruce L. Pigott, Commissioner

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

UST Monthly Walkthrough Inspection

FOR OFFICIAL USE ONLY -
DO NOT WRITE IN THIS SPACE

1. UST Facility Information

Agency Interest Number (AI)	
UST Facility Name	Circle 5 114
UST Facility Physical Address	Street Address: 7683 East Hwy 36 City: Avon County: Hendricks Zip Code: 46023

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: 7-10-23 9:17 AM

Spill Prevention

UNLEAD

Covers & Lids (Spill Buckets)	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	<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	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
Spill Containment Manhole (Spill Buckets)	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	<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	<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	<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	<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	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
Continuous Interstitial Monitoring	8. Sensor status normal	<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	<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	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
	10. Data being collected for current month	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input checked="" 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	<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 checked="" 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	<input type="checkbox"/> Y	<input type="checkbox"/> N
Manual Interstitial Monitoring for Piping	12. Tank-top sumps inspected, free of liquid	<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	<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)
(Must be completed by the owner, operator, or Combined Class A & Class B Operator)

D.D.D.D

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UST Monthly Walkthrough Inspection

1. UST Facility Information

Agency Interest Number (AI)	Street Address: Circle (S) 114 7683 East Highway 36 City: Arvin County: Hendricks Zip Code: 46123
UST Facility Name	
UST Facility Physical Address	

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		7-10-23 8:7:23												
Spill Prevention		Prem DL												
Covers & Lids (Spill Buckets)	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	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
	Spill Containment Manhole (Spill Buckets)	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	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y
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	<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	<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	<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	<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	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
Continuous Interstitial Monitoring	8. Sensor status normal	<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	<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	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
	10. Data being collected for current month	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input checked="" 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	<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 checked="" 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	<input type="checkbox"/> Y	<input type="checkbox"/> N
Manual Interstitial Monitoring for Piping	12. Tank-top sumps inspected, free of liquid	<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	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N

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Walkthrough Certification (Initial) (Must be completed by the owner, operator, or Combined Class A & Class B Operator)	DD DD
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UST Monthly Walkthrough Inspection

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DO NOT WRITE IN THIS SPACE

1. UST Facility Information

Agency Interest Number (AI)

UST Facility Name

UST Facility Physical Address

Circle 114
Street Address 7683 EAST Highway 36
City Arva County Hendricks Zip Code 46123

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)(ii) - UST systems receiving deliveries at intervals greater than every 30 days shall conduct an inspection prior to each delivery.

Monthly Inspection Date

7/23/23

Spill Prevention

90% OBTAIN

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

Release Detection

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

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)
(Must be completed by the owner, operator, or Combined Class A & Class B Operator)

DD DD

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UST Monthly Walkthrough Inspection

1. UST Facility Information

Agency Interest Number (AI)

UST Facility Name

UST Facility Physical Address

Circle 5 114
Street Address 7683 EAST Highway 36
City AVON County HENDRICKS Zip Code: 46123

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

7/10/23

Spill Prevention

ULSO #2

Covers & Lids (Spill Buckets)	1. Present, in good condition, sealed 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	<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	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
Spill Containment Manhole (Spill Buckets)	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	<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	<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	<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	<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	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
Continuous Interstitial Monitoring	8. Sensor status normal	<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	<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	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
	10. Data being collected for current month	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input checked="" 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	<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 checked="" 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	<input type="checkbox"/> Y	<input type="checkbox"/> N
Manual Interstitial Monitoring for Piping	12. Tank-top sumps inspected, free of liquid	<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	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N

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Walkthrough Certification (Initial)
(Must be completed by the owner, operator, or Combined Class A & Class B Operator)

DD DD

UST Monthly Walkthrough Inspection

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DO NOT WRITE IN THIS SPACE

1. UST Facility Information

Agency Interest Number (AI)	Circle (S) 114 Street Address: 7683 East Highway 36 City: Avon County: Hendrick Zip Code: 46123
UST Facility Name	
UST Facility Physical Address	

