


## SPILL CONTAINMENT DEVICE TEST

	<b>KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION</b>	<i>Mail completed form to:</i> <b>DIVISION OF WASTE MANAGEMENT UNDERGROUND STORAGE TANK BRANCH 200 FAIR OAKS LANE, SECOND FLOOR FRANKFORT, KENTUCKY 40601 (502) 564-5981 <a href="http://waste.ky.gov/ust">http://waste.ky.gov/ust</a></b>	<b>FOR STATE USE ONLY</b>
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UST FACILITY INFORMATION	TESTER INFORMATION
Agency Interest (AI) Number: <b>25329</b>	Tester Name: <b>Bryan Penland</b>
UST Facility Name: <b>Kroger Fuel Center 741</b>	Certification/License #: _____ Expires: _____
Physical Address: <b>525 East Clifty Drive</b>	Tester Certified By: <input type="checkbox"/> Tank Manufacturer <input type="checkbox"/> Test Equipment Manufacturer <input checked="" type="checkbox"/> Other(specify): <b>recommended practices</b> <i>[Mark all that apply]</i>
City, County, Zip: <b>Madison, Jefferson, 47250</b>	Company Name: <b>Kroger Facility Engineering</b>
UST Owner: <b>Kroger</b>	Phone Number: <b>5022404280</b>
Owner Phone Number: <b>502-423-4800</b>	Tester e-mail address: <b>bryan.penland@kroger.com</b>

SPILL CONTAINMENT DEVICE TESTING INFORMATION
Reason(s) for Test: <input checked="" type="checkbox"/> Required Periodic Test <input type="checkbox"/> Suspected Release <input type="checkbox"/> New Installation <input type="checkbox"/> Repair <input type="checkbox"/> DEP Directed <input type="checkbox"/> Other
Date of Test: <b>6/14/24</b> Test Equipment Used: _____
Test Method Used: <input checked="" type="checkbox"/> Hydrostatic (use the test procedures and data table below) <input type="checkbox"/> Vacuum (attach test equipment manufacturer's data sheet and test protocol to this form) <input type="checkbox"/> Other (specify): _____

### 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<sup>th</sup> 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<sup>th</sup> inch or less, the spill containment device passes the test.
7. If the fluid level has changed more than 1/8<sup>th</sup> 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.	TANK ID/PRODUCT	TANK ID/PRODUCT	TANK ID/PRODUCT	TANK ID/PRODUCT
	Premium Fill	Premium Vapor	Diesel Fill	Rul Fill
Spill Containment Installation Type	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in a Sump	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in a Sump	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in a Sump	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> 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 <sub>1</sub> ]	9:10 am	9:10 am	9:10 am	9:10 am
Initial Reading [R <sub>1</sub> ]	12in	12in	11in	11in
Test End Time [T <sub>F</sub> ]	10:10 am	10:10 am	10:10 am	10:10 am
Final Reading [R <sub>F</sub> ]	12in	12in	11in	11in
<b>TEST RESULTS:</b>	<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

Repairs & Retest Required: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Release Reporting Required: <input type="checkbox"/> YES <input type="checkbox"/> NO	Next Test Due: <b>06/2027</b>
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COMMENTS:
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### 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 Penland

Date: **06/14/2024**

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>.

**UST SYSTEM OWNER SHALL RETAIN A COPY OF THIS FORM**

## SPILL CONTAINMENT DEVICE TEST

	<b>KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION</b>	<i>Mail completed form to:</i> <b>DIVISION OF WASTE MANAGEMENT UNDERGROUND STORAGE TANK BRANCH 200 FAIR OAKS LANE, SECOND FLOOR FRANKFORT, KENTUCKY 40601 (502) 564-5981 <a href="http://waste.ky.gov/ust">http://waste.ky.gov/ust</a></b>	<b>FOR STATE USE ONLY</b>
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UST FACILITY INFORMATION	TESTER INFORMATION
Agency Interest (AI) Number: <b>25329</b>	Tester Name: <b>Bryan Penland</b>
UST Facility Name: <b>Kroger Fuel Center 741</b>	Certification/License #: _____ Expires: _____
Physical Address: <b>525 East Clifty Drive</b>	Tester Certified By: <input type="checkbox"/> Tank Manufacturer <input type="checkbox"/> Test Equipment Manufacturer <input checked="" type="checkbox"/> Other(specify): <b>recommended practices</b> <i>[Mark all that apply]</i>
City, County, Zip: <b>Madison, Jefferson, 47250</b>	Company Name: <b>Kroger Facility Engineering</b>
UST Owner: <b>Kroger</b>	Phone Number: <b>5022404280</b>
Owner Phone Number: <b>502-423-4800</b>	Tester e-mail address: <b>bryan.penland@kroger.com</b>

### SPILL CONTAINMENT DEVICE TESTING INFORMATION

<b>Reason(s) for Test:</b> <input checked="" type="checkbox"/> Required Periodic Test <input type="checkbox"/> Suspected Release <input type="checkbox"/> New Installation <input type="checkbox"/> Repair <input type="checkbox"/> DEP Directed <input type="checkbox"/> Other
<b>Date of Test:</b> <b>6/14/24</b> <b>Test Equipment Used:</b> _____
<b>Test Method Used:</b> <input checked="" type="checkbox"/> Hydrostatic (use the test procedures and data table below) <input type="checkbox"/> Vacuum (attach test equipment manufacturer's data sheet and test protocol to this form) <input type="checkbox"/> Other (specify): _____

#### 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<sup>th</sup> 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<sup>th</sup> inch or less, the spill containment device passes the test.
7. If the fluid level has changed more than 1/8<sup>th</sup> 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.	TANK ID/PRODUCT	TANK ID/PRODUCT	TANK ID/PRODUCT	TANK ID/PRODUCT
	Rul Vapor			
Spill Containment Installation Type	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in a Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in a Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in a Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> 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 [T <sub>1</sub> ]	9:10 am			
Initial Reading [R <sub>1</sub> ]	12in			
Test End Time [T <sub>2</sub> ]	10:10 am			
Final Reading [R <sub>2</sub> ]	12in			
<b>TEST RESULTS:</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

<b>Repairs &amp; Retest Required:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>Release Reporting Required:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Next Test Due:</b> <b>06/2027</b>
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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 Penland

Date: **06/14/2024**

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>.

**UST SYSTEM OWNER SHALL RETAIN A COPY OF THIS FORM**

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)	25329		
UST Facility Name	Kroger Lo741		
UST Facility Physical Address	Street Address: 525E Clifty Dr		
	City: Madison	County: Jefferson	Zip Code: 47250-

#### 2. Monthly Inspection Checklist

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

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

Monthly Inspection Date	5 / 3 / 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	<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
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 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
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 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
	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 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

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)	TT					
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**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.

<b>Monthly Inspection Date</b>		/ /	/ /	/ /	/ /	/ /	/ /
<b>Spill Prevention</b>							
<b>Covers &amp; Lids</b> <i>(Spill Buckets)</i>	1. Present, in good condition, seated firmly on correct tank	<input 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
	2. Bucket walls, plunger, plugs, gauges, in good condition	<input 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
<b>Spill Containment Manhole</b> <i>(Spill Buckets)</i>	3. Free of water and product	<input 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
	4. Free of trash or debris	<input 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
<b>Drop Tubes</b>	5. Check for and remove obstructions	<input 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
	6. Fill cap fits securely	<input 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
<b>Release Detection</b>							
<b>Automatic Tank Gauge (ATG)</b>	7. Passing tank test results	<input 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
<b>Continuous Interstitial Monitoring</b>	8. Sensor status normal	<input 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
<b>Statistical Inventory Reconciliation (SIR)</b>	9. Previous months results obtained with passing result	<input 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
	10. Data being collected for current month	<input 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
<b>Monthly Piping Leak Test</b>	11. Passing piping leak test results	<input 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
<b>Manual Interstitial Monitoring for Piping</b>	12. Tank-top sumps inspected, free of liquid	<input 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
<p>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.</p>							
<p><b>Walkthrough Certification (Initial)</b> <i>(Must be completed by the owner, operator, or Combined Class A &amp; Class B Operator)</i></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.*

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
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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/ust>. For copies of facility records please visit <http://eec.ky.gov/pages/openrecords.aspx> or email [EEC.KORA@ky.gov](mailto: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.

<b>Section</b>	<b>1.</b>	<p><b>UST Facility Information:</b></p> <ul style="list-style-type: none"> <li>• <b>Agency Interest Number (AI)</b> – Enter the agency interest number for the UST facility.</li> <li>• <b>UST Facility Name</b> – Enter the UST facility name.</li> <li>• <b>UST Facility Physical Address</b> – Enter the UST facility physical address including a street address, city, county, and zip code. A PO Box will not be accepted.</li> </ul>
<b>Section</b>	<b>2.</b>	<p><b>Monthly Inspection Checklist:</b></p> <ul style="list-style-type: none"> <li>• <b>Monthly Inspection Date</b> – Enter date the walkthrough inspection was performed.</li> <li>• Each monthly walkthrough inspection shall be indicated in a separate column.</li> <li>• The first six (6) months of walkthrough inspections shall be entered on page 1.</li> <li>• The remaining six (6) months of walkthrough inspections shall be entered on page 2.</li> <li>• During each walkthrough inspection, answer questions 1 through 12 by checking the appropriate box for each corresponding question for the UST facility. <ul style="list-style-type: none"> <li>○ If a condition is observed select Y (yes).</li> <li>○ 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.</li> <li>○ If the question does not pertain to the particular UST facility select N/A (not applicable).</li> </ul> </li> <li>• Certify the walkthrough inspection by initialing the column for the month performed.</li> </ul>
<b>Section</b>	<b>3.</b>	<p><b>Problem and Solution / Repair Log:</b></p> <ul style="list-style-type: none"> <li>• Complete this section for any condition observed during the walkthrough inspection with N in Section 2 of this form.</li> <li>• Enter the walkthrough inspection date the condition was observed from Section 1 of this form.</li> <li>• Indicate the corresponding question number (1 through 12).</li> <li>• Describe the problem.</li> <li>• Describe the solution or repair that was preformed to correct the problem.</li> <li>• Enter the date the problem was corrected.</li> <li>• Initials of the owner, operator, or combined Class A and Class B operator.</li> </ul>

# Kroger Monthly inspection Report

Store #	Address:	State ID #	Date
L0741	525 East Clifty Drive Madison Indiana 47250	25329	04/03/23
Inspected by:		Emergency Stop Accessible <span style="color: green;">Y</span> / N	
Trevor Turner		Electric Panels Blocked <span style="color: green;">Y</span> / <span style="color: red;">N</span>	

