DEP4065 (April 2011) 401 KAR 42:040

SPILL CONTAINMENT DEVICE TEST

USTB

KENTUCKY
DEPARTMENT
FOR ENVIRONMENTAL
PROTECTION

Mail completed form to: DIVISION OF WASTE MANAGEMENT DERGROUND STORAGE TANK BRANCH

UNDERGROUND STORAGE TANK BRANCH 200 FAIR OAKS LANE, SECOND FLOOR FRANKFORT, KENTUCKY 40601 (502) 564-5981

		itip.//waste.ky.gov/ust								
UST FACI	LITY INFORMATION	TESTER INFORMATION								
Agency Interest (AI) Number: 25329 Tester Name: Bryan Penland										
UST Facility Name: Kroger F	Expires:									
Physical Address: 525 East Clifty Drive Tester Certified By: [Mark all that apply] □ Tank Manufacturer □ Test Equipment Manufacturer □ Other(specify): recommended practices										
City, County, Zip: Madison, Jeffereson, 47250 Company Name: Kroger Facility Engineering										
UST Owner: Kroger Phone Number: 5022404280										
Owner Phone Number: 502-423-4800 Tester e-mail address: bryan.penland@kroger.com										
SPILL CONTAINMENT DEVICE TESTING INFORMATION										
Reason(s) for Test:										
Date of Test: 6/14/24 Test Equipment Used:										
	rostatic (use the test procedures and data									
☐ Vacuum (attach test equipment manufacturer's data sheet and test protocol to this form)										

HYDROSTATIC TEST PROCEDURES

- 1. Clean out and properly dispose of all debris, soil and/or fluids from the spill containment device.
- 2. Visually examine the spill containment device for cracks, holes, deformations or deteriorated seals.
- 3. Fill with water and let stand for at least 15 minutes to allow water to reach ambient temperature.
- 4. After 15 minutes, carefully measure the depth of the water to the nearest 1/16th inch.

☐ Other (specify):

- 5. Leave the spill containment device undisturbed for at least one hour and compare the starting and ending levels.
- 6. If the fluid level is the same or has changed 1/8th inch or less, the spill containment device passes the test.
- 7. If the fluid level has changed more than 1/8th inch, the spill containment device fails the test.
- 8. Any spill containment device that fails shall be repaired or replaced in accordance with 401 KAR 42:020.

Properly dispose of all test fluid	ds at the conclusion of t	testing.			
Insert tank information for up to 4	TANK ID/PRODUCT	TANK ID/PRODUCT	TANK ID/PRODUCT	TANK ID/PRODUCT	
spill containment devices. Attach additional pages as necessary.	Premium Fill	Premium Vapor	Diesel Fill	Rul Fill	
Spill Containment Installation Type	☐ Direct Bury ☐ Contained in a Sump	☐ Direct Bury ☐ Contained in a Sump	☐ Direct Bury ☐ Contained in a Sump	☐ Direct Bury ☐ Contained in a Sump	
Spill Containment Diameter	11 1/2 in	11 1/2 in	11 1/2 in	11 1/2 in	
Spill Containment Depth	15 in	15 in	15 in	15 in	
Wait Time (between applying vacuum/water and starting test)	15 min	15 min	15 min	15 min	
Test Start Time [T ₁]	9:10 am	9:10 am	9:10 am	9:10 am	
Initial Reading [R ₁]	12in	12in	11in	11in	
Test End Time [TF]	10:10 am	10:10 am	10:10 am	10:10 am	
Final Reading [R _F]	12in	12in	11in	11in	
TEST RESULTS:	□ Pass □ Fail	□ Pass □ Fail	□ Pass □ Fail	□ Pass □ Fail	
Repairs & Retest Required: $\square YES \boxtimes NG$	Release Reporting	Required: ☐YES ☐N	O Next Test Due: 06/2	2027	
COMMENTS:					

CERTIFICATION OF T

	1	hereby certify that all the informat	ion contained in this report	is true and accurate and	in fu	II compliance v	vith lega	I requirements.
--	---	--------------------------------------	------------------------------	--------------------------	-------	-----------------	-----------	-----------------

Tester's Signature: Bryan Penland Date: 06/14/20

If you have questions on how to fill out this form or to request a review of UST facility records, please contact the UST Branch at (502) 564-5981 or visit our website at http://waste.ky.gov/ust.

401 KAR 42:040 DEP4065 (April 2011)

SPILL CONTAINMENT DEVICE TEST



visit our website at http://waste.ky.gov/ust.

KENTUCKY DEPARTMENT FOR ENVIRONMENTAL **PROTECTION**

Mail completed form to: **DIVISION OF WASTE MANAGEMENT UNDERGROUND STORAGE TANK BRANCH** 200 FAIR OAKS LANE, SECOND FLOOR

FRANKFORT, KENTUCKY 40601 (502) 564-5981

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		http://waste.ky.gov/u	<u>st</u>							
UST FACILITY INFORMATION TESTER INFORMATION										
Agency Interest (AI) Number: 25329 Tester Name: Bryan Penland										
UST Facility Name: Kroger Fuel Center 741 Certification/License #: Expires:										
Physical Address: 525 East Clifty Drive Tester Certified By: [Mark all that apply] Tank Manufacturer Test Equipment Manufacturer Other(specify): recommended practices										
City, County, Zip: Madison, Jeffereson, 47250 Company Name: Kroger Facility Engineering										
UST Owner: Kroger Phone Number: 5022404280										
Owner Phone Number: 502-423-4800		Tester e-mail addres	ss: bryan.penland@krog	er.com						
SPILL CONTAINMENT DEVICE TESTING INFORMATION										
Reason(s) for Test:	dic Test □Suspected R	elease □New Installat	ion □Repair □DEP [Directed □Other						
	quipment Used:									
Test Method Used: ⊠ Hydrostatic (use the Street of the Street of	ne test procedures and da st equipment manufacture		protocol to this form)							
HYDROSTATIC TEST PROCEDURES 1. Clean out and properly dispose of all debris, soil and/or fluids from the spill containment device. 2. Visually examine the spill containment device for cracks, holes, deformations or deteriorated seals. 3. Fill with water and let stand for at least 15 minutes to allow water to reach ambient temperature. 4. After 15 minutes, carefully measure the depth of the water to the nearest 1/16 th inch. 5. Leave the spill containment device undisturbed for at least one hour and compare the starting and ending levels. 6. If the fluid level is the same or has changed 1/8 th inch or less, the spill containment device passes the test. 7. If the fluid level has changed more than 1/8 th inch, the spill containment device fails the test. 8. Any spill containment device that fails shall be repaired or replaced in accordance with 401 KAR 42:020. 9. Properly dispose of all test fluids at the conclusion of testing.										
Insert tank information for up to 4										
spill containment devices. Attach additional pages as necessary.										
Spill Containment Installation Type	☐ Direct Bury ☐ Contained in a Sump	☐ Direct Bury ☐ Contained in a Sump	☐ Direct Bury ☐ Contained in a Sump	☐ Direct Bury ☐ Contained in a Sump						
Spill Containment Diameter	11 1/2 in									
Spill Containment Depth	15 in									
Wait Time (between applying vacuum/water and starting test)	15 min									
Test Start Time [T₁]	9:10 am									
Initial Reading [R₁]	12in									
Test End Time [T _F]	10:10 am									
Final Reading [R _F]	12in									
TEST RESULTS:	⊠ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail						
Repairs & Retest Required: _YES _NO										
COMMENTS:										
CERTIFICATION OF TESTER I hereby certify that all the information contained in this report is true and accurate and in full compliance with legal requirements.										
Tester's Signature: Bryan Penla	Tester's Signature: Bryan Penland Date: 06/14/2024									