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: 7 10 23 8 7 23

Spill Prevention

Covers & Lids (Spill Buckets)	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	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
	K-1													
Spill Containment Manhole (Spill Buckets)	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	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
	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	<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	<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	<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	<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	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
Continuous Interstitial Monitoring	8. Sensor status normal	<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	<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 checked="" type="checkbox"/> N/A	<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	<input 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 checked="" type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input checked="" 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	<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 checked="" 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	<input type="checkbox"/> Y	<input type="checkbox"/> N
Manual Interstitial Monitoring for Piping	12. Tank-top sumps inspected, free of liquid	<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	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N

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Walkthrough Certification (Initial)
(Must be completed by the owner, operator, or Combined Class A & Class B Operator)

DD DP

AI _____

3. Problem and Solution / Repair Log

(Corresponds to Section 2 - attach additional pages if necessary)

Inspection Date	Description Item	Describe Problem	Describe Solution or Repair	Solution or Repair Date	Initials
8/7/23	Diesel # 6	Possible leak		/ /	
8/7/23	Diesel PROB CAB	Needs New CAP		/ /	
/ /				/ /	
/ /				/ /	
/ /				/ /	
/ /				/ /	
/ /				/ /	
/ /				/ /	
/ /				/ /	
/ /				/ /	
/ /				/ /	
/ /				/ /	
/ /				/ /	
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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/us/>. For copies of facility records please visit <http://eec.ky.gov/pages/openrecords.aspx> or email ECC.KORA@ky.gov.



B Underground Storage Tank Program Operator Training Certification

Certificate of Completion

Awarded to:

Dan Drake

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

License # 18890

Issue Date: July 23, 2021

Expiration Date: July 23, 2024

Bruno L. Pigott, Commissioner

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

CIRCLE S 114
7683 E US-36
AVON IN 46123

AUG 7. 2023 11:00 AM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

INVENTORY REPORT

T 1:UNLEADED

VOLUME = 6028 GALS
ULLAGE = 6003 GALS
90% ULLAGE= 4799 GALS
TC VOLUME = 5975 GALS
HEIGHT = 48.08 INCHES
WATER VOL = 23 GALS
WATER = 1.06 INCHES
TEMP = 72.5 DEG F

T 2:PURE GAS

VOLUME = 1304 GALS
ULLAGE = 10697 GALS
90% ULLAGE= 9493 GALS
TC VOLUME = 1304 GALS
HEIGHT = 16.13 INCHES
WATER VOL = 14 GALS
WATER = 0.77 INCHES
TEMP = 69.5 DEG F

T 3:PREMIUM

VOLUME = 1276 GALS
ULLAGE = 10755 GALS
90% ULLAGE= 9551 GALS
TC VOLUME = 1288 GALS
HEIGHT = 15.64 INCHES
WATER VOL = 15 GALS
WATER = 0.79 INCHES
TEMP = 68.1 DEG F

T 4:DIESEL

VOLUME = 2669 GALS
ULLAGE = 3047 GALS
90% ULLAGE= 2745 GALS
TC VOLUME = 2656 GALS
HEIGHT = 40.75 INCHES
WATER VOL = 15 GALS
WATER = 1.25 INCHES
TEMP = 70.6 DEG F

T 5:KEROSENE

VOLUME = 1834 GALS
ULLAGE = 4182 GALS
90% ULLAGE= 3580 GALS
TC VOLUME = 1825 GALS
HEIGHT = 33.04 INCHES
WATER VOL = 7 GALS
WATER = 0.78 INCHES
TEMP = 68.9 DEG F

***** END *****

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UST Monthly Walkthrough Inspection

1. UST Facility Information

Agency Interest Number (AI)			
UST Facility Name	Circle 3 114		
UST Facility Physical Address	Street Address:	7683 East Hwy 36	
	City:	County:	Zip Code:
	Avon	Hendricks	46123

