



**UNDERGROUND STORAGE
TANK INSPECTION REPORT**

INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT

UST FAC ID: **22962**

Inspector's Name:	Adam James
Date:	May 20, 2024
Time In:	09:25
Time Out:	11:20
Inspection Type:	Initial

FACILITY NAME / LOCATION

FACILITY NAME Premier Agricultural Cooperative Inc		FACILITY ADDRESS (number and street) 101 N Community Dr		
ADDRESS (line 2)	CITY Seymour	STATE IN	ZIP CODE 47274	COUNTY Jackson

UST OWNER

UST Owner Name (If in Individual Capacity) Premier Ag Co-op Inc				BUSINESS ID (From the Secretary of State) 192525-005	
PREFIX	FIRST NAME Jerry	MI	LAST NAME Boger	SUFFIX	
TELEPHONE NUMBER		EMAIL ADDRESS jboger@premierag.com			

UST OPERATOR

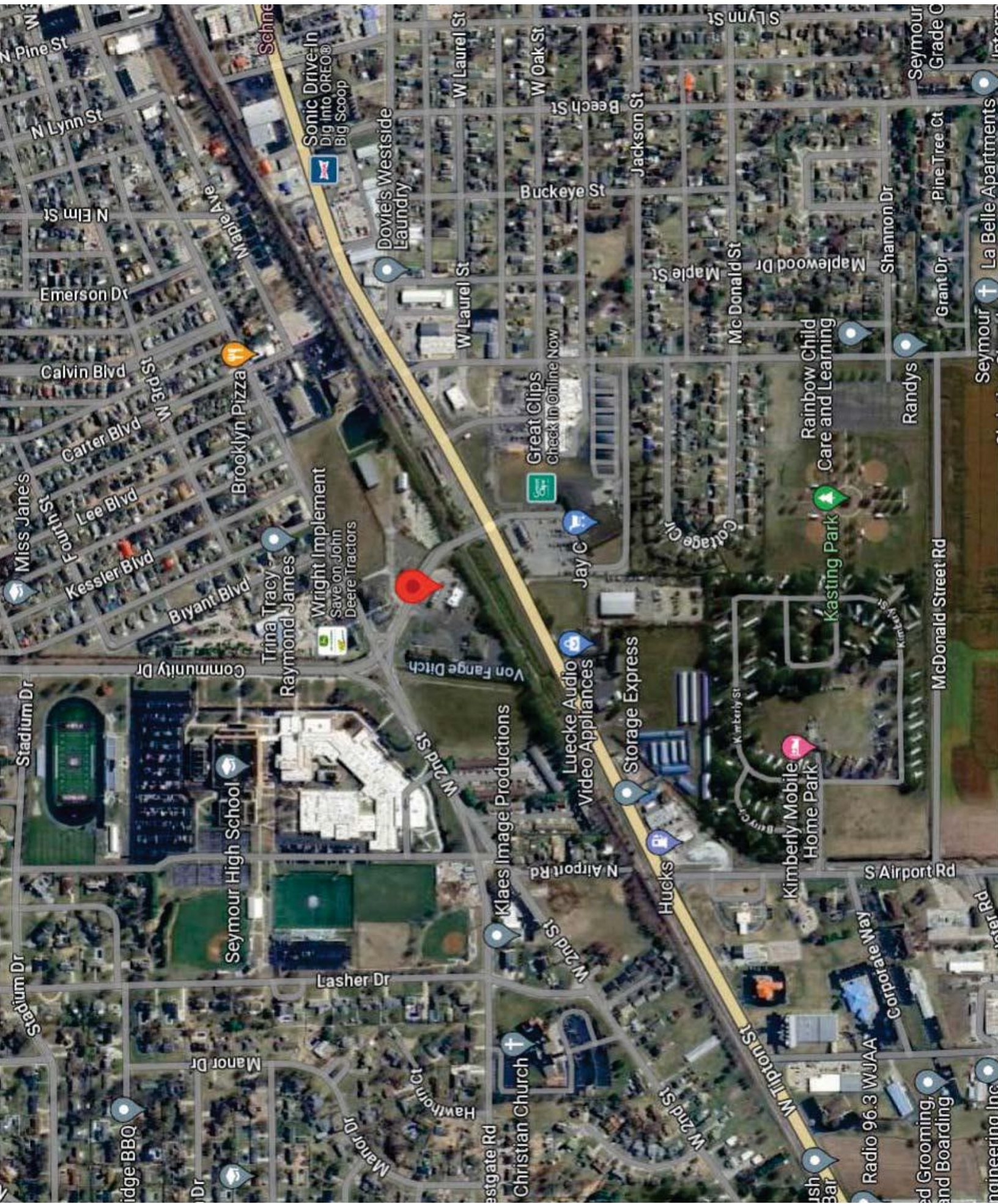
UST Operator Name (If in Individual Capacity) Premier Ag Co-op Inc				BUSINESS ID (From the Secretary of State) 192525-005	
PREFIX	FIRST NAME Jerry	MI	LAST NAME Boger	SUFFIX	
TELEPHONE NUMBER		EMAIL ADDRESS jboger@premierag.com			

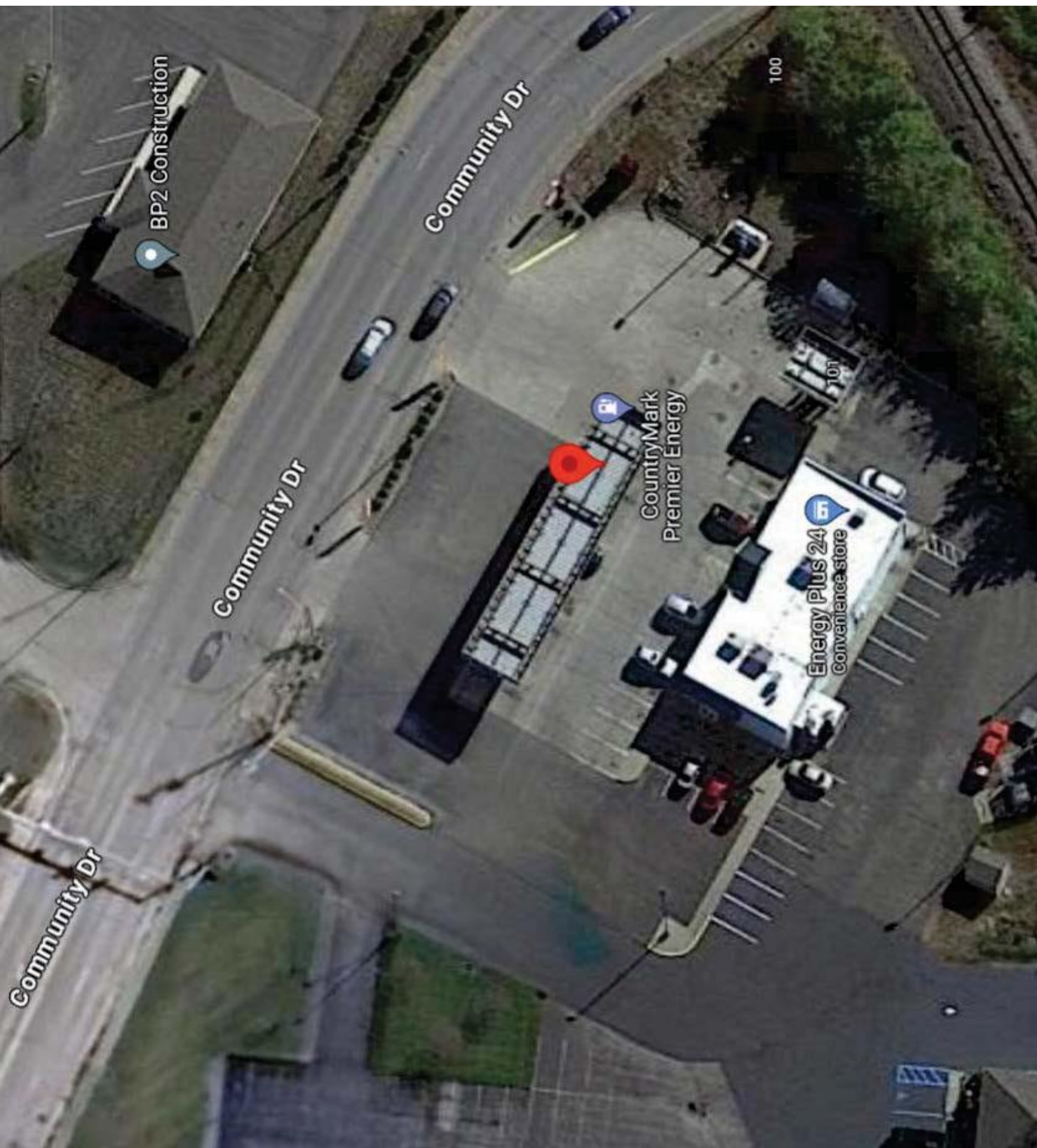
PROPERTY OWNER

UST Property Owner Name (If in Individual Capacity) Jackson-Jennings Ag LLC				BUSINESS ID (From the Secretary of State) 2001060400017	
PREFIX	FIRST NAME Harold	MI	LAST NAME Cooper	SUFFIX	
TELEPHONE NUMBER		EMAIL ADDRESS hcooper@premierag.com			

COMPLIANCE ELEMENTS

All USTs properly registered and up-to-date notification form on file	<input type="checkbox"/>	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/> UNK
An updated notification form with the correct overfill method, correct release detection for the piping and correct delivery method for the Off-Road DSL is required.					
O/O is in compliance with reporting & record keeping requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/> UNK
O/O is in compliance with release reporting or investigation	<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> UNK
O/O is in compliance with all UST closure requirements	<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> UNK
O/O has met all financial responsibility requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> UNK
40 CFR 280, Subpart A installation requirements (partially excluded) met	<input checked="" type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> UNK
40 CFR 280, Subpart B installation and upgrade requirements met	<input type="checkbox"/>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/> UNK
History of ball float and auto installed. These (2) methods of overfill can interfere with each other					
40 CFR 280, Subpart C spill/overfill control requirements met	<input checked="" type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> UNK
40 CFR 280, Subpart C compatibility requirements met	<input checked="" type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> UNK
40 CFR 280, Subpart C O&M and testing requirements met	<input checked="" type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/> UNK
40 CFR 280, Subpart D release detection requirements met	<input checked="" type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/> UNK
40 CFR 280, Subpart J operator training requirements met	<input checked="" type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/> UNK





BP2 Construction

Community Dr

100

Community Dr

CountryMark
Premier Energy

Energy Plus 24
convenience store

101

Community Dr



CountryMark
UNLEADED 3.55
DIESEL 3.79
PREMIER Energy

OFF ROAD DIESEL

10% EACH GALLON
10% EACH GALLON
10% EACH GALLON

CountryMark CountryMa

Country

bluesky
D
E
F







CountryMark

CountryMark

PREMIER



 **CountryMark**

Ruler
FOODS
Best prices and the Kroger family of products!