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 Numb	25329													
UST Facility Name		Kroger Lo	Kroger Lo741											
UST Facility Physical		Street Ad	dress: 5	525E C	lifty Dr									
oor racinty rinysical		City: Mad	lison		County	: Jeffers	son			Zip	Code: 4	7250-		
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 interv	als grea	ter than	every 3	0 days :	shall cor	nduct an	inspect	ion prio	r to each	ı deliver	y.
Monthly Inspection Da	ate		5/3	/ 23	1	/	1	/	/	/	1	1	/	1
	Spill Prevention													
Covers & Lids (Spill Buckets)	1. Present, in good condition, seated firmly on correct tank	□ N/A	⊠Y	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N
Spill Containment	2. Bucket walls, plunger, plugs, gauges, in good condition	□ N/A	⊠Y	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N
Manhole (Spill Buckets)	3. Free of water and product	□ N/A	ØΥ	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	ПΝ
	4. Free of trash or debris	□ N/A	⊠Y	□N	ΠY	□N	ΠY	□N	ΠY	\square N	ΠY	□N	ΠY	□и
Drop Tubes	5. Check for and remove obstructions	□ N/A	⊠Y	□N	ПΥ	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	ΠN
Drop rubes	6. Fill cap fits securely	□ N/A	⊠Υ	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N
	Release Detection	n	I											
Automatic Tank Gauge (ATG)	7. Passing tank test results	⊠ N/A	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N	ПΥ	□N
Continuous Interstitial Monitoring	8. Sensor status normal	□ N/A	⊠Y	□N	ΠY	□N	ΠY	□N	ПΥ	□N	ΠY	□N	ΠY	Z
Statistical Inventory	9. Previous months results obtained with passing result	⊠ N/A	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	ΠN
Reconciliation (SIR)	10. Data being collected for current month	⊠ N/A	ΠY	□N	ΠY	□N	ΠY	□N	ПΥ	□N	ΠY	□N	ΠY	□N
Monthly Piping Leak Test	11. Passing piping leak test results	⊠ N/A	ПΥ	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N
Manual Interstitial Monitoring for Piping	12. Tank-top sumps inspected, free of liquid	⊠ N/A	ПΥ	□N	ПΥ	□N	ПΥ	□N	ΠY	□N	ПΥ	□N	ΠY	□N
	onally examined and performe that the information in this do		-				ibed ab	ove for	this US	 Γ facility	/ as est	ablished	in 40 C	D.F.R.
Walkthrough Certifica (Must be completed by the & Class B Operator)	Nalkthrough Certification (Initial) (Must be completed by the owner, operator, or Combined Class A													

Monthly Inspection Checklist (continued from Section 2) (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 Da	ate		/	/	/	1	/	/	/	1	/	1	/	/
	Spill Prevention				•									
Covers & Lids (Spill Buckets)	Present, in good condition, seated firmly on correct tank	□ N/A	ΠY	□N	ΠY	□N	ΠY	□N	ПΥ	□N	ПΥ	□N	ΠY	□N
Spill Containment	2. Bucket walls, plunger, plugs, gauges, in good condition	□ N/A	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N	□Υ	Z
Manhole (Spill Buckets)	3. Free of water and product	□ N/A	ΠY	□N	ПΥ	□N	ПΥ	□N	ПΥ	□N	ПΥ	□N	ΠY	□N
	4. Free of trash or debris	□ N/A	ΠY	□N	ПΥ	□N	ПΥ	□N	ПΥ	□N	ПΥ	□N	ПΥ	□N
Drop Tubes	5. Check for and remove obstructions	□ N/A	ПΥ	□N	ПΥ	□N	ПΥ	□N	ПΥ	□N	ПΥ	□N	ПΥ	□N
	□ N/A	ΠY	□N	ПΥ	□N	ПΥ	□N	ПΥ	□N	ПΥ	□N	ΠY	□N	
Release Detection														
Automatic Tank Gauge (ATG)	7. Passing tank test results	□ N/A	ПΥ	□N	ПΥ	□N	ПΥ	□N	ПΥ	□N	ПΥ	□N	ПΥ	□N
Continuous Interstitial Monitoring	8. Sensor status normal	□ N/A	ПΥ	□N	ПΥ	□N	ПΥ	□N	ПΥ	□N	ПΥ	□и	ПΥ	ΠN
Statistical Inventory	Previous months results obtained with passing result	□ N/A	ПΥ	□N	ПΥ	□N	ПΥ	□N	ПΥ	□N	ПΥ	□N	ПΥ	□N
Reconciliation (SIR)	10. Data being collected for current month	□ N/A	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N	ПΥ	□N	ΠY	□N
Monthly Piping Leak Test	11. Passing piping leak test results	□ N/A	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N
Manual Interstitial Monitoring for Piping	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N		
· ·	onally examined and perform that the information in this do							ove for	this US	T facilit	y as est	ablishe	d in 40	C.F.R.
	Walkthrough Certification (Initial) (Must be completed by the owner, operator, or Combined Class A													

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.

ΑI

3. Problem and Solution / Repair Log (Corresponds to Section 2 – attach additional pages if necessary) Inspection Description Solution or **Describe Problem Describe Solution or Repair** Initials Date Repair Date Item / / / / / / / / 1 1 / / / / / / 1 1 1 1 1 1 / / 1 1 1 1 1 1 1 1 1 1 1 1 / / 1 1 1 1 / / 1 1 1 1 / / / / / / / / / / 1 1 1 1 1 1 / / 1 1 1 1 / / 1 1 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.

GENERAL INSTRUCTIONS UST Monthly Walkthrough Inspection

Instructions provided are for the DWM 4230, UST Monthly Walkthrough Inspection form. For any questions regarding any section of this form, please call the Division of Waste Management's Underground Storage Tank (UST) Branch. This form must be completed either by typing or by printing legibly with black ink.

Walkthrough inspections shall be completed by the owner, operator, or combined Class A and Class B operator. The walkthrough inspections are to be completed and retained at the UST facility, or made available to the cabinet upon request.

Section	1.	 UST Facility Information: Agency Interest Number (AI) – Enter the agency interest number for the UST facility. UST Facility Name – Enter the UST facility name. UST Facility Physical Address – Enter the UST facility physical address including a street address, city, county, and zip code. A PO Box will not be accepted.
Section	2.	 Monthly Inspection Checklist: Monthly Inspection Date – Enter date the walkthrough inspection was performed. Each monthly walkthrough inspection shall be indicated in a separate column. The first six (6) months of walkthrough inspections shall be entered on page 1. The remaining six (6) months of walkthrough inspections shall be entered on page 2. During each walkthrough inspection, answer questions 1 through 12 by checking the appropriate box for each corresponding question for the UST facility. If a condition is observed select Y (yes). If the condition is not present select N (no). If N is selected for any question, comments are required in Section 3 of this form. If the question does not pertain to the particular UST facility select N/A (not applicable). Certify the walkthrough inspection by initialing the column for the month performed.
Section	3.	 Problem and Solution / Repair Log: Complete this section for any condition observed during the walkthrough inspection with N in Section 2 of this form. Enter the walkthrough inspection date the condition was observed from Section 1 of this form. Indicate the corresponding question number (1 through 12). Describe the problem. Describe the solution or repair that was preformed to correct the problem. Enter the date the problem was corrected. Initials of the owner, operator, or combined Class A and Class B operator.