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: 7/10/23 / / / / / /

Spill Prevention UNLEAD

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

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 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	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Continuous Interstitial Monitoring	8. Sensor status normal	<input type="checkbox"/> N/A	<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	<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 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	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	10. Data being collected for current month	<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	<input 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	<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 type="checkbox"/> N/A	<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	<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)
(Must be completed by the owner, operator, or Combined Class A & Class B Operator)

D.D

DWM 4230 (January 2019)
401 KAR 42:020

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UST Monthly Walkthrough Inspection

1. UST Facility Information

Agency Interest Number (AI)	
UST Facility Name	Circle S 114
UST Facility Physical Address	Street Address: 7683 East Highway 36
	City: Aron County: Hendricks Zip Code: 46123

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		7/10/23 / / / / / / / /								
Spill Prevention										
Covers & Lids (Spill Buckets)	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 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 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 (Spill Buckets)	3. Free of water and product	<input type="checkbox"/> N/A	<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	<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 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 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 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 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 type="checkbox"/> N/A	<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	<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 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 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
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 type="checkbox"/> N/A	<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	<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) (Must be completed by the owner, operator, or Combined Class A & Class B Operator)	DJO
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DO NOT WRITE IN THIS SPACE

UST Monthly Walkthrough Inspection

1. UST Facility Information

Agency Interest Number (AI)			
UST Facility Name	Circle S 114		
UST Facility Physical Address	Street Address:	7683 EAST Highway 36	
	City:	County:	Zip Code:
	Axon	Hendricks	46123

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		7/10/23					
Spill Prevention		95% OBTAIN					
Covers & Lids (Spill Buckets)	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 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
	2. Bucket walls, plunger, plugs, gauges, in good condition	<input type="checkbox"/> N/A	<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	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Spill Containment Manhole (Spill Buckets)	3. Free of water and product	<input type="checkbox"/> N/A	<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	<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 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
Drop Tubes	5. Check for and remove obstructions	<input type="checkbox"/> N/A	<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	<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 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
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 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
Continuous Interstitial Monitoring	8. Sensor status normal	<input type="checkbox"/> N/A	<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	<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 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
	10. Data being collected for current month	<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	<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	<input type="checkbox"/> Y <input type="checkbox"/> N
Manual Interstitial Monitoring for Piping	12. Tank-top sumps inspected, free of liquid	<input type="checkbox"/> N/A	<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	<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. 136. 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>	DD				
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UST Monthly Walkthrough Inspection

1. UST Facility Information

Agency Interest Number (A#)	
UST Facility Name	Circle S 114
UST Facility Physical Address	Street Address: 7683 East Highway 36
	City: Avon County: Hendricks Zip Code: 46123

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: 7/10/23 / / / / / /

Spill Prevention

ULSO #2

Covers & Lids (Spill Buckets)	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 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	<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 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	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Spill Containment Manhole (Spill Buckets)	3. Free of water and product	<input type="checkbox"/> N/A	<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	<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
	4. Free of trash or debris	<input type="checkbox"/> N/A	<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	<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
Drop Tubes	5. Check for and remove obstructions	<input type="checkbox"/> N/A	<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	<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
	6. Fill cap fits securely	<input type="checkbox"/> N/A	<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	<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

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 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	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Continuous Interstitial Monitoring	8. Sensor status normal	<input type="checkbox"/> N/A	<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	<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 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	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	10. Data being collected for current month	<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	<input 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	<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 type="checkbox"/> N/A	<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	<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)
(Must be completed by the owner, operator, or Combined Class A & Class B Operator)

DD

DWM 4230 (January 2019)
401 KAR 42:020

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DO NOT WRITE IN THIS SPACE

UST Monthly Walkthrough Inspection

1. UST Facility Information

Agency Interest Number (AI)			
UST Facility Name	Circle S 114		
UST Facility Physical Address	Street Address:	7683 East Highway 36	
	City:	County:	Zip Code:
	Avon	Hendrick	46123