bluesky





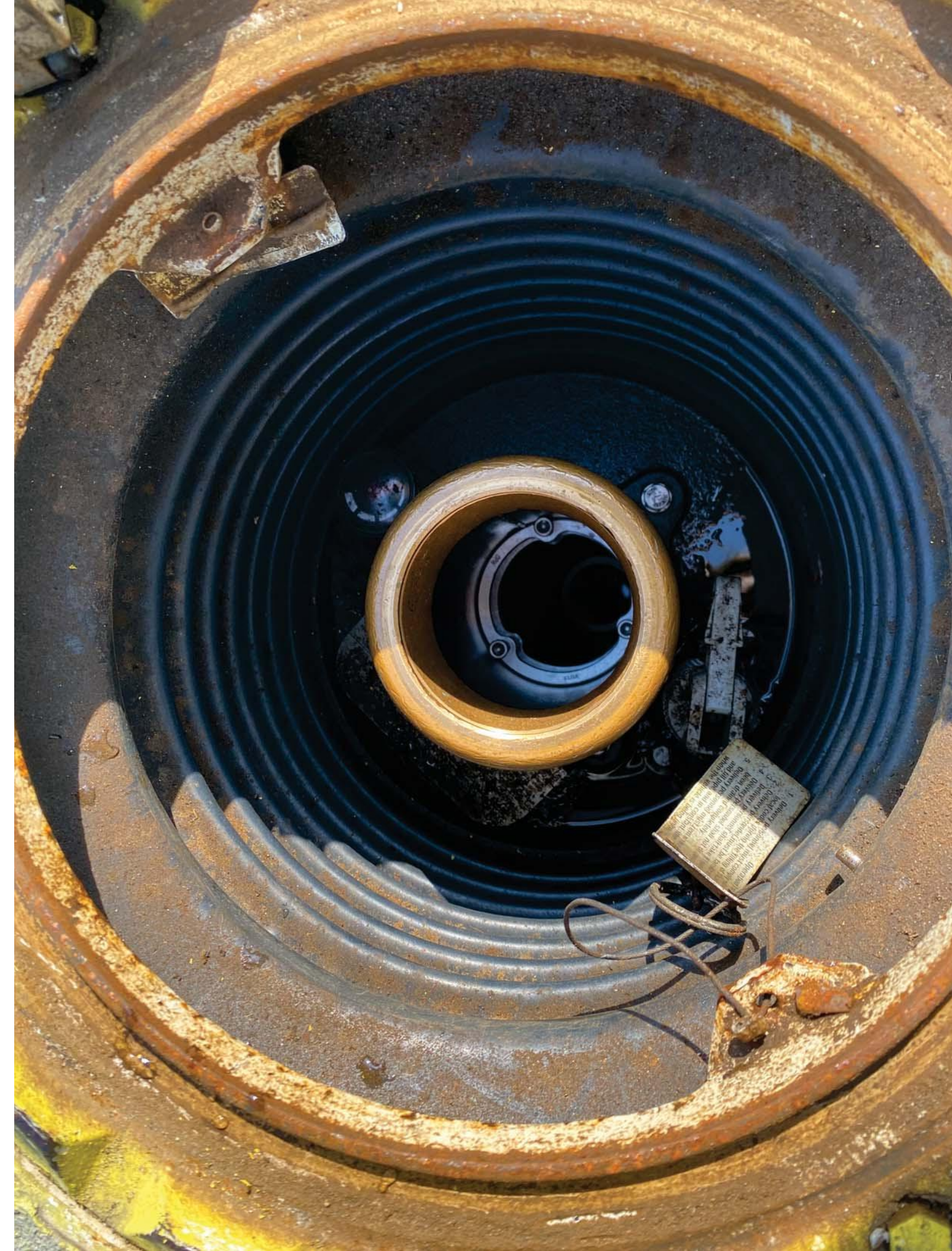
 CountryMa

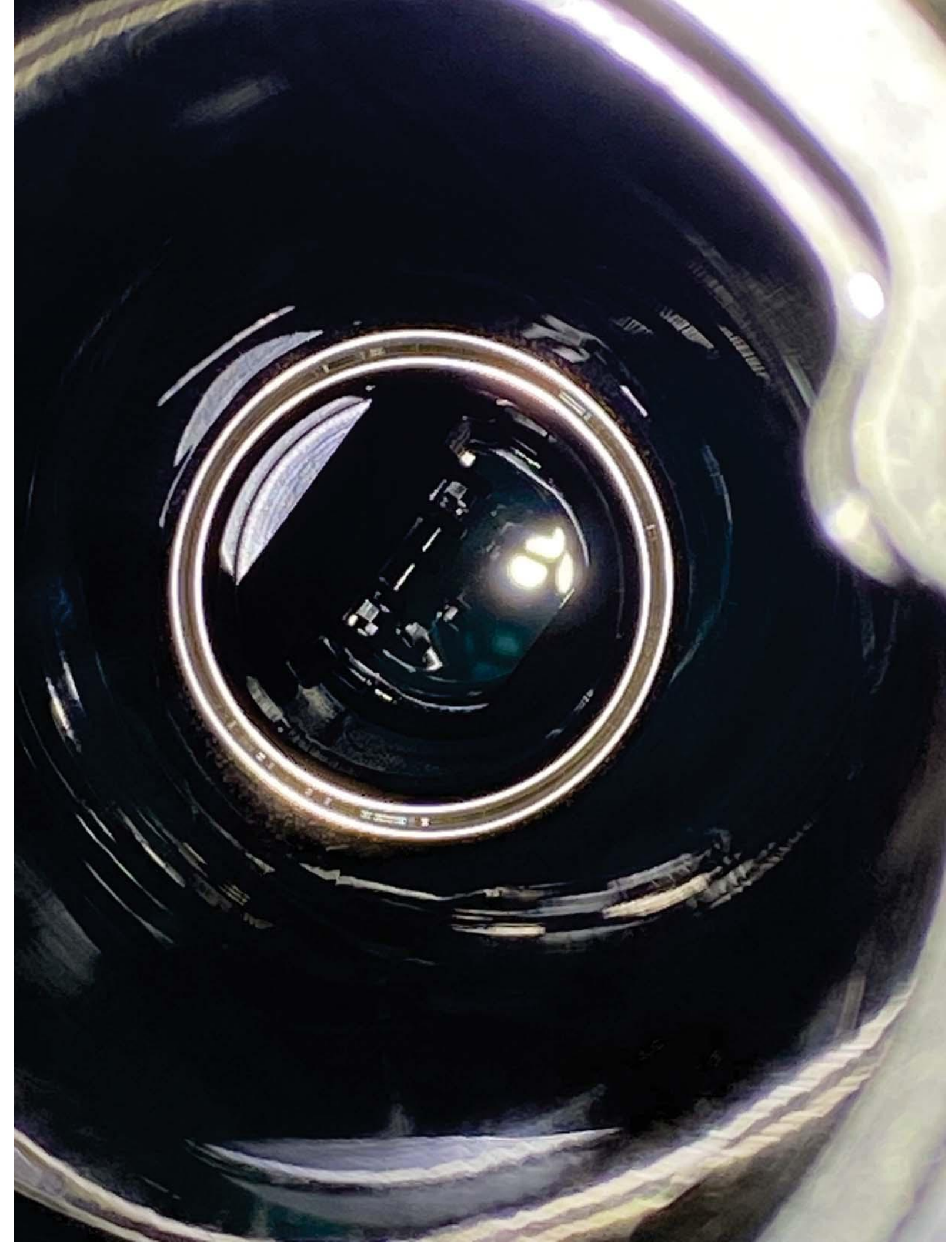
PREMIER
Energy



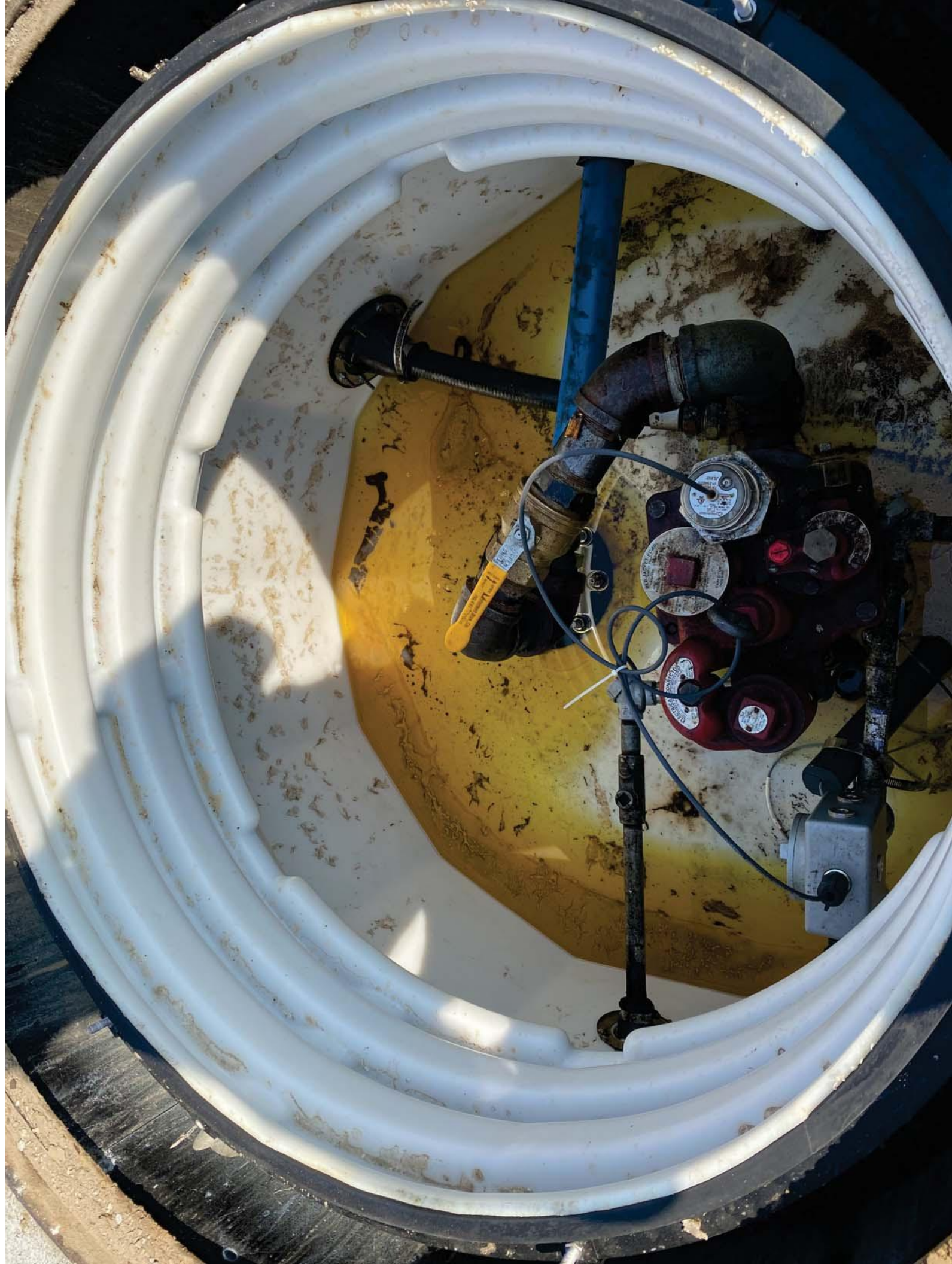


SERIES
110

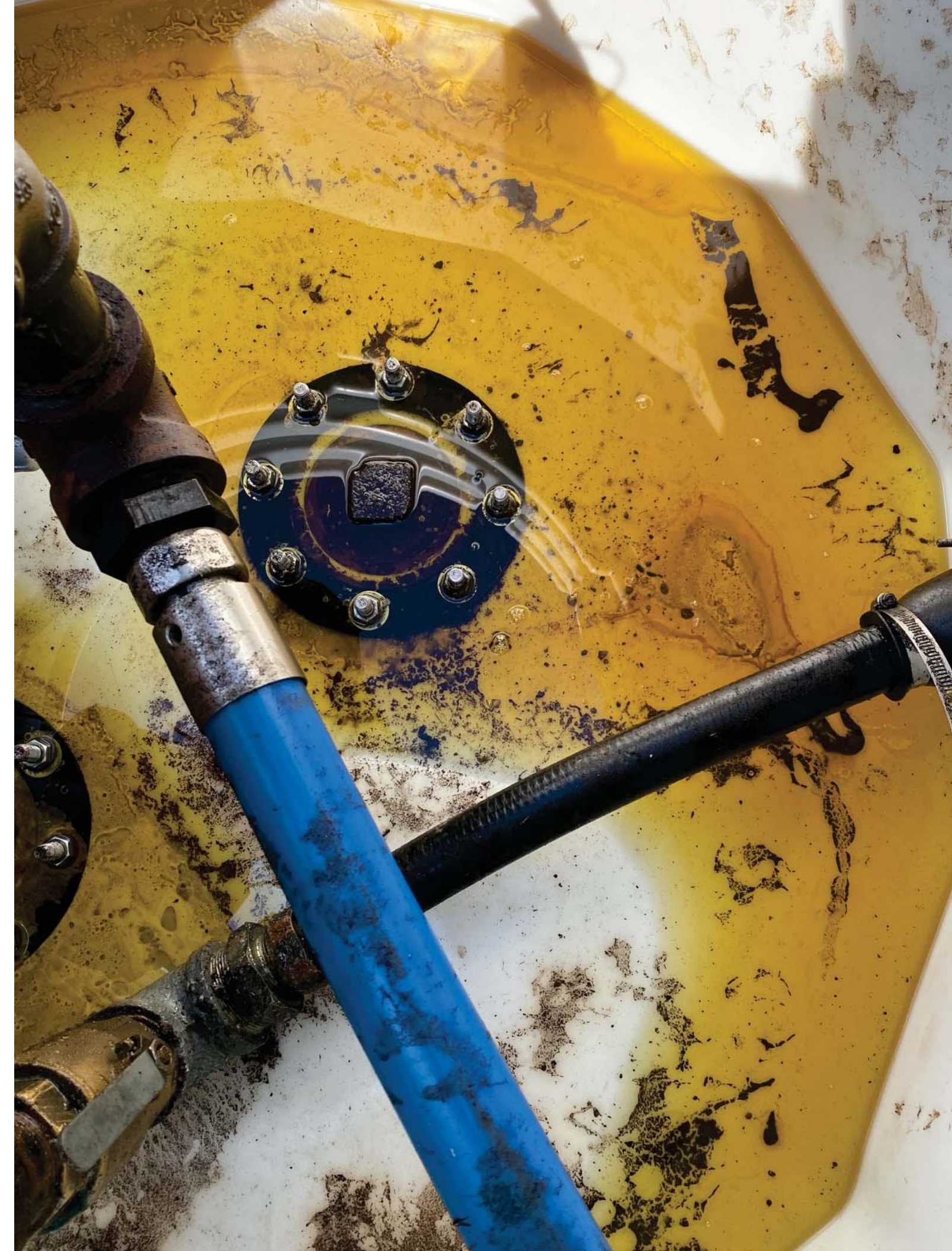
















 **CountryMark**

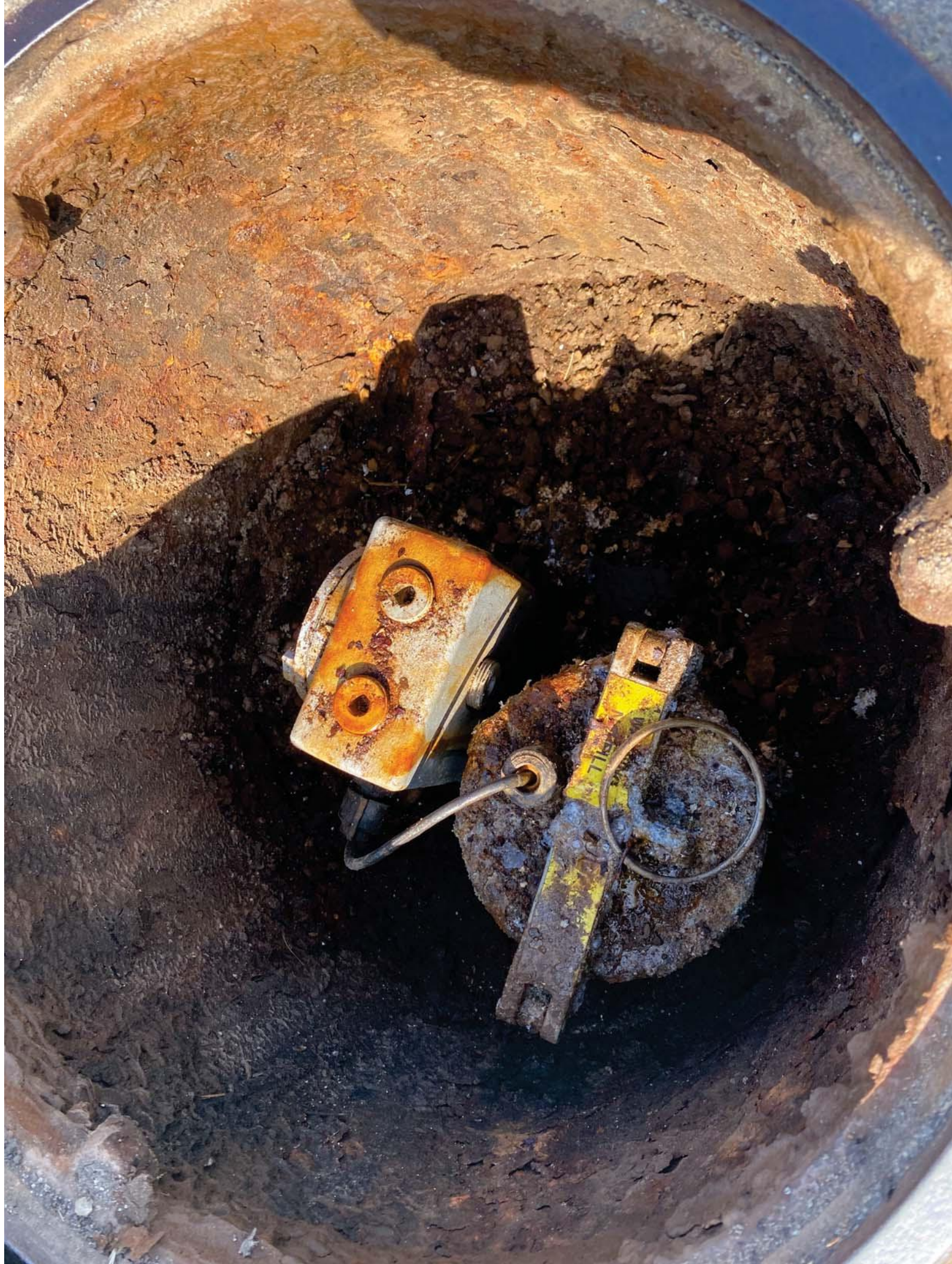






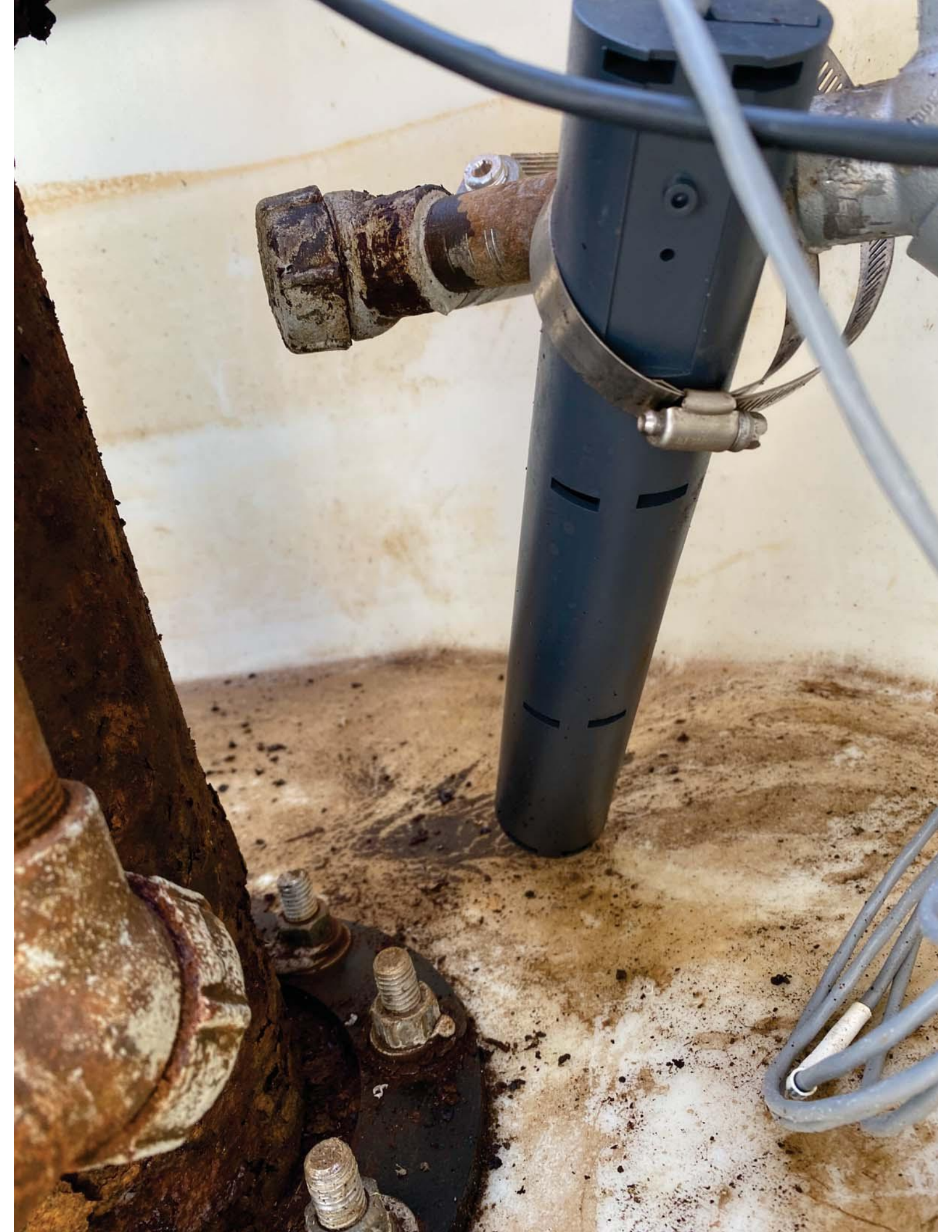














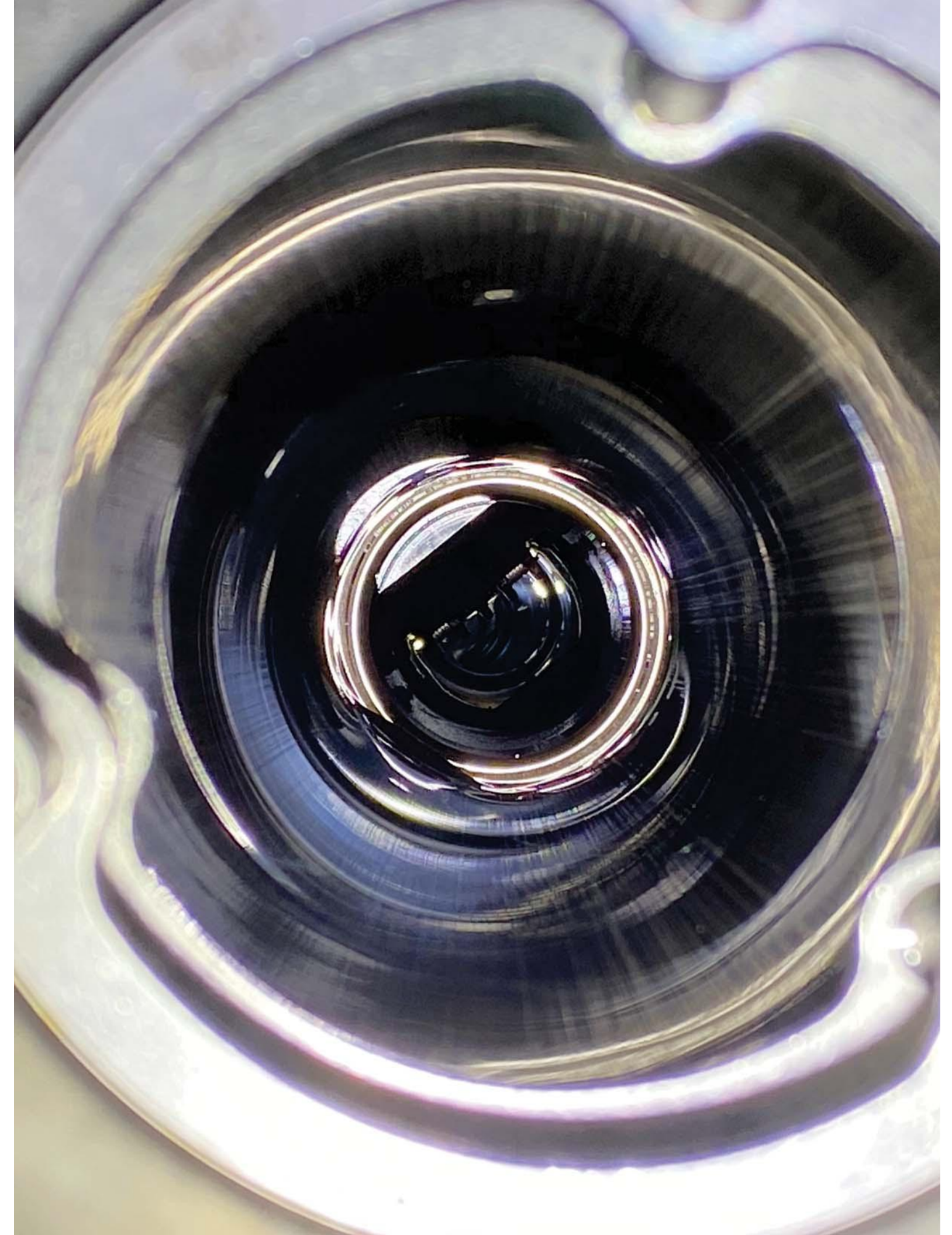
 **CountryMark** 



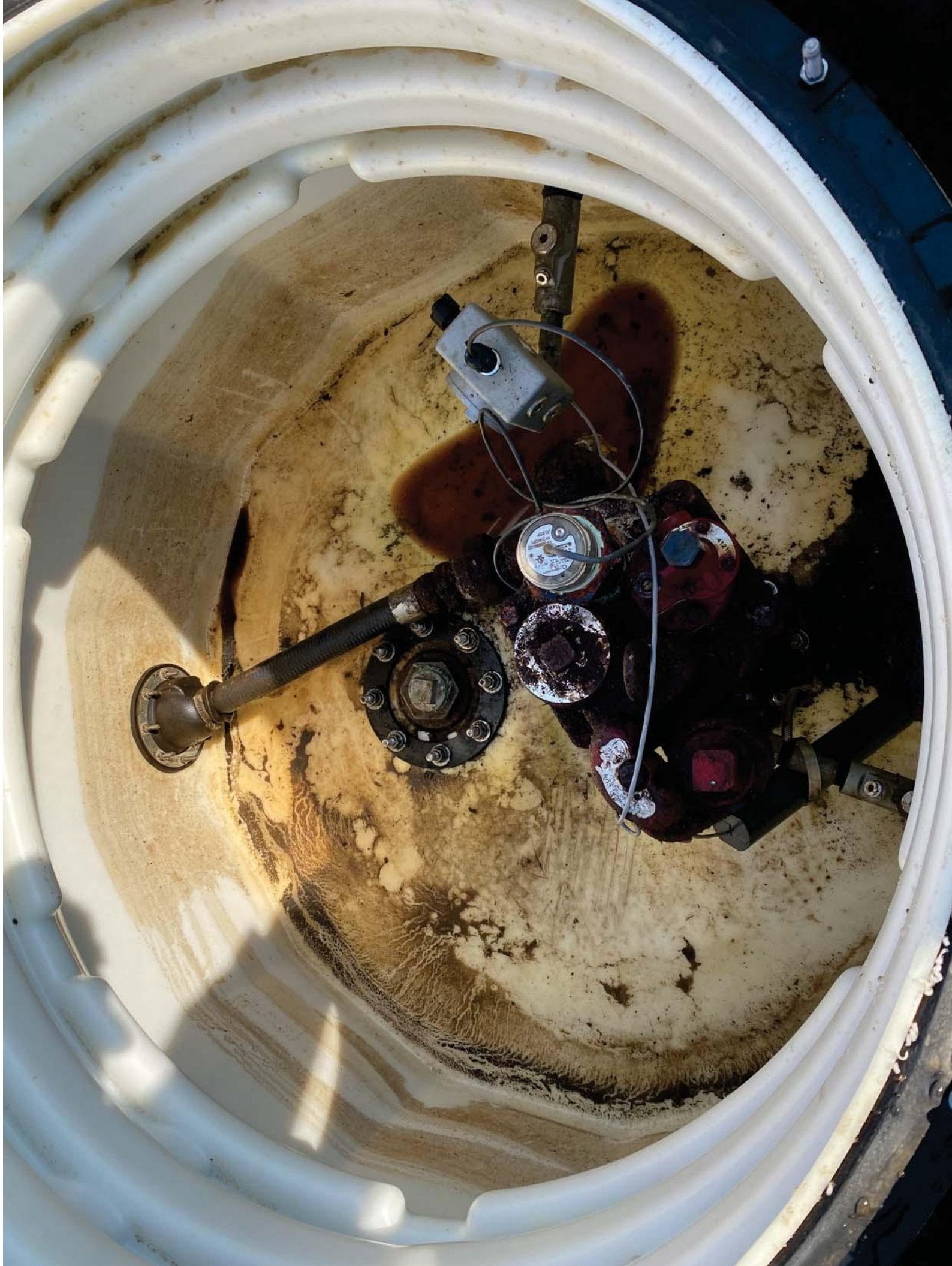












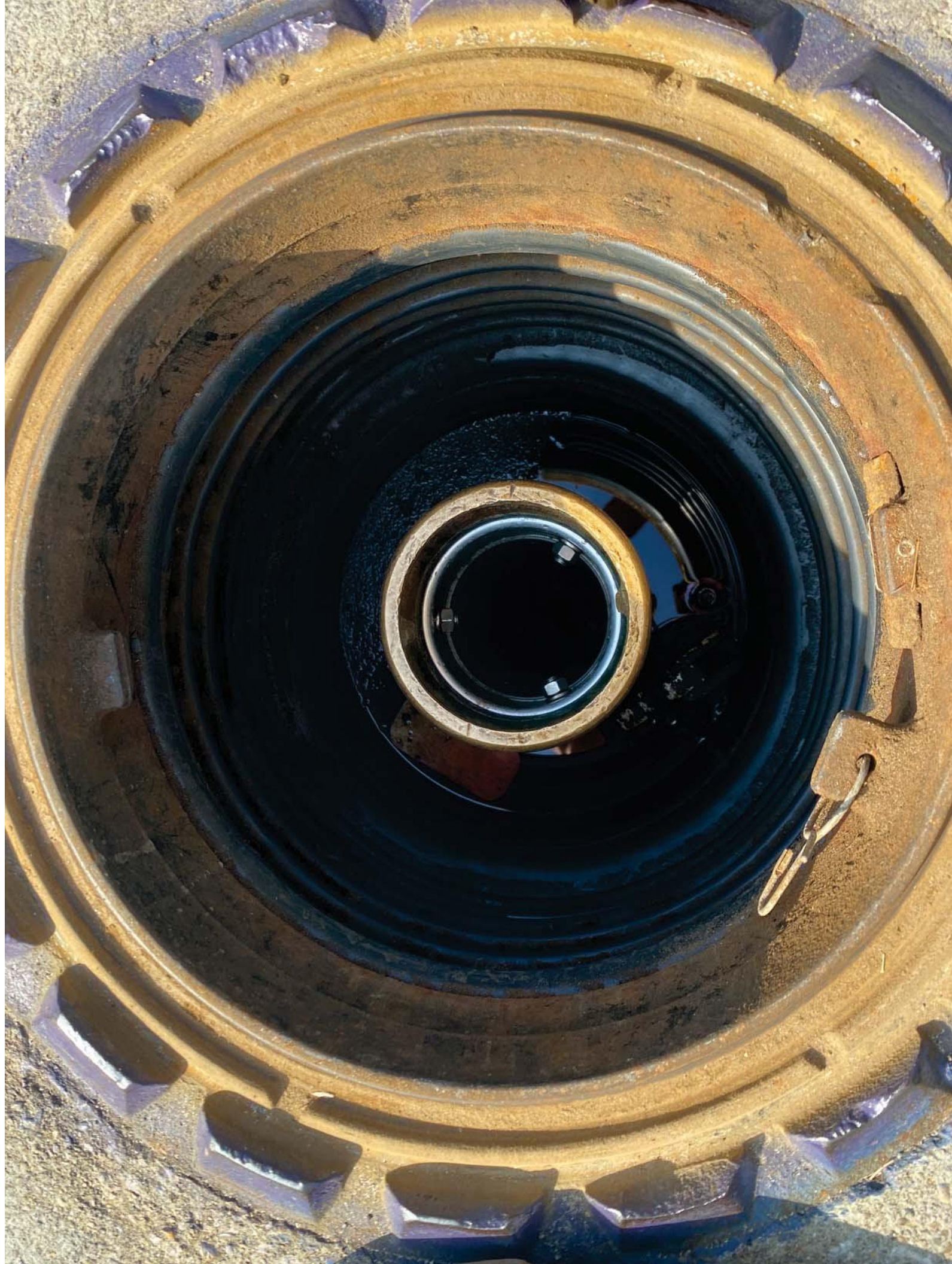
























NO SMOKING TURN OFF ENGINE
THIS SALE
GALLONS PRICE/GALLON
TAXES INCLUDED
Gillbarco

Off Road Diesel

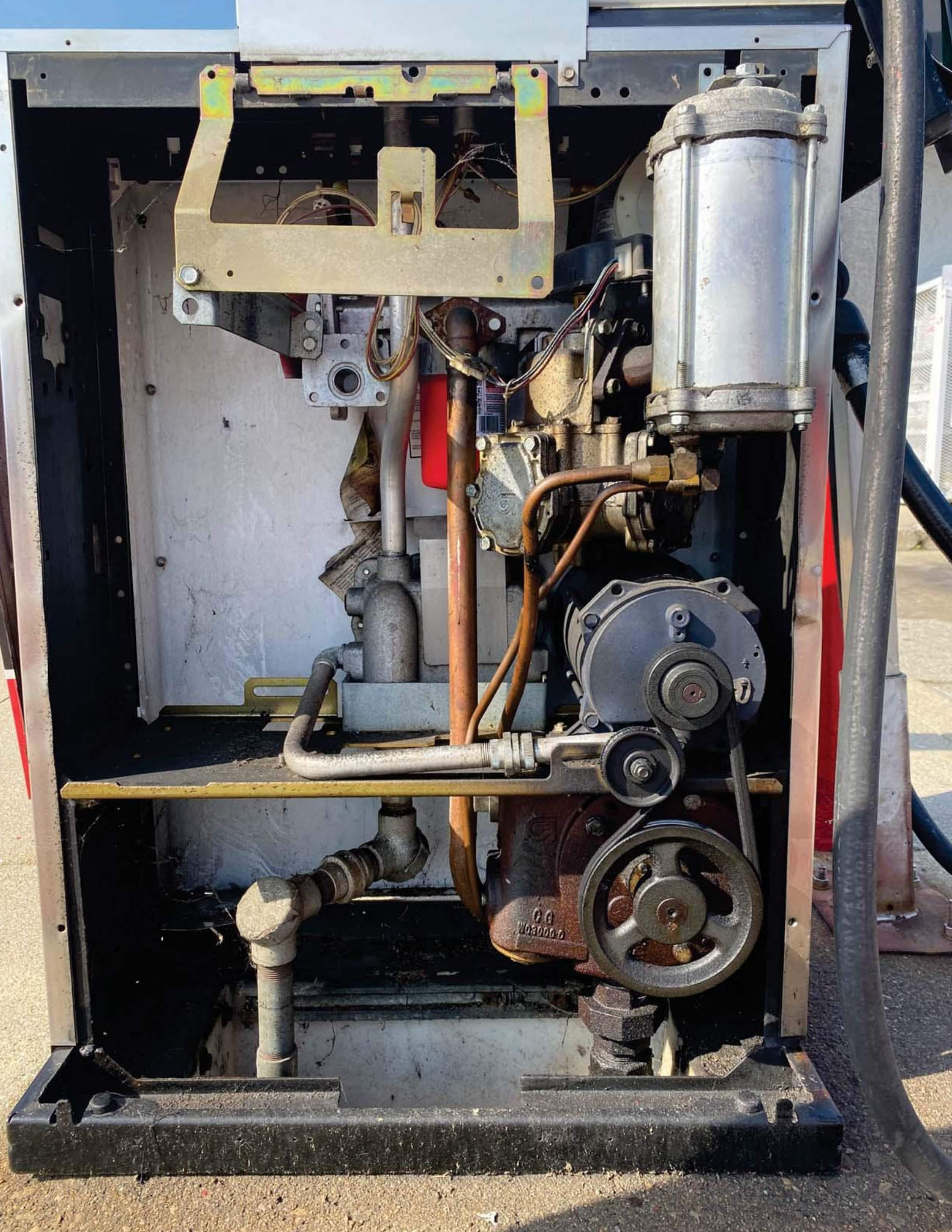
2023
NOTICE
WARNING
NO SMOKING STOP ENGINE
NO DISPENSING FUEL INTO UNAPPROVED CONTAINERS
ULTRA-LOW SULFUR DIES
FOR OFF ROAD USE ONLY



CountryMark

Get more per gallon.