EPA Binder up to date w/ Status report Filed <span style="color: green;">Y</span> / N	Veeder-Root "All Functions Normal" LED's <span style="color: green;">Y</span> / N
Class C list current and posted <span style="color: green;">Y</span> / N	Skimmer Log present and current <span style="color: green;">Y</span> / N
Fire Extinguishers have proper pressure <span style="color: green;">Y</span> / N	Monitoring Wells properly identified and secure <span style="color: green;">Y</span> / N

notes;

## Tank Fill Area

	RUL	Premium	Diesel
Spill Containment Manhole / Drain Valve in good condition	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
Spill Manhole Clean, Dry, and free of dirt and debris	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / <span style="color: red;">N</span> / na	<span style="color: green;">Y</span> / <span style="color: red;">N</span> / na
Double Wall Liquid Gauge shows empty	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
Fill adapter in good condition and smooth seal surface	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
Vent Caps present and properly supported	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
Vapor Manhole lid sealing, painted orange and not broken	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: red;">Y</span> / N / <span style="color: red;">na</span>
Vapor manhole clean, dry, and free of dirt and debris	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: red;">Y</span> / N / <span style="color: red;">na</span>
Vapor Manhole free of cracks, Bulges, or holes	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: red;">Y</span> / N / <span style="color: red;">na</span>
Vapor Cap present and seals tightly	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: red;">Y</span> / N / <span style="color: red;">na</span>
Vapor recovery poppet Seals Tightly	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: red;">Y</span> / N / <span style="color: red;">na</span>
Concrete pad in good condition	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
STP sump lids in good condition and securely bolted down	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na

notes; Need to replace spill bucket lids

## Dispenser/ Dispenser Sumps

Description	Checked	Comments
Hanging Hdwe.(nozzles,hoses,swivels, Whips, etc.) in Good 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 in Lowest point of sump	O.K	
Impact valves Anchored properly and piping free of leaks	O.K	
No visible leaks at Meters	O.K	
Dispensers properly anchored and sealed around the Bottom	O.K	
Entry Boots in place and in working order	O.K	
Dispenser locks in place and working	O.K	

notes;

## General

Area of interest	Insp	Comments
Painting condition	O.K	
Canopy lighting	O.K	
Lower Dispenser Doors	O.K	
Merchandiser cases	O.K	
Curbs /Pump Islands	O.K	
Driveway Condition- Large cracks, potholes, etc.	O.K	
Price sign and product decals	O.k	

I attest that the information given on this report is true and accurate.	Signature: <i>Trevor Turner</i>	Date: 04/03/23
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# Kroger Monthly inspection Report

Store #	Address:	State ID #	Date
L0741	525 East Clifty Drive Madison Indiana 47250	25329	06/06/23
Inspected by:		Emergency Stop Accessible <span style="color: green;">Y</span> / N	
Trevor Turner		Electric Panels Blocked <span style="color: green;">Y</span> / <span style="color: red;">N</span>	

EPA Binder up to date w/ Status report Filed <span style="color: green;">Y</span> / N	Veeder-Root "All Functions Normal" LED's <span style="color: green;">Y</span> / N
Class C list current and posted <span style="color: green;">Y</span> / N	Skimmer Log present and current <span style="color: green;">Y</span> / N
Fire Extinguishers have proper pressure <span style="color: green;">Y</span> / N	Monitoring Wells properly identified and secure <span style="color: green;">Y</span> / N

notes;

## Tank Fill Area

	RUL	Premium	Diesel
Spill Containment Manhole / Drain Valve in good condition	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
Spill Manhole Clean, Dry, and free of dirt and debris	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / <span style="color: red;">N</span> / na	<span style="color: green;">Y</span> / <span style="color: red;">N</span> / na
Double Wall Liquid Gauge shows empty	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
Fill adapter in good condition and smooth seal surface	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
Vent Caps present and properly supported	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
Vapor Manhole lid sealing, painted orange and not broken	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / <span style="color: red;">na</span>
Vapor manhole clean, dry, and free of dirt and debris	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / <span style="color: red;">na</span>
Vapor Manhole free of cracks, Bulges, or holes	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / <span style="color: red;">na</span>
Vapor Cap present and seals tightly	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / <span style="color: red;">na</span>
Vapor recovery poppet Seals Tightly	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / <span style="color: red;">na</span>
Concrete pad in good condition	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
STP sump lids in good condition and securely bolted down	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na

notes; Need to replace spill bucket lids

## Dispenser/ Dispenser Sumps

Description	Checked	Comments
Hanging Hdwe.(nozzles,hoses,swivels, Whips, etc.) in Good 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 in Lowest point of sump	O.K	
Impact valves Anchored properly and piping free of leaks	O.K	
No visible leaks at Meters	O.K	
Dispensers properly anchored and sealed around the Bottom	O.K	
Entry Boots in place and in working order	O.K	
Dispenser locks in place and working	O.K	

notes;

## General

Area of interest	Insp	Comments
Painting condition	O.K	
Canopy lighting	O.K	
Lower Dispenser Doors	O.K	
Merchandiser cases	O.K	
Curbs /Pump Islands	O.K	
Driveway Condition- Large cracks, potholes, etc.	O.K	
Price sign and product decals	O.k	

I attest that the information given on this report is true and accurate.	Signature: <i>Trevor Turner</i>	Date: 06/06/23
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# Kroger Monthly inspection Report