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. 280.38(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: 7/10/23 / / / / / / / / / /

Spill Prevention

K-1

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

Release Detection

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

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)
(Must be completed by the owner, operator, or Combined Class A & Class B Operator)

DD

CIRCLE S 114
7683 E US-36
AVON IN 46123

JUL 10, 2023 11:37 AM

SYSTEM STATUS REPORT

T 2:DELIVERY NEEDED

INVENTORY REPORT

T 1:UNLEADED

VOLUME = 8774 GALS
ULLAGE = 3257 GALS
90% ULLAGE= 2053 GALS
TC VOLUME = 8713 GALS
HEIGHT = 65.70 INCHES
WATER VOL = 23 GALS
WATER = 1.07 INCHES
TEMP = 69.9 DEG F

T 2:PURE GAS

VOLUME = 909 GALS
ULLAGE = 11122 GALS
90% ULLAGE= 9918 GALS
TC VOLUME = 904 GALS
HEIGHT = 12.38 INCHES
WATER VOL = 14 GALS
WATER = 0.78 INCHES
TEMP = 67.2 DEG F

T 3:PREMIUM

VOLUME = 2034 GALS
ULLAGE = 9997 GALS
90% ULLAGE= 8793 GALS
TC VOLUME = 2026 GALS
HEIGHT = 21.66 INCHES
WATER VOL = 15 GALS
WATER = 0.79 INCHES
TEMP = 66.6 DEG F

T 4:DIESEL

VOLUME = 2551 GALS
ULLAGE = 3465 GALS
90% ULLAGE= 2863 GALS
TC VOLUME = 2541 GALS
HEIGHT = 42.25 INCHES
WATER VOL = 15 GALS
WATER = 1.26 INCHES
TEMP = 68.0 DEG F

T 5:KEROBENE

VOLUME = 1846 GALS
ULLAGE = 4170 GALS
90% ULLAGE= 3568 GALS
TC VOLUME = 1840 GALS
HEIGHT = 39.19 INCHES
WATER VOL = 7 GALS
WATER = 0.78 INCHES
TEMP = 65.8 DEG F

***** END *****

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 Monthly Walkthrough Inspection

1. UST Facility Information

Agency Interest Number (AI)	
UST Facility Name	Circle S Mart # 114
UST Facility Physical Address	Street Address: 7683 East Highway 36
	City: Avon County: Hendricks Zip Code: 46123

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	6/12/23	6/12/23	6/12/23	6/12/23	6/12/23	1/1
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Spill Prevention

UNLEAD Perm # 2065 Pure Gas K-1

Category	Item	6/12/23	6/12/23	6/12/23	6/12/23	6/12/23	1/1
Covers & Lids (Spill Buckets)	1. Present, in good condition, seated firmly on correct tank	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<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
	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 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
Spill Containment Manhole (Spill Buckets)	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 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
	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 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
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 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
	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 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

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 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
Continuous Interstitial Monitoring	8. Sensor status normal	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<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
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 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
	10. Data being collected for current month	<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	<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	<input type="checkbox"/> Y <input type="checkbox"/> N
Manual Interstitial Monitoring for Piping	12. Tank-top sumps inspected, free of liquid	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<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

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) (Must be completed by the owner, operator, or Combined Class A & Class B Operator)	DD	DD	DD	DD	DD	DD
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CIRCLE S 114
7683 E US-36
AVON IN 46123

JUN 12. 2023 10:57 AM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

INVENTORY REPORT

T 1:UNLEADED

VOLUME = 8476 GALS
ULLAGE = 3555 GALS
90% ULLAGE= 2351 GALS
TC VOLUME = 8455 GALS
HEIGHT = 63.70 INCHES
WATER VOL = 23 GALS
WATER = 1.06 INCHES
TEMP = 63.5 DEG F