Blue Rhino
EMERGENCIES: 1.800.258.7446
NO SMOKING IN FLAMMABLE LP GAS



GA
1030000





2



10¢ off EACH GALLON WITH PREMIER CARD PURCHASES*

PREMIER CARD

0000 0000 0000 0000

NO SMOKING

STOP ENGINE
During Refueling

WARNING
To prevent fire and explosion, do not use open flames or cigarettes near the fuel dispenser.

PUMP 2

CASH CUSTOMERS
Please Pay First

CREDIT/DEBIT CUSTOMERS
Pay at the Pump

2023

TOP TIER
CountryMark Gasoline

UNLEADED 87

PLUS 89

PREMIUM 93

CountryMark

Get more







4



NO SMOKING
STOP ENGINE
During Refueling
WARNING
It is illegal
and dangerous to
smoke while the
engine is running.



PUMP
4

NO SMOKING
STOP ENGINE
During Refueling
WARNING
It is illegal
and dangerous to
smoke while the
engine is running.

NO DISPENSING FUEL
TO UNAPPROVED
CONTAINERS

USE WATER

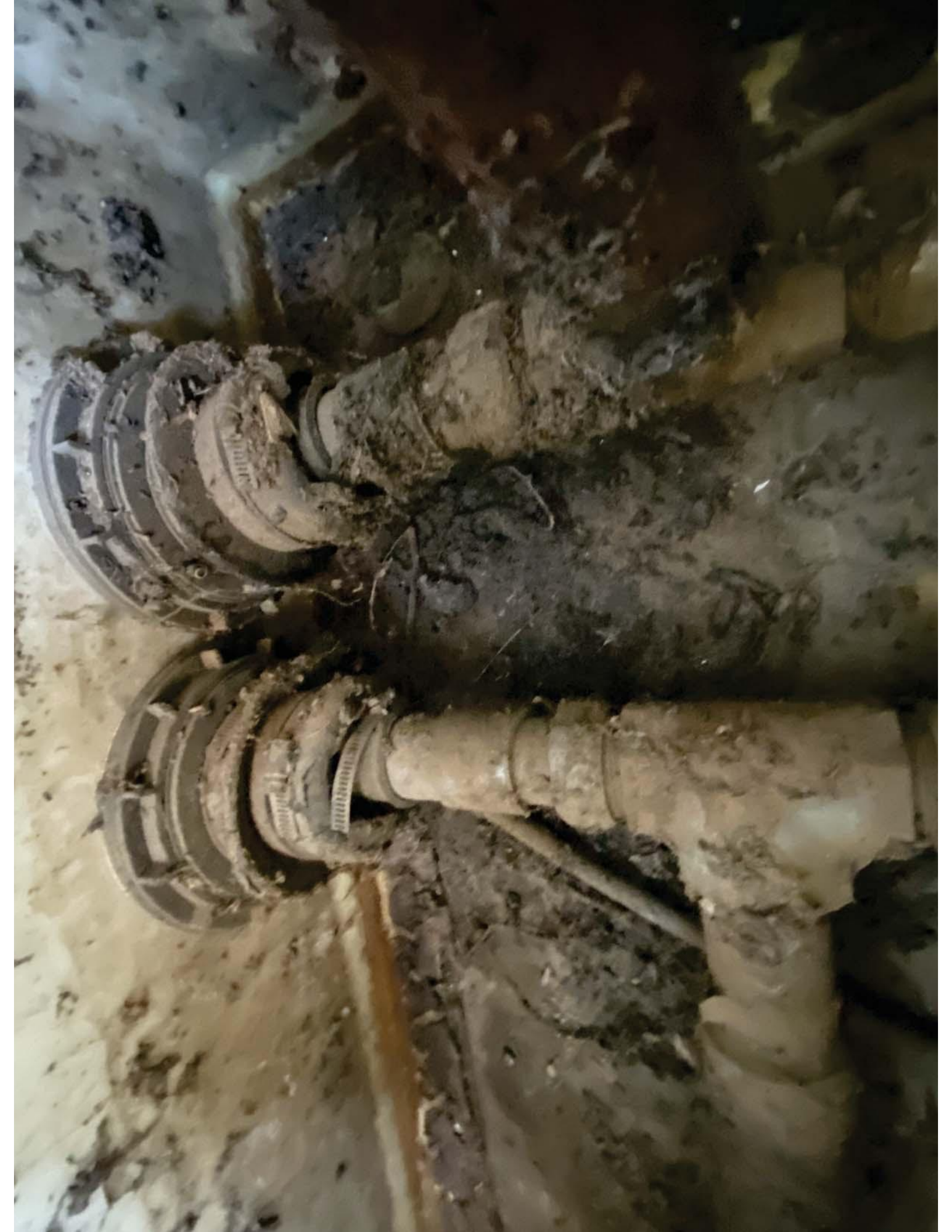
UNLEADED 87
PLUS 89
PREMIUM 93

TOP TIER
Intelligent Gasoline

CountryMark
Get more









5

10% OFF EACH GALLON
WITH PREMIER CARD PURCHASES*

**NO SMOKING
STOP ENGINE**

NO SMOKING
STOP ENGINE
During Refueling
WARNING
It is unsafe, and dangerous, to operate gasoline pumps when smoking.

WARNING
Read and understand the instructions on the nozzle and pump before using. Do not use the nozzle if it is damaged or if the hose is frayed. Do not use the nozzle if the fuel is leaking. Do not use the nozzle if the fuel is dripping. Do not use the nozzle if the fuel is spraying. Do not use the nozzle if the fuel is dripping. Do not use the nozzle if the fuel is spraying.

**NO SMOKING
STOP ENGINE**
You must remain in attendance outside your vehicle while fueling.
NO DISPENSING FUEL INTO UNAPPROVED CONTAINERS

PUMP 5

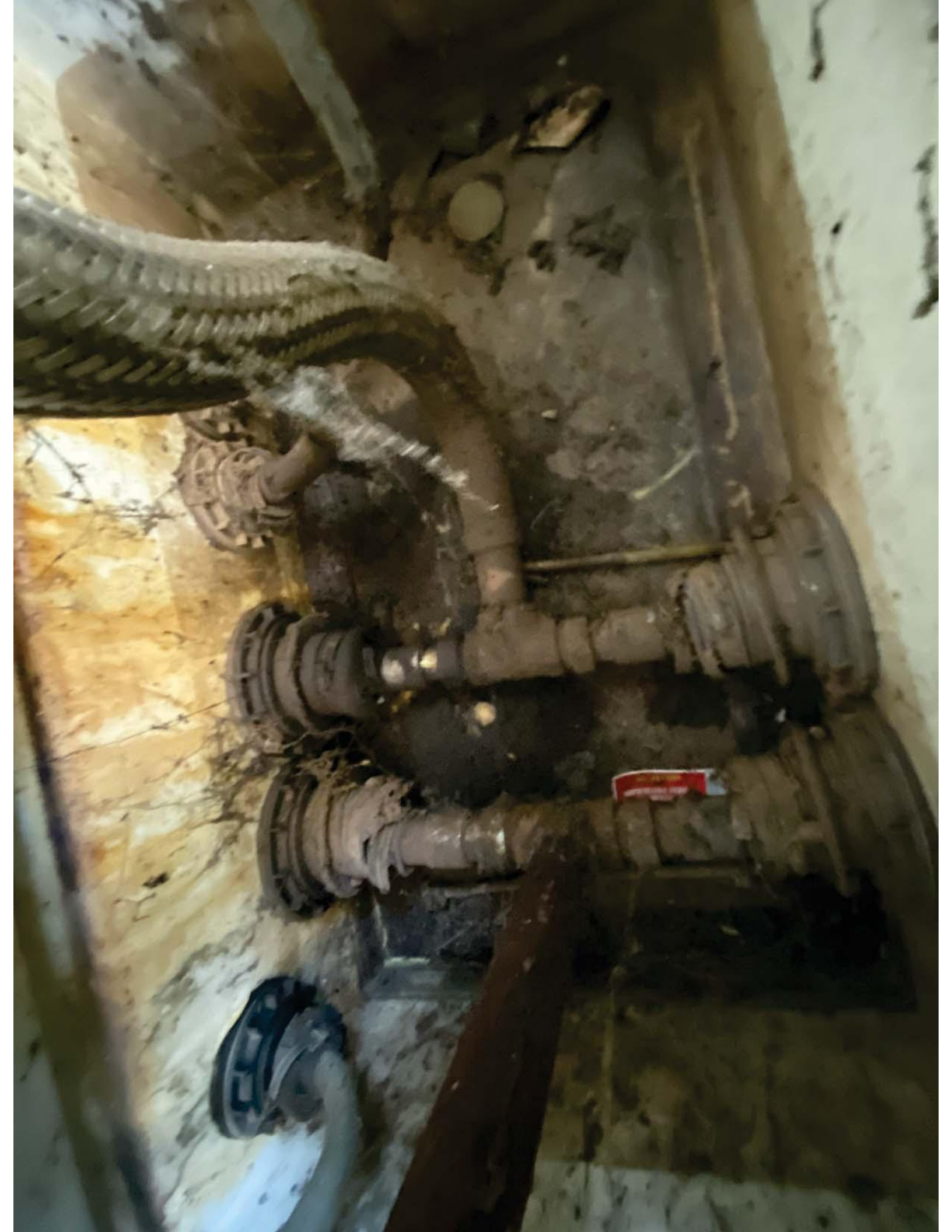
UNLEADED 87
PLUS 89
PREMIUM 93

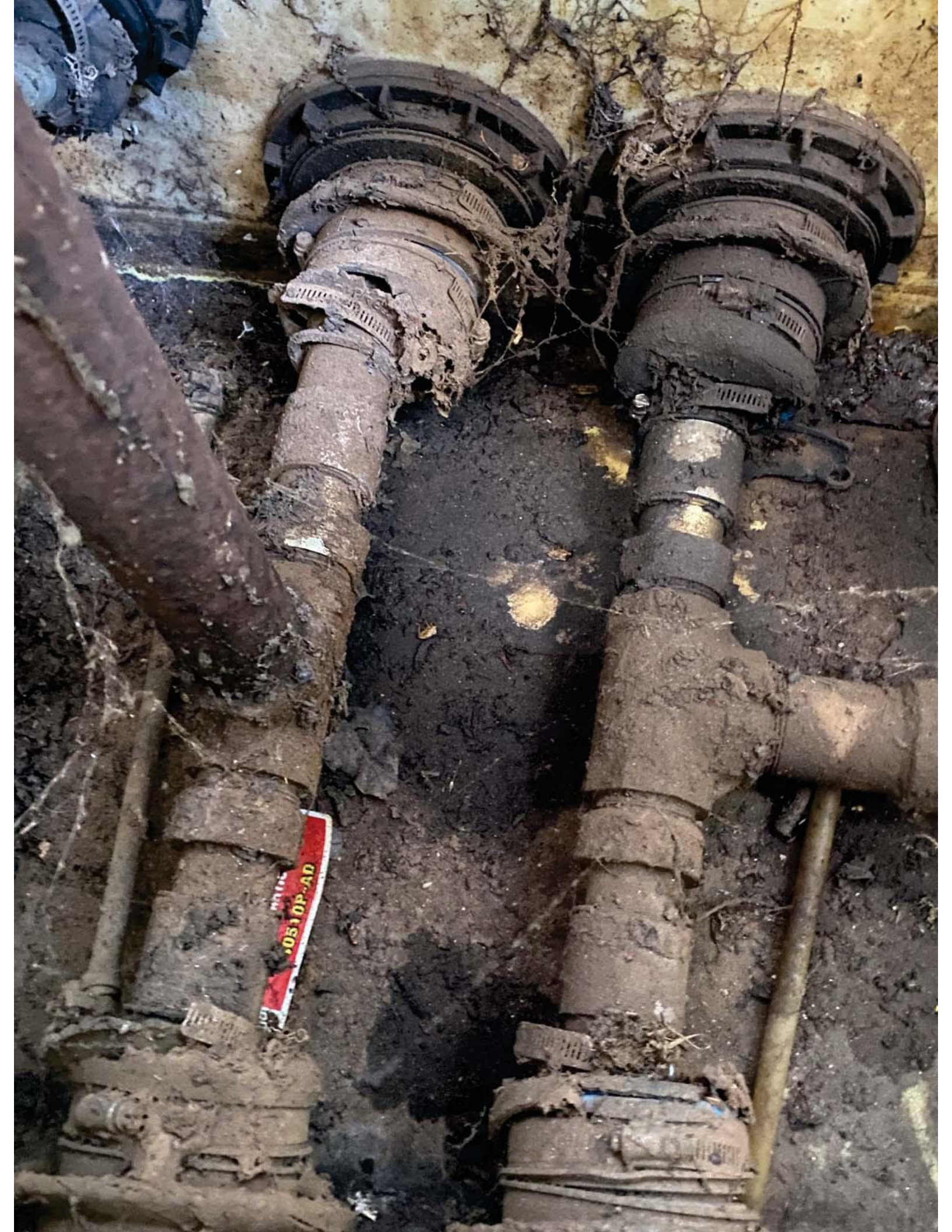
TOP TIER
Detergent Gasoline



CountryMark

Get more per gallon.







NO SMOKING
STOP ENGINE

NO SMOKING
STOP ENGINE
During Refueling
WARNING
It is unlawful and illegal to dispense gasoline into approved containers.

This Sale

\$ 58.00
15.030
Gallons

WARNING
NO SMOKING
STOP ENGINE
You must remain in attendance outside your vehicle while fueling.
NO DISPENSING FUEL INTO UNAPPROVED CONTAINERS.

TOP TIER
Diesel 87 89 93

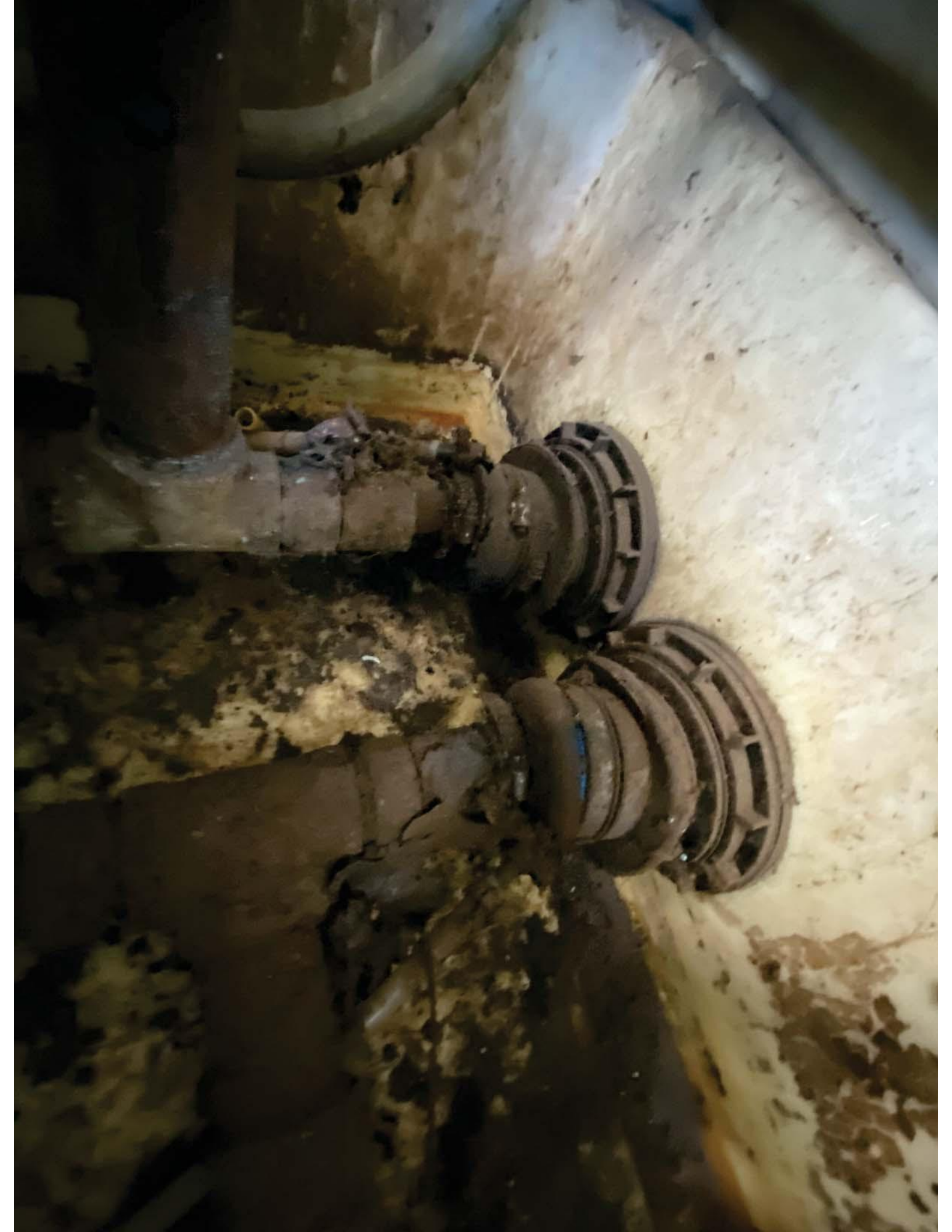
15.99 15.99 15.99
TOP TIER
TOP TIER
TOP TIER

TOP TIER











Diesel
10

9

10¢ off EACH GALLON WITH PREMIER CARD PURCHASES*

DEF

NO SMOKING STOP ENGINE
You must remain in attendance outside your vehicle while fueling. NO DISPENSING FUEL INTO UNAPPROVED CONTAINERS.

WARNING

DIESEL EXHAUST FLUID

DIESEL

CountryMark logo

PUMP 10

NO SMOKING STOP ENGINE

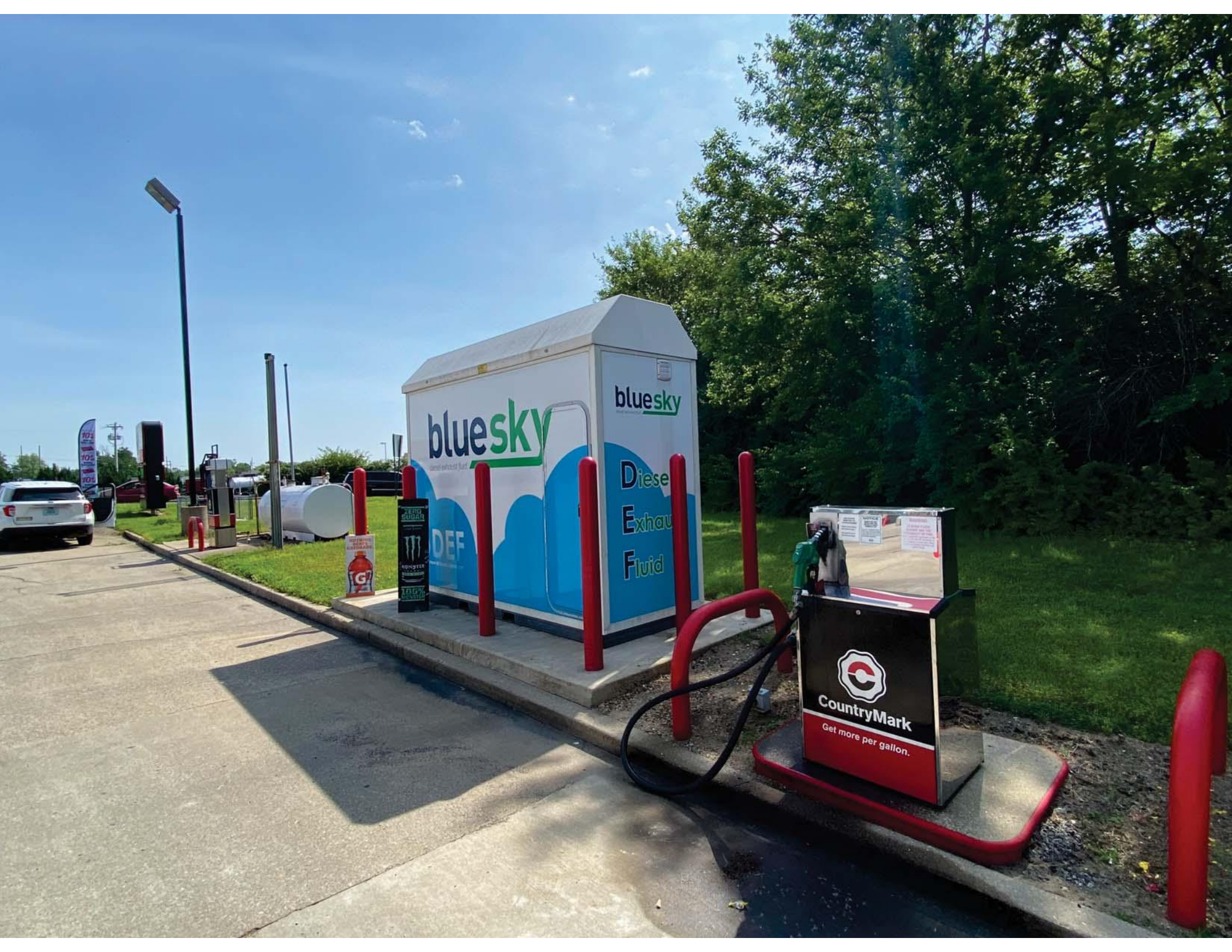
FIRE EXTINGUISHER

FIRE EXTINGUISHER



CountryMark
Get more per gallon.





bluesky

bluesky

Diesel Exhaust Fluid

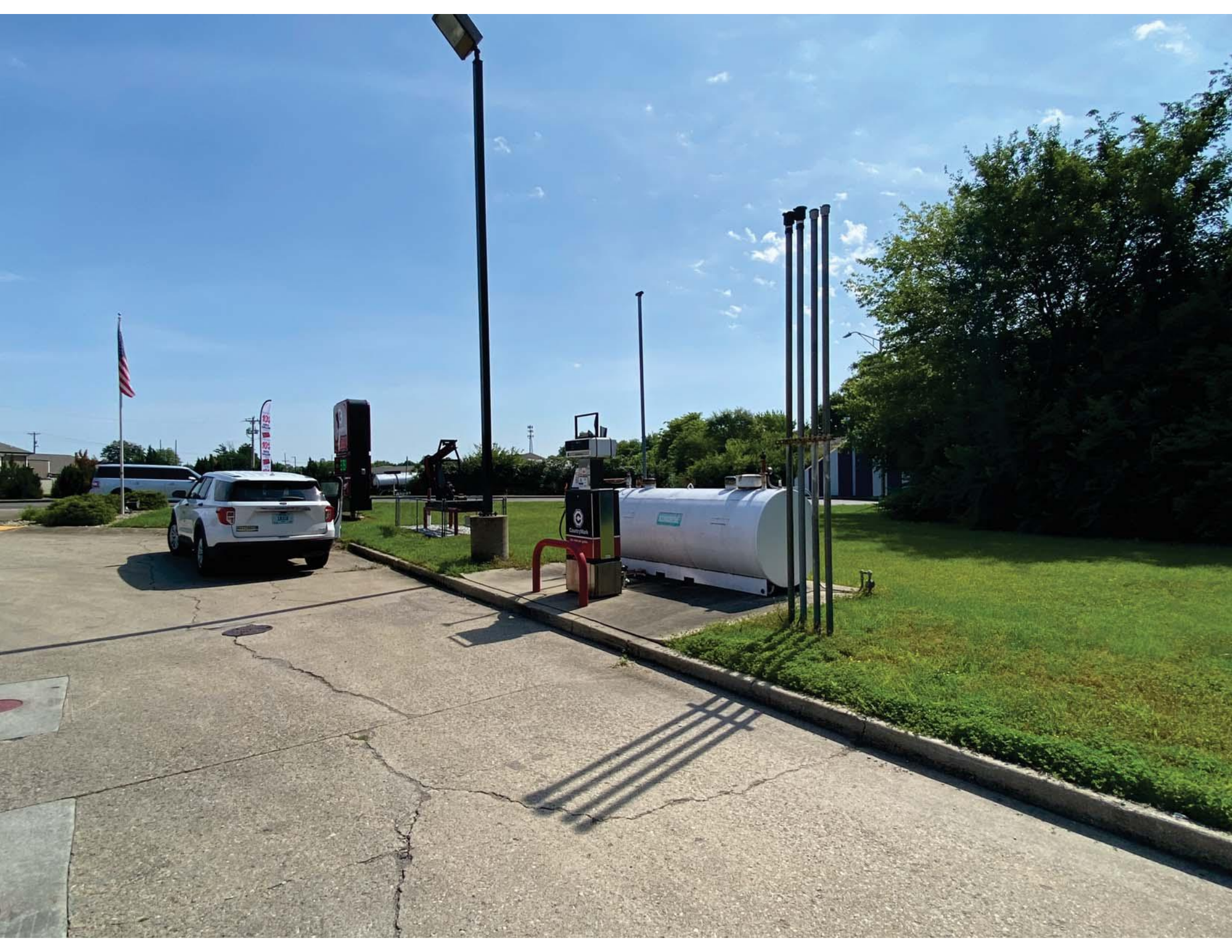
DEF



CountryMark

Get more per gallon.





