



LEAKING UNDERGROUND STORAGE TANK (UST) INITIAL INCIDENT REPORT

State Form 54487 (R/5-15)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
 LEAKING UNDERGROUND STORAGE TANK SECTION

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
 OFFICE OF LAND QUALITY
 LEAKING UNDERGROUND STORAGE TANK SECTION
 100 N. Senate Ave., IGCN 1101
 Indianapolis, IN 46204-2251
 Telephone: (317) 232-8900; Fax number: (317) 234-0428
 E-mail: LeakingUST@idem.in.gov

- INSTRUCTIONS:**
- In accordance with 329 IAC 9-4 and 9-5, owners and operators must report all suspected and confirmed releases within twenty-four (24) hours of discovery. The UST owner, operator or representative should fill out the form completely and submit it to IDEM along with a copy of the current UST Notification Form.
 - Complete one report for each release or spill (source area).
 - Unless corrective action is initiated in accordance with 329 IAC 9-5, the owner and operator shall immediately investigate and confirm all suspected releases within seven (7) days in accordance with 329 IAC 9-4-3.
 - For additional guidance of the "Source and Cause" section, go the www.epa.gov/oust/fedlaws/final-pub-rec-gls-011907.pdf.
 - E-mail completed form to LeakingUST@idem.in.gov or fax to (317) 234-0428.

Facility ID Number 2189

INCIDENT/PRIORITY INFORMATION

IDEM USE ONLY	PRIORITY			
	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Unknown
Incident Number	202411505			

REPORTING/FACILITY/OWNER/OPERATOR INFORMATION

DATE (month, day, year)		TYPE		REPORTED VIA		
Reported 10 / 25 / 24	Discovered 1 / 24 / 24	<input type="checkbox"/> Confirmed	<input checked="" type="checkbox"/> Suspected	<input type="checkbox"/> Fax Number	<input type="checkbox"/> E-mail	<input checked="" type="checkbox"/> Telephone Number

Reporter: Contact/Title Muhammad Raza	<input type="checkbox"/> Consultant	Facility: Contact/Title Muhammad Raza/Owner
Company Twelve14 Inc.		Facility Name Marathon Junction
Street Address (number and street) 881 West State Route 154		Street Address (number and street) 881 West State Route 154
City/State/ZIP code Sullivan, IN 47882	Telephone Number (312) 719-7865	City/State/ZIP code Sullivan, IN 47882
E-mail Address 4150raza@gmail.com		Existing Environmental Restrictive Covenant On Property <input type="checkbox"/> Yes <input type="checkbox"/> No

UST Owner: Contact/Title Muhammad Raza-Owner	UST Property Owner: Contact/Title Muhammad Raza-Owner
Company Twelve14 Inc.	Company Twelve14 Inc.
Street Address (number and street) 881 West State Route 154	Street Address (number and street) 881 West State Route 154
City/State/ZIP code Sullivan, IN 47882	City/State/ZIP code Sullivan, IN 47882
Telephone Number (312) 719-7865	Telephone Number (312) 719-7865
E-mail Address 4150raza@gmail.com	E-mail Address 4150raza@gmail.com
Financial Assurance Mechanism 13. State Agency Exemption <input checked="" type="checkbox"/>	Certificate of Financial Assurance (COFA) Number (when applicable) <input type="checkbox"/> Property Owner Notified of Release <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

UST SYSTEM INFORMATION/CHECK

Last Tank Tightness Test Date / /	Last Line Tightness Test Date 1 / 2 / 24	Dispenser leaking/weeping <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Number(s)	Product in UST Pit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Feet	Product in Sumps <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Feet	
TANK SIZE	TANK STATUS	CONTENTS		LEAKING	MANIFOLDED/ COMPARTMENT
10000	Active	<input checked="" type="checkbox"/> Gas <input type="checkbox"/> Kerosene <input type="checkbox"/> Diesel <input type="checkbox"/> Used Oil <input type="checkbox"/> Biofuel <input type="checkbox"/> Other		<input type="checkbox"/>	<input checked="" type="checkbox"/>
10000	Active	<input checked="" type="checkbox"/> Gas <input type="checkbox"/> Kerosene <input type="checkbox"/> Diesel <input type="checkbox"/> Used Oil <input type="checkbox"/> Biofuel <input type="checkbox"/> Other		<input type="checkbox"/>	<input type="checkbox"/>
10000	Active	<input checked="" type="checkbox"/> Gas <input type="checkbox"/> Kerosene <input type="checkbox"/> Diesel <input type="checkbox"/> Used Oil <input type="checkbox"/> Biofuel <input type="checkbox"/> Other		<input type="checkbox"/>	<input type="checkbox"/>
10000	Active	<input type="checkbox"/> Gas <input type="checkbox"/> Kerosene <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Used Oil <input type="checkbox"/> Biofuel <input type="checkbox"/> Other		<input type="checkbox"/>	<input type="checkbox"/>
12000	Active	<input type="checkbox"/> Gas <input type="checkbox"/> Kerosene <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Used Oil <input type="checkbox"/> Biofuel <input type="checkbox"/> Other		<input type="checkbox"/>	<input type="checkbox"/>
10000	Active	<input type="checkbox"/> Gas <input type="checkbox"/> Kerosene <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Used Oil <input type="checkbox"/> Biofuel <input type="checkbox"/> Other		<input type="checkbox"/>	<input type="checkbox"/>
Unregulated Tanks or Additional Tank Comments					