T 2:PURE GAS

VOLUME = 1639 GALS
ULLAGE = 10392 GALS
90% ULLAGE= 9188 GALS
TC VOLUME = 1636 GALS
HEIGHT = 18.62 INCHES
WATER VOL = 14 GALS
WATER = 0.78 INCHES
TEMP = 62.4 DEG F

T 3:PREMIUM

VOLUME = 2096 GALS
ULLAGE = 9935 GALS
90% ULLAGE= 8731 GALS
TC VOLUME = 2093 GALS
HEIGHT = 22.12 INCHES
WATER VOL = 15 GALS
WATER = 0.79 INCHES
TEMP = 61.7 DEG F

T 4:DIESEL

VOLUME = 2622 GALS
ULLAGE = 3394 GALS
90% ULLAGE= 2792 GALS
TC VOLUME = 2616 GALS
HEIGHT = 43.15 INCHES
WATER VOL = 15 GALS
WATER = 1.26 INCHES
TEMP = 64.6 DEG F

T 5:KEROSENE

VOLUME = 1845 GALS
ULLAGE = 4171 GALS
90% ULLAGE= 3569 GALS
TC VOLUME = 1843 GALS
HEIGHT = 33.19 INCHES
WATER VOL = 7 GALS
WATER = 0.77 INCHES
TEMP = 62.3 DEG F

* * * * * END * * * * *



Indiana Department of Environmental Management

B 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:

Dan Drake

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

License #: 18890

Issue Date: July 23, 2021

Expiration Date: July 23, 2024

Bruno L. Pigott, Commissioner

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

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DO NOT WRITE IN THIS SPACE

UST Monthly Walkthrough Inspection

1. UST Facility Information

Agency Interest Number (AI)	3613		
UST Facility Name	Circle 5 114		
UST Facility Physical Address	Street Address: 7683 W Highway 36	City: Avon IN	Zip Code: 46123

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.	Inspection Date	5/11/2023		
	Tank Number / Product Type	UNLEAD	Prem UL	Pure

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

K-1

Di NA

Di NA

Monthly Inspection Checklist (continued from Section 2)

Tanks continued from previous page	Tank Number / Product Type	VLPAD	Phenyl	Fuel Gas	# 2150
Hand Held Release Detection Equipment					
Tank Gauge Stick	18. Tank gauge sticks can be clearly read & are not broken	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y

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 or Repair Date
			/ /

CIRCLE S FOOD MART
AVON, IN

05-01-23 11:50

SYSTEM STATUS REPORT
T 2: DELIVERY NEEDED

INVENTORY REPORT

T 1: UNLEADED

VOLUME	5041 GALS
ULLAGE	6990 GALS
90% ULLAGE	5786 GALS
TC VOLUME	5063 GALS
HEIGHT	41.87 INCHES
WATER VOL	21 GALS
WATER	0.98 INCHES
TEMP	53.5 DEG F

T 2: PLUS

VOLUME	916 GALS
ULLAGE	11115 GALS
90% ULLAGE	9911 GALS
TC VOLUME	919 GALS
HEIGHT	12.45 INCHES
WATER VOL	0 GALS
WATER	0.00 INCHES
TEMP	55.4 DEG F

T 3: PREMIUM

VOLUME	2302 GALS
ULLAGE	9729 GALS
90% ULLAGE	8525 GALS
TC VOLUME	2310 GALS
HEIGHT	23.63 INCHES
WATER VOL	14 GALS
WATER	0.77 INCHES
TEMP	54.9 DEG F

T 4: DIESEL

VOLUME	1688 GALS
ULLAGE	4328 GALS
90% ULLAGE	3726 GALS
TC VOLUME	1690 GALS
HEIGHT	31.10 INCHES
WATER VOL	16 GALS
WATER	1.31 INCHES
TEMP	56.3 DEG F

T 5: K-1

VOLUME	1869 GALS
ULLAGE	4147 GALS
90% ULLAGE	3545 GALS
TC VOLUME	1872 GALS
HEIGHT	33.50 INCHES
WATER VOL	7 GALS
WATER	0.76 INCHES
TEMP	56.3 DEG F

* * * * * END * * * * *

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 at (800) 928-2380 or (502) 584-2380.