05/20/24 9:28 AM

PREMIER ENERGY
101 COMMUNITY DR
SEYMOUR IN 47274

CURRENT INVENTORY REPORT

TANK 1: UNLEADED

VOLUME = 6082 GALS
FUEL TC = 6066 GALS
90% ULLAGE = 7395 GALS
HEIGHT = 38.74 INCHES
WATER = 0.00 INCHES
WATER VOL = 0 GALS
TEMP = 63.94 DEG F

TANK 2: PREMIUM

VOLUME = 3819 GALS
FUEL TC = 3810 GALS
90% ULLAGE = 5016 GALS
HEIGHT = 37.61 INCHES
WATER = 0.00 INCHES
WATER VOL = 0 GALS
TEMP = 63.22 DEG F

TANK 3: DIESEL

VOLUME = 7349 GALS
FUEL TC = 7330 GALS
90% ULLAGE = 3165 GALS
HEIGHT = 54.44 INCHES
WATER = 0.00 INCHES
WATER VOL = 0 GALS
TEMP = 65.63 DEG F

TANK 4: DX4

VOLUME = 1933 GALS
FUEL TC = 1913 GALS
90% ULLAGE = 1863 GALS
HEIGHT = 42.62 INCHES
WATER = 0.00 INCHES
WATER VOL = 0 GALS
TEMP = 80.63 DEG F

TANK 5: KEROSENE

VOLUME = 460 GALS
FUEL TC = 457 GALS
90% ULLAGE = 395 GALS
HEIGHT = 22.50 INCHES
WATER = 0.00 INCHES
WATER VOL = 0 GALS
TEMP = 75.70 DEG F

05/20/24 9:28 AM

PREMIER ENERGY
101 COMMUNITY DR
SEYMOUR IN 47274

TANK LEAK TEST HISTORY -
PASSED TEST RESULTS

T 1: UNLEADED

REPORT TYPE = LAST GROSS
DATE/TIME = 05/20/24 4:41
METHOD = SLD Gross Test
AVG. VOLUME = 6992
% VOLUME = 46.7

REPORT TYPE = LAST PERIODIC
DATE/TIME = 05/20/24 5:18
METHOD = CSLD Periodic Test
HOURS = 30
AVG. VOLUME = 8123
% VOLUME = 54.2

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 05/02/24 0:50
METHOD = CSLD Periodic Test
HOURS = 31
AVG. VOLUME = 9606
% VOLUME = 64.1

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 04/11/24 1:19
METHOD = CSLD Periodic Test
HOURS = 30
AVG. VOLUME = 10269
% VOLUME = 68.6

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 03/20/24 0:54
METHOD = CSLD Periodic Test
HOURS = 31
AVG. VOLUME = 9827
% VOLUME = 65.6

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 02/28/24 4:46
METHOD = CSLD Periodic Test
HOURS = 29
AVG. VOLUME = 9714
% VOLUME = 64.9

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 01/21/24 3:20
METHOD = CSLD Periodic Test
HOURS = 34
AVG. VOLUME = 9690
% VOLUME = 64.7

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 12/25/23 7:36
METHOD = CSLD Periodic Test
HOURS = 35
AVG. VOLUME = 9415
% VOLUME = 62.9

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 11/04/23 4:18
METHOD = CSLD Periodic Test
HOURS = 35
AVG. VOLUME = 10194
% VOLUME = 68.1

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 10/31/23 4:55
METHOD = CSLD Periodic Test
HOURS = 35
AVG. VOLUME = 10194
% VOLUME = 68.1

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 09/04/23 0:45
METHOD = CSLD Periodic Test
HOURS = 33
AVG. VOLUME = 9865
% VOLUME = 65.9

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 08/31/23 23:47
METHOD = CSLD Periodic Test
HOURS = 34
AVG. VOLUME = 9766
% VOLUME = 65.2

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 07/13/23 5:01
METHOD = CSLD Periodic Test
HOURS = 31
AVG. VOLUME = 9946
% VOLUME = 66.4

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 06/27/23 0:13
METHOD = CSLD Periodic Test
HOURS = 27
AVG. VOLUME = 9439
% VOLUME = 63.0

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 05/22/23 1:33
METHOD = CSLD Periodic Test
HOURS = 31
AVG. VOLUME = 9497
% VOLUME = 63.4

05/20/24 9:29 AM
PREMIER ENERGY
101 COMMUNITY DR
SEYMOUR IN 47274

TANK LEAK TEST HISTORY -
PASSED TEST RESULTS

T 2: PREMIUM

REPORT TYPE = LAST GROSS
DATE/TIME = 05/20/24 8:24
METHOD = SLD Gross Test
AVG. VOLUME = 3824
% VOLUME = 39.0

REPORT TYPE = LAST PERIODIC
DATE/TIME = 05/20/24 9:02
METHOD = CSLD Periodic Test
HOURS = 32
AVG. VOLUME = 3155
% VOLUME = 32.1

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 05/20/24 9:02
METHOD = CSLD Periodic Test
HOURS = 32
AVG. VOLUME = 3155
% VOLUME = 32.1

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 04/16/24 3:49
METHOD = CSLD Periodic Test
HOURS = 32
AVG. VOLUME = 3609
% VOLUME = 36.8

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 03/01/24 21:41
METHOD = CSLD Periodic Test
HOURS = 37
AVG. VOLUME = 6412
% VOLUME = 65.3

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 02/15/24 14:27
METHOD = CSLD Periodic Test
HOURS = 33
AVG. VOLUME = 7231
% VOLUME = 73.7

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 01/31/24 19:34
METHOD = CSLD Periodic Test
HOURS = 30
AVG. VOLUME = 6217
% VOLUME = 63.3

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 12/26/23 2:35
METHOD = CSLD Periodic Test
HOURS = 37
AVG. VOLUME = 4299
% VOLUME = 43.8

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 11/01/23 8:33
METHOD = CSLD Periodic Test
HOURS = 33
AVG. VOLUME = 3959
% VOLUME = 40.3

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 10/02/23 21:22
METHOD = CSLD Periodic Test
HOURS = 32
AVG. VOLUME = 3901
% VOLUME = 39.7

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 09/21/23 8:21
METHOD = CSLD Periodic Test
HOURS = 34
AVG. VOLUME = 4836
% VOLUME = 49.3

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 08/20/23 1:00
METHOD = CSLD Periodic Test
HOURS = 35
AVG. VOLUME = 6291
% VOLUME = 64.1

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 07/19/23 0:43
METHOD = CSLD Periodic Test
HOURS = 33
AVG. VOLUME = 4252
% VOLUME = 43.3

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 06/19/23 3:02
METHOD = CSLD Periodic Test
HOURS = 33
AVG. VOLUME = 5265
% VOLUME = 53.6

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 05/18/23 19:04
METHOD = CSLD Periodic Test
HOURS = 30
AVG. VOLUME = 3864
% VOLUME = 39.4

05/20/24 9:30 AM
PREMIER ENERGY
101 COMMUNITY DR
SEYMOUR IN 47274

TANK LEAK TEST HISTORY -
PASSED TEST RESULTS

T 3: DIESEL

REPORT TYPE = LAST GROSS
DATE/TIME = 05/20/24 3:58
METHOD = SLD Gross Test
AVG. VOLUME = 7708
% VOLUME = 66.0

REPORT TYPE = LAST PERIODIC
DATE/TIME = 05/20/24 4:44
METHOD = CSLD Periodic Test
HOURS = 34
AVG. VOLUME = 6629
% VOLUME = 56.7

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 05/09/24 6:00
METHOD = CSLD Periodic Test
HOURS = 34
AVG. VOLUME = 6679
% VOLUME = 57.2

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 04/20/24 20:21
METHOD = CSLD Periodic Test
HOURS = 34
AVG. VOLUME = 6349
% VOLUME = 54.3

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 03/02/24 21:22
METHOD = CSLD Periodic Test
HOURS = 33
AVG. VOLUME = 8072
% VOLUME = 69.1

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 02/17/24 18:43
METHOD = CSLD Periodic Test
HOURS = 35
AVG. VOLUME = 9608
% VOLUME = 82.2

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 01/11/24 20:38
METHOD = CSLD Periodic Test
HOURS = 50
AVG. VOLUME = 6831
% VOLUME = 58.5

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 12/16/23 8:22
METHOD = CSLD Periodic Test
HOURS = 33
AVG. VOLUME = 7720
% VOLUME = 66.1

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 11/04/23 8:16
METHOD = CSLD Periodic Test
HOURS = 37
AVG. VOLUME = 8032
% VOLUME = 68.8

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 10/28/23 21:27
METHOD = CSLD Periodic Test
HOURS = 35
AVG. VOLUME = 8497
% VOLUME = 72.7

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 09/16/23 4:21
METHOD = CSLD Periodic Test
HOURS = 41
AVG. VOLUME = 7911
% VOLUME = 67.7

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 08/05/23 11:12
METHOD = CSLD Periodic Test
HOURS = 31
AVG. VOLUME = 7876
% VOLUME = 67.4

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 07/04/23 14:29
METHOD = CSLD Periodic Test
HOURS = 32
AVG. VOLUME = 8013
% VOLUME = 68.6

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 06/11/23 2:30
METHOD = CSLD Periodic Test
HOURS = 45
AVG. VOLUME = 8351
% VOLUME = 71.5

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 05/16/23 6:48
METHOD = CSLD Periodic Test
HOURS = 29
AVG. VOLUME = 8093
% VOLUME = 69.3

05/20/24 9:30 AM

PREMIER ENERGY
101 COMMUNITY DR
SEYMOUR IN 47274

TANK LEAK TEST HISTORY -
PASSED TEST RESULTS

T 4: DX4

REPORT TYPE = LAST PERIODIC
DATE/TIME = 05/20/24 7:37
METHOD = CSLD Periodic Test
HOURS = 59
AVG. VOLUME = 1934
% VOLUME = 45.8

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 05/10/24 7:40
METHOD = CSLD Periodic Test
HOURS = 52
AVG. VOLUME = 2092
% VOLUME = 49.6

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 04/04/24 19:04
METHOD = CSLD Periodic Test
HOURS = 57
AVG. VOLUME = 1941
% VOLUME = 46.0

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 03/21/24 5:32
METHOD = CSLD Periodic Test
HOURS = 44
AVG. VOLUME = 2062
% VOLUME = 48.9

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 02/18/24 4:41
METHOD = CSLD Periodic Test
HOURS = 65
AVG. VOLUME = 1981
% VOLUME = 47.0

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 01/20/24 10:15
METHOD = CSLD Periodic Test
HOURS = 57
AVG. VOLUME = 2370
% VOLUME = 56.2

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 12/31/23 2:20
METHOD = CSLD Periodic Test
HOURS = 70
AVG. VOLUME = 2094
% VOLUME = 49.6

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 11/20/23 10:46
METHOD = CSLD Periodic Test
HOURS = 58
AVG. VOLUME = 2006
% VOLUME = 47.6

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 10/22/23 20:54
METHOD = CSLD Periodic Test
HOURS = 38
AVG. VOLUME = 2132
% VOLUME = 50.5

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 09/17/23 22:11
METHOD = CSLD Periodic Test
HOURS = 50
AVG. VOLUME = 2112
% VOLUME = 50.1

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 08/27/23 7:15
METHOD = CSLD Periodic Test
HOURS = 51
AVG. VOLUME = 2045
% VOLUME = 48.5

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 07/08/23 8:21
METHOD = CSLD Periodic Test
HOURS = 54
AVG. VOLUME = 3088
% VOLUME = 73.2

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 06/22/23 18:56
METHOD = CSLD Periodic Test
HOURS = 45
AVG. VOLUME = 2186
% VOLUME = 51.8

REPORT TYPE = FULLEST PERIODIC
DATE/TIME = 05/04/23 18:39
METHOD = CSLD Periodic Test
HOURS = 57
AVG. VOLUME = 2086
% VOLUME = 49.5

05/20/24 9:32 AM

PREMIER ENERGY
101 COMMUNITY DR
SEYMOUR IN 47274

PRESSURE LINE LEAK REPORTS
PASSED TESTS HISTORY

Ln 1: UNLD LINE

Gross Test

Prev 24 Hours 124
Since Midnight 32

Last Gross 05/20/24 9:27 AM

Ln 2: PREM LINE

Gross Test

Prev 24 Hours 30
Since Midnight 3

Last Gross 05/20/24 9:08 AM

Ln 3: DSL LINE

Gross Test

Prev 24 Hours 28
Since Midnight 15

Last Gross 05/20/24 8:56 AM

05/20/24 9:32 AM

PREMIER ENERGY
101 COMMUNITY DR
SEYMOUR IN 47274

SENSOR HISTORY BY PERIOD - BY MONTH

Selected Range:

Range: 06/01/23 12:00 AM - 05/20/24 11:59 PM

PERIOD:	SENSOR	LABEL	DATE/TIME	STATUS
May 2024	L 1	UNLD STP SENS	05/01/24 12:00 AM	NORMAL
	L 2	PREM STP SENS	05/01/24 12:00 AM	NORMAL
	L 3	DSL STP SENS	05/01/24 12:00 AM	NORMAL
April 2024	L 1	UNLD STP SENS	04/01/24 12:00 AM	NORMAL
	L 2	PREM STP SENS	04/01/24 12:00 AM	NORMAL
	L 3	DSL STP SENS	04/01/24 12:00 AM	NORMAL
March 2024	L 1	UNLD STP SENS	03/01/24 12:00 AM	NORMAL
	L 2	PREM STP SENS	03/01/24 12:00 AM	NORMAL
	L 3	DSL STP SENS	03/01/24 12:00 AM	NORMAL
February 2024	L 1	UNLD STP SENS	02/01/24 12:00 AM	NORMAL
	L 2	PREM STP SENS	02/01/24 12:00 AM	NORMAL
	L 3	DSL STP SENS	02/01/24 12:00 AM	NORMAL
January 2024	L 1	UNLD STP SENS	01/01/24 12:00 AM	NORMAL
	L 2	PREM STP SENS	01/01/24 12:00 AM	NORMAL
	L 3	DSL STP SENS	01/01/24 12:00 AM	NORMAL
December 2023	L 1	UNLD STP SENS	12/01/23 12:00 AM	NORMAL
	L 2	PREM STP SENS	12/01/23 12:00 AM	NORMAL
	L 3	DSL STP SENS	12/01/23 12:00 AM	NORMAL
November 2023	L 1	UNLD STP SENS	11/01/23 12:00 AM	NORMAL
	L 2	PREM STP SENS	11/01/23 12:00 AM	NORMAL
	L 3	DSL STP SENS	11/01/23 12:00 AM	NORMAL
October 2023	L 1	UNLD STP SENS	10/01/23 12:00 AM	NORMAL
	L 2	PREM STP SENS	10/01/23 12:00 AM	NORMAL
	L 3	DSL STP SENS	10/01/23 12:00 AM	NORMAL
September 2023	L 1	UNLD STP SENS	09/01/23 12:00 AM	NORMAL
	L 2	PREM STP SENS	09/01/23 12:00 AM	NORMAL
	L 3	DSL STP SENS	09/01/23 12:00 AM	NORMAL
August 2023	L 1	UNLD STP SENS	08/01/23 12:00 AM	NORMAL
	L 2	PREM STP SENS	08/01/23 12:00 AM	NORMAL
	L 3	DSL STP SENS	08/01/23 12:00 AM	NORMAL
July 2023	L 1	UNLD STP SENS	07/01/23 12:00 AM	NORMAL
	L 2	PREM STP SENS	07/01/23 12:00 AM	NORMAL
	L 3	DSL STP SENS	07/01/23 12:00 AM	NORMAL
June 2023	L 1	UNLD STP SENS	06/01/23 12:00 AM	NORMAL
	L 2	PREM STP SENS	06/01/23 12:00 AM	NORMAL
	L 3	DSL STP SENS	06/01/23 12:00 AM	NORMAL



June 12, 2023

Premier Ag Coop Inc
811 W 2nd St
Seymour IN 47274

RE: UST Testing/Inspection Results

Testing Performed: ATG Functionality, Elec Line Leak Detector, Product Line
Testing, Liquid Sensor Functionality

Testing Date: 6/12/2023

Customer SC#: 0

Location of Test: Seymour Community
101 Community Dr
Seymour IN

Site FID#: 22962

We have completed the testing and/or inspections for the above location as per your request.

A summary of testing results along with copies of the testing/inspections have been enclosed for your records.

If you should have any questions after your review of the results, please let us know.

Thank you for your continued business.

Sincerely,

Paula Groff-Weidner
CEO

Enclosures



UST TESTING/INSPECTION RESULTS SUMMARY

OWNER NAME: Premier Ag Coop Inc
 OWNER ADDRESS: 811 W 2nd St
 OWNER CITY/STATE/ZIP: Seymour IN 47274

LOCATION NAME: Seymour Community
 LOCATION ADDRESS: 101 Community Dr
 LOCATION CITY/STATE: Seymour IN
 LOCATION FID#: 22962

TESTING DATE: 6/12/2023

METHOD OF TANK LEAK DETECTION: -
 METHOD OF PIPING LEAK DETECTION: -
 TYPE OF UNDERGROUND PIPING: -

ANNUAL TESTING/INSPECTIONS

AUTOMATIC TANK GAUGE TEST

COMPLETED

TANK NO	PRODUCT	BRAND/MODEL	RESULT
1	RUL	VEEDER-ROOT TLS450	PASS
2	PUL	VEEDER-ROOT TLS450	PASS
3	DSL	VEEDER-ROOT TLS450	PASS
4	ODSL	VEEDER-ROOT TLS450	PASS

PRODUCT LINE TEST

COMPLETED

Product line must be within manufacturer's criteria of +/- .050 GPH.

LINE NO	PRODUCT	RESULT	GPH
#1	RUL	PASS	0
#2	PUL	PASS	0
#3	DSL	PASS	0.0148

LEAK DETECTOR TEST

COMPLETED

LINE NO	PRODUCT	TYPE	RESULT
1	RUL	ELLD	PASS
2	PUL	ELLD	PASS
3	DSL	ELLD	PASS

LIQUID SENSOR FUNCTIONALITY TEST

COMPLETED

LOCATION	PRODUCT	TYPE	RESULT
STP SUMP	RUL	NON-DISCRIMINATING	PASS
STP SUMP	PUL	NON-DISCRIMINATING	PASS
STP SUMP	DSL	NON-DISCRIMINATING	PASS

SITE PHOTOS

TEST DATE: 6/12/2023
 LOCATION NAME: Seymour Community
 LOCATION ADDRESS: 101 Community Dr
 LOCATION CITY/STATE: Seymour IN
 LOCATION PHONE: 812-522-5911 ext 230
 LOCATION CONTACT: Sonia Ahlbrand

OWNER NAME: Premier Ag Coop Inc
 OWNER ADDRESS: 811 W 2nd St
 OWNER CITY/STATE/ZIP: Seymour IN 47274
 LOCATION FID#: 22962
 WORK ORDER NO: WO-1994

ODSL ATG PROBE TEST



ODSL SUCTION SYSTEM



KER ABOVE GROUND



DSL ATG PROBE TEST





SITE PHOTOS

TEST DATE: 6/12/2023
LOCATION NAME: Seymour Community
LOCATION ADDRESS: 101 Community Dr
LOCATION CITY/STATE: Seymour IN
LOCATION PHONE: 812-522-5911 ext 230
LOCATION CONTACT: Sonia Ahlbrand

OWNER NAME: Premier Ag Coop Inc
OWNER ADDRESS: 811 W 2nd St
OWNER CITY/STATE/ZIP: Seymour IN 47274
LOCATION FID#: 22962
WORK ORDER NO: WO-1994

PUL ATG PROBE TEST



RUL ATG PROBE TEST



SITE SIGNAGE





CERTIFICATION VERIFICATION

June 12, 2023

Premier Ag Coop Inc
811 W 2nd St
Seymour IN 47274

Testing Date: 6/12/2023
Seymour Community
Location of Test: 101 Community Dr
Seymour IN
Site FID#: 22962
Service Technician: 0
Certified Technician: ADAM WILDER

Midwest ECS has completed the following tests/inspections at the above noted location:

ATG Functionality	X
Leak Detector	
Elec Line Leak Detector	X
Product Line Testing	X
Liquid Sensor Functionality	X
Spill Bucket	
Containment Hydrostatic Sump	
Overfill Equipment Inspection	
Overfill Alarm	
Vent Valve	
Interstitial	
Non-Volumetric Tank Tightness	
Shear Valve Inspection	

I, Adam Wilder, the certified technician, was present throughout the duration of the testing and/or inspection performed by Midwest ECS at the above address on the above date. I affirm that the testing was done in accordance with Rule 329 IAC 9 and 40CFR Part 80, is accurate based upon the results received and that these forms accurately reflects the results of the testing and/or inspection.

Technician Signature:

Technician Printed Name: ADAM WILDER

Date & Time: 6/13/2023 @ 11:00AM



INDIANA HOMELAND SECURITY

Underground Storage Tank

ADAM P WILDER
500 SIMS STREET
FRANKFORT, INDIANA



STATE/PERMIT #	ISSUE	EFFECTIVE	EXPIRATION
UC112310	01/30/2023	01/30/2023	01/23/2025

- DISCIPLINES**
- Installation or Retrofitting Decommissioning Closure
 Cathodic Protection Decommissioning Removal
 Testing

I attest with my signature below, that this technician was present onsite for testing as described above.