Store #	Address:	State ID #	Date
L0741	525 East Clifty Drive Madison Indiana 47250	25329	07/13/23
Inspected by:		Emergency Stop Accessible <span style="color: green;">Y</span> / N	
Trevor Turner		Electric Panels Blocked <span style="color: green;">Y</span> / <span style="color: red;">N</span>	

EPA Binder up to date w/ Status report Filed <span style="color: green;">Y</span> / N	Veeder-Root "All Functions Normal" LED's <span style="color: green;">Y</span> / N
Class C list current and posted <span style="color: green;">Y</span> / N	Skimmer Log present and current <span style="color: green;">Y</span> / N
Fire Extinguishers have proper pressure <span style="color: green;">Y</span> / N	Monitoring Wells properly identified and secure <span style="color: green;">Y</span> / N

notes;

## Tank Fill Area

	RUL	Premium	Diesel
Spill Containment Manhole / Drain Valve in good condition	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
Spill Manhole Clean, Dry, and free of dirt and debris	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / <span style="color: red;">N</span> / na	<span style="color: green;">Y</span> / <span style="color: red;">N</span> / na
Double Wall Liquid Gauge shows empty	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
Fill adapter in good condition and smooth seal surface	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
Vent Caps present and properly supported	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
Vapor Manhole lid sealing, painted orange and not broken	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: red;">Y</span> / N / <span style="color: red;">na</span>
Vapor manhole clean, dry, and free of dirt and debris	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: red;">Y</span> / N / <span style="color: red;">na</span>
Vapor Manhole free of cracks, Bulges, or holes	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: red;">Y</span> / N / <span style="color: red;">na</span>
Vapor Cap present and seals tightly	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: red;">Y</span> / N / <span style="color: red;">na</span>
Vapor recovery poppet Seals Tightly	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: red;">Y</span> / N / <span style="color: red;">na</span>
Concrete pad in good condition	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
STP sump lids in good condition and securely bolted down	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na

notes; Need to replace spill bucket lids

## Dispenser/ Dispenser Sumps

Description	Checked	Comments
Hanging Hdwe.(nozzles,hoses,swivels, Whips, etc.) in Good 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 in Lowest point of sump	O.K	
Impact valves Anchored properly and piping free of leaks	O.K	
No visible leaks at Meters	O.K	
Dispensers properly anchored and sealed around the Bottom	O.K	
Entry Boots in place and in working order	O.K	
Dispenser locks in place and working	O.K	

notes;

## General

Area of interest	Insp	Comments
Painting condition	O.K	
Canopy lighting	O.K	
Lower Dispenser Doors	O.K	
Merchandiser cases	O.K	
Curbs /Pump Islands	O.K	
Driveway Condition- Large cracks, potholes, etc.	O.K	
Price sign and product decals	O.k	

I attest that the information given on this report is true and accurate.	Signature: <i>Trevor Turner</i>	Date: 07/13/23
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# Kroger Monthly inspection Report

Store #	Address:	State ID #	Date
L0741	525 East Clifty Drive Madison Indiana 47250	25329	08/08/23
Inspected by:		Emergency Stop Accessible <span style="color: green;">Y</span> / N	
Trevor Turner		Electric Panels Blocked <span style="color: green;">Y</span> / <span style="color: red;">N</span>	

EPA Binder up to date w/ Status report Filed <span style="color: green;">Y</span> / N	Veeder-Root "All Functions Normal" LED's <span style="color: green;">Y</span> / N
Class C list current and posted <span style="color: green;">Y</span> / N	Skimmer Log present and current <span style="color: green;">Y</span> / N
Fire Extinguishers have proper pressure <span style="color: green;">Y</span> / N	Monitoring Wells properly identified and secure <span style="color: green;">Y</span> / N

notes;

## Tank Fill Area

	RUL	Premium	Diesel
Spill Containment Manhole / Drain Valve in good condition	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
Spill Manhole Clean, Dry, and free of dirt and debris	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / <span style="color: red;">N</span> / na	<span style="color: green;">Y</span> / <span style="color: red;">N</span> / na
Double Wall Liquid Gauge shows empty	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
Fill adapter in good condition and smooth seal surface	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
Vent Caps present and properly supported	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
Vapor Manhole lid sealing, painted orange and not broken	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / <span style="color: red;">na</span>
Vapor manhole clean, dry, and free of dirt and debris	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / <span style="color: red;">na</span>
Vapor Manhole free of cracks, Bulges, or holes	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / <span style="color: red;">na</span>
Vapor Cap present and seals tightly	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / <span style="color: red;">na</span>
Vapor recovery poppet Seals Tightly	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / <span style="color: red;">na</span>
Concrete pad in good condition	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
STP sump lids in good condition and securely bolted down	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na

notes; Need to replace spill bucket lids

## Dispenser/ Dispenser Sumps

Description	Checked	Comments
Hanging Hdwe.(nozzles,hoses,swivels, Whips, etc.) in Good 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 in Lowest point of sump	O.K	
Impact valves Anchored properly and piping free of leaks	O.K	
No visible leaks at Meters	O.K	
Dispensers properly anchored and sealed around the Bottom	O.K	
Entry Boots in place and in working order	O.K	
Dispenser locks in place and working	O.K	

notes;

## General

Area of interest	Insp	Comments
Painting condition	O.K	
Canopy lighting	O.K	
Lower Dispenser Doors	O.K	
Merchandiser cases	O.K	
Curbs /Pump Islands	O.K	
Driveway Condition- Large cracks, potholes, etc.	O.K	
Price sign and product decals	O.k	