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.

Printed	Signature	Date
	<i>Penny Drake</i>	5/11/2023

Check appropriate box:

UST System Owner UST System Operator Combined Class A & Class B Operator

If you have questions on how to fill out this form please contact the cabinet at (502) 584-5981 or visit our web site at <http://www.ky.gov/ust>. For copies of facility records please visit <http://ec.ky.gov/facilityrecords>, ec.ky.gov or email EEC.KORA@ky.gov.

IDEM



Indiana Department of Environmental Management

B 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:

Dan Drake

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

License #: 18890

Issue Date: July 23, 2021

Expiration Date: July 23, 2024

Bruno L. Pigott, Commissioner

A handwritten signature in black ink, appearing to read "Bruno L. Pigott", with a stylized flourish at the end.

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

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 Annual Walkthrough Inspection

1. UST Facility Information

Agency Interest Number (AI)			
UST Facility Name	Circle S #114 317-270-2044		
UST Facility Physical Address	Street Address: 7683 East US-36	City: Aton, IN.	Zip Code: 46128

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	5/7/2024										
		Tank Number / Product Type	#1	Uni	#2 PureGas	#3	Prem	#4	DSL				
Spill Prevention													
All Submersible Turbine Pump (STP) Areas	1. Visible piping and fittings show no signs of leakage	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	2. No evidence of a potential release into the environment	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	3. Excess corrosion is not present	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	4. STP area is free of debris	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	5. Metallic components are not in contact with soil or water, or are cathodically protected	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
STP in Containment Sump	6. Any water or product removed & properly disposed	<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
	7. Sumps are free of cracks, holes, or other defects	<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
	8. Sump lids, gaskets, & seals present & in good condition	<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 Dispenser Areas	9. Manway covers at grade in good condition, does not touch sump cover, all bolts present	<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
	10. Visible piping and fittings show no signs of leakage	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	11. No evidence of a potential release into the environment	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	12. Shear valves are present & securely anchored	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Dispensers with Liquid-Tight UDCs	13. Metallic components are not in contact with soil or water, or are cathodically protected	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	14. Any water or product removed & properly disposed	<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
	15. UDCs are free of trash, debris, & used filters	<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
	16. UDCs are free of cracks, holes, or other defects	<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
	17. Penetration fittings intact & secured	<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

AI _____

Annual Inspection Checklist (continued from Section 2)										
Tanks continued from previous page	Tank Number / Product Type	#1	Unl	#2	Pure Gas	#3	Prem	#4	DSL	
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	<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 or Repair Date			
							/ /			
							/ /			
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							/ /			
							/ /			
							/ /			
							/ /			
							/ /			
							/ /			
4. Certification										
<p><i>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 at (800) 928-2380 or (502) 564-2380.</i></p> <p>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.</p>										
Certification	Printed	Marty H. Jorja						Date	5/7/2024	
	Signature	Marty H. Jorja								
Check appropriate box:		<input type="checkbox"/> UST System Owner		<input checked="" type="checkbox"/> UST System Operator		<input type="checkbox"/> Combined Class A & Class B Operator				
<p>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.</p>										

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

1. UST Facility Information

Agency Interest Number (AI)			
UST Facility Name	Circle S #114		
UST Facility Physical Address	Street Address: 7683 East US-36	City: Avon, IN.	Zip Code: 46128

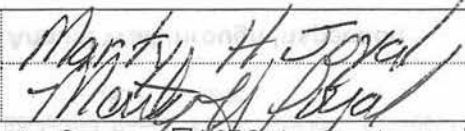
2. Annual Inspection Checklist

The monthly walkthrough inspection is part of the annual walkthrough inspection and should be completed at the time of the annual inspection.	Inspection Date	5/7/2023		
	Tank Number / Product Type	#5	KEP0	