Midwest ECS
17437 Carey Road Box 163
Westfield, IN 46074
317-763-8330

Work Order Number: WO-1994
Customer: Premier Ag Coop Inc
Contact: Sonia Ahlbrand
Contact Info: 812-522-5911 ext 230
Site: 22962 Premier ag - Seymour Community
Job Location: 101 Community Drive Seymour IN 47274

Primary Tech: Adam Wilder
Appointment Type: Scheduled
Promised Arrival Time: Today 9:00 AM

Category: TESTING
Task: AN-AUTOMATIC TANK GAUGE
Description: N/A

Category: TESTING
Task: AN-LINE/LEAK DETECTOR
Description: N/A

Category: TESTING
Task: AN-LIQUID SENSOR FUNCTIONALITY
Description: N/A

Work Done Desc.: N/A



**APPENDIX C-7
AUTOMATIC TANK GAUGE
OPERATION INSPECTION**

TEST DATE:	<u>6/12/2023</u>	OWNER NAME:	<u>Premier Ag Coop Inc</u>
LOCATION NAME:	<u>Seymour Community</u>	OWNER ADDRESS:	<u>811 W 2nd St</u>
LOCATION ADDRESS:	<u>101 Community Dr</u>	OWNER CITY/STATE/ZIP:	<u>Seymour IN 47274</u>
LOCATION CITY/STATE:	<u>Seymour IN</u>	LOCATION FID#:	<u>22962</u>
LOCATION PHONE:	<u>812-522-5911 ext 230</u>	WORK ORDER NO:	<u>WO-1994</u>
LOCATION CONTACT:	<u>Sonia Ahlbrand</u>		

This procedure is to determine whether the automatic tank gauge (ATG) is operating properly. See PEI/RP1200 Section 8.2 for the inspection procedure. The procedure is applicable to tank level monitor stems that touch the bottom of the tank when in place.						
Tank Number	1	2	3	4		
Product Stored	RUL	PUL	DSL	ODSL		
ATG Brand and Model	VEEDER-ROOT TLS450	VEEDER-ROOT TLS450	VEEDER-ROOT TLS450	VEEDER-ROOT TLS450		
1. Tank Volume, gallons	14975	9816	11682	4218		
2. Tank Diameter, inches	90"	90"	90"	92"		
3. After removing the ATG from the tank, it has been inspected and any damaged or missing parts replaced?	YES	YES	YES	YES		
4. Float moves freely on the stem without binding?	YES	YES	YES	YES		
5. Fuel float level agrees with the value programmed into the console?	YES	YES	YES	YES		
6. Water float level agrees with the value programmed into the console?	YES	YES	YES	YES		
7. Inch level from bottom of stem when 90% alarm is triggered.	81"	81"	81"	82.8"		
8. Inch level at which the overfill alarm activates corresponds with the valve programmed in the gauge?	YES	YES	YES	YES		
9. Inch level from bottom when the water float first triggers an alarm.	1.5"	1.5"	1.5"	1.5"		
10. Inch level at which the water float alarm activates corresponds with the valve programmed in the gauge?	YES	YES	YES	YES		
If any answers in Lines 3, 4, 5, or 6 are "No", the system has failed the test.						
TEST RESULTS	PASS	PASS	PASS	PASS		
COMMENTS:						

* All liquids must be disposed of properly.

0
SERVICE TECHNICIAN NAME (printed)

ADAM WILDER
CERTIFIED TECHNICIAN NAME (printed)

SERVICE TECHNICIAN SIGNATURE


CERTIFIED TECHNICIAN SIGNATURE

CERT NO: UC112310
EXPIRATION DATE: 1/23/2025



**APPENDIX C-9
MECHANICAL & ELECTRONIC LINE LEAK DETECTORS
PERFORMANCE TESTS**

TEST DATE: 6/12/2023
 LOCATION NAME: Seymour Community
 LOCATION ADDRESS: 101 Community Dr
 LOCATION CITY/STATE: Seymour IN
 LOCATION PHONE: 812-522-5911 ext 230
 LOCATION CONTACT: Sonia Ahlbrand

OWNER NAME: Premier Ag Coop Inc
 OWNER ADDRESS: 811 W 2nd St
 OWNER CITY/STATE/ZIP: Seymour IN 47274
 LOCATION FID#: 22962
 WORK ORDER NO: WO-1994

This data sheet can be used to test mechanical line leak detectors (MLLD) and electronic line leak detectors (ELLD) with submersible						
Line Number	1	2	3			
Product Stored	RUL	PUL	DSL			
Leak Detector Manufacturer	RED JACKET	RED JACKET	RED JACKET			
Leak Detector Model	ELECTRIC	ELECTRIC	ELECTRIC			
Type of Leak Detector	ELLD	ELLD	ELLD			
MLLD (ALL PRESSURE MEASUREMENTS ARE MADE IN PSIG)						
STP Full Operating Pressure						
Check Valve Holding Pressure						
Line Resiliency (ml) (line bleed back volume as measured from check valve holding pressure to 0 PSIG)						
Step Through Time in Seconds (time the MLLD hesitates at metering pressure before going to full operating pressure as measured from 0 PSIG with no leak induced on the line)						
Metering Pressure (STP pressure when simulated leak rate 3 gph at 10 psig)						
Opening Time in Seconds (the time the MLLD opens to allow full pressure after simulated leak is stopped)						
Does the STP pressure remain at or below the metering pressure for at least 60 seconds when the simulated leak is induced?						
Does the leak detector reset (trip) when the line pressure is bled off to zero psig?						
Does the STP properly cycle on/off under normal fuel system operation conditions?						
A "No" answer to either of the above questions indicates the MLLD fails the test						
MLLD TEST RESULTS						
ELLD (ALL PRESSURE MEASUREMENTS ARE MADE IN PSIG)						
STP Full Operating Pressure	30	28	30			
How many test cycles are observed before alarm/shutdown occurs?	1	1	1			
Does the simulated leak cause an alarm?	YES	YES	YES			
A "No" answer to the above question indicates the ELLD fails the test.						
Does the simulated leak cause an STP shutdown?	YES	YES	YES			
ELLD TEST RESULTS	PASS	PASS	PASS			
COMMENTS:						

0

SERVICE TECHNICIAN NAME (printed)

ADAM WILDER

CERTIFIED TECHNICIAN NAME (printed)

SERVICE TECHNICIAN SIGNATURE

CERTIFIED TECHNICIAN SIGNATURE

CERT NO: UC112310
 EXPIRATION DATE: 1/23/2025



EZY CHECK SYSTEMS PRODUCT LINE TESTER DATA SHEET

TEST DATE: 6/12/2023
 LOCATION NAME: Seymour Community
 LOCATION ADDRESS: 101 Community Dr
 LOCATION CITY/STATE: Seymour IN
 LOCATION PHONE: 812-522-5911 ext 230
 LOCATION CONTACT: Sonia Ahlbrand

WORK ORDER NO: WO-1994
 LOCATION FID#: 22962

APPLIED PRESSURE: 50PSI

#1	PRODUCT TYPE:			RUL		
TIME	DATA	-/+	GPL	RES	GPH	
8:40	44	0	0.0037	0.0000	0.0000	
8:55	44	0	0.0037	0	0	
9:10	44	0	0.0037	0	0	
			0.0037			
			0.0037			
			0.0037			
FINAL RESULT	PASS			0		

#2	PRODUCT TYPE:			PUL		
TIME	DATA	-/+	GPL	RES	GPH	
8:40	33	0	0.0037	0.0000	0.0000	
8:55	33	0	0.0037	0	0	
9:10	33	0	0.0037	0	0	
			0.0037			
			0.0037			
			0.0037			
FINAL RESULT	PASS			0		

#3	PRODUCT TYPE:			DSL		
TIME	DATA	-/+	GPL	RES	GPH	
8:40	30	0	0.0037	0.0000	0.0000	
8:55	29	1	0.0037	0.0037	0.0148	
9:10	29	0	0.0037	0	0	
			0.0037			
			0.0037			
			0.0037			
FINAL RESULT	PASS			0.0148		

#4	PRODUCT TYPE:					
TIME	DATA	-/+	GPL	RES	GPH	
		0	0.0037	0.0000	0.0000	
			0.0037			
			0.0037			
			0.0037			
			0.0037			
			0.0037			
FINAL RESULT	-					

#5	PRODUCT TYPE:					
TIME	DATA	-/+	GPL	RES	GPH	
		0	0.0037	0.0000	0.0000	
			0.0037			
			0.0037			
			0.0037			
			0.0037			
			0.0037			
FINAL RESULT	-					

#6	PRODUCT TYPE:					
TIME	DATA	-/+	GPL	RES	GPH	
		0	0.0037	0.0000	0.0000	
			0.0037			
			0.0037			
			0.0037			
			0.0037			
			0.0037			
FINAL RESULT	-					

0

SERVICE TECHNICIAN NAME (printed)

ADAM WILDER

CERTIFIED TECHNICIAN NAME (printed)

SERVICE TECHNICIAN SIGNATURE

CERTIFIED TECHNICIAN SIGNATURE

CERT NO: UC112310

EXPIRATION DATE: 1/23/2025



LIQUID SENSOR FUNCTIONALITY TESTING

TEST DATE: 6/12/2023
 LOCATION NAME: Seymour Community
 LOCATION ADDRESS: 101 Community Dr
 LOCATION CITY/STATE: Seymour IN
 LOCATION PHONE: 812-522-5911 ext 230
 LOCATION CONTACT: Sonia Ahlbrand

OWNER NAME: Premier Ag Coop Inc
 OWNER ADDRESS: 811 W 2nd St
 OWNER CITY/STATE/ZIP: Seymour IN 47274
 LOCATION FID#: 22962
 WORK ORDER NO: WO-1994

This procedure is to determine whether liquid sensors located in the interstitial space of UST systems are able to detect the presence of water and fuel. See PEI/RP1200 Section 8.3 for the test procedure.

Sensor Location	STP SUMP	STP SUMP	STP SUMP			
Product Stored	RUL	PUL	DSL			
Type of Sensor	NON-DISCRIMINATING	NON-DISCRIMINATING	NON-DISCRIMINATING			
Test Liquid	WATER	WATER	WATER			
Is the ATG console clear of any active or recurring warnings or alarms regarding the leak sensor? If the sensor is in alarm and functioning, indicate why.	YES	YES	YES			
Is the sensor alarm circuit operational?	YES	YES	YES			
Has sensor been inspected and in good operating condition?	YES	YES	YES			
When placed in the test liquid, does the sensor trigger an alarm?	YES	YES	YES			
When an alarm is triggered, is the sensor properly identified on the ATG console?	YES	YES	YES			
Any "NO" answers indicates the sensor fails the test.						
TEST RESULTS	PASS	PASS	PASS			
COMMENTS:						

0
 SERVICE TECHNICIAN NAME (printed)
ADAM WILDER
 CERTIFIED TECHNICIAN NAME (printed)

SERVICE TECHNICIAN SIGNATURE

 CERTIFIED TECHNICIAN SIGNATURE

CERT NO: UC112310
 EXPIRATION DATE: 1/23/2025



APPENDIX C-3

SPILL BUCKET INTEGRITY TESTING HYDROSTATIC TEST METHOD
SINGLE- AND DOUBLE-WALLED VACUUM TEST METHOD

TEST DATE: 7/22/2022 OWNER NAME: Premier Ag Coop
LOCATION NAME: Country Mark OWNER ADDRESS: 811 W 2nd St
LOCATION ADDRESS: 101 Community Dr OWNER CITY/STATE/ZIP: Seymour, IN 47274
LOCATION CITY/STATE: Seymour, IN 47274
LOCATION PHONE: 800-742-9385
LOCATION CONTACT: Jerry Boger

This procedure is to test the leak integrity of single- and double-walled spill buckets. See PEI/RP1200 Section 6.2 for hydrostatic test method. Section 6.3 for single-walled vacuum test method and Section 6.4 for double-walled vacuum test method.

Tank Number	1	2	3	4		
Product Stored	UNLEADED	PREMIUM	DIESEL	DX4 OFF RD		
Spill Bucket Capacity	5 GALLON	5 GALLON	5 GALLON	5 GALLON		
Manufacturer	OPW	OPW	OPW	OPW		
Construction	Double Walled	Double Walled	Double Walled	Single-Walled		
Test Type	Hydrostatic	Hydrostatic	Hydrostatic	Hydrostatic		
Spill Bucket Type	Product	Product	Product	Product		
Liquid & Debris Removed From Spill Bucket?*	YES	YES	YES	YES		
Visual Inspection (No cracks, loose parts, or separation of the bucket from the fill pipe)	PASS	PASS	PASS	PASS		
Tank riser cap included in test?	YES	YES	YES	YES		
Drain valve included in test?	YES	YES	YES	YES		
Starting Level	13	13	13	14		
Test Start Time	12:30	12:30	12:30	12:30		
Ending Level	13	13	13	14		
Test End Time	1:30	1:30	1:30	1:30		
Test Period	1HR	1HR	1HR	1HR		
Level Change	0	0	0	0		

Pass/Fail criteria: Must pass vision inspection. Hydrostatic: Water level drop of less than 1/8 inch; Vacuum single-walled only: Maintain at least 26 inches water column; Vacuum double-walled maintain at least 12 inches water column.

TEST RESULTS: PASS PASS PASS PASS

COMMENTS:

* All liquids and debris must be disposed of properly

LARRY GENTRY
CERTIFIED TECHNICIAN NAME (printed)

Larry Gentry
CERTIFIED TECHNICIAN SIGNATURE

CERT NO: UC108685
EXPIRATION DATE: 1/21/2024



APPENDIX C-4 CONTAINMENT SUMP INTEGRITY TESTING HYDROSTATIC TESTING METHOD

TEST DATE: 7/22/2022
LOCATION NAME: Country Mark
LOCATION ADDRESS: 101 Community Dr
LOCATION CITY/STATE: Seymour, IN 47274
LOCATION PHONE: 800-742-9385
LOCATION CONTACT: Jerry Boger

OWNER NAME: Premier Ag Coop
OWNER ADDRESS: 811 W 2nd St
OWNER CITY/STATE/ZIP: Seymour, IN 47274

This procedure is to test the leak integrity of containment sumps. See PEI/RP1200 Section 6.5 for the test method.						
Containment Sump ID	UNLEADED STP SUMP	PREMIUM STP SUMP	DIESEL STP SUMP	DX4 OFF RD STP SUMP	DISP 1&2	DISP 3&4
Containment Sump Material	POLY	POLY	POLY	POLY	POLY	POLY
Liquid and debris removed from sump?*	YES	YES	YES	YES	YES	YES
Visual Inspection (No cracks, loose parts or separation of the containment sump)	PASS	PASS	PASS	PASS	PASS	PASS
Containment Sump Depth	32	29	29	35	29	29
Height From Bottom to Top of Highest Penetration	10	12	12	12	9	9
Starting Water Level	15	15	15	15	15	15
Test Start Time	12:30	12:30	12:30	12:30	12:30	12:30
Ending Water Level	15	15	15	15	15	15
Test End Time	1:30	1:30	1:30	1:30	1:30	1:30
Test Period (Minimum test time: 1 hour)	1HR	1HR	1HR	1HR	1HR	1HR



**APPENDIX C-4
CONTAINMENT SUMP INTEGRITY TESTING
HYDROSTATIC TESTING METHOD**

TEST DATE: 7/22/2022
 LOCATION NAME: Country Mark
 LOCATION ADDRESS: 101 Community Dr
 LOCATION CITY/STATE: Seymour, IN 47274
 LOCATION PHONE: 800-742-9385
 LOCATION CONTACT: Jerry Boger

OWNER NAME: Premier Ag Coop
 OWNER ADDRESS: 811 W 2nd St
 OWNER CITY/STATE/ZIP: Seymour, IN 47274

This procedure is to test the leak integrity of containment sumps. See PEI/RP1200 Section 6.5 for the test method.

Water Level Change	0	0	0	0	0	0
2. Ball float cage free of debris?						
3. Ball free of holes and cracks and moves freely in cage?						
4. Vent hole in pipe open and near top of tank?						

Pass/Fail criteria: Must pass visual inspection. Water level drop of less than 1/8 inch.

TEST RESULTS	PASS	PASS	PASS	PASS	PASS	PASS
---------------------	-------------	-------------	-------------	-------------	-------------	-------------

COMMENTS:

* All liquids must be disposed of properly.

LARRY GENTRY

CERTIFIED TECHNICIAN NAME (printed)

CERTIFIED TECHNICIAN SIGNATURE

CERT NO: UC108685
 EXPIRATION DATE: 1/21/2024



APPENDIX C-4 CONTAINMENT SUMP INTEGRITY TESTING HYDROSTATIC TESTING METHOD

TEST DATE: 7/22/2022
LOCATION NAME: Country Mark
LOCATION ADDRESS: 101 Community Dr
LOCATION CITY/STATE: Seymour, IN 47274
LOCATION PHONE: 800-742-9385
LOCATION CONTACT: Jerry Boger

OWNER NAME: Premier Ag Coop
OWNER ADDRESS: 811 W 2nd St
OWNER CITY/STATE/ZIP: Seymour, IN 47274

This procedure is to test the leak integrity of containment sumps. See PEI/RP1200 Section 6.5 for the test method.						
Containment Sump ID	DISP 5&6	DISP 7&8	DISP 9&10	10 SATELLITE	DISP 11	
Containment Sump Material	POLY	POLY	POLY	POLY	POLY	
Liquid and debris removed from sump?*	YES	YES	YES	YES	YES	
Visual Inspection (No cracks, loose parts or separation of the containment sump)	PASS	PASS	PASS	PASS	PASS	
Containment Sump Depth	29	29	29	35	29	
Height From Bottom to Top of Highest Penetration	9	9	9	9	9	
Starting Water Level	15	15	15	15	15	
Test Start Time	12:30	12:30	12:30	12:30	12:30	
Ending Water Level	15	15	15	15	15	
Test End Time	1:30	1:30	1:30	1:30	1:30	
Test Period (Minimum test time: 1 hour)	1HR	1HR	1HR	1HR	1HR	



**APPENDIX C-4
CONTAINMENT SUMP INTEGRITY TESTING
HYDROSTATIC TESTING METHOD**

TEST DATE: 7/22/2022
 LOCATION NAME: Country Mark
 LOCATION ADDRESS: 101 Community Dr
 LOCATION CITY/STATE: Seymour, IN 47274
 LOCATION PHONE: 800-742-9385
 LOCATION CONTACT: Jerry Boger

OWNER NAME: Premier Ag Coop
 OWNER ADDRESS: 811 W 2nd St
 OWNER CITY/STATE/ZIP: Seymour, IN 47274

This procedure is to test the leak integrity of containment sumps. See PEI/RP1200 Section 6.5 for the test method.

Water Level Change	0	0	0	0	0	
2. Ball float cage free of debris?						
3. Ball free of holes and cracks and moves freely in cage?						
4. Vent hole in pipe open and near top of tank?						

Pass/Fail criteria: Must pass visual inspection. Water level drop of less than 1/8 inch.

TEST RESULTS	PASS	PASS	PASS	PASS	PASS	
---------------------	-------------	-------------	-------------	-------------	-------------	--

COMMENTS:

* All liquids must be disposed of properly.

LARRY GENTRY
 CERTIFIED TECHNICIAN NAME (printed)

Larry Gentry
 CERTIFIED TECHNICIAN SIGNATURE

CERT NO: UC108685
 EXPIRATION DATE: 1/21/2024



APPENDIX C-5

UT OVERFILL EQUIPMENT INSPECTION AUTOMATIC SHUTOFF DEVICE AND BALL FLOAT VALVE

TEST DATE: <u>7/22/2022</u>	OWNER NAME: <u>Premier Ag Coop</u>
LOCATION NAME: <u>Country Mark</u>	OWNER ADDRESS: <u>811 W 2nd St</u>
LOCATION ADDRESS: <u>101 Community Dr</u>	OWNER CITY/STATE/ZIP: <u>Seymour, IN 47274</u>
LOCATION CITY/STATE: <u>Seymour, IN 47274</u>	
LOCATION PHONE: <u>800-742-9385</u>	
LOCATION CONTACT: <u>Jerry Boger</u>	

This data sheet is for inspection automatic shutoff devices and ball float valves. See PEI/RP1200 Section 7 for inspection procedures.

Product Grade	UNLEADED	PREMIUM	DIESEL	DX4 OFF RD		
Tank Number	1	2	3	4		
Tank Volume, gallons	14975	9816	11682	4218		
Tank Diameter, inches	91	91	91	91		
Overfill Prevention Device Brand	OPW	OPW	OPW	OPW		
Type	Automatic Shutoff Valve	Automatic Shutoff Valve	Automatic Shutoff Valve	Automatic Shutoff Valve		

AUTOMATIC SHUTOFF DEVICE INSPECTION

1. Drop tube removed from tank?	YES	YES	YES	YES		
2. Drop tube and float mechanisms free of debris?	YES	YES	YES	YES		
3. Float moves freely without binding and poppet moves into flow path?	YES	YES	YES	YES		
4. Bypass valve in the drop tube open and free of blockage (if present)?	NOT PRESENT	NOT PRESENT	NOT PRESENT	NOT PRESENT		
5. Flapper adjusted to shut off flow at 95% capacity?*	YES	YES	YES	YES		

BALL FLOAT VALVE INSPECTION **



APPENDIX C-5

UT OVERFILL EQUIPMENT INSPECTION
AUTOMATIC SHUTOFF DEVICE AND BALL FLOAT VALVE

TEST DATE: 7/22/2022
LOCATION NAME: Country Mark
LOCATION ADDRESS: 101 Community Dr
LOCATION CITY/STATE: Seymour, IN 47274
LOCATION PHONE: 800-742-9385
LOCATION CONTACT: Jerry Boger

OWNER NAME: Premier Ag Coop
OWNER ADDRESS: 811 W 2nd St
OWNER CITY/STATE/ZIP: Seymour, IN 47274

Table with 5 rows and 6 columns. Rows contain inspection items: 1. Tank Top fitting vapor-tight and leak-free?, 2. Ball float cage free of debris?, 3. Ball free of holes and cracks and moves freely in cage?, 4. Vent hole in pipe open and near top of tank?, 5. Ball float pipe proper length to restrict flow at 90% capacity?***. All cells contain a hyphen (-).

A "No" to any item in Lines 1-5 indicates a test failure.

Table with 6 columns. The first column is labeled 'TEST RESULTS' and the next four columns contain the word 'PASS' in green text.

COMMENTS: [Empty text area for handwritten notes]

* Use manufacturer's suggested procedure for determining if automatic shutoff device will shut off flow at 95% capacity.
** If a ball float is found to fail in inspection, another method of overfill must be used.
*** Use manufacturer's suggested procedure for determining if flow restriction device will restrict flow at 90% capacity.

LARRY GENTRY
CERTIFIED TECHNICIAN NAME (printed)

[Handwritten Signature]
CERTIFIED TECHNICIAN SIGNATURE

CERT NO: UC108685

INVOICE

MIDWEST MAINTENANCE & CONSTRUCTION, INC.

P.O. BOX 7035
 GREENWOOD, IN 46142
 TEL: (317) 885-9911
 FAX: (317) 215-2763
 Toll: (800) 392-3513

INVOICE #:	00048230
Page	1/1
Date	1/18/2022

REMIT TO ADDRESS P.O. BOX 7035 GREENWOOD, IN 46142

Bill To PRE003 - PREMIER AG CO-OP INC. dba PREMI COMPANIES/PREMIER ENERGY PO BOX 304 SEYMOUR, IN, 47274	Site JAC004 - PREMIER COUNTRYMARK 101 N COMMUNITY DR SEYMOUR, IN, 47274
---	--

Bill To #:	Job Number	Type	Customer Reference	Terms	Due Date
PRE003	JOB53991	CONSTR	JERRY BOGER	NET 30 DAYS	2/17/2022

Description	Unit	Ext
SCOPE OF WORK SAW CUT AND REMOVE CONCRETE FROM AROUND THREE SPILL BUCKETS AND VAPOR RECOVERY MANHOLES REMOVE EXISTING SINGLE WALL SPILL BUCKETS AND VAPOR RECOVERY ADAPTERS REMOVE ANY BALL FLOATS REMAINING ON TANKS INSTALL NEW DOUBLE WALL SPILLBUCKETS INSTALL NEW OVERFILL DROP TUBES INSTALL NEW FILL CAPS AND ADAPTERS INSTALL NEW VAPOR RECOVERY OR 4" CAPS INSTALL NEW 12" MANHOLES OVER VAPOR RISERS POUR AND FINISH 8" THICK CONCRETE WITH REBAR AROUND MANHOLES CLEAN UP ALL DEBRIS FROM CONSTRUCTION PAINT LIDS TO PROPER PRODUCT ID WORK COMPLETED TO SCOPE		
MIS*MATERIAL 1.00 EA MATERIAL	8,962.43	8,962.43
9/1/2021 LABOR 1.00 EA CONSTRUCTION LABOR & EQUIPMENT	6,500.00	6,500.00

TERMS AND CONDITIONS ON REVERSE SIDE ARE INCORPORATED HEREIN BY REFERENCE

STANDARD TERMS AND CONDITIONS(summary):

- Invoices are past due after 30 days and are subject to a 1-1/2% monthly service charge, an annual rate of 18%.
- There will be a minimum 20% handling charge on all returned merchandise. All claims and returned goods must be accompanied by this bill and pre-approved R.G.A. number.
- No returns beyond 90 days of delivery will be accepted. All banking fees outside the USA are the responsibility of the customer.
- In the event of a default with respect to the payment of the purchase price or any part thereof for a period of 30 days from the due date thereof, we shall be entitled to receive from the purchaser all reasonable attorney's fees incurred in the collection of such purchase price. The venue of the dispute will be located at the discretion of Midwest Maintenance & Construction Co., Inc.
- Any order placed for special (Non-stock) items, or fabricated material, may require a down payment and is subject to a penalty if cancelled.
- **WARRANTIES:** We guarantee the above equipment for the same time period and other conditions as the respective manufacturers.
- Purchaser is responsible for all sales, use and other governmental taxes which are not included in the price unless expressly stated.
- Midwest Maintenance & Construction Co., Inc. reserves the right, at its sole discretion, to apply any payments received from customer to any of customer's outstanding invoices, whether current or past due regardless of specification by customer as to payment application.
- By acceptance of these goods, you acknowledged and agreed to the Midwest Maintenance & Construction Co., Inc. standard terms and conditions unless expressly stated.