I attest that the information given on this report is true and accurate.	Signature: <i>Trevor Turner</i>	Date: 08/08/23
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# Kroger Monthly inspection Report

Store #	Address:	State ID #	Date
L0741	525 East Clifty Drive Madison Indiana 47250	25329	09/03/23
Inspected by:		Emergency Stop Accessible <span style="color: green;">Y</span> / N	
Trevor Turner		Electric Panels Blocked <span style="color: green;">Y</span> / <span style="color: red;">N</span>	

EPA Binder up to date w/ Status report Filed <span style="color: green;">Y</span> / N	Veeder-Root "All Functions Normal" LED's <span style="color: green;">Y</span> / N
Class C list current and posted <span style="color: green;">Y</span> / N	Skimmer Log present and current <span style="color: green;">Y</span> / N
Fire Extinguishers have proper pressure <span style="color: green;">Y</span> / N	Monitoring Wells properly identified and secure <span style="color: green;">Y</span> / N

notes;

## Tank Fill Area

	RUL	Premium	Diesel
Spill Containment Manhole / Drain Valve in good condition	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
Spill Manhole Clean, Dry, and free of dirt and debris	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / <span style="color: red;">N</span> / na	<span style="color: green;">Y</span> / <span style="color: red;">N</span> / na
Double Wall Liquid Gauge shows empty	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
Fill adapter in good condition and smooth seal surface	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
Vent Caps present and properly supported	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
Vapor Manhole lid sealing, painted orange and not broken	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / <span style="color: red;">na</span>
Vapor manhole clean, dry, and free of dirt and debris	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / <span style="color: red;">na</span>
Vapor Manhole free of cracks, Bulges, or holes	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / <span style="color: red;">na</span>
Vapor Cap present and seals tightly	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / <span style="color: red;">na</span>
Vapor recovery poppet Seals Tightly	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / <span style="color: red;">na</span>
Concrete pad in good condition	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
STP sump lids in good condition and securely bolted down	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na

notes; Need to replace spill bucket lids

## Dispenser/ Dispenser Sumps

Description	Checked	Comments
Hanging Hdwe.(nozzles,hoses,swivels, Whips, etc.) in Good 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 in Lowest point of sump	O.K	
Impact valves Anchored properly and piping free of leaks	O.K	
No visible leaks at Meters	O.K	
Dispensers properly anchored and sealed around the Bottom	O.K	
Entry Boots in place and in working order	O.K	
Dispenser locks in place and working	O.K	

notes;

## General

Area of interest	Insp	Comments
Painting condition	O.K	
Canopy lighting	O.K	
Lower Dispenser Doors	O.K	
Merchandiser cases	O.K	
Curbs /Pump Islands	O.K	
Driveway Condition- Large cracks, potholes, etc.	O.K	
Price sign and product decals	O.k	

I attest that the information given on this report is true and accurate.	Signature: <i>Trevor Turner</i>	Date: 09/03/23
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# Kroger Monthly inspection Report

Store #	Address:	State ID #	Date
L0741	525 East Clifty Drive Madison Indiana 47250	25329	10/05/23
Inspected by:		Emergency Stop Accessible	Y / 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
Fire Extinguishers have proper pressure	Y / N	Monitoring Wells properly identified and secure	Y / N

notes;

## Tank Fill Area

	RUL	Premium	Diesel
Spill Containment Manhole / Drain Valve in good condition	Y / N / na	Y / N / na	Y / N / na
Spill Manhole Clean, Dry, and free of dirt and debris	Y / N / na	Y / N / na	Y / N / na
Double Wall Liquid Gauge shows empty	Y / N / na	Y / N / na	Y / N / na
Fill adapter in good condition and smooth seal surface	Y / N / na	Y / N / na	Y / N / na
Vent Caps present and properly supported	Y / N / na	Y / N / na	Y / N / na
Vapor Manhole lid sealing, painted orange and not broken	Y / N / na	Y / N / na	Y / N / na
Vapor manhole clean, dry, and free of dirt and debris	Y / N / na	Y / N / na	Y / N / na
Vapor Manhole free of cracks, Bulges, or holes	Y / N / na	Y / N / na	Y / N / na
Vapor Cap present and seals tightly	Y / N / na	Y / N / na	Y / N / na
Vapor recovery poppet Seals Tightly	Y / N / na	Y / N / na	Y / N / na
Concrete pad in good condition	Y / N / na	Y / N / na	Y / 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 spill bucket lids

## Dispenser/ Dispenser Sumps

Description	Checked	Comments
Hanging Hdwe.(nozzles,hoses,swivels, Whips, etc.) in Good 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 in Lowest point of sump	O.K	
Impact valves Anchored properly and piping free of leaks	O.K	
No visible leaks at Meters	O.K	
Dispensers properly anchored and sealed around the Bottom	O.K	
Entry Boots in place and in working order	O.K	
Dispenser locks in place and working	O.K	

notes;

## General

Area of interest	Insp	Comments
Painting condition	O.K	
Canopy lighting	O.K	
Lower Dispenser Doors	O.K	
Merchandiser cases	O.K	
Curbs /Pump Islands	O.K	
Driveway Condition- Large cracks, potholes, etc.	O.K	
Price sign and product decals	O.k	

I attest that the information given on this report is true and accurate.	Signature: <i>Trevor Turner</i>	Date: 10/05/23
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# Kroger Monthly inspection Report

Store #	Address:	State ID #	Date
L0741	525 East Clifty Drive Madison Indiana 47250	25329	11/06/23
Inspected by:		Emergency Stop Accessible <span style="color: green;">Y</span> / N	
Trevor Turner		Electric Panels Blocked <span style="color: green;">Y</span> / <span style="color: red;">N</span>	

EPA Binder up to date w/ Status report Filed <span style="color: green;">Y</span> / N	Veeder-Root "All Functions Normal" LED's <span style="color: green;">Y</span> / N
Class C list current and posted <span style="color: green;">Y</span> / N	Skimmer Log present and current <span style="color: green;">Y</span> / N
Fire Extinguishers have proper pressure <span style="color: green;">Y</span> / N	Monitoring Wells properly identified and secure <span style="color: green;">Y</span> / N

notes;

## Tank Fill Area

	RUL	Premium	Diesel
Spill Containment Manhole / Drain Valve in good condition	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
Spill Manhole Clean, Dry, and free of dirt and debris	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / <span style="color: red;">N</span> / na	<span style="color: green;">Y</span> / <span style="color: red;">N</span> / na
Double Wall Liquid Gauge shows empty	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
Fill adapter in good condition and smooth seal surface	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
Vent Caps present and properly supported	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
Vapor Manhole lid sealing, painted orange and not broken	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: red;">Y</span> / N / <span style="color: red;">na</span>
Vapor manhole clean, dry, and free of dirt and debris	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: red;">Y</span> / N / <span style="color: red;">na</span>
Vapor Manhole free of cracks, Bulges, or holes	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: red;">Y</span> / N / <span style="color: red;">na</span>
Vapor Cap present and seals tightly	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: red;">Y</span> / N / <span style="color: red;">na</span>
Vapor recovery poppet Seals Tightly	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: red;">Y</span> / N / <span style="color: red;">na</span>
Concrete pad in good condition	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
STP sump lids in good condition and securely bolted down	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na

notes; Need to replace spill bucket lids

## Dispenser/ Dispenser Sumps

Description	Checked	Comments
Hanging Hdwe.(nozzles,hoses,swivels, Whips, etc.) in Good 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 in Lowest point of sump	O.K	
Impact valves Anchored properly and piping free of leaks	O.K	
No visible leaks at Meters	O.K	
Dispensers properly anchored and sealed around the Bottom	O.K	
Entry Boots in place and in working order	O.K	
Dispenser locks in place and working	O.K	

notes;

## General

Area of interest	Insp	Comments
Painting condition	O.K	
Canopy lighting	O.K	
Lower Dispenser Doors	O.K	
Merchandiser cases	O.K	
Curbs /Pump Islands	O.K	
Driveway Condition- Large cracks, potholes, etc.	O.K	
Price sign and product decals	O.k	

I attest that the information given on this report is true and accurate.	Signature: <i>Trevor Turner</i>	Date: 11/06/23
--	------------------------------------	-------------------



# Kroger Monthly inspection Report

Store #	Address:	State ID #	Date
L0741	525 East Clifty Drive Madison Indiana 47250	25329	12/01/23
Inspected by:		Emergency Stop Accessible <span style="color: green;">Y</span> / N	
Trevor Turner		Electric Panels Blocked <span style="color: green;">Y</span> / <span style="color: red;">N</span>	

EPA Binder up to date w/ Status report Filed <span style="color: green;">Y</span> / N	Veeder-Root "All Functions Normal" LED's <span style="color: green;">Y</span> / N
Class C list current and posted <span style="color: green;">Y</span> / N	Skimmer Log present and current <span style="color: green;">Y</span> / N
Fire Extinguishers have proper pressure <span style="color: green;">Y</span> / N	Monitoring Wells properly identified and secure <span style="color: green;">Y</span> / N

notes;

## Tank Fill Area

	RUL	Premium	Diesel
Spill Containment Manhole / Drain Valve in good condition	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
Spill Manhole Clean, Dry, and free of dirt and debris	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / <span style="color: red;">N</span> / na	<span style="color: green;">Y</span> / <span style="color: red;">N</span> / na
Double Wall Liquid Gauge shows empty	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
Fill adapter in good condition and smooth seal surface	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
Vent Caps present and properly supported	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
Vapor Manhole lid sealing, painted orange and not broken	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / <span style="color: red;">na</span>
Vapor manhole clean, dry, and free of dirt and debris	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / <span style="color: red;">na</span>
Vapor Manhole free of cracks, Bulges, or holes	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / <span style="color: red;">na</span>
Vapor Cap present and seals tightly	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / <span style="color: red;">na</span>
Vapor recovery poppet Seals Tightly	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / <span style="color: red;">na</span>
Concrete pad in good condition	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
STP sump lids in good condition and securely bolted down	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na

notes; Need to replace spill bucket lids

## Dispenser/ Dispenser Sumps

Description	Checked	Comments
Hanging Hdwe.(nozzles,hoses,swivels, Whips, etc.) in Good 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 in Lowest point of sump	O.K	
Impact valves Anchored properly and piping free of leaks	O.K	
No visible leaks at Meters	O.K	
Dispensers properly anchored and sealed around the Bottom	O.K	
Entry Boots in place and in working order	O.K	
Dispenser locks in place and working	O.K	

notes;