Spill Prevention

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

AI _____

Annual Inspection Checklist (continued from Section 2)												
Tanks continued from previous page		Tank Number / Product Type		#5 Kero								
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 type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input 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 or Repair Date					
							/ /					
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							/ /					
4. Certification												
<p><i>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 at (800) 928-2380 or (502) 564-2380.</i></p> <p>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.</p>												
Certification		Printed	Marty H. Jovel					Date	5/7/2024			
		Signature										
Check appropriate box:		<input type="checkbox"/> UST System Owner		<input type="checkbox"/> UST System Operator		<input type="checkbox"/> Combined Class A & Class B Operator						
<p>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.</p>												

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

1. UST Facility Information

Agency Interest Number (AI)			
UST Facility Name	Circle "S" #114		
UST Facility Physical Address	Street Address: 7683 East US-36	City: Avon, IN	Zip Code: 46123

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	5/4/2023							
	Tank Number / Product Type	#1	Unlead	#2	Pure Gas	#3	Prem	#4	Diesel

Spill Prevention

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

AI _____

Annual Inspection Checklist (continued from Section 2)										
Tanks continued from previous page	Tank Number / Product Type	#1	#2	#3	#4					
		Unlead	Pure GAS	Prem	Diesel					
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	<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 or Repair Date
			/ /
			/ /
			/ /
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			/ /

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 at (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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><i>Printed</i></td> <td style="width: 40%;">Marty H. Royal</td> <td style="width: 45%;"></td> </tr> <tr> <td><i>Signature</i></td> <td>Marty H. Royal</td> <td style="width: 45%;">Date: 5/4/2023</td> </tr> </table>	<i>Printed</i>	Marty H. Royal		<i>Signature</i>	Marty H. Royal	Date: 5/4/2023
<i>Printed</i>	Marty H. Royal						
<i>Signature</i>	Marty H. Royal	Date: 5/4/2023					

Check appropriate box: UST System Owner UST System Operator 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.

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 Annual Walkthrough Inspection

1. UST Facility Information

Agency Interest Number (AI)			
UST Facility Name	Circle "S" #114		
UST Facility Physical Address	Street Address: 7683 East US-36	City: Avon, IN	Zip Code: 46123

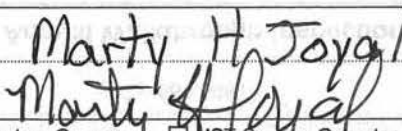
2. Annual Inspection Checklist

The monthly walkthrough inspection is part of the annual walkthrough inspection and should be completed at the time of the annual inspection.	Inspection Date	5/4/2023		
	Tank Number / Product Type	#5	Kero	

Spill Prevention

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

AI

Annual Inspection Checklist (continued from Section 2)											
Tanks continued from previous page		Tank Number / Product Type	#5 Kero								
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 type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input 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 or Repair Date								
			/ /								
			/ /								
			/ /								
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			/ /								
4. Certification											
<p>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 at (800) 928-2380 or (502) 564-2380.</p>											
<p>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.</p>											
Certification	Printed	Marty H. Joyal						Date	5/4/2023		
	Signature										
Check appropriate box:		<input type="checkbox"/> UST System Owner		<input type="checkbox"/> UST System Operator		<input type="checkbox"/> Combined Class A & Class B Operator					
<p>If you have questions on how to fill out this form please contact the cabinet at (502) 564-5961 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.</p>											



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:
Andrew Timperman

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

License #: 18882

Issue Date: July 22, 2021

Expiration Date: July 22, 2024

Bruno L. Pigott, 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

B 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:

Eva Green

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

License #: 20949

Issue Date: August 09, 2022

Expiration Date: August 09, 2025

Brian C. Rockensuess, Commissioner

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

Circle S Training for Class C Operators for UST Systems

- A. **Overfill Protection**
 - a. Alarms on all tank monitors
 - b. Delivery driver attending hoses at all times
 - c. Oil dry and absorbent pads available at stores

- B. **Emergency Shut-Off Systems**
 - a. The emergency shut-off button is located at the cash registers. Push the button in to shut off pumps. Also, all cash registers have a pump stop button which can be used.