Services	6,500.00
Items	8,962.43
S/Total	15,462.43
Less Discount	0.00
Less Cover	0.00
Plus Excl. Tax	627.37
Less Payment	0.00
Total Due (USD)	16,089.80



313 - Monthly UST Inspection Community Dr. Seymour

9 Apr 2024 / Jerry Boger

Complete

Score	9 / 9 (100%)	Flagged items	0	Actions	0
Conducted on					09.04.2024 15:17 EDT
Prepared by					Jerry Boger

IDEM Facility ID #22962
Seymour, IN 47274

101 Community Dr.,

9 / 9 (100%)

Leak Detection Recordkeeping

4 / 4 (100%)

Is there a CLSD report for the previous month present

Yes

Check the tanks that are listed on CLSD report?

4 / 4 (100%)

Tank 1 (Unleaded)



Tank 2 (Premium Unleaded)



Tank 3 (Diesel)



Tank 4 (Off Road Diesel)



Please take a picture of the printout



Photo 1



Photo 2



Photo 3



Photo 4



Photo 5

Line & Tank Tightness Testing

4 / 4 (100%)

Check the tanks that have a .2 PLLD test

4 / 4 (100%)

Tank 1 (Unleaded)



Photo 6

Tank 2 (Premium Unleaded)



Photo 7

Tank 3 (Diesel)





Photo 8

Tank 4 (Off Road Diesel)



Check the Sensor that has Interstitial Monitoring

1 / 1 (100%)

Unleaded



Please take a picture of the record



Photo 9

Observation and Monitoring Wells

Observation well cover is properly identified and secured?

Yes

Tank 1 (Unleaded)	
STP Sump Inspection	
Are all cover present, in good condition, seated firmly on the correct sump?	Yes
Was the sump dry?	Yes
How was this verified?	ATG System Alarm Review
Spill Bucket Inspection	
Is the cover present and in good condition, seated firmly on the spill bucket?	Yes
Was the spill bucket dry?	Yes
Please take a picture of the sump for verification purposes	
No further inspection is needed	
Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Tank 2 (Premium Unleaded)	
STP Sump Inspection	
Are all cover present, in good condition, seated firmly on the correct sump?	Yes
Was the sump dry?	Yes
How was this verified?	ATG System Alarm Review
Spill Bucket Inspection	
Is the cover present and in good condition, seated firmly on the spill bucket?	Yes
Was the spill bucket dry?	Yes
Please take a picture of the sump for verification purposes	
No further inspection is needed	
Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Tank 3 (Diesel)	
STP Sump Inspection	
Are all cover present, in good condition, seated firmly on the correct sump?	Yes
Was the sump dry?	Yes
How was this verified?	ATG System Alarm Review
Spill Bucket Inspection	
Is the cover present and in good condition, seated firmly on the spill bucket?	Yes
Was the spill bucket dry?	Yes
Please take a picture of the sump for verification purposes	
No further inspection is needed	
Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Tank 4 (Off Road Diesel)

STP Sump Inspection

Tank 4 does not have a sump, so a sump inspection is not necessary

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?

Yes

Was the spill bucket dry?

Yes

Please take a picture of the sump for verification purposes

No further inspection is needed

Top edge of a coaxial drop tube smooth, round, slightly below the top edge of the fill pipe

Yes

Vent cap present, vent pipe solidly supported and vertical

Yes

Inspector Certification

Signature of person completing inspection



09.04.2024 15:19 EDT

Date and time of inspection completion

Media summary

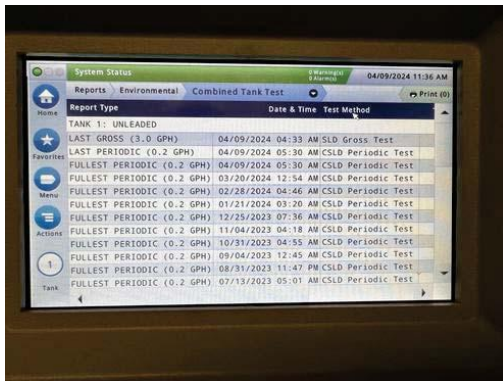


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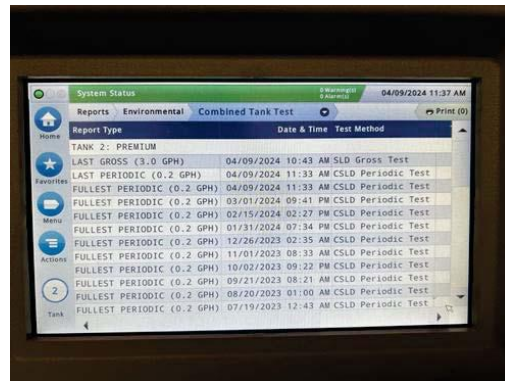


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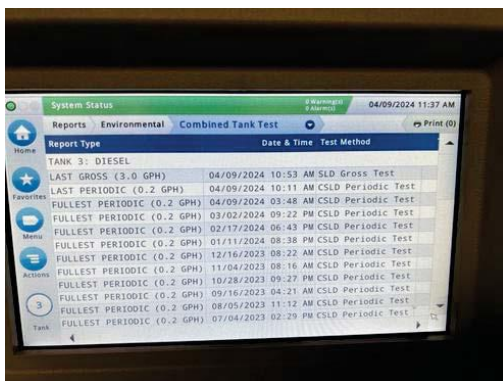


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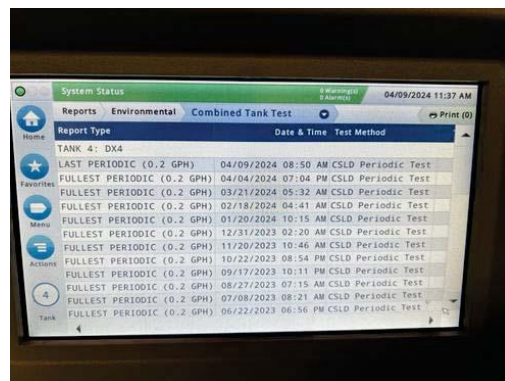


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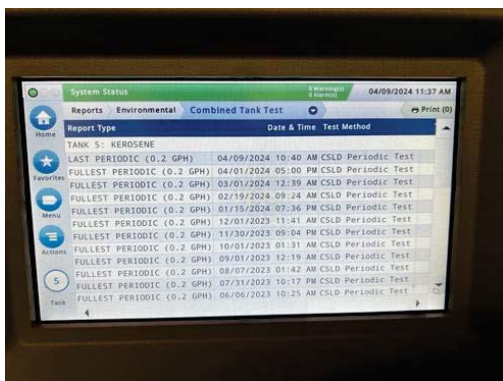


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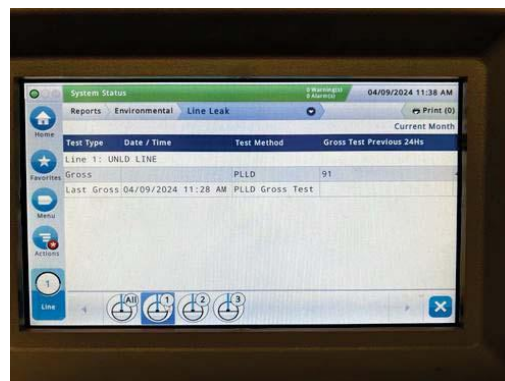


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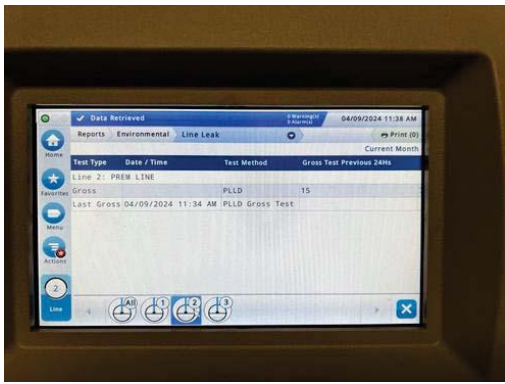


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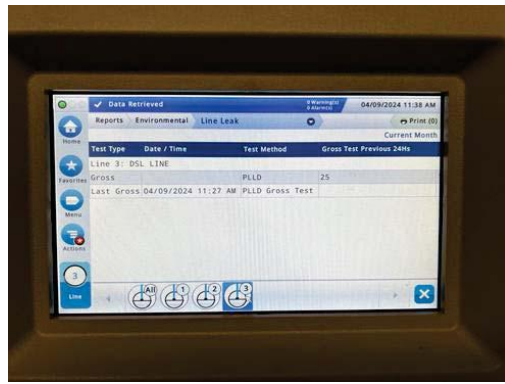


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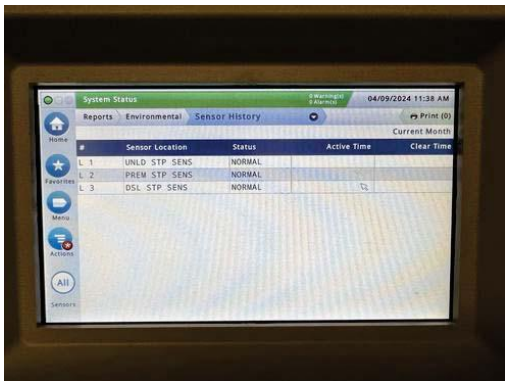


Photo 9



313 - Monthly UST Inspection Community Dr. Seymour

11 Mar 2024 / Jerry Boger

Complete

Score	9 / 9 (100%)	Flagged items	0	Actions	0
Conducted on					11.03.2024 06:04 EDT
Prepared by					Jerry Boger

IDEM Facility ID #22962
Seymour, IN 47274

101 Community Dr.,

9 / 9 (100%)

Leak Detection Recordkeeping

4 / 4 (100%)

Is there a CLSD report for the previous month present

Yes

Check the tanks that are listed on CLSD report?

4 / 4 (100%)

Tank 1 (Unleaded)



Tank 2 (Premium Unleaded)



Tank 3 (Diesel)



Tank 4 (Off Road Diesel)



Please take a picture of the printout



Photo 1



Photo 2



Photo 3



Photo 4



Photo 5

Line & Tank Tightness Testing

4 / 4 (100%)

Check the tanks that have a .2 PLLD test

4 / 4 (100%)

Tank 1 (Unleaded)



Photo 6

Tank 2 (Premium Unleaded)



Photo 7

Tank 3 (Diesel)





Photo 8

Tank 4 (Off Road Diesel)



Check the Sensor that has Interstitial Monitoring

1 / 1 (100%)

Unleaded



Please take a picture of the record



Photo 9

Observation and Monitoring Wells

Observation well cover is properly identified and secured?

Yes

Tank 1 (Unleaded)

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump? Yes

Was the sump dry? Yes

How was this verified? ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket? Yes

Was the spill bucket dry? Yes

Please take a picture of the sump for verification purposes



Photo 10



Photo 11



Photo 12



Photo 13

No further inspection is needed

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe? Yes

Vent cap present, vent pipe solidly supported and vertical Yes

Tank 2 (Premium Unleaded)

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump?

Yes

Was the sump dry?

Yes

How was this verified?

ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?

Yes

Was the spill bucket dry?

Yes

Please take a picture of the sump for verification purposes



Photo 14



Photo 15



Photo 16

No further inspection is needed

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?

Yes

Vent cap present, vent pipe solidly supported and vertical

Yes

Tank 3 (Diesel)

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump?

Yes

Was the sump dry?

Yes

How was this verified?

ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?

Yes

Was the spill bucket dry?

Yes

Please take a picture of the sump for verification purposes



Photo 17



Photo 18



Photo 19

No further inspection is needed

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?

Yes

Vent cap present, vent pipe solidly supported and vertical

Yes

Tank 4 (Off Road Diesel)

STP Sump Inspection

Tank 4 does not have a sump, so a sump inspection is not necessary

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?

Yes

Was the spill bucket dry?

Yes

Please take a picture of the sump for verification purposes



Photo 20



Photo 21



Photo 22

No further inspection is needed

Top edge of a coaxial drop tube smooth, round, slightly below the top edge of the fill pipe

Yes

Vent cap present, vent pipe solidly supported and vertical

Yes

Inspector Certification

Signature of person completing inspection



11.03.2024 06:14 EDT

Date and time of inspection completion

Media summary

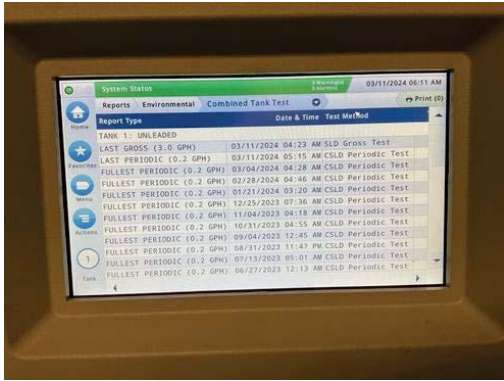


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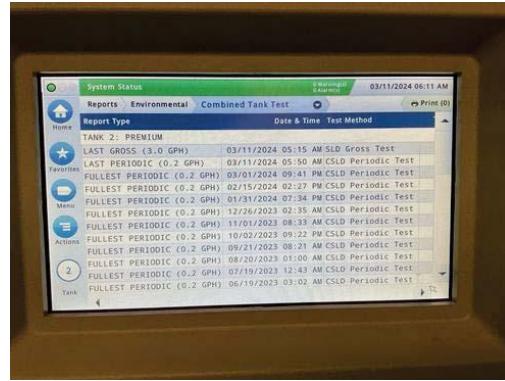


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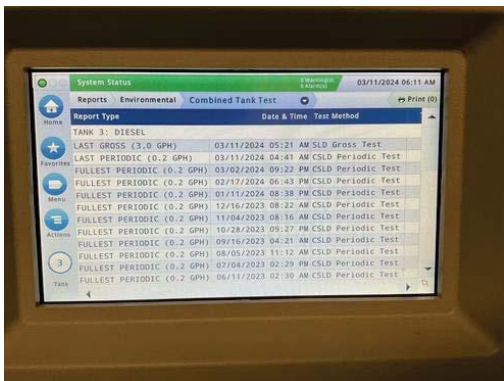


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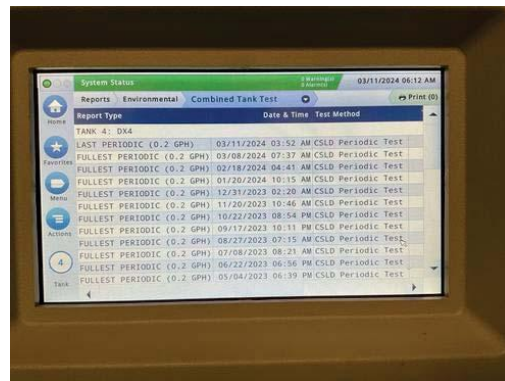


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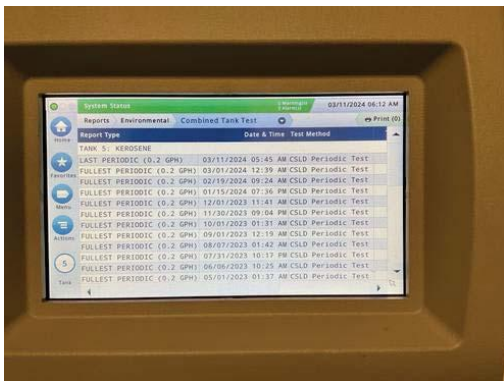


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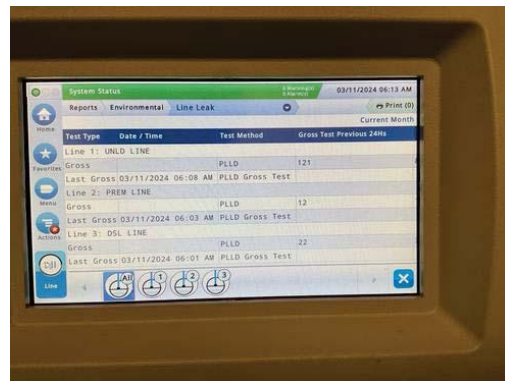


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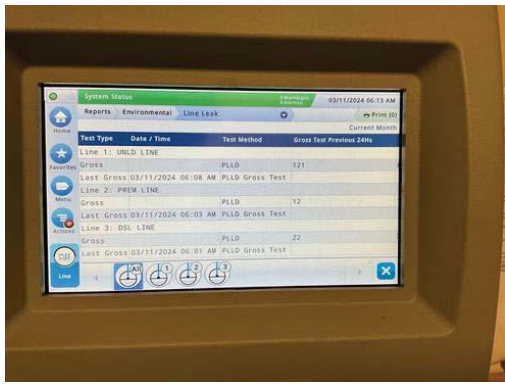


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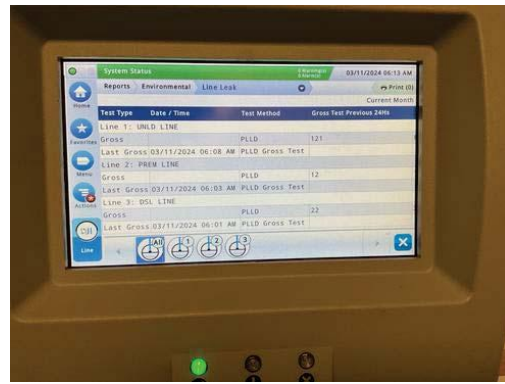


Photo 8

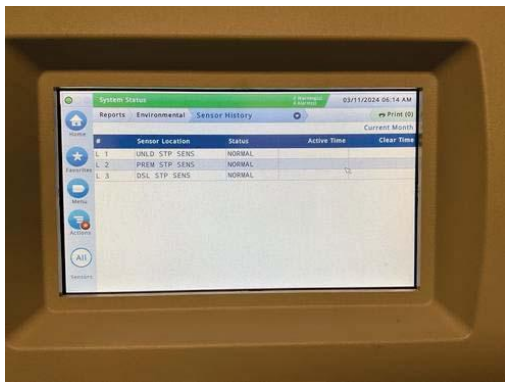


Photo 9



Photo 10



Photo 11



Photo 12



Photo 13



Photo 14



Photo 15



Photo 16



Photo 17



Photo 18



Photo 19



Photo 20



Photo 21



Photo 22



313 - Monthly UST Inspection Community Dr. Seymour

12 Feb 2024 / Jerry Boger

Complete

Score	9 / 9 (100%)	Flagged items	0	Actions	0
Conducted on					12.02.2024 17:07 EST
Prepared by					Jerry Boger

IDEM Facility ID #22962
Seymour, IN 47274

101 Community Dr.,

9 / 9 (100%)

Leak Detection Recordkeeping

4 / 4 (100%)

Is there a CLSD report for the previous month present

Yes

Check the tanks that are listed on CLSD report?

4 / 4 (100%)

Tank 1 (Unleaded)



Tank 2 (Premium Unleaded)



Tank 3 (Diesel)



Tank 4 (Off Road Diesel)



Please take a picture of the printout



Photo 1



Photo 2



Photo 3



Photo 4



Photo 5

Line & Tank Tightness Testing

4 / 4 (100%)

Check the tanks that have a .2 PLLD test

4 / 4 (100%)

Tank 1 (Unleaded)



Photo 6

Tank 2 (Premium Unleaded)



Photo 7

Tank 3 (Diesel)





Photo 8

Tank 4 (Off Road Diesel)



Check the Sensor that has Interstitial Monitoring

1 / 1 (100%)

Unleaded



Please take a picture of the record



Photo 9

Observation and Monitoring Wells

Observation well cover is properly identified and secured?

Yes

Tank 1 (Unleaded)

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump? Yes

Was the sump dry? Yes

How was this verified? ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket? Yes

Was the spill bucket dry? Yes

Please take a picture of the sump for verification purposes



Photo 10



Photo 11



Photo 12

No further inspection is needed

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe? Yes

Vent cap present, vent pipe solidly supported and vertical Yes

Tank 2 (Premium Unleaded)

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump? Yes

Was the sump dry? Yes

How was this verified? ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket? Yes

Was the spill bucket dry? Yes

Please take a picture of the sump for verification purposes



Photo 13



Photo 14






Photo 15

No further inspection is needed

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe? Yes

Vent cap present, vent pipe solidly supported and vertical Yes

Tank 3 (Diesel)		
STP Sump Inspection		
Are all cover present, in good condition, seated firmly on the correct sump?	Yes	
Was the sump dry?	Yes	
How was this verified?	ATG System Alarm Review	
Spill Bucket Inspection		
Is the cover present and in good condition, seated firmly on the spill bucket?	Yes	
Was the spill bucket dry?	Yes	
Please take a picture of the sump for verification purposes		
		
Photo 16	Photo 17	Photo 18
No further inspection is needed		
Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	Yes	
Vent cap present, vent pipe solidly supported and vertical	Yes	

Tank 4 (Off Road Diesel)

STP Sump Inspection

Tank 4 does not have a sump, so a sump inspection is not necessary

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?

Yes

Was the spill bucket dry?

Yes

Please take a picture of the sump for verification purposes



Photo 19



Photo 20



Photo 21

No further inspection is needed

Top edge of a coaxial drop tube smooth, round, slightly below the top edge of the fill pipe

Yes

Vent cap present, vent pipe solidly supported and vertical

Yes

Inspector Certification

Signature of person completing inspection

A handwritten signature in black ink, appearing to read "Jerry Pagan", is written over a light gray rectangular background.