## General

Area of interest	Insp	Comments
Painting condition	O.K	
Canopy lighting	O.K	
Lower Dispenser Doors	O.K	
Merchandiser cases	O.K	
Curbs /Pump Islands	O.K	
Driveway Condition- Large cracks, potholes, etc.	O.K	
Price sign and product decals	O.k	

I attest that the information given on this report is true and accurate.	Signature: <i>Trevor Turner</i>	Date: 12/01/23
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# Kroger Monthly inspection Report

Store #	Address:	State ID #	Date
L0741	525 East Clifty Drive Madison Indiana 47250	25329	01/03/24
Inspected by:		Emergency Stop Accessible <span style="color: green;">Y</span> / N	
Trevor Turner		Electric Panels Blocked <span style="color: green;">Y</span> / <span style="color: red;">N</span>	

EPA Binder up to date w/ Status report Filed <span style="color: green;">Y</span> / N	Veeder-Root "All Functions Normal" LED's <span style="color: green;">Y</span> / N
Class C list current and posted <span style="color: green;">Y</span> / N	Skimmer Log present and current <span style="color: green;">Y</span> / N
Fire Extinguishers have proper pressure <span style="color: green;">Y</span> / N	Monitoring Wells properly identified and secure <span style="color: green;">Y</span> / N

notes;

## Tank Fill Area

	RUL	Premium	Diesel
Spill Containment Manhole / Drain Valve in good condition	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
Spill Manhole Clean, Dry, and free of dirt and debris	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / <span style="color: red;">N</span> / na	<span style="color: green;">Y</span> / <span style="color: red;">N</span> / na
Double Wall Liquid Gauge shows empty	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
Fill adapter in good condition and smooth seal surface	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
Vent Caps present and properly supported	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
Vapor Manhole lid sealing, painted orange and not broken	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: red;">Y</span> / N / <span style="color: red;">na</span>
Vapor manhole clean, dry, and free of dirt and debris	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: red;">Y</span> / N / <span style="color: red;">na</span>
Vapor Manhole free of cracks, Bulges, or holes	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: red;">Y</span> / N / <span style="color: red;">na</span>
Vapor Cap present and seals tightly	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: red;">Y</span> / N / <span style="color: red;">na</span>
Vapor recovery poppet Seals Tightly	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: red;">Y</span> / N / <span style="color: red;">na</span>
Concrete pad in good condition	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na
STP sump lids in good condition and securely bolted down	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na	<span style="color: green;">Y</span> / N / na

notes; Need to replace spill bucket lids

## Dispenser/ Dispenser Sumps

Description	Checked	Comments
Hanging Hdwe.(nozzles,hoses,swivels, Whips, etc.) in Good 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 in Lowest point of sump	O.K	
Impact valves Anchored properly and piping free of leaks	O.K	
No visible leaks at Meters	O.K	
Dispensers properly anchored and sealed around the Bottom	O.K	
Entry Boots in place and in working order	O.K	
Dispenser locks in place and working	O.K	

notes;

## General

Area of interest	Insp	Comments
Painting condition	O.K	
Canopy lighting	O.K	
Lower Dispenser Doors	O.K	
Merchandiser cases	O.K	
Curbs /Pump Islands	O.K	
Driveway Condition- Large cracks, potholes, etc.	O.K	
Price sign and product decals	O.k	

I attest that the information given on this report is true and accurate.	Signature: <div style="text-align: center; font-family: cursive; font-size: 1.2em;">Trevor Turner</div>	Date: 01/03/24
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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

<b>Agency Interest Number (AI)</b>	25329		
<b>UST Facility Name</b>	Kroger Lo741		
<b>UST Facility Physical Address</b>	Street Address: 525 E Clifty Dr	City: Madison	Zip Code: 47250-

#### 2. Annual Inspection Checklist

<i>The monthly walkthrough inspection is part of the annual walkthrough inspection and should be completed at the time of the annual inspection.</i>	<b>Inspection Date</b>	3 / 12 / 24									
	<b>Tank Number / Product Type</b>	1	RUL	2	PRM	3	DSL				

#### Spill Prevention

<b>All Submersible Turbine Pump (STP) Areas</b>	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 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 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 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 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 type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
<b>STP in Containment Sump</b>	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	<input 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	<input 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 type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
<b>All Dispenser Areas</b>	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 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 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 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 type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
<b>Dispensers with Liquid-Tight UDCs</b>	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 type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	14. 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	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input 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 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 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 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

1

RUL

2

PRM

3

DSL

**Hand Held Release Detection Equipment**

**Tank Gauge Stick**

18. Tank gauge 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. 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
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /

**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.

<b>Certification</b>	Printed	Bryan Penland	<b>Date</b>	3 / 12 / 24
	Signature			

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](mailto:EEC.KORA@ky.gov).