- C. **Alarm Responses**
 - a. All alarms are to be reported immediately to the Class B Operator, the Store Manager.
 - b. Reports from the public of damaged equipment or unusual operating conditions must be reported to the Class B Operator, the Store Manager.

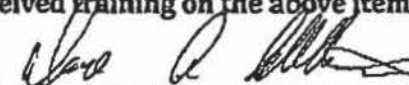
- D. **Reporting Leaks, Spills and Releases**
 - a. All leaks, spills, and releases must be reported immediately to the Class B Operator and the Class A Operator.


- E. **Emergency Procedures**
 - a. Contain spill, leak, or release
 - b. Shut off pumps if necessary
 - c. Contact Class B Operator and Class A Operator

- F. **All Class C Operators will be shown the location of the tank monitors and trained on the alarms.**

- G. **Contact Information:**
 - a. Class B Operator: Store Manager Eva M. Gaur Phone: 317-989-6991
 - b. Class A Operator: Andy Timperman, Phone: 812-332-2938
 - c. Tell City Office: 812-547-6435

I have received training on the above items for Class C Operator for UST Systems.

Signature  Printed Name DANA A ABSHIER

Manager Signature  Date 12/13/2023

Circle S Training for Class C Operators for UST Systems

A. Overfill Protection

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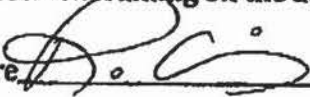
- a. Contain spill, leak, or release
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- c. Contact Class B Operator and Class A Operator

F. All Class C Operators will be shown the location of the tank monitors and trained on the alarms.

G. Contact Information:

- a. Class B Operator: Store Manager Erin M. Heen Phone: 317-989-6941
- b. Class A Operator: Andy Timperman, Phone: 812-332-2938
- c. Tell City Office: 812-547-6435

I have received training on the above items for Class C Operator for UST Systems.

Signature  Printed Name Liann Collier

Manager Signature  Date 1-2-24

Circle S Training for Class C Operators for UST Systems

A. Overfill Protection

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F. All Class C Operators will be shown the location of the tank monitors and trained on the alarms.

G. Contact Information:

- a. Class B Operator: Store Manager: Eric McHuen Phone: 317-989-6941
- b. Class A Operator: Andy Timperman, Phone: 812-332-2938
- c. Tell City Office: 812-547-6435

I have received training on the above items for Class C Operator for UST Systems.

Signature Elizabeth Jacobs Printed Name Elizabeth Jacobs

Manager Signature Eric McHuen Date 3/25/24

Circle S Training for Class C Operators for UST Systems

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- c. Oil dry and absorbent pads available at stores

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- b. Shut off pumps if necessary
- c. Contact Class B Operator and Class A Operator

F. All Class C Operators will be shown the location of the tank monitors and trained on the alarms.

G. Contact Information:

- a. Class B Operator: Store Manager Era Michien Phone: 317-989-6941
- b. Class A Operator: Andy Timperman, Phone: 812-332-2938
- c. Tell City Office: 812-547-6435

I have received training on the above items for Class C Operator for UST Systems.

Signature  Printed Name Hannah Powell

Manager Signature  Date 2/21/24

Circle S Training for Class C Operators for UST Systems

- A. **Overfill Protection**
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- F. **All Class C Operators will be shown the location of the tank monitors and trained on the alarms.**

- G. **Contact Information:**
 - a. Class B Operator: Store Manager Eric M. Sheen Phone: 317-989-6941
 - b. Class A Operator: Andy Timperman, Phone: 812-332-2938
 - c. Tell City Office: 812-547-6435

I have received training on the above items for Class C Operator for UST Systems.

Signature Kevin Williams Printed Name Kevin Williams

Manager Signature Eric M. Sheen Date 4/25/23