	Kroger Mon	thly ins	specti	on .	Report		
Store #	Address	S:	-		State ID #	Date	
L0741	L0741 525 East Clifty Drive					04/03/23	
Inspected by:	Madison Indiar	•		Eı	mergency Stop Acces	ssible <mark>Y</mark> / N	
Trevor Turner			Electric Panels Blocked Y / N				
EPA Binder up to date w/ Status report Filed Y/N Veeder-Root "All Functions Normal" LED's Y/N Class C list current and posted Y/N Skimmer Log present and current Y/N							
	have proper pressure Y/N				perly identified and sec		
notes;			<u> </u>		1		
	-	Tank Fill .	Area				
			RU	JL	Premium	Diesel	
Spill Containment	Manhole / Drain Valve in good cor	ndition	<mark>Y</mark> / N	/ na	Y / N / na	Y / N / na	
Spill Manhole Clea	n, Dry, and free of dirt and debris		<mark>Y</mark> / N	/ na	Y / <mark>N</mark> / na	Y / <mark>N</mark> / na	
Double Wall Liqui	d Gauge shows empty		<mark>Y</mark> / N	/ na	Y/N/na	Y / N / na	
Fill adapter in good	d condition and smooth seal surface	e	<mark>Y</mark> / N	/ <u>n</u> a	Y/N/na	Y / N / na	
	and properly supported		<mark>Y</mark> / N	/ na	Y/N/na	Y / N / na	
	sealing, painted orange and not br	oken	<mark>Y</mark> / N	/ na	Y/N/na	Y/N/ <mark>na</mark>	
Vapor manhole cle	an, dry, and free of dirt and debris		Y / N	/ na	Y / N / na	Y/N/ <mark>na</mark>	
Vapor Manhole fre	e of cracks, Bulges, or holes		<mark>Y</mark> / N	I / na	<mark>Y</mark> / N / na	Y/N/ <mark>na</mark>	
Vapor Cap present	and seals tightly		<mark>Y</mark> / N	/ na	Y/N/na	Y/N/ <mark>na</mark>	
Vapor recovery po			<mark>Y</mark> / N	/ na	Y / N / na	Y/N/ <mark>na</mark>	
Concrete pad in go			<mark>Y</mark> / N	/ na	Y/N/na	<mark>Y</mark> / N / na	
STP sump lids in good condition and securely bolted down Y/N/na Y/N/na Y/N/na							
notes; Need to replace s	pill bucket lids						
	Dispens	ser/ Dispe	nser Sui	mps			
	Description			Checke	ed Com	ments	
Hanging Hdwe.(r	ozzles,hoses,swivels, Whips, etc.) in Go	od working	order	O.K			
Decals / Placards	present and legible			O.K			
Displays in good	working order			O.K			
Dispenser Sumps				O.K			
	n Lowest point of sump			O.K			
	schored properly and piping free	e of leaks		O.K			
No visible leaks a	1 1 1 1 0			O.K			
	rly anchored and sealed around	the Bottom		O.K			
	ace and in working order	ine Bettein		O.K			
	n place and working			O.K			
notes;	ii prace and working			0.10	l		
		General					
	Area of interest		Insp		Comments	3	
Painting conditio	n		O.K				
Canopy lighting			O.K				
Lower Dispenser	Doors		O.K				
Merchandiser cas	es		O.K				
Curbs /Pump Isla	nds		O.K				
	ion- Large cracks, potholes, etc	•	O.K				
Price sign and pro			O.k				
	Signati	ure:			Date:		
	nformation given on this	Tu	rvor Tur	nen		04/03/23	
report is true and	accurate.	,,,	, , , , ,	.,-,			

Kroger Monthly inspection Report							
Store #	Addres	ss:	-		State ID #	Date	
L0741	525 East Clift	ty Drive			25329	06/06/23	
Inspected by:	Madison India	•		Eme	ergency Stop Acces	ssible <mark>Y</mark> / N	
Trevor Turner					Electric Panels Blocked Y / N		
	l date w/ Status report Filed Y/N	Veed	er Poot "A		tions Normal" LED'		
Class C list current			mer Log p				
	have proper pressure Y/N				erly identified and sec		
notes;			8		<u> </u>		
	,	Tank Fill A	Area				
			RU	L	Premium	Diesel	
Spill Containment	Manhole / Drain Valve in good co	ondition	<mark>Y</mark> / N	/ na	Y / N / na	Y / N / na	
Spill Manhole Clea	nn, Dry, and free of dirt and debris		Y / N	/ na	Y / <mark>N</mark> / na	Y / <mark>N</mark> / na	
Double Wall Liqui	d Gauge shows empty		<mark>Y</mark> / N	/ na	Y / N / na	Y / N / na	
Fill adapter in good	d condition and smooth seal surfac	ee	Y / N	/ na	Y / N / na	Y / N / na	
	and properly supported		Y / N	/ na	Y / N / na	Y / N / na	
	sealing, painted orange and not be		Y / N	/ na	Y / N / na	Y/N/ <mark>na</mark>	
Vapor manhole cle	an, dry, and free of dirt and debris	3	Y / N	/ na	Y / N / na	Y/N/ <mark>na</mark>	
Vapor Manhole fre	e of cracks, Bulges, or holes		<mark>Y</mark> / N	/ na	Y/N/na	Y/N/ <mark>na</mark>	
Vapor Cap present	and seals tightly		<mark>Y</mark> / N	/ na	Y / N / na	Y/N/ <mark>na</mark>	
Vapor recovery po			Y / N	/ na	Y / N / na	Y/N/ <mark>na</mark>	
Concrete pad in go			<mark>Y</mark> / N	/ na	Y / N / na	Y / N / na	
	ood condition and securely bolted	down	<mark>Y</mark> / N	/ na	Y / N / na	<mark>Y</mark> / N / na	
notes; Need to replace s	pill bucket lids						
	Dispen	ser/ Disper	iser Sur	nps			
	Description		(Checked	Com	ments	
Hanging Hdwe.(r	nozzles,hoses,swivels, Whips, etc.) in Go	ood working o	rder	O.K			
Decals / Placards	present and legible			O.K			
Displays in good	working order			O.K			
Dispenser Sumps	Clean and dry			O.K			
	n Lowest point of sump			O.K			
	schored properly and piping free	e of leaks		O.K			
No visible leaks a	1 1 1 1 1			O.K			
	rly anchored and sealed around	l the Bottom		O.K			
	ace and in working order			O.K			
	n place and working			O.K			
notes;	in prace and working			<u> </u>	1		
		General					
	Area of interest		Insp		Comments	3	
Painting conditio	n		O.K				
Canopy lighting			O.K				
Lower Dispenser	Doors		O.K				
Merchandiser cas	ses		O.K				
Curbs /Pump Isla	nds		O.K				
	ion- Large cracks, potholes, etc	c.	O.K				
Price sign and pro			O.k				
	Signat		I .		Date:		
report is true and	nformation given on this	Tre	vor Tari	ner		06/06/23	
proport is true and	accurate.	• • •					

Kroger Monthly inspection Report							
Store #	Address:	*			State ID#	Date	
L0741	525 East Clifty	Drive			25329	07/13/23	
Inspected by:	Madison Indiana			Emer	gency Stop Acces	ssible <mark>Y</mark> / N	
Trevor Turner					Electric Panels Blocked Y / N		
	late w/ Status report Filed Y/N	Veeder Po	ot " A 11		ons Normal" LED'		
Class C list current		Skimmer I					
	have proper pressure Y/N				ly identified and sec		
notes;			5	FF	-,		
	Ta	ank Fill Area					
			RUL		Premium	Diesel	
Spill Containment	Manhole / Drain Valve in good cond	ition Y	/ N / 1	na	Y / N / na	Y / N / na	
Spill Manhole Clea	nn, Dry, and free of dirt and debris	Y	/ N / r	1a	Y / <mark>N</mark> / na	Y / <mark>N</mark> / na	
Double Wall Liqui	d Gauge shows empty	Y	/ N / 1	na	Y/N/na	Y / N / na	
Fill adapter in good	d condition and smooth seal surface	<u></u> _	/ N / 1	1a	<mark>Y</mark> / N / na	Y / N / na	
	and properly supported		/ N / r		<mark>Y</mark> / N / na	Y / N / na	
	sealing, painted orange and not brok	ten Y	/ N / r	1a	<mark>Y</mark> / N / na	Y/N/ <mark>na</mark>	
Vapor manhole cle	an, dry, and free of dirt and debris	Y	/ N / 1	ıa	<mark>Y</mark> / N / na	Y/N/ <mark>na</mark>	
Vapor Manhole fre	e of cracks, Bulges, or holes	Y	/ N / 1	na	<mark>Y</mark> / N / na	Y/N/ <mark>na</mark>	
Vapor Cap present	and seals tightly	Y	/ N / 1	ıa	Y / N / na	Y/N/ <mark>na</mark>	
Vapor recovery po		Y	/ N / 1	na	Y / N / na	Y/N/ <mark>na</mark>	
Concrete pad in go			/ N / 1	ıa	Y / N / na	<mark>Y</mark> / N / na	
	ood condition and securely bolted do	own Y	/ N / r	na	Y/N/na	<mark>Y</mark> / N / na	
notes; Need to replace s	pill bucket lids						
	Dispense	r/ Dispenser	Sump	OS			
	Description		Che	ecked	Comr	ments	
Hanging Hdwe.(r	nozzles,hoses,swivels, Whips, etc.) in Good	l working order	(D.K			
Decals / Placards	present and legible		(D.K			
Displays in good	working order			D.K			
Dispenser Sumps				D.K			
	n Lowest point of sump		_	D.K			
	schored properly and piping free of	of leaks	_	D.K			
No visible leaks a	1 1 1 1 1			D.K			
	rly anchored and sealed around th	ne Bottom	_	D.K			
	ace and in working order	ie Bottom	_	D.K			
	n place and working		_	D.K			
notes;	ii piace and working			J.K			
		General					
	Area of interest	Insı)		Comments	3	
Painting conditio	n	O.K					
Canopy lighting		O.K					
Lower Dispenser	Doors	O.K					
Merchandiser cas	ses	O.K					
Curbs /Pump Isla	nds	O.K					
	ion- Large cracks, potholes, etc.	O.K	,				
Price sign and pro	<u> </u>	O.k	_				
	Signature				Date:		
report is true and	nformation given on this	Trevor	Turne	μ		07/13/23	
proport is true and	accurate.	•	•				

