UST Compliance Assistance Checklist

PART I. OWNER/OPERATOR INFORMATION

1. Facility Name: MLB Marathon
2. Owner: Mille Lacs Corporate Venture
3. Operator:
5. Contact Person: Dave Peer 320-279-2982
6. UST Site Phone #: 320-532-3940
6. Date of Visit: 5/27/15 7. Marketer: X Non-Marketer:
8. Site Arrival/Departure (Time): 11:15 / 12:45
9. Facility Address: 40955 US Hwy 169 Onamia, MN 56359
10: Team Members: Ryan Rupp & John LeBlan

PART II. UST SITE INFORMATION

	1	2	3	4	5	6	7
1. Tank #:	1	2	3	4	5	6	7
2. Tank Type:	ST1 P3	→	→	→			
3. Piping Type:							
4. Size of Tank:	10 K	10 K	8K	8K			
5. Tank Contents:	Gas	Gas	Gas	Diesel			
6. Install Date:	12/7/03	→	→	→			
7. TTT Date:							
8. LTT Date:							
9: LD (Tank):	Incon TS 1000						
10: LD (Pipe):	ELLD Incon TS-LLD (Visually Recorded						
11. Closure Date:	Perm__Temp__	Perm__Temp__	Perm__Temp__	Perm__Temp__	Perm__Temp__	Perm__Temp__	Perm__Temp__
12. Spill:	Yes__ No__	Yes__ No__	Yes__ No__	Yes__ No__	Yes__ No__	Yes__ No__	Yes__ No__
13. Overfill:	Yes X No__	Yes X No__	Yes X No__	Yes X No__	Yes__ No__	Yes__ No__	Yes__ No__
Type:	Alarm	→	→	→			
14. CP (Tank):	Yes X No__	Yes X No__	Yes X No__	Yes X No__	Yes__ No__	Yes__ No__	Yes__ No__
Date:	10/3/13	→	→	→	Due 10/3/16		
Type:	Anode	→	→	→			
15. CP (Piping):	Yes__ No__	Yes__ No__	Yes__ No__	Yes__ No__	Yes__ No__	Yes__ No__	Yes__ No__
Date:							
Type:							

16. CP Monitoring: [For all cathodic protection systems (Galvanic Anodes and Impressed Current Systems)]

	1	2	3	4	5	6	7
6 Mo./3 Yrs:	Yes X No__	Yes X No__	Yes X No__	Yes X No__	Yes__ No__	Yes__ No__	Yes__ No__
Six Months:	Yes__ No__	Yes__ No__	Yes__ No__	Yes__ No__	Yes__ No__	Yes__ No__	Yes__ No__
Records:	Yes X No__	Yes X No__	Yes X No__	Yes X No__	Yes__ No__	Yes__ No__	Yes__ No__

Note: Monitoring conducted within six month of installation and three years after initial monitoring. [280.31(b)(1)]

Note: Monitoring conducted within six month of any repairs to UST system. [280.33(e)]

Note: Records on file of last two monitoring results. [280.31(d)(2)]

17. CP Monitoring: [For Impressed Current Systems Only]

	1	2	3	4	5	6	7
60 Day Insp.:	Yes__ No__	Yes__ No__	Yes__ No__	Yes__ No__	Yes__ No__	Yes__ No__	Yes__ No__
Records:	Yes__ No__	Yes__ No__	Yes__ No__	Yes__ No__	Yes__ No__	Yes__ No__	Yes__ No__

Note: System is inspected ever 60 days, involvers reading and recording systems voltage and amperage. [280.31(c)]

Note: Records on file of last three voltage and amperage readings. [280.33(d)(1)]

(5/9/2011)

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PART III. RECOMMENDATION(S) & NARRATIVE COMMENTS

1. Facility to provide info. on compliance: Yes ___ No ___

Notes: _____

2. Follow-up visit recommended Yes ___ No ___

Notes: _____

3. Financial Responsibility (FR): Yes X No ___ Expiration Date: _____

4. Inspector's Remarks:

Follow with Tank Scald Reports
& Line Leak log sheet

5. Additional Remarks/Comments:

Annual Leak detector Function Test - 11/11/2014 Due 11/11/2015
3.0 GPH
CP due 10/3/16

Tank Scald Report
5-15-15 1-2-3-4 Pass 2g/h
4
3
2
1
12
11
10/29/14 2-3-4
9/22/14 1,2,3,4 9/22/14 1-2-3-4 ~~9/22/14 4~~
8/20/14 2-3
7/10/14 2-3 7/14/14 no pro repair
6/3/14 2-3
6/10/14 4
6/10/14 no data for tank 1

pump 4 unleaded 87 filter leaking
recommend maintenance/replacement

Piping appears isolated - fiberglass wrapped in sumps
and rubber booted in dispensers

Inspector Signature _____ Date _____