12.02.2024 17:14 EST

Date and time of inspection completion

Media summary

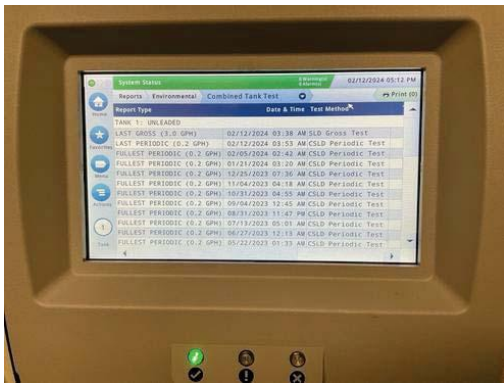


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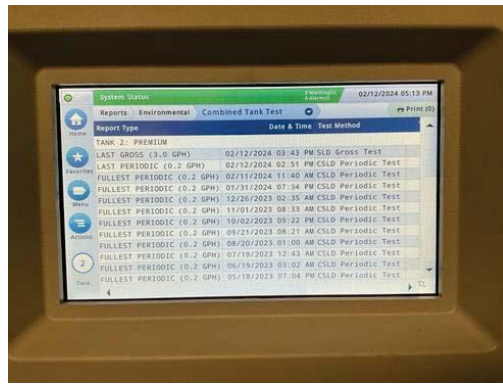


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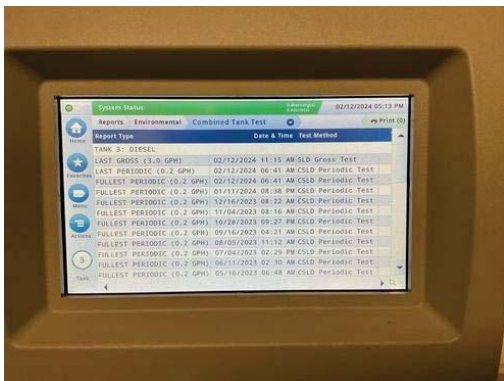


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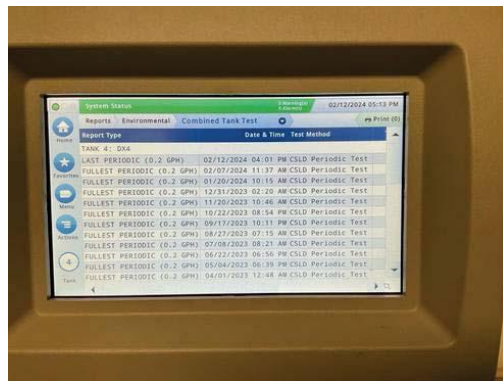


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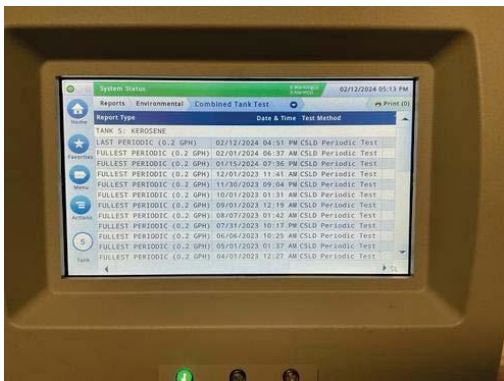


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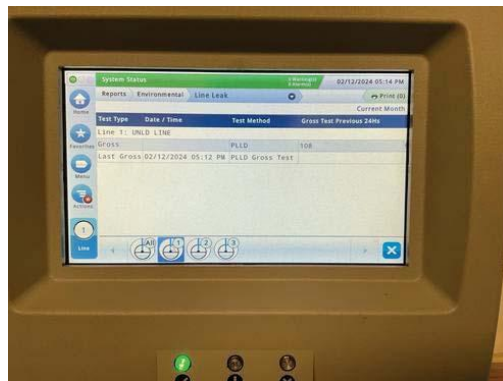


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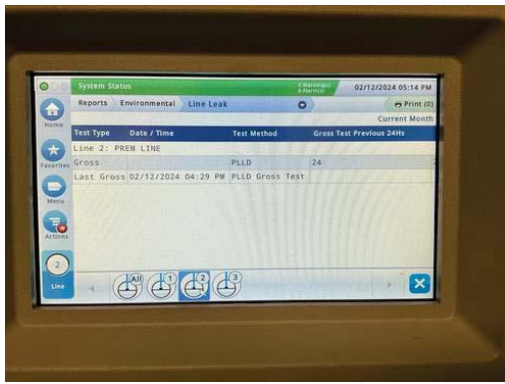


Photo 7

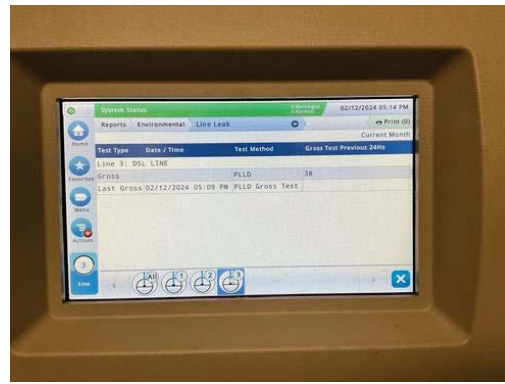


Photo 8

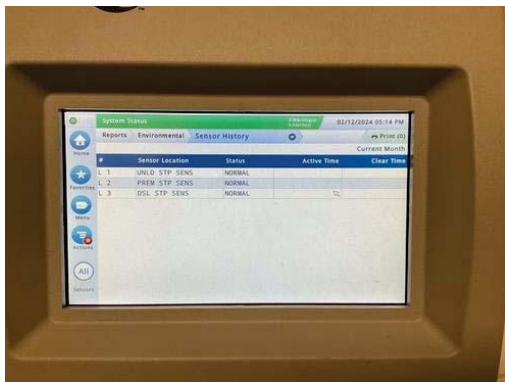


Photo 9



Photo 10



Photo 11



Photo 12



Photo 13



Photo 14



Photo 15



Photo 16



Photo 17



Photo 18



Photo 19



Photo 20



Photo 21



313 - Monthly UST Inspection Community Dr. Seymour

22 Jan 2024 / Jerry Boger

Complete

Score	9 / 9 (100%)	Flagged items	0	Actions	0
Conducted on					22.01.2024 20:37 EST
Prepared by					Jerry Boger

IDEM Facility ID #22962
Seymour, IN 47274

101 Community Dr.,

9 / 9 (100%)

Leak Detection Recordkeeping

4 / 4 (100%)

Is there a CLSD report for the previous month present

Yes

Check the tanks that are listed on CLSD report?

4 / 4 (100%)

Tank 1 (Unleaded)



Tank 2 (Premium Unleaded)



Tank 3 (Diesel)



Tank 4 (Off Road Diesel)



Please take a picture of the printout



Photo 1



Photo 2



Photo 3



Photo 4



Photo 5

Line & Tank Tightness Testing

4 / 4 (100%)

Check the tanks that have a .2 PLLD test

4 / 4 (100%)

Tank 1 (Unleaded)



Photo 6

Tank 2 (Premium Unleaded)



Photo 7

Tank 3 (Diesel)





Photo 8

Tank 4 (Off Road Diesel)



Check the Sensor that has Interstitial Monitoring

1 / 1 (100%)

Unleaded



Please take a picture of the record



Photo 9

Observation and Monitoring Wells

Observation well cover is properly identified and secured?

Yes

Tank 1 (Unleaded)	
STP Sump Inspection	
Are all cover present, in good condition, seated firmly on the correct sump?	Yes
Was the sump dry?	Yes
How was this verified?	ATG System Alarm Review
Spill Bucket Inspection	
Is the cover present and in good condition, seated firmly on the spill bucket?	Yes
Was the spill bucket dry?	Yes
Please take a picture of the sump for verification purposes	
No further inspection is needed	
Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Tank 2 (Premium Unleaded)	
STP Sump Inspection	
Are all cover present, in good condition, seated firmly on the correct sump?	Yes
Was the sump dry?	Yes
How was this verified?	ATG System Alarm Review
Spill Bucket Inspection	
Is the cover present and in good condition, seated firmly on the spill bucket?	Yes
Was the spill bucket dry?	Yes
Please take a picture of the sump for verification purposes	
No further inspection is needed	
Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Tank 3 (Diesel)

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump?

Yes

Was the sump dry?

Yes

How was this verified?

ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?

Yes

Was the spill bucket dry?

Yes

Please take a picture of the sump for verification purposes

No further inspection is needed

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?

Vent cap present, vent pipe solidly supported and vertical

Tank 4 (Off Road Diesel)

STP Sump Inspection

Tank 4 does not have a sump, so a sump inspection is not necessary

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?

Yes

Was the spill bucket dry?

Yes

Please take a picture of the sump for verification purposes

No further inspection is needed

Top edge of a coaxial drop tube smooth, round, slightly below the top edge of the fill pipe

Yes

Vent cap present, vent pipe solidly supported and vertical

Yes

Inspector Certification

Signature of person completing inspection

A handwritten signature in black ink, appearing to read "Jerry Brown", is written over a light gray rectangular background.

22.01.2024 20:42 EST

Date and time of inspection completion

Media summary

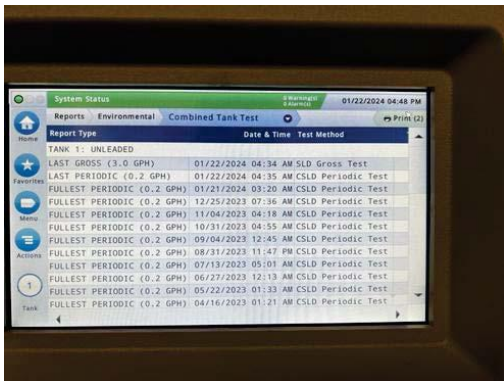


Photo 1

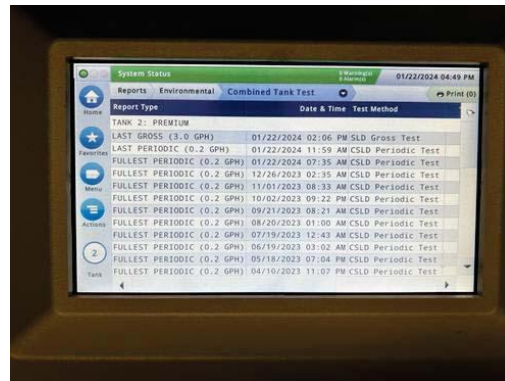


Photo 2

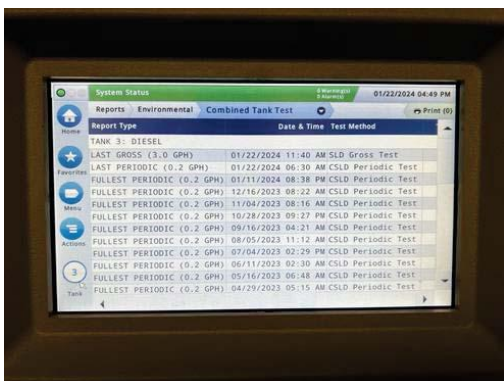


Photo 3

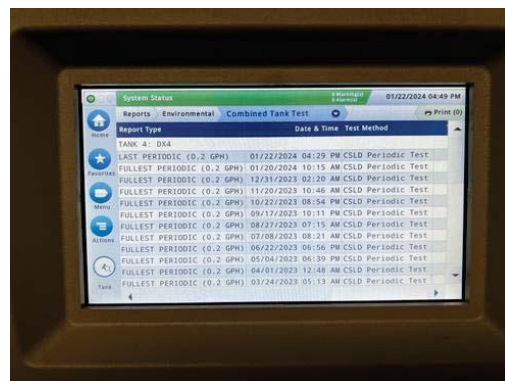


Photo 4

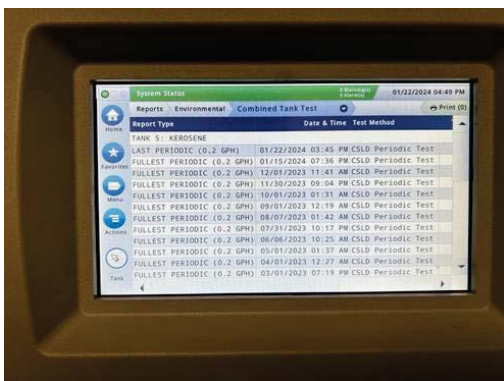


Photo 5

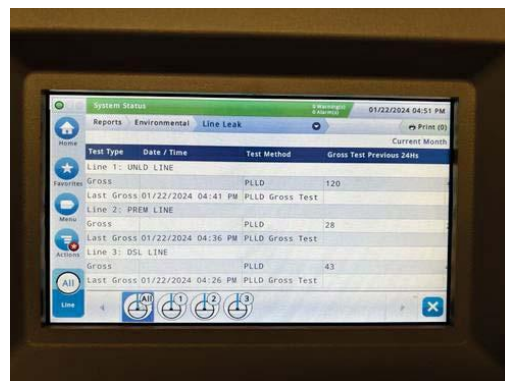


Photo 6

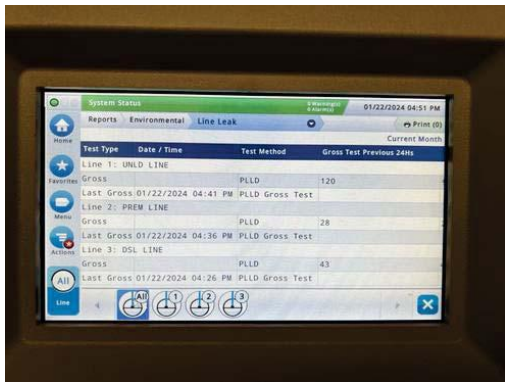


Photo 7

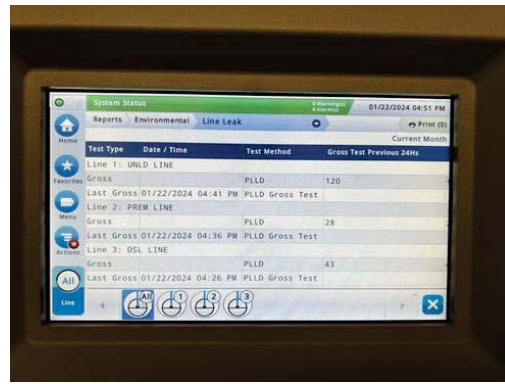


Photo 8

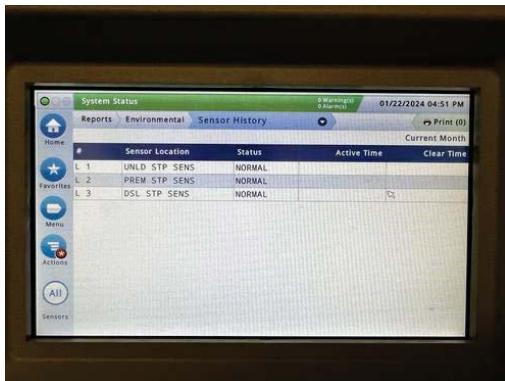


Photo 9



313 - Monthly UST Inspection Community Dr. Seymour

13 Dec 2023 / Jerry Boger

Complete

Score	9 / 9 (100%)	Flagged items	0	Actions	0
Conducted on	13.12.2023 14:03 EST				
Prepared by	Jerry Boger				

IDEM Facility ID #22962
Seymour, IN 47274

101 Community Dr.,

9 / 9 (100%)

Leak Detection Recordkeeping

4 / 4 (100%)

Is there a CLSD report for the previous month present

Yes

Check the tanks that are listed on CLSD report?

4 / 4 (100%)

Tank 1 (Unleaded)



Tank 2 (Premium Unleaded)



Tank 3 (Diesel)



Tank 4 (Off Road Diesel)



Please take a picture of the printout



Photo 1



Photo 2



Photo 3



Photo 4



Photo 5

Line & Tank Tightness Testing

4 / 4 (100%)

Check the tanks that have a .2 PLLD test

4 / 4 (100%)

Tank 1 (Unleaded)



Photo 6

Tank 2 (Premium Unleaded)



Photo 7

Tank 3 (Diesel)





Photo 8

Tank 4 (Off Road Diesel)



Check the Sensor that has Interstitial Monitoring

1 / 1 (100%)

Unleaded



Please take a picture of the record



Photo 9

Observation and Monitoring Wells

Observation well cover is properly identified and secured?

Yes

Tank 1 (Unleaded)

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump? Yes

Was the sump dry? Yes

How was this verified? ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket? Yes

Was the spill bucket dry? Yes

Please take a picture of the sump for verification purposes



Photo 10



Photo 11



Photo 12

No further inspection is needed

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe? Yes

Vent cap present, vent pipe solidly supported and vertical Yes

Tank 2 (Premium Unleaded)

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump?

Yes

Was the sump dry?

Yes

How was this verified?

ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?

Yes

Was the spill bucket dry?

Yes

Please take a picture of the sump for verification purposes



Photo 13



Photo 14



Photo 15



Photo 16

No further inspection is needed

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?

Yes

Vent cap present, vent pipe solidly supported and vertical

Yes

Tank 3 (Diesel)

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump?

Yes

Was the sump dry?

Yes

How was this verified?

ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?

Yes

Was the spill bucket dry?

Yes

Please take a picture of the sump for verification purposes



Photo 17



Photo 18



Photo 19

No further inspection is needed

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?

Yes

Vent cap present, vent pipe solidly supported and vertical

Yes

Tank 4 (Off Road Diesel)

STP Sump Inspection

Tank 4 does not have a sump, so a sump inspection is not necessary

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?

Yes

Was the spill bucket dry?

Yes

Please take a picture of the sump for verification purposes



Photo 20



Photo 21



Photo 22

No further inspection is needed

Top edge of a coaxial drop tube smooth, round, slightly below the top edge of the fill pipe

Yes

Vent cap present, vent pipe solidly supported and vertical

Yes

Inspector Certification

Signature of person completing inspection

A handwritten signature in black ink, appearing to read "Jerry Beagle", written over a light beige rectangular background.

13.12.2023 14:11 EST

Date and time of inspection completion

Media summary

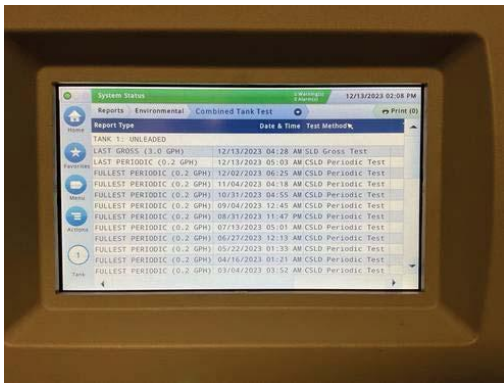


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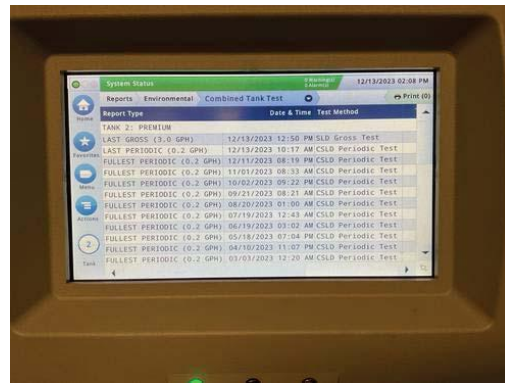


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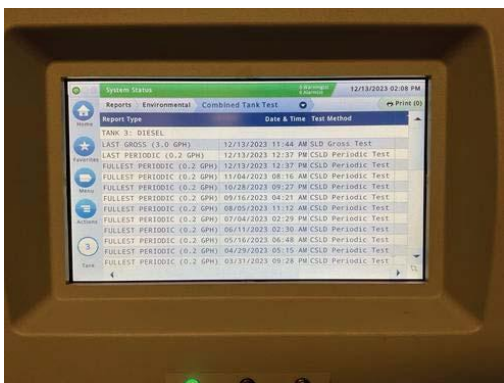


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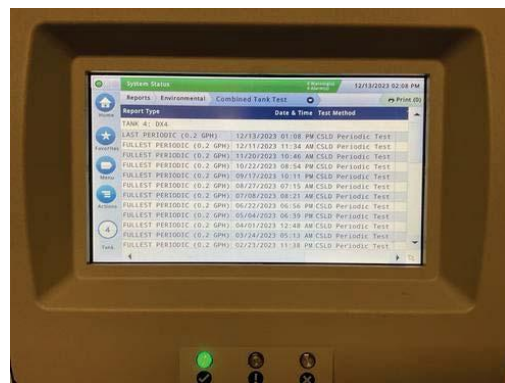


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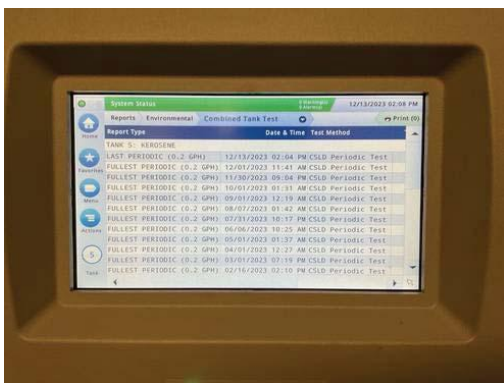


Photo 5

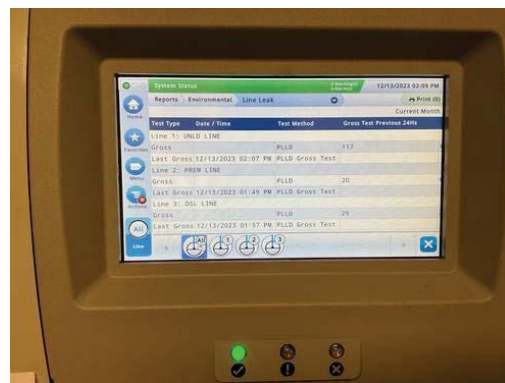


Photo 6



Photo 7



Photo 8

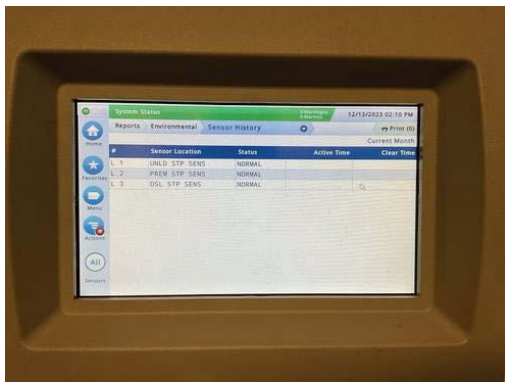


Photo 9



Photo 10



Photo 11



Photo 12



Photo 13



Photo 14



Photo 15



Photo 16



Photo 17



Photo 18



Photo 19



Photo 20



Photo 21



Photo 22



313 - Monthly UST Inspection Community Dr. Seymour

14 Nov 2023 / Jerry Boger

Complete

Score	9 / 9 (100%)	Flagged items	0	Actions	0
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Conducted on

14.11.2023 10:28 EST

Prepared by

Jerry Boger

IDEM Facility ID #22962
Seymour, IN 47274

101 Community Dr.,

9 / 9 (100%)

Leak Detection Recordkeeping

4 / 4 (100%)

Is there a CLSD report for the previous month present

Yes

Check the tanks that are listed on CLSD report?

4 / 4 (100%)

Tank 1 (Unleaded)



Tank 2 (Premium Unleaded)



Tank 3 (Diesel)



Tank 4 (Off Road Diesel)



Please take a picture of the printout



Photo 1



Photo 2



Photo 3



Photo 4



Photo 5



Photo 6



Photo 7



Photo 8



Photo 9



Photo 10

Line & Tank Tightness Testing

4 / 4 (100%)

Check the tanks that have a .2 PLLD test

4 / 4 (100%)

Tank 1 (Unleaded)



Photo 11



Photo 12



Photo 13

Tank 2 (Premium Unleaded)



Tank 3 (Diesel)



Tank 4 (Off Road Diesel)



Unloaded



Please take a picture of the record



Photo 14



Photo 15

Observation and Monitoring Wells

Observation well cover is properly identified and secured?

Yes

Tank 1 (Unleaded)

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump?

Yes

Was the sump dry?

Yes

How was this verified?

ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?

Yes

Was the spill bucket dry?

Yes

Please take a picture of the sump for verification purposes



Photo 16



Photo 17



Photo 18



Photo 19

No further inspection is needed

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?

Yes

Vent cap present, vent pipe solidly supported and vertical

Yes

Tank 2 (Premium Unleaded)

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump?

Yes

Was the sump dry?

Yes

How was this verified?

ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?

Yes

Was the spill bucket dry?

Yes

Please take a picture of the sump for verification purposes



Photo 20



Photo 21



Photo 22



Photo 23

No further inspection is needed

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?

Yes

Vent cap present, vent pipe solidly supported and vertical

Yes

Tank 3 (Diesel)

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump?

Yes

Was the sump dry?

Yes

How was this verified?

ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?

Yes

Was the spill bucket dry?

Yes

Please take a picture of the sump for verification purposes



Photo 24



Photo 25



Photo 26



Photo 27

No further inspection is needed

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?

Yes

Vent cap present, vent pipe solidly supported and vertical

Yes

Tank 4 (Off Road Diesel)

STP Sump Inspection

Tank 4 does not have a sump, so a sump inspection is not necessary

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?

Yes

Was the spill bucket dry?

Yes

Please take a picture of the sump for verification purposes



Photo 28



Photo 29



Photo 30

No further inspection is needed

Top edge of a coaxial drop tube smooth, round, slightly below the top edge of the fill pipe

Yes

Vent cap present, vent pipe solidly supported and vertical

Yes

Inspector Certification

Signature of person completing inspection

A handwritten signature in black ink, appearing to read "Jerry P. Pagan", is written over a light gray rectangular background.