Kroger Monthly inspection Report							
Store #	Address				State ID #	Date	
L0741	525 East Clift	y Drive			25329	08/08/23	
Inspected by:	Madison Indiar	•		Eı	mergency Stop Acces	ssible <mark>Y</mark> / N	
Trevor Turner					Electric Panels Blocked Y / N		
	late w/ Status report Filed Y/N	Vee	der Root "		nctions Normal" LED'		
Class C list current					$\frac{1}{2}$ and current $\frac{\mathbf{Y}}{\mathbf{N}}$		
	have proper pressure Y/N				perly identified and sec		
notes;			<u> </u>		1		
	-	Tank Fill .	Area				
			RU	ЛL	Premium	Diesel	
Spill Containment	Manhole / Drain Valve in good cor	ndition	Y / N	/ na	Y/N/na	Y / N / na	
Spill Manhole Clea	n, Dry, and free of dirt and debris		<mark>Y</mark> / N	/ na	Y / <mark>N</mark> / na	Y / <mark>N</mark> / na	
Double Wall Liqui	d Gauge shows empty		<mark>Y</mark> / N	/ na	Y / N / na	Y / N / na	
Fill adapter in good	l condition and smooth seal surface	e	<mark>Y</mark> / N	/ na	<mark>Y</mark> / N / na	<mark>Y</mark> / N / na	
Vent Caps present	and properly supported		<mark>Y</mark> / N	/ na	Y / N / na	Y / N / na	
	sealing, painted orange and not br	oken	<mark>Y</mark> / N	/ na	Y/N/na	Y/N/ <mark>na</mark>	
Vapor manhole cle	an, dry, and free of dirt and debris		<mark>Y</mark> / N	/ na	Y / N / na	Y/N/ <mark>na</mark>	
Vapor Manhole fre	e of cracks, Bulges, or holes		<mark>Y</mark> / N	I / na	<mark>Y</mark> / N / na	Y/N/ <mark>na</mark>	
Vapor Cap present	and seals tightly		<mark>Y</mark> / N	/ na	Y/N/na	Y/N/ <mark>na</mark>	
Vapor recovery po			<mark>Y</mark> / N	/ na	Y/N/na	Y/N/ <mark>na</mark>	
Concrete pad in go			<mark>Y</mark> / N	/ na	Y/N/na	<mark>Y</mark> / N / na	
	ood condition and securely bolted	down	<mark>Y</mark> / N	/ na	Y/N/na	<mark>Y</mark> / N / na	
notes; Need to replace s	pill bucket lids						
	Dispens	ser/ Dispe	nser Sui	mps			
	Description			Checke	ed Com	ments	
Hanging Hdwe.(r	ozzles,hoses,swivels, Whips, etc.) in Go	od working	order	O.K			
Decals / Placards	present and legible			O.K			
Displays in good	working order			O.K			
Dispenser Sumps				O.K			
	n Lowest point of sump			O.K			
	schored properly and piping free	e of leaks		O.K			
No visible leaks a	1 1 1 1 0			O.K			
	rly anchored and sealed around	the Bottom		O.K			
	ace and in working order	ine Bettein		O.K			
	n place and working			O.K			
notes;	in prace and working			0.10			
		General					
	Area of interest		Insp		Comments	3	
Painting conditio	n		O.K				
Canopy lighting			O.K				
Lower Dispenser	Doors		O.K				
Merchandiser cas	es		O.K				
Curbs /Pump Isla	nds		O.K				
	ion- Large cracks, potholes, etc	•	O.K				
Price sign and pro			O.k				
	Signati	ure:	<u> </u>		Date:		
	nformation given on this	Tu	rvor Tur	ner		08/08/23	
report is true and	accurate.	• • •		• •			

Kroger Monthly inspection Report							
Store #	Addre		_		State ID#	Date	
L0741	525 East Cli	fty Drive			25329	09/03/23	
Inspected by:	Madison India	•		F	Emergency Stop Acc	essible Y / N	
Trevor Turner					Electric Panels Blocked Y / N		
	late w/ Status report Filed Y/N	J Vo	eder Root		unctions Normal" LEI		
Class C list current	<u>-</u>				nt and current Y/		
	have proper pressure Y/N				operly identified and s		
notes;				r			
		Tank Fill	Area				
			R	UL	Premium	Diesel	
Spill Containment	Manhole / Drain Valve in good c	ondition	Y /]	N / na	Y/N/na	Y / N / na	
Spill Manhole Clea	n, Dry, and free of dirt and debri	S	Y /]	N / na	Y / <mark>N</mark> / na	Y / <mark>N</mark> / na	
Double Wall Liqui	d Gauge shows empty		<mark>Y</mark> /]	N / na	Y/N/na	Y/N/na	
Fill adapter in good	l condition and smooth seal surfa	ice	Y /]	N / na	Y/N/na	Y/N/na	
	and properly supported			N / na	Y / N / na	Y / N / na	
	sealing, painted orange and not b		Y /]	N / na	Y / N / na	Y/N/ <mark>na</mark>	
Vapor manhole cle	an, dry, and free of dirt and debri	is	Y /]	N / na	Y/N/na	Y/N/ <mark>na</mark>	
Vapor Manhole fre	e of cracks, Bulges, or holes		Y /]	N / na	Y/N/na	Y/N/ <mark>na</mark>	
Vapor Cap present	and seals tightly		Y /]	N / na	Y/N/na	Y/N/ <mark>na</mark>	
Vapor recovery po			Y /]	N / na	Y/N/na	Y/N/ <mark>na</mark>	
Concrete pad in go			Y /]	N / na	Y/N/na	Y/N/na	
	ood condition and securely bolted	d down	Y /]	N / na	Y / N / na	Y/N/na	
notes; Need to replace s	pill bucket lids						
	Disper	nser/ Disp	enser Su	umps			
	Description			Check	ced Con	nments	
Hanging Hdwe.(r	nozzles,hoses,swivels, Whips, etc.) in ${ m G}$	ood working	g order	O.k	<		
Decals / Placards	present and legible			O.k	<		
Displays in good	working order			O.k	<		
Dispenser Sumps				O.k			
	n Lowest point of sump			O.k			
	chored properly and piping fr	ee of leaks		O.k			
No visible leaks a	1 1 1 1 1			O.k			
	rly anchored and sealed aroun	d the Botton	<u> </u>	O.k			
	ace and in working order	d the Better		O.k			
	n place and working			O.k			
notes;	in prace and working			<u> </u>	`		
		Genera	al				
	Area of interest		Insp		Commen	ts	
Painting conditio	n		O.K				
Canopy lighting			O.K				
Lower Dispenser	Doors		O.K				
Merchandiser cas	ses		O.K				
Curbs /Pump Isla	nds		O.K				
	ion- Large cracks, potholes, et	tc.	O.K				
Price sign and pro			O.k				
	Sign	ature:	1		Date		
	nformation given on this	T	- uevor Tu	- wner		09/03/23	
report is true and	accurate.	• •	. , ••	•			