KNOWLEDGE OF RELEASE

<input type="checkbox"/> Tank Tightness Test	<input type="checkbox"/> Tank Leak Detector	<input type="checkbox"/> UST Closure	<input type="checkbox"/> Phase II ESA	<input type="checkbox"/> UST Inspection	<input type="checkbox"/> Surface Spill
<input checked="" type="checkbox"/> Line Tightness Test	<input type="checkbox"/> Line Leak Detector	Date / /	Date / /	Amount:	gal
<input type="checkbox"/> Inventory loss	<input type="checkbox"/> Sump Leak Detector	<input type="checkbox"/> Site Check	<input type="checkbox"/> Cathodic Protection Testing	<input type="checkbox"/> Citizen Complaint	<input type="checkbox"/> Other

HISTORICAL RELEASES

Incident Number	<input type="checkbox"/> Active <input type="checkbox"/> NFA	Associated with New Release <input type="checkbox"/> Yes <input type="checkbox"/> No
Incident Number	<input type="checkbox"/> Active <input type="checkbox"/> NFA	Associated with New Release <input type="checkbox"/> Yes <input type="checkbox"/> No

SOURCE AND CAUSE

SOURCE	CAUSE						
	Spill	Overfill	Corrosion	Physical or Mechanical Damage	Install Problem	Other	Unknown
Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dispenser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submersible Turbine Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery Problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AFFECTED AREAS

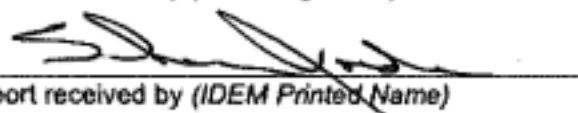

FACTORS	YES	NO	UNK			
Soil Contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highest Lab Results: Benzene	ppm, Naphthalene	ppm, Other
Groundwater Contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highest Lab Results: Benzene	ppm, Naphthalene	ppm, Other
Free Product	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thickness	feet	Area square feet
Drinking water well impacted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highest lab sample result	µg/l	Distance to well? feet
Vapors in inhabitable building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/> % LEL <input type="checkbox"/> ppm	
Utility corridors affected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Storm Sewer <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Water <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Telephone <input type="checkbox"/> Cable	Concentration	<input type="checkbox"/> % LEL <input type="checkbox"/> ppm
Wellhead protection area within one (1) year time of travel or 1000'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Distance?	feet	
Surface water impacted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type	Name	
Emergency Response Incident	<input type="checkbox"/>	<input type="checkbox"/>		Spill Number	Fire Department Notified	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Other				Free Product in STP containment sump UNL #1 - Failed Line test 10/24/24 - Product removed in sump and line closed for use		

ADDITIONAL SITE INFORMATION

ADDITIONAL FACTORS			
Nearest inhabitable building		feet	<input type="checkbox"/> N/A
Nearest surface water		feet	<input type="checkbox"/> N/A
Polable water wells within 500 feet	Number of wells	Distance to nearest well	
Karst/fractured bedrock	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Anticipated groundwater flow direction			

COMMENTS

Describe in detail information including, but not limited to, the source and cause of release, nature of contamination and reason for sampling:
 Routine Annual testing, Contractor found free product in the UNL#1 STP sump, the tech used vac trailer to remove the product and the water in the STP to access ball valve to test the product line. The line failed within 5 mins of test, the tech informed the manager and owner of facility and kept ball valve closed for UNL. Working with Hinderliter to set up investigation of leak and repairs or replacement.

Report received by (IDEM Signature)	Date (month, day, year)	Report submitted by (Signature)	Date (month, day, year)
	10/25/2024		10/25/2024
Report received by (IDEM Printed Name)		Report submitted by (Printed Name)	
Stacey Jordan		Muhammed Raza	