**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.

<b>Section</b>	<b>1.</b>	<p><b>UST Facility Information:</b></p> <ul style="list-style-type: none"> <li>• <b>Agency Interest Number (AI)</b> – Enter the agency interest number for the UST facility.</li> <li>• <b>UST Facility Name</b> – Enter the UST facility name.</li> <li>• <b>UST Facility Physical Address</b> – Enter the UST facility physical address including a street address, city, county, and zip code. A PO Box will not be accepted.</li> </ul>
<b>Section</b>	<b>2.</b>	<p><b>Annual Inspection Checklist:</b></p> <ul style="list-style-type: none"> <li>• <b>Inspection Date</b> – Enter date the walkthrough inspection was performed.</li> <li>• <b>Tank Number/Product Type</b> – Enter the appropriate tank number and product type for each UST system. Attach additional pages as necessary.</li> <li>• During each walkthrough inspection, answer questions 1 through 18 by checking the appropriate box for each corresponding question for each UST system. <ul style="list-style-type: none"> <li>○ If a condition is observed select Y (yes).</li> <li>○ 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.</li> <li>○ If the question does not pertain to the particular UST facility select N/A (not applicable).</li> </ul> </li> </ul>
<b>Section</b>	<b>3.</b>	<p><b>Problem and Solution / Repair Log:</b></p> <ul style="list-style-type: none"> <li>• Complete this section for any condition observed during the walkthrough inspection with N in Section 2 of this form.</li> <li>• Indicate the corresponding question number (1 through 18).</li> <li>• Describe the problem.</li> <li>• Describe the solution or repair that was performed to correct the problem.</li> <li>• Enter the date the problem was corrected.</li> </ul>
<b>Section</b>	<b>4.</b>	<p><b>Certification:</b></p> <ul style="list-style-type: none"> <li>• 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 &amp; Class B operator.</li> </ul>

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)	25329		
UST Facility Name	Kroger Lo741		
UST Facility Physical Address	Street Address: 525E Clifty Dr		
	City: Madison	County: Jefferson	Zip Code: 47250-

#### 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	2 / 7 / 24	3 / 5 / 24	4 / 22 / 24	/ /	/ /	/ /			
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	<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	<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	<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	<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	<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	<input type="checkbox"/> Y <input type="checkbox"/> N
Release Detection									
Automatic Tank Gauge (ATG)	7. Passing tank 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
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	<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 type="checkbox"/> Y <input type="checkbox"/> N	<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 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

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)	BP	BP	BP			
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AI \_\_\_\_\_

**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.

<b>Monthly Inspection Date</b>		/ /	/ /	/ /	/ /	/ /	/ /
<b>Spill Prevention</b>							
<b>Covers &amp; Lids</b> <i>(Spill Buckets)</i>	1. Present, in good condition, seated firmly on correct tank	<input 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
	2. Bucket walls, plunger, plugs, gauges, in good condition	<input 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
<b>Spill Containment Manhole</b> <i>(Spill Buckets)</i>	3. Free of water and product	<input 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
	4. Free of trash or debris	<input 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
<b>Drop Tubes</b>	5. Check for and remove obstructions	<input 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
	6. Fill cap fits securely	<input 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
<b>Release Detection</b>							
<b>Automatic Tank Gauge (ATG)</b>	7. Passing tank test results	<input 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
<b>Continuous Interstitial Monitoring</b>	8. Sensor status normal	<input 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
<b>Statistical Inventory Reconciliation (SIR)</b>	9. Previous months results obtained with passing result	<input 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
	10. Data being collected for current month	<input 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
<b>Monthly Piping Leak Test</b>	11. Passing piping leak test results	<input 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
<b>Manual Interstitial Monitoring for Piping</b>	12. Tank-top sumps inspected, free of liquid	<input 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
<p>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.</p>							
<b>Walkthrough Certification (Initial)</b> <i>(Must be completed by the owner, operator, or Combined Class A &amp; Class B Operator)</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.*



**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.

<b>Section</b>	<b>1.</b>	<p><b>UST Facility Information:</b></p> <ul style="list-style-type: none"> <li>• <b>Agency Interest Number (AI)</b> – Enter the agency interest number for the UST facility.</li> <li>• <b>UST Facility Name</b> – Enter the UST facility name.</li> <li>• <b>UST Facility Physical Address</b> – Enter the UST facility physical address including a street address, city, county, and zip code. A PO Box will not be accepted.</li> </ul>
<b>Section</b>	<b>2.</b>	<p><b>Monthly Inspection Checklist:</b></p> <ul style="list-style-type: none"> <li>• <b>Monthly Inspection Date</b> – Enter date the walkthrough inspection was performed.</li> <li>• Each monthly walkthrough inspection shall be indicated in a separate column.</li> <li>• The first six (6) months of walkthrough inspections shall be entered on page 1.</li> <li>• The remaining six (6) months of walkthrough inspections shall be entered on page 2.</li> <li>• During each walkthrough inspection, answer questions 1 through 12 by checking the appropriate box for each corresponding question for the UST facility. <ul style="list-style-type: none"> <li>○ If a condition is observed select Y (yes).</li> <li>○ 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.</li> <li>○ If the question does not pertain to the particular UST facility select N/A (not applicable).</li> </ul> </li> <li>• Certify the walkthrough inspection by initialing the column for the month performed.</li> </ul>
<b>Section</b>	<b>3.</b>	<p><b>Problem and Solution / Repair Log:</b></p> <ul style="list-style-type: none"> <li>• Complete this section for any condition observed during the walkthrough inspection with N in Section 2 of this form.</li> <li>• Enter the walkthrough inspection date the condition was observed from Section 1 of this form.</li> <li>• Indicate the corresponding question number (1 through 12).</li> <li>• Describe the problem.</li> <li>• Describe the solution or repair that was preformed to correct the problem.</li> <li>• Enter the date the problem was corrected.</li> <li>• Initials of the owner, operator, or combined Class A and Class B operator.</li> </ul>



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](http://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