Kroger Monthly inspection Report							
Store #	Address:	<u> </u>			State ID #	Date	
L0741	525 East Clifty [Orive			25329	10/05/23	
Inspected by:	Madison Indiana			Emer	gency Stop Acces	ssible <mark>Y</mark> / N	
Trevor Turner					Electric Panels Blocked Y / N		
	date w/ Status report Filed Y/N	Veeder Ro	ot " A 11		ons Normal" LED'		
Class C list current		Skimmer I					
	have proper pressure Y/N				ly identified and sec		
notes;		3	,	rr			
	Та	ınk Fill Area					
			RUL		Premium	Diesel	
Spill Containment	Manhole / Drain Valve in good condi	ition Y	/ N / 1	ıa	Y / N / na	Y / N / na	
Spill Manhole Clea	n, Dry, and free of dirt and debris	Y	/ N / 1	na	Y / <mark>N</mark> / na	Y / <mark>N</mark> / na	
Double Wall Liqui	d Gauge shows empty	Y	/ N / 1	ıa	Y/N/na	Y / N / na	
Fill adapter in good	d condition and smooth seal surface	Y	/ N / 1	na	<mark>Y</mark> / N / na	Y / N / na	
	and properly supported		/ N / r		<mark>Y</mark> / N / na	Y / N / na	
	sealing, painted orange and not brok	en Y	/ N / r	ıa	<mark>Y</mark> / N / na	Y/N/ <mark>na</mark>	
Vapor manhole cle	an, dry, and free of dirt and debris	Y	/ N / 1	ıa	<mark>Y</mark> / N / na	Y/N/ <mark>na</mark>	
Vapor Manhole fre	e of cracks, Bulges, or holes	Y	/ N / 1	na	<mark>Y</mark> / N / na	Y/N/ <mark>na</mark>	
Vapor Cap present	and seals tightly	Y	/ N / 1	na	<mark>Y</mark> / N / na	Y/N/ <mark>na</mark>	
Vapor recovery po		Y	/ N / 1	na	<mark>Y</mark> / N / na	Y/N/ <mark>na</mark>	
Concrete pad in go			/ N / 1	ıa	Y / N / na	<mark>Y</mark> / N / na	
	ood condition and securely bolted do	wn Y	/ N / r	ıa	<mark>Y</mark> / N / na	<mark>Y</mark> / N / na	
notes; Need to replace s	pill bucket lids						
	Dispense	r/ Dispenser	Sump	OS			
	Description		Che	ecked	Comr	nents	
Hanging Hdwe.(r	nozzles,hoses,swivels, Whips, etc.) in Good	working order	(D.K			
Decals / Placards	present and legible		(D.K			
Displays in good	working order			D.K			
Dispenser Sumps				D.K			
	n Lowest point of sump		_	D.K			
	schored properly and piping free o	of leaks	_	D.K			
No visible leaks a	1 1 1 1 1			D.K			
	rly anchored and sealed around th	e Bottom	_	D.K			
	ace and in working order	Dottom	_).K			
	n place and working		_).K			
notes;	ii piace and working			J.K			
		General					
	Area of interest	Insp)		Comments	<u> </u>	
Painting conditio	n	O.K					
Canopy lighting		O.K					
Lower Dispenser	Doors	O.K					
Merchandiser cas	es	O.K					
Curbs /Pump Isla		O.K					
	ion- Large cracks, potholes, etc.	O.K					
Price sign and pro		O.k	_				
	Signature				Date:		
	nformation given on this	Trevor	Tunno.	μ		10/05/23	
report is true and	accurate.	, , 000/	, 00 10	•			

Kroger Monthly inspection Report							
Store #	Address:				State ID #	Date	
L0741	525 East Clifty	Drive			25329	11/06/23	
Inspected by:	Madison Indiana	47250		Emei	rgency Stop Acces	ssible <mark>Y</mark> / N	
Trevor Turner					Electric Panels Blocked Y / N		
	date w/ Status report Filed Y/N	Veeder-Ro	of "A11		ons Normal" LED'		
Class C list current	<u>+</u>	Skimmer					
	have proper pressure Y/N				ly identified and sec		
notes;		•			•		
	T	ank Fill Area	ļ				
			RUL		Premium	Diesel	
Spill Containment	Manhole / Drain Valve in good cond	lition	/ N / 1	na	<mark>Y</mark> / N / na	<mark>Y</mark> / N / na	
	nn, Dry, and free of dirt and debris		/ N / 1	na	Y / <mark>N</mark> / na	Y / <mark>N</mark> / na	
Double Wall Liqui	d Gauge shows empty		/ N / 1	na	<mark>Y</mark> / N / na	<mark>Y</mark> / N / na	
	d condition and smooth seal surface		/ N / 1	na	<mark>Y</mark> / N / na	<mark>Y</mark> / N / na	
	and properly supported		/ N / 1		Y / N / na	Y / N / na	
	sealing, painted orange and not broke	ren <mark>y</mark>	/ N / 1	na	<mark>Y</mark> / N / na	Y/N/ <mark>na</mark>	
	an, dry, and free of dirt and debris	, and the second	/ N / 1	na	Y / N / na	Y/N/ <mark>na</mark>	
	e of cracks, Bulges, or holes		/ N / 1		Y / N / na	Y/N/ <mark>na</mark>	
Vapor Cap present			/ N / 1		Y/N/na	Y/N/ <mark>na</mark>	
Vapor recovery po			/ N / 1		Y/N/na	Y/N/ <mark>na</mark>	
Concrete pad in go			/ N / 1		Y/N/na	Y / N / na	
	ood condition and securely bolted do	own	/ N / 1	na	Y/N/na	Y/N/na	
notes; Need to replace s	pill bucket lids						
	Dispense	er/ Dispenser	Sump	os			
	Description		Ch	ecked	Comr	ments	
Hanging Hdwe.(r	nozzles,hoses,swivels, Whips, etc.) in Good	d working order	(O.K			
Decals / Placards	present and legible		(O.K			
Displays in good	working order		(O.K			
Dispenser Sumps	Clean and dry		(O.K			
Sensor installed i	n Lowest point of sump		(D.K			
Impact valves Ar	schored properly and piping free	of leaks	(D.K			
No visible leaks a	at Meters		(O.K			
Dispensers prope	rly anchored and sealed around tl	ne Bottom		D.K			
	ace and in working order			D.K			
	n place and working			D.K			
notes;	in place and working			J.1.			
		General					
	Area of interest	Ins	р		Comments	<u> </u>	
Painting conditio	n	O.I					
Canopy lighting		O.I					
Lower Dispenser	Doors	O.I					
Merchandiser cas	ses	0.1					
Curbs /Pump Isla	nds	0.1					
	ion- Large cracks, potholes, etc.	0.1					
Price sign and pro		0.1					
	Signature				Date:		
	nformation given on this	Trevor	Turno.	μ		11/06/23	
report is true and	accurate.	, , 000,	, /(0	•			

