



**UNDERGROUND STORAGE
TANK INSPECTION REPORT**

INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT

UST FAC ID: **50034**

Inspector's Name:	Adam James
Date:	December 17, 2025
Time In:	10:55
Time Out:	11:50
Inspection Type:	Initial

FACILITY NAME / LOCATION

FACILITY NAME Logansport Convenience Store		FACILITY ADDRESS (number and street) 210 Mall Road			
ADDRESS (The 21)	CITY Logansport	STATE IN	ZIP CODE 46947	COUNTY Cass	

UST OWNER

UST Owner Name (If in Individual Capacity) JAI LAXMI Corporation				BUSINESS ID (From the Secretary of State) 201904301319858	
PREFIX	FIRST NAME Bharatkumar	MI	LAST NAME Patel		SUFFIX
TELEPHONE NUMBER (267) 664-2885		EMAIL ADDRESS bharat.patel67@hotmail.com			

UST OPERATOR

UST Operator Name (If in Individual Capacity) JAI LAXMI Corporation				BUSINESS ID (From the Secretary of State) 201904301319858	
PREFIX	FIRST NAME Bharatkumar	MI	LAST NAME Patel		SUFFIX
TELEPHONE NUMBER (267) 664-2885		EMAIL ADDRESS bharat.patel67@hotmail.com			

PROPERTY OWNER

UST Property Owner Name (If in Individual Capacity) JAI LAXMI Corporation				BUSINESS ID (From the Secretary of State) 201904301319858	
PREFIX	FIRST NAME Bharatkumar	MI	LAST NAME Patel		SUFFIX
TELEPHONE NUMBER (267) 664-2885		EMAIL ADDRESS bharat.patel67@hotmail.com			

COMPLIANCE ELEMENTS

All USTs properly registered and up to date notification form on file	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNK
O O is in compliance with reporting & record keeping requirements	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNK
O O is in compliance with release reporting or investigation	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	N/A
O O is in compliance with all UST closure requirements	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	N/A
O O has met all financial responsibility requirements	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
<0 CFR 280, Subpart A installation requirements (partially excluded) met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
<0 CFR 280, Subpart B installation and upgrade requirements met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNK
<0 CFR 280, Subpart C spill overfill control requirements met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
<0 CFR 280, Subpart C compatibility requirements met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
<0 CFR 280, Subpart C O&M and testing requirements met	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK
Sump/UDC testing						
<0 CFR 280, Subpart D release detection requirements met	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK
Monthly interstitial monitoring release detection records (USTs and piping - Incomplete)						
<0 CFR 280, Subpart J operator training requirements met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNK