



**UNDERGROUND STORAGE
TANK INSPECTION REPORT**
INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT

UST FAC ID: **8349**

Inspector's Name:	Adam James
Date:	December 19, 2024
Time In:	09:55
Time Out:	10:40
Inspection Type:	Initial

FACILITY NAME / LOCATION

FACILITY NAME Marion's Food Mart		FACILITY ADDRESS (must be primary) 3801 S Western Ave			
ADDRESS (line 2)	CITY Marion	STATE IN	ZIP CODE 46953	COUNTY Grant	

UST OWNER

UST Owner Name (If in Individual Capacity) Mann Brothers Holdings LLC					BUSINESS ID (From the Secretary of State) 2014040300723
PREFIX	FIRST NAME Karamjeet	MI	LAST NAME Mann	SUFFIX	
TELEPHONE NUMBER (765) 398-1260		EMAIL ADDRESS zidjattdi@yahoo.com			

UST OPERATOR

UST Operator Name (If in Individual Capacity)					BUSINESS ID (From the Secretary of State)
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX	
TELEPHONE NUMBER		EMAIL ADDRESS			

PROPERTY OWNER

UST Property Owner Name (If in Individual Capacity) Marion Properties Inc					BUSINESS ID (From the Secretary of State) 202207151607427
PREFIX	FIRST NAME Sharnjot	MI	LAST NAME Bhandal	SUFFIX	
TELEPHONE NUMBER		EMAIL ADDRESS preet.dhillon.5324@gmail.com			

COMPLIANCE ELEMENTS

All USTs properly registered and up-to-date notification form on file	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK	<input type="checkbox"/>
Tank fees in arrears for 2023 - 2024. An updated notification form with the correct property owner information is required.						
O/O is in compliance with reporting & record keeping requirements	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK	<input type="checkbox"/>
No records submitted on initial request 12/02/2024 and insufficient records collected on site.						
O/O is in compliance with release reporting or investigation	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	N/A	UNK
O/O is in compliance with all UST closure requirements	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	N/A	UNK
O/O has met all financial responsibility requirements	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	UNK
40 CFR 280, Subpart A installation requirements (partially excluded) met	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	UNK
40 CFR 280, Subpart B installation and upgrade requirements met	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK	<input type="checkbox"/>
PREM STP line leak detector is disconnected from the STP.						
40 CFR 280, Subpart C spill/overflow control requirements met	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	UNK
40 CFR 280, Subpart C compatibility requirements met	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	UNK
40 CFR 280, Subpart C O&M and testing requirements met	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK	<input type="checkbox"/>
Corrosion protection test, Spill bucket test, Overfill test, Monthly & Annual walkthroughs						
40 CFR 280, Subpart D release detection requirements met	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK	<input type="checkbox"/>
Line leak detector and line tightness tests, ATG/probe test						
40 CFR 280, Subpart J operator training requirements met	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK	<input type="checkbox"/>
Operator Certificate A, B and C						