	Kroger Mont	hly inspe	ctio	n Ro	eport				
Store #	Address:				State ID #	Date			
L0741	525 East Clifty	Drive			25329	12/01/23			
Inspected by:	Madison Indiana			Emer	gency Stop Acces	ssible <mark>Y</mark> / N			
Trevor Turner			Electric Panels Blocked Y / N						
	date w/ Status report Filed Y/N	Veeder P	oot "A 11		ons Normal" LED'				
Class C list current		Skimmer							
	have proper pressure Y/N				ly identified and sec				
notes;		•	8	1 1	<u>,</u>				
	T	ank Fill Area	ì						
			RUL		Premium	Diesel			
Spill Containment	Manhole / Drain Valve in good con-	dition	<mark>Y</mark> / N / 1	na	Y / N / na	Y / N / na			
Spill Manhole Clea	n, Dry, and free of dirt and debris		<mark>Y</mark> / N / 1	na	Y / <mark>N</mark> / na	Y / <mark>N</mark> / na			
Double Wall Liqui	d Gauge shows empty		<mark>Y</mark> / N / 1	na	Y / N / na	<mark>Y</mark> / N / na			
Fill adapter in good	d condition and smooth seal surface		<mark>Y</mark> / N / 1	na	<mark>Y</mark> / N / na	<mark>Y</mark> / N / na			
	and properly supported		Y / N / 1		<mark>Y</mark> / N / na	Y / N / na			
	sealing, painted orange and not bro	ken	<mark>Y</mark> / N / 1	na	<mark>Y</mark> / N / na	Y/N/ <mark>na</mark>			
Vapor manhole cle	an, dry, and free of dirt and debris		<mark>Y</mark> / N / 1	na	Y / N / na	Y/N/ <mark>na</mark>			
Vapor Manhole fre	e of cracks, Bulges, or holes		<mark>Y</mark> / N / 1	na	<mark>Y</mark> / N / na	Y/N/ <mark>na</mark>			
Vapor Cap present	and seals tightly		Y / N / 1	na	Y / N / na	Y/N/ <mark>na</mark>			
Vapor recovery po			Y / N / 1	na	Y / N / na	Y/N/ <mark>na</mark>			
Concrete pad in go			<mark>Y</mark> / N / 1	na	Y / N / na	<mark>Y</mark> / N / na			
	ood condition and securely bolted d	own	<mark>Y</mark> / N / 1	na	Y/N/na	<mark>Y</mark> / N / na			
notes; Need to replace s	pill bucket lids								
	Dispense	er/ Dispensei	Sumj	os					
	Description		Ch	ecked	Comr	nents			
Hanging Hdwe.(r	nozzles,hoses,swivels, Whips, etc.) in Goo	d working order	(D.K					
Decals / Placards	present and legible		(O.K					
Displays in good	working order			D.K					
Dispenser Sumps				O.K					
	n Lowest point of sump			D.K					
	schored properly and piping free	of leaks		D.K					
No visible leaks a	1 1 1 1 1 1			D.K					
	rly anchored and sealed around t	he Bottom		D.K					
	ace and in working order	ine Bettern		D.K					
	n place and working			D.K					
notes;	in prace and working			J.N					
		General							
	Area of interest	Ins	р		Comments	· · · · · · · · · · · · · · · · · · ·			
Painting conditio	n	О.	K						
Canopy lighting		0.	<						
Lower Dispenser	Doors	0.	K						
Merchandiser cas	es	0.	(
Curbs /Pump Isla		0.	<						
	ion- Large cracks, potholes, etc.	0.							
Price sign and pro		0.							
	Signatur				Date:				
	nformation given on this	Trevor	Turno	μ		12/01/23			
report is true and	accurate.	, , 000,	, 50 110	•					

	Kroger Mon	thly ins	specti	on]	Report					
Store #	Address				State ID #	Date				
L0741	525 East Clift	y Drive			25329	01/03/24				
Inspected by:	Madison Indiar	•		En	nergency Stop Acces	ssible Y / N				
Trevor Turner				Electric Panels Blocked Y / N						
	late w/ Status report Filed Y/N	Vee	der Root "		ections Normal" LED'					
Class C list current					and current Y/N					
	have proper pressure Y/N				perly identified and sec					
notes;			<u>-</u>	F						
	-	Tank Fill A	Area							
			RU	JL	Premium	Diesel				
Spill Containment	Manhole / Drain Valve in good cor	ndition	<mark>Y</mark> / N	/ na	Y / N / na	Y / N / na				
Spill Manhole Clea	n, Dry, and free of dirt and debris		<mark>Y</mark> / N	/ na	Y / <mark>N</mark> / na	Y / <mark>N</mark> / na				
Double Wall Liqui	d Gauge shows empty		<mark>Y</mark> / N	/ na	Y / N / na	Y / N / na				
Fill adapter in good	l condition and smooth seal surface	e	<mark>Y</mark> / N	/ na	Y / N / na	<mark>Y</mark> / N / na				
	and properly supported		Y / N		Y / N / na	Y / N / na				
	sealing, painted orange and not br	oken	<mark>Y</mark> / N	/ na	Y/N/na	Y/N/ <mark>na</mark>				
Vapor manhole cle	an, dry, and free of dirt and debris		<mark>Y</mark> / N	/ na	Y / N / na	Y/N/ <mark>na</mark>				
Vapor Manhole fre	e of cracks, Bulges, or holes		<mark>Y</mark> / N	/ na	Y / N / na	Y/N/ <mark>na</mark>				
Vapor Cap present	and seals tightly		<mark>Y</mark> / N	/ na	Y / N / na	Y/N/ <mark>na</mark>				
Vapor recovery po			<mark>Y</mark> / N	/ na	Y / N / na	Y/N/ <mark>na</mark>				
Concrete pad in go			<mark>Y</mark> / N	/ na	Y / N / na	<mark>Y</mark> / N / na				
	ood condition and securely bolted	down	<mark>Y</mark> / N	/ na	Y / N / na	Y / N / na				
notes; Need to replace s	pill bucket lids									
	Dispens	ser/ Dispe	nser Sui	mps						
	Description			Checke	d Com	ments				
Hanging Hdwe.(r	ozzles,hoses,swivels, Whips, etc.) in Go	od working o	order	O.K						
Decals / Placards	present and legible			O.K						
Displays in good	working order			O.K						
Dispenser Sumps				O.K						
	n Lowest point of sump			O.K						
	schored properly and piping free	e of leaks		O.K						
No visible leaks a	1 1 1 1 0			O.K						
	rly anchored and sealed around	the Bottom		O.K						
	ace and in working order	the Bettelin		O.K						
	n place and working			O.K						
notes;	ii prace and working			U.K	1					
		General								
	Area of interest		Insp		Comments	3				
Painting conditio	n		O.K							
Canopy lighting			O.K							
Lower Dispenser	Doors		O.K							
Merchandiser cas	es		O.K							
Curbs /Pump Isla	nds		O.K							
	ion- Large cracks, potholes, etc		O.K							
Price sign and pro			O.k							
	Signati	ure:	<u> </u>		Date:					
	nformation given on this	Tuo	rvor Tur	ner		01/03/24				
report is true and	accurate.	, , ,	. ,	• •						

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	ı Inspe	ction										
			1	ı. UST	Facility	Informatio	on								
Agency Interest Num	ber (AI)	2532	9												
UST Facility Name		Krog	er Lo741												
UST Facility Physical	l Address	Stree	et Address: 525 E Clifty Dr					City: Madi	son				Zip Code:	47250-	
			2.	Annua	l Insped	tion Chec	klist								
The monthly walkthrough			Inspection Date	3 / 12 /	24										
annual walkthrough inspection and should completed at the time of the annual inspection			Tank Number / Product Type	1		RUL	2	2	PRM	3		DSL			
	Spill	Preve	ntion		·			·			·			·	
	s show no signs of leakage	⊠Y	□N	□ N/A	⊠Y	□ N	□ N/A	⊠Y	□N	□ N/A	ΠY	□N	□ N/A		
	2. No evidence of a	potenti	al release into the environment	⊠Υ	□N	□ N/A	⊠Y	□N	□ N/A	⊠Y	□N	□ N/A	ΠY	□N	□ N/A
	All Submersible Turbine Pump 3. Excess corrosion is		present	⊠Y	□N	□ N/A	⊠Y	□N	□ N/A	⊠Y	□N	□ N/A	ΠY	□N	□ N/A
(STP) Areas	4. STP area is free o	of debri	s	⊠Υ	□N	□ N/A	×Ν	□N	□ N/A	⊠Υ	□N	□ N/A	ΠY	□N	□ N/A
	5. Metallic componer are cathodically prote		not in contact with soil or water, or	⊠Y	□N	□ N/A	×Ν	□N	□ N/A	×	□N	□ N/A	ΠY	□N	□ N/A
	6. Any water or prod	uct ren	noved & properly disposed	⊠Y	□N	□ N/A	⊠Y	□N	□ N/A	⊠Y	□N	□ N/A	ΠY	□N	□ N/A
STP in	7. Sumps are free of	cracks	s, holes, or other defects	⊠Y	□N	□ N/A	⊠Y	□N	□ N/A	⊠Y	□N	□ N/A	□Y	□N	□ N/A
Containment Sump	8. Sump lids, gasket	s, & se	als present & in good condition	⊠Y	□N	□ N/A	⊠Y	□N	□ N/A	⊠Y	□N	□ N/A	□Y	□N	□ N/A
·	9. Manway covers a sump cover, all bolts		in good condition, does not touch	⊠Y	□N	□ N/A	⊠Y	□N	□ N/A	⊠Y	□N	□ N/A	□Y	□N	□ N/A
	10. Visible piping and	fitting	s show no signs of leakage	⊠Y	□N	□ N/A	⊠Y	□N	□ N/A	⊠Y	□N	□ N/A	□Y	□N	□ N/A
All Dispenser	11. No evidence of a	potent	ial release into the environment	⊠Y	□N	□ N/A	⊠Y	□N	□ N/A	⊠Y	□N	□ N/A	□Y	□N	□ N/A
An Dispenser	12. Shear valves are	preser	nt & securely anchored	⊠Y	□N	□ N/A	×Ν	□N	□ N/A	⊠Y	□N	□ N/A	□Y	□N	□ N/A
	13. Metallic components are not in contact with soil or water, or are cathodically protected				□N	□ N/A	×Ν	□N	□ N/A	⊠Y	□N	□ N/A	□Y	□N	□ N/A
	14. Any water or prod	duct rei	moved & properly disposed	⊠Y	□N	□ N/A	⊠Y	□ N	□ N/A	⊠Y	□N	□ N/A	ΠY	□N	□ N/A
Dispensers	15. UDCs are free of	trash,	debris, & used filters	⊠Y	□N	□ N/A	⊠Y	□N	□ N/A	⊠Y	□N	□ N/A	ΠY	□N	□ N/A
with Liquid-Tight UDCs	16. UDCs are free of	cracks	, holes, or other defects	⊠Y	□N	□ N/A	×Ν	□N	□ N/A	⊠Y	□N	□ N/A	ΠY	□N	□ N/A
	17. Penetration fitting	ıs intac	t & secured	⊠Y	□N	□ N/A	×Ν	□N	□ N/A	⊠Y	□N	□ N/A	ΠY	□N	□ N/A

AI														4	01 KAR 4	2:020
			An	nual Insp	ection C	hecklis	t (continued	from Sec	tion 2)							
Tanks continued	from previous page	Tan	k Number / Produc	ct Type	1		RUL	2		PRM	3		DSL			
	Hand	l Held Rele	ase Detection Equ	ipment												
Tank Gauge Stick	18. Tank gauge stick	ks can be cle	arly read & are not b	roken	ΠY	□N	⊠ N/A	ΠY	□N	⊠ N/A	ΠY	□N	⊠ N/A	ΠY	□N	□ N/A
			(Co	3. P orresponds	Problem a to Section	nd Solu 2 – attac	ition / Rep h additional	air Log pages if r	necessary	()						
Description Item Number		Des	cribe Problem						Desc	ribe Solutio	n or Repa	ir				tion or air Date
															1	1
															1	1
															1	1
															/	1
															1	1
															/	1
															/	1
															/	1
					4.	Certifi	cation								•	
In accordance with 928-2380 or (502)	n 401 KAR 42:060, Se 564-2380.	ection 1, co	nfirmed or suspecte	ed releases	s, spills, ar	nd overfi	lls, shall be	reported	immedia	ately to the	cabinet's 2	24-hour L	Emergency	Respons	e Line at	(800)
I certify that I have per document is true, accu	-	d performed	the walkthrough in	spection a	as describe	ed above	for this US	T facility	as estab	lished in 40) C.F.R. 28	30.36. I f	urther certif	y that the	informat	ion in this
Certification		Printed	Bryan Penland										Date	3 / 12 /	24	
		Signature												J. 127		
Check appropriate box	c:	□ UST S	ystem Owner	⊠ UST S	ystem Ope	erator	☐ Cor	nbined C	lass A &	Class B Op	erator		•			
If you have questions or http://eec.ky.gov/pages/				502) 564-5	981 or visit	our web	site at http:	//waste.ky	<u>.gov/ust</u> .	For copies	of facility re	cords ple	ease visit			

GENERAL INSTRUCTIONS UST Annual Walkthrough Inspection

Instructions provided are for the DWM 4220, UST Annual Walkthrough Inspection form. For any questions regarding any section of this form, please call the Division of Waste Management's Underground Storage Tank (UST) Branch. This form must be completed either by typing or by printing legibly with black ink.

The monthly walkthrough inspection is part of the annual walkthrough inspection and should be completed at the time of the annual inspection. Walkthrough inspections shall be completed by the owner, operator, or combined Class A and Class B operator. The walkthrough inspections are to be completed and retained at the UST facility, or made available to the cabinet upon request.

Section	1.	 UST Facility Information: Agency Interest Number (AI) – Enter the agency interest number for the UST facility. UST Facility Name – Enter the UST facility name. UST Facility Physical Address – Enter the UST facility physical address including a street address, city, county, and zip code. A PO Box will not be accepted.
Section	2.	 Annual Inspection Checklist: Inspection Date – Enter date the walkthrough inspection was performed. Tank Number/Product Type – Enter the appropriate tank number and product type for each UST system. Attach additional pages as necessary. During each walkthrough inspection, answer questions 1 through 18 by checking the appropriate box for each corresponding question for each UST system. If a condition is observed select Y (yes). If the condition is not present select N (no). If N is selected for any question, comments are required in Section 3 of this form. If the question does not pertain to the particular UST facility select N/A (not applicable).
Section	3.	 Problem and Solution / Repair Log: Complete this section for any condition observed during the walkthrough inspection with N in Section 2 of this form. Indicate the corresponding question number (1 through 18). Describe the problem. Describe the solution or repair that was preformed to correct the problem. Enter the date the problem was corrected.
Section	4.	 Certification: Certify the annual walkthrough inspection by printing name, sign and date, and select the appropriate box indicating whether you are the UST owner, UST operator, or combined Class A & Class B operator.

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

	-							<u> </u>						
		1.	UST F	acility	Inforn	nation								
Agency Interest Numb	per (AI)	25329												
UST Facility Name		Kroger Lo741												
UST Facility Physical	Address	Street Ad	treet Address: 525E Clifty Dr											
Oor racinty raysicar	Address	City: Mad	lison		County	: Jeffers	on			Zip	Code: 4	7250-		
(The monthly wal	kthrough inspection is part of th		2. Monthly Inspection Checklist e annual walkthrough inspection and should be completed at the time of the annual inspection)											
40 C.F.R. 280.36(a)(deliveries	at interv	als grea	ter than	every 3	0 days s	shall cor	nduct an i	inspect	ion prio	to each	deliver	y.	
Monthly Inspection Da		2/7	/ 24	3/5	/ 24	4 / 22	2 / 24	1	/	1	1	1	1	
	Spill Prevention		l											
Covers & Lids (Spill Buckets)	Present, in good condition, seated firmly on correct tank	□ N/A	⊠Y	□N	⊠Y	□N	⊠Υ	□N	ΠY	□N	ΠY	□N	ΠY	□N
Spill Containment	2. Bucket walls, plunger, plugs, gauges, in good condition	□ N/A	⊠Y	□N	⊠Y	□N	⊠Y	□N	ΠY	□N	ΠY	□N	ΠY	ΠN
Manhole (Spill Buckets)	3. Free of water and product	□ N/A	ØΥ	□N	⊠Υ	□N	⊠Υ	□N	ΠY	ПΝ	ΠY	□N	ΠY	□N
	4. Free of trash or debris	□ N/A	⊠Y	\square N	⊠Υ	□N	⊠Υ	□N	ΠY	□N	ΠY	\square N	ΠY	□N
Drop Tubes	5. Check for and remove obstructions	□ N/A	⊠Υ	□N	⊠Y	□N	⊠Y	□N	ΠY	□N	ΠY	□N	ΠY	ΔN
Drop Tubes	6. Fill cap fits securely	□ N/A	⊠Υ	□N	⊠Y	□N	⊠Υ	□N	ΠY	□N	ΠY	□N	ΠY	□и
	Release Detection	n												
Automatic Tank Gauge (ATG)	7. Passing tank test results	⊠ N/A	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N
Continuous Interstitial Monitoring	8. Sensor status normal	□ N/A	⊠Y	□N	×Ν	□N	×Υ	□N	ПΥ	□N	ΠY	□N	ΠY	ΠN
Statistical Inventory	Previous months results obtained with passing result	⊠ N/A	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	ΠN
Reconciliation (SIR)	10. Data being collected for current month	⊠ N/A	ПΥ	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□ N
Monthly Piping Leak Test	11. Passing piping leak test results	⊠ N/A	ПΥ	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N
Manual Interstitial Monitoring for Piping 12. Tank-top sumps inspected, free of liquid ☑ N/A			ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N
	onally examined and performe that the information in this do						ibed ab	ove for	this UST	facility	as esta	ablished	d in 40 C	 C.F.R.
Walkthrough Certifica (Must be completed by the & Class B Operator)	Class A	В	Р	В	Р	В	Р							

(The monthly v	Monthly Inspection Checklist (continued from Section 2) (The monthly walkthrough inspection is part of the annual walkthrough inspection and should be completed at the time of the annual inspection)									1)				
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.										y.				
Monthly Inspection Da	nte		1	1	/	/	1	1	1	1	1	/	/	1
	Spill Prevention				,									
Covers & Lids (Spill Buckets)	Present, in good condition, seated firmly on correct tank	□ N/A	ΠY	□N	ΠY	□N	ПΥ	□N	ΠY	□N	ΠY	□N	ΠY	□N
Spill Containment	2. Bucket walls, plunger, plugs, gauges, in good condition	□ N/A	□Υ	□N	□Υ	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□ĸ
Manhole (Spill Buckets)	3. Free of water and product	□ N/A	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□и	ΠY	□N	ΠY	□N
	4. Free of trash or debris	□ N/A	ΠY	□N	ΠY	□N	ПΥ	□N	ΠY	□N	ΠY	□N	ПΥ	□N
Drop Tubes	5. Check for and remove obstructions	□ N/A	ПΥ	□N	ПΥ	□N	ПΥ	□N	ΠY	□N	ΠY	□N	ΠY	□N
	6. Fill cap fits securely	□ N/A	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□и	ΠY	□N	ΠY	□и
	Release Detection													
Automatic Tank Gauge (ATG)	7. Passing tank test results	□ N/A	ПΥ	□N	ПΥ	□N	ПΥ	□N	ΠY	□N	ΠY	□N	ΠY	□и
Continuous Interstitial Monitoring	8. Sensor status normal	□ N/A	□Y	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□и
Statistical Inventory	9. Previous months results obtained with passing result	□ N/A	ΠY	□N	ПΥ	□N	ΠY	□N	ΠY	□и	ΠY	□N	ΠY	Пи
Reconciliation (SIR)	10. Data being collected for current month	□ N/A	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N
Monthly Piping Leak Test	11. Passing piping leak test results	□ N/A	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N
Manual Interstitial Monitoring for Piping	12. Tank-top sumps inspected, free of liquid	□ N/A	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N	ΠY	□N
I certify that I have personally examined and performed the walkthrough inspect 280.36. I further certify that the information in this document is true, accurate a							ibed ab	ove for	this US	T facility	y as est	ablishe	d in 40 (C.F.R.
Walkthrough Certifica (Must be completed by the														

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.

ΑI

3. Problem and Solution / Repair Log (Corresponds to Section 2 – attach additional pages if necessary) Inspection Description Solution or **Describe Problem Describe Solution or Repair** Initials Date Repair Date Item / / / / / / / / 1 1 / / / / / / 1 1 1 1 1 1 / / 1 1 1 1 1 1 1 1 1 1 1 1 / / 1 1 1 1 / / 1 1 1 1 / / / / / / / / / / 1 1 1 1 1 1 / / 1 1 1 1 / / 1 1 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.

GENERAL INSTRUCTIONS UST Monthly Walkthrough Inspection

Instructions provided are for the DWM 4230, UST Monthly Walkthrough Inspection form. For any questions regarding any section of this form, please call the Division of Waste Management's Underground Storage Tank (UST) Branch. This form must be completed either by typing or by printing legibly with black ink.

Walkthrough inspections shall be completed by the owner, operator, or combined Class A and Class B operator. The walkthrough inspections are to be completed and retained at the UST facility, or made available to the cabinet upon request.

Section	1.	 UST Facility Information: Agency Interest Number (AI) – Enter the agency interest number for the UST facility. UST Facility Name – Enter the UST facility name. UST Facility Physical Address – Enter the UST facility physical address including a street address, city, county, and zip code. A PO Box will not be accepted.
Section	2.	 Monthly Inspection Checklist: Monthly Inspection Date – Enter date the walkthrough inspection was performed. Each monthly walkthrough inspection shall be indicated in a separate column. The first six (6) months of walkthrough inspections shall be entered on page 1. The remaining six (6) months of walkthrough inspections shall be entered on page 2. During each walkthrough inspection, answer questions 1 through 12 by checking the appropriate box for each corresponding question for the UST facility. If a condition is observed select Y (yes). If the condition is not present select N (no). If N is selected for any question, comments are required in Section 3 of this form. If the question does not pertain to the particular UST facility select N/A (not applicable). Certify the walkthrough inspection by initialing the column for the month performed.
Section	3.	 Problem and Solution / Repair Log: Complete this section for any condition observed during the walkthrough inspection with N in Section 2 of this form. Enter the walkthrough inspection date the condition was observed from Section 1 of this form. Indicate the corresponding question number (1 through 12). Describe the problem. Describe the solution or repair that was preformed to correct the problem. Enter the date the problem was corrected. Initials of the owner, operator, or combined Class A and Class B operator.

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

Certificate of Completion

Awarded to:

Mark Addington

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

License #: 22474

Issue Date: June 28, 2023

Expiration Date: June 28, 2026

Brian C. Rockensuess, Commissioner

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

Kroger Limited Partnership I

6/28/2024										2024-Class C Training: Fuel Center Safety	
Person #	Last, First Name	Job Title	Division	District	Loc	Job Code	Dept Name	Dept Code	Hire Date	Completion Date	System (MyInfo or Fresh Start)
1962238	MCKINNEY, LESA	DAIRY/CLERK	0024 Louisville	07	00741	0060001	Grocery	SGDA	5/14/2014	2/22/2024	MyInfo
3460432	ASHBY, KINSLEE	FRONT END/ASST DEPT LEADER	0024 Louisville	07	00741	0500120	Front End	SFRT	10/1/2020	4/16/2024	MyInfo
3605099	COURTNEY, TROY	STR MGMT/ASST STORE LEADER HM	0024 Louisville	07	00741	2013164	Store Oper	SADM	7/12/2021	3/6/2024	MyInfo
3733307	STEVELEY, CONNOR	FUEL CENTER/CLERK	0024 Louisville	07	00741	2430110	Fuel	SUEL	1/24/2022	4/18/2024	MyInfo
3871270	Gribbins, Hailey	FUEL CENTER/CLERK	0024 Louisville	07	00741	2430110	Fuel	SUEL	5/20/2024	5/22/2024	MyInfo
604187	CHUCKRY, AMBER	FUEL CENTER/LEAD CLERK	0024 Louisville	07	00741	2430111	Fuel	SUEL	12/7/2007	3/13/2024	MyInfo
6107801	White, Cassandra	FROZEN FOOD/LEAD CLERK	0024 Louisville	07	00741	0070002	Grocery	SGFF	11/30/2022	3/12/2024	MyInfo
6407309	Holsapple, Willow	FRONT END/SPECIALIST	0024 Louisville	07	00741	0500157	Front End	SFRT	7/26/2023	2/21/2024	MyInfo
6654626	schafer, Rebecca	GROCERY/CLERK	0024 Louisville	07	00741	0010001	Grocery	SGRO	1/22/2024	2/22/2024	MyInfo
6687733	Riley, Ashley	FUEL CENTER/CLERK	0024 Louisville	07	00741	2430110	Fuel	SUEL	3/4/2024	4/2/2024	MyInfo
6691216	Demitro, Giovanna'	FRONT END/CASHIER	0024 Louisville	07	00741	0500016	Front End	SFRT	3/8/2024	5/21/2024	MyInfo
6776287	Vaught, Alissa	FUEL CENTER/CLERK	0024 Louisville	07	00741	2430110	Fuel	SUEL	5/29/2024	5/31/2024	MyInfo
721780	LEWIS, DENISEA	FRONT END/DEPT LEADER	0024 Louisville	07	00741	0500121	Front End	SFRT	11/27/1984	4/26/2024	MyInfo
737166	THORPE, MARK	STR MGMT/ASST STORE LEADER TM	0024 Louisville	07	00741	2013165	Store Oper	SADM	10/15/1982	4/14/2024	MyInfo