14.11.2023 10:38 EST

Date and time of inspection completion

Media summary

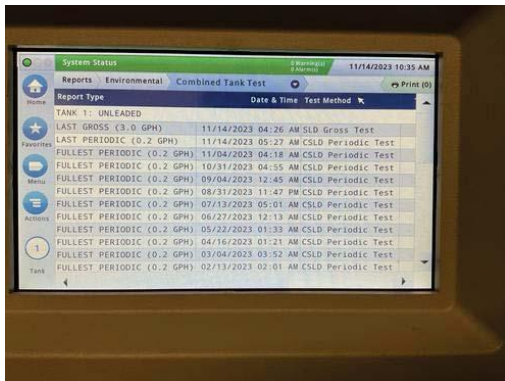


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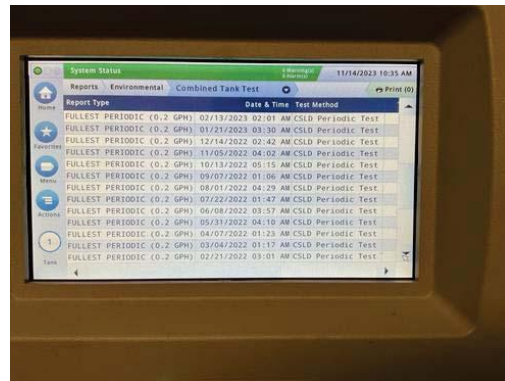


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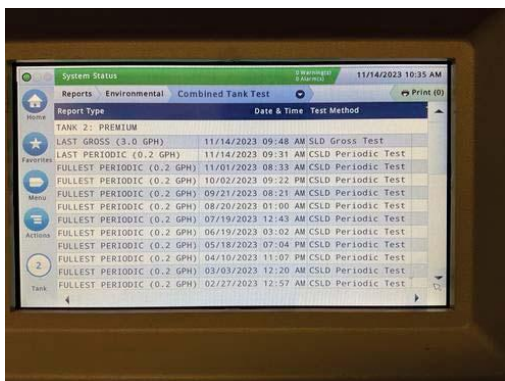


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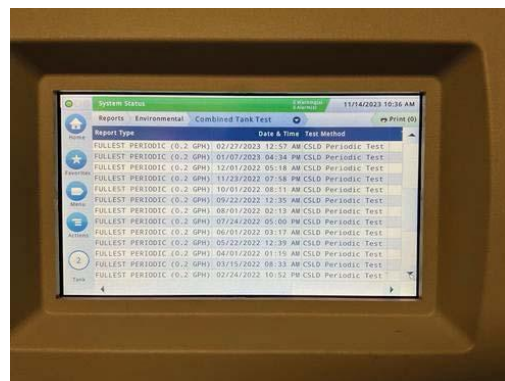


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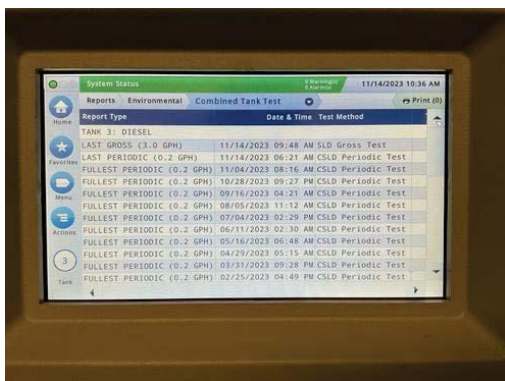


Photo 5

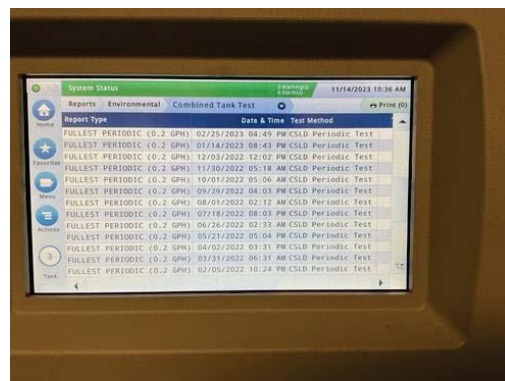


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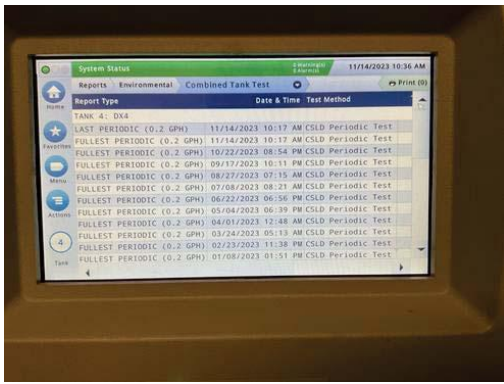


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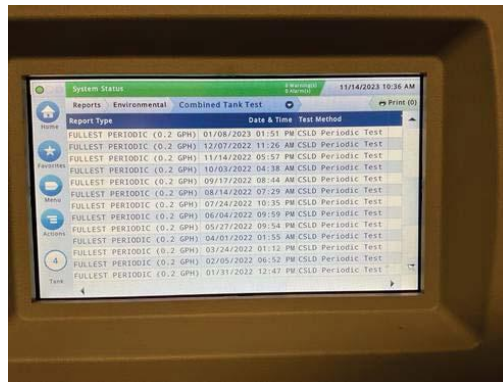


Photo 8

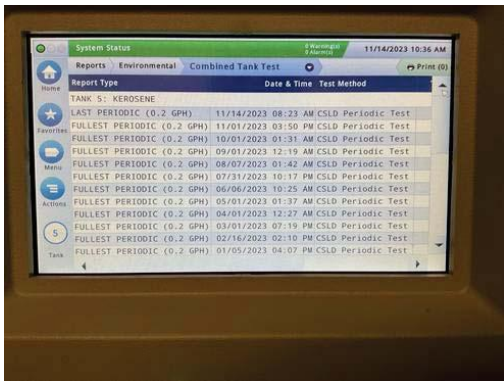


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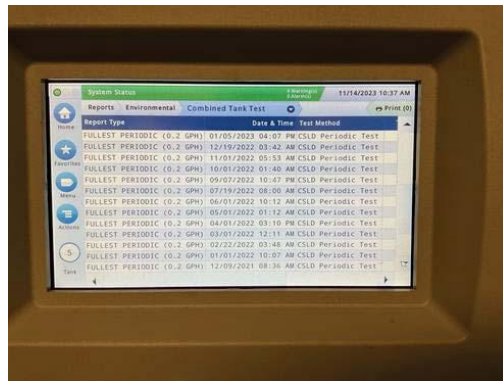


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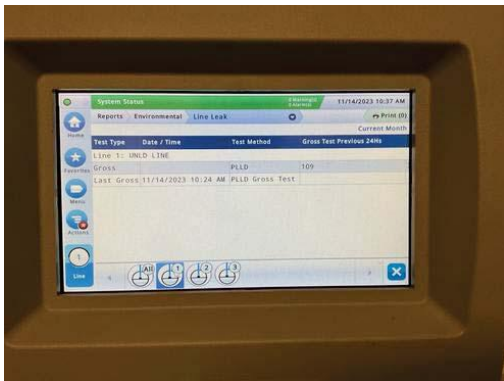


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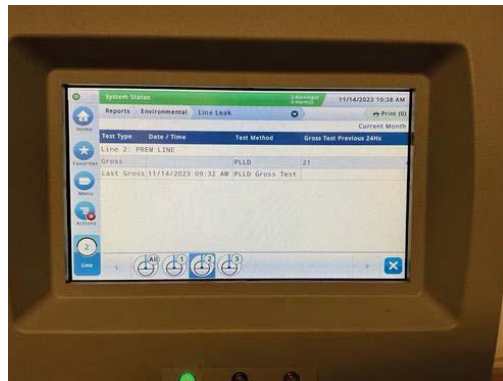


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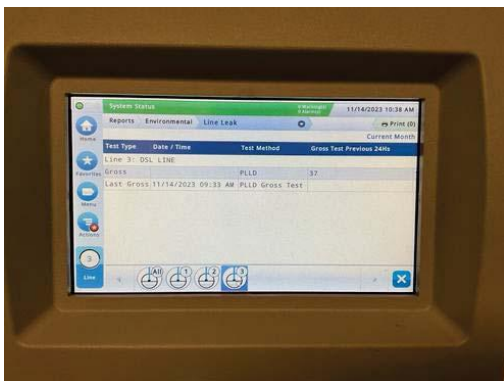


Photo 13

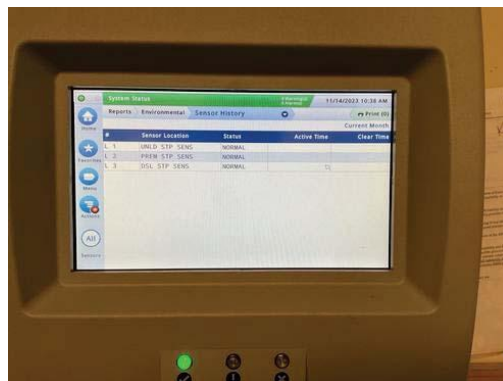


Photo 14

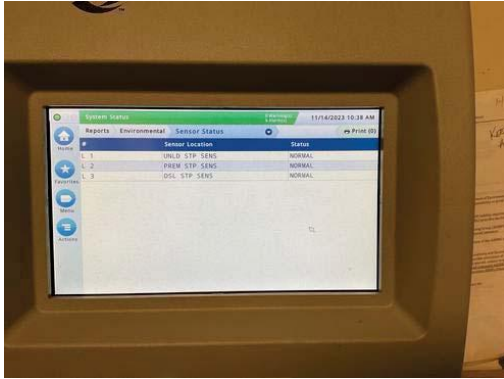


Photo 15



Photo 16



Photo 17



Photo 18



Photo 19



Photo 20



Photo 21



Photo 22



Photo 23



Photo 24



Photo 25



Photo 26



Photo 27



Photo 28



Photo 29



Photo 30



313 - Monthly UST Inspection Community Dr. Seymour

10 Oct 2023 / Jerry Boger

Complete

Score	9 / 9 (100%)	Flagged items	0	Actions	0
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Site conducted

Seymour +24

Conducted on

10.10.2023 15:49 EDT

Prepared by

Jerry Boger

IDEM Facility ID #22962
Seymour, IN 47274

101 Community Dr.,

9 / 9 (100%)

Leak Detection Recordkeeping

4 / 4 (100%)

Is there a CLSD report for the previous month present

Yes

Check the tanks that are listed on CLSD report?

4 / 4 (100%)

Tank 1 (Unleaded)



Tank 2 (Premium Unleaded)



Tank 3 (Diesel)



Tank 4 (Off Road Diesel)



Please take a picture of the printout



Photo 1



Photo 2



Photo 3



Photo 4



Photo 5

Line & Tank Tightness Testing

4 / 4 (100%)

Check the tanks that have a .2 PLLD test

4 / 4 (100%)

Tank 1 (Unleaded)



Photo 6

Tank 2 (Premium Unleaded)



Photo 7

Tank 3 (Diesel)





Photo 8

Tank 4 (Off Road Diesel)



Check the Sensor that has Interstitial Monitoring

1 / 1 (100%)

Unleaded



Please take a picture of the record



Photo 9

Observation and Monitoring Wells

Observation well cover is properly identified and secured?

Yes

Tank 1 (Unleaded)

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump?

Yes

Was the sump dry?

Yes

How was this verified?

ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?

Yes

Was the spill bucket dry?

Yes

Please take a picture of the sump for verification purposes



Photo 10



Photo 11



Photo 12



Photo 13

No further inspection is needed

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?

Yes

Vent cap present, vent pipe solidly supported and vertical

Yes

Tank 2 (Premium Unleaded)

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump?

Yes

Was the sump dry?

Yes

How was this verified?

ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?

Yes

Was the spill bucket dry?

Yes

Please take a picture of the sump for verification purposes



Photo 14



Photo 15



Photo 16



Photo 17

No further inspection is needed

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?

Yes

Vent cap present, vent pipe solidly supported and vertical

Yes

Tank 3 (Diesel)

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump?

Yes

Was the sump dry?

Yes

How was this verified?

ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?

Yes

Was the spill bucket dry?

Yes

Please take a picture of the sump for verification purposes



Photo 18



Photo 19



Photo 20



Photo 21

No further inspection is needed

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?

Yes

Vent cap present, vent pipe solidly supported and vertical

Yes

Tank 4 (Off Road Diesel)

STP Sump Inspection

Tank 4 does not have a sump, so a sump inspection is not necessary

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?

Yes

Was the spill bucket dry?

Yes

Please take a picture of the sump for verification purposes



Photo 22



Photo 23



Photo 24



Photo 25

No further inspection is needed

Top edge of a coaxial drop tube smooth, round, slightly below the top edge of the fill pipe

Yes

Vent cap present, vent pipe solidly supported and vertical

Yes

Inspector Certification

Signature of person completing inspection

A handwritten signature in black ink, appearing to read "Gary Bagn". The signature is written in a cursive style with a large initial "G".

10.10.2023 16:35 EDT

Date and time of inspection completion

Media summary

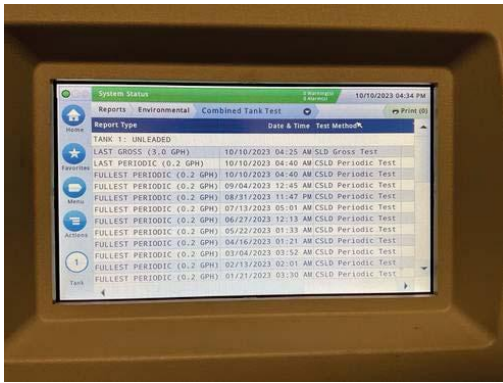


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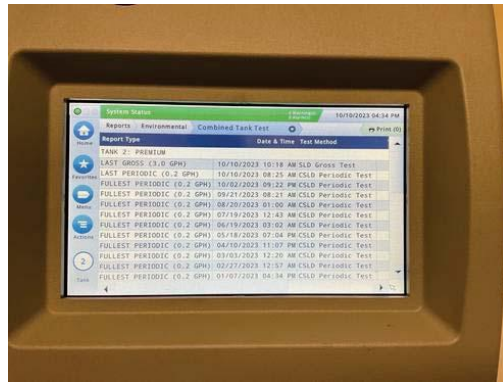


Photo 2

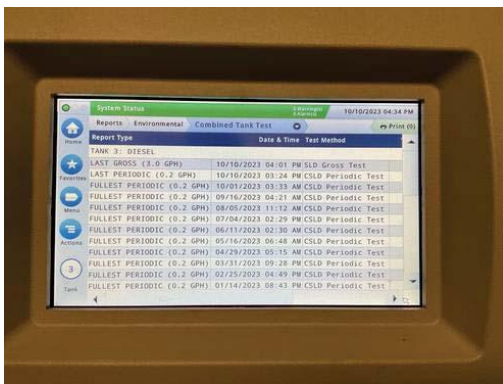


Photo 3

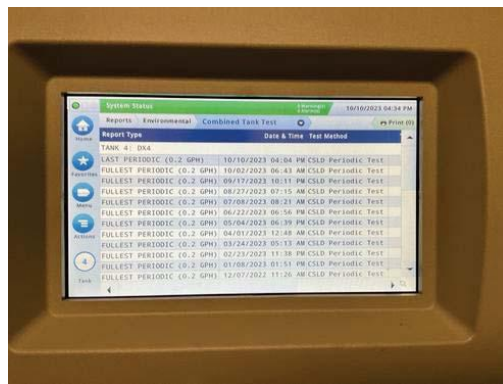


Photo 4

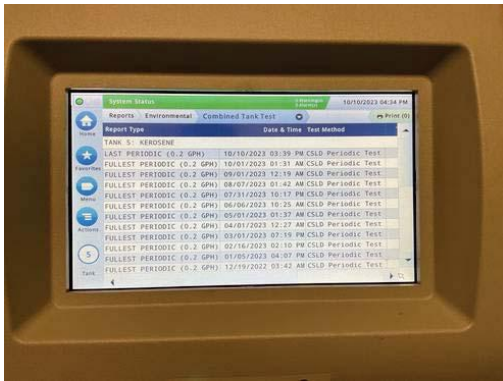


Photo 5

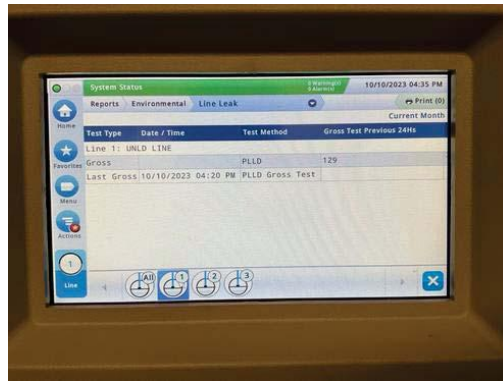


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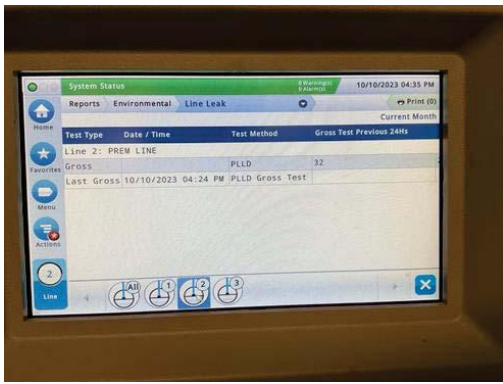


Photo 7

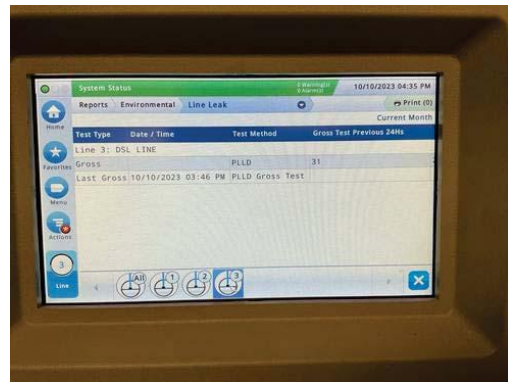


Photo 8

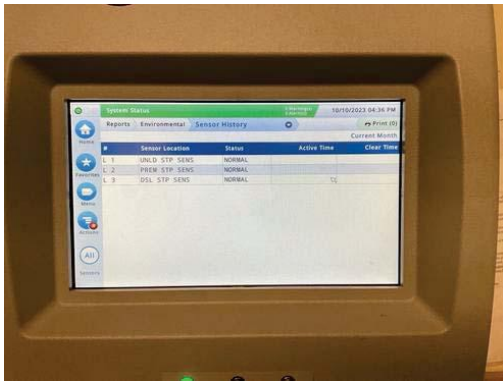


Photo 9



Photo 10



Photo 11



Photo 12



Photo 13



Photo 14



Photo 15



Photo 16



Photo 17



Photo 18



Photo 19



Photo 20



Photo 21



Photo 22



Photo 23



Photo 24



Photo 25



313 - Monthly UST Inspection Community Dr. Seymour

6 Sep 2023 / Jerry Boger

Complete

Score	9 / 9 (100%)	Flagged items	0	Actions	0
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Site conducted

Seymour +24

Conducted on

06.09.2023 14:34 EDT

Prepared by

Jerry Boger

IDEM Facility ID #22962
Seymour, IN 47274

101 Community Dr.,

9 / 9 (100%)

Leak Detection Recordkeeping

4 / 4 (100%)

Is there a CLSD report for the previous month present

Yes

Check the tanks that are listed on CLSD report?

4 / 4 (100%)

Tank 1 (Unleaded)



Tank 2 (Premium Unleaded)



Tank 3 (Diesel)



Tank 4 (Off Road Diesel)



Please take a picture of the printout



Photo 1



Photo 2



Photo 3



Photo 4



Photo 5

Line & Tank Tightness Testing

4 / 4 (100%)

Check the tanks that have a .2 PLLD test

4 / 4 (100%)

Tank 1 (Unleaded)



Photo 6

Tank 2 (Premium Unleaded)



Photo 7

Tank 3 (Diesel)





Photo 8

Tank 4 (Off Road Diesel)



No PLLP Suction dispenser

Check the Sensor that has Interstitial Monitoring

1 / 1 (100%)

Unleaded



Please take a picture of the record



Photo 9

Observation and Monitoring Wells

Observation well cover is properly identified and secured?

Tank 1 (Unleaded)

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump?

Yes

Was the sump dry?

Yes

How was this verified?

ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?

Yes

Was the spill bucket dry?

Yes

Please take a picture of the sump for verification purposes



Photo 10



Photo 11



Photo 12

No further inspection is needed

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?

Yes

Vent cap present, vent pipe solidly supported and vertical

Yes

Tank 2 (Premium Unleaded)

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump?

Yes

Was the sump dry?

Yes

How was this verified?

ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?

Yes

Was the spill bucket dry?

Yes

Please take a picture of the sump for verification purposes



Photo 13



Photo 14



Photo 15

No further inspection is needed

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?

Yes

Vent cap present, vent pipe solidly supported and vertical

Yes

Tank 3 (Diesel)

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump?

Yes

Was the sump dry?

Yes

How was this verified?

ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?

Yes

Was the spill bucket dry?

Yes

Please take a picture of the sump for verification purposes



Photo 16



Photo 17



Photo 18



Photo 19

No further inspection is needed

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?

Yes

Vent cap present, vent pipe solidly supported and vertical

Yes

Tank 4 (Off Road Diesel)

STP Sump Inspection

Tank 4 does not have a sump, so a sump inspection is not necessary

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?

Yes

Was the spill bucket dry?

Yes

Please take a picture of the sump for verification purposes



Photo 20



Photo 21



Photo 22

No further inspection is needed

Top edge of a coaxial drop tube smooth, round, slightly below the top edge of the fill pipe

Yes

Vent cap present, vent pipe solidly supported and vertical

Yes

Inspector Certification

Signature of person completing inspection

A handwritten signature in black ink, appearing to read "Jay Ryan". The signature is written in a cursive style with a large initial "J".

06.09.2023 14:52 EDT

Date and time of inspection completion

Media summary

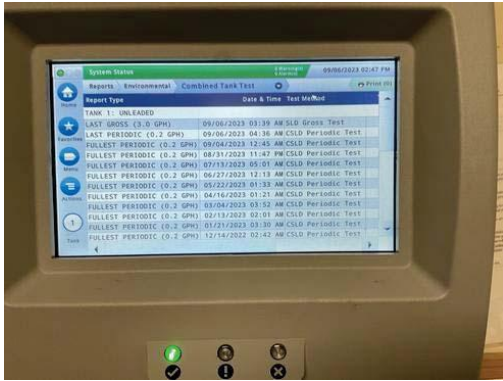


Photo 1

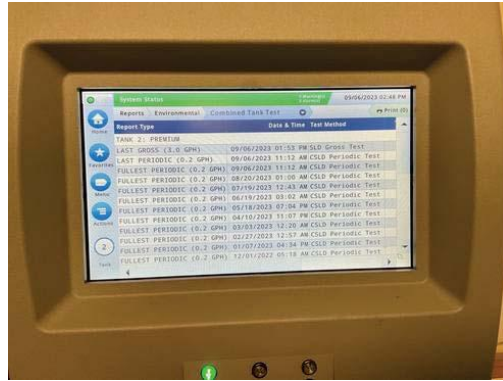


Photo 2

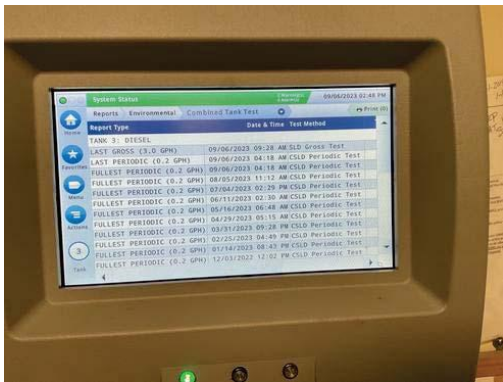


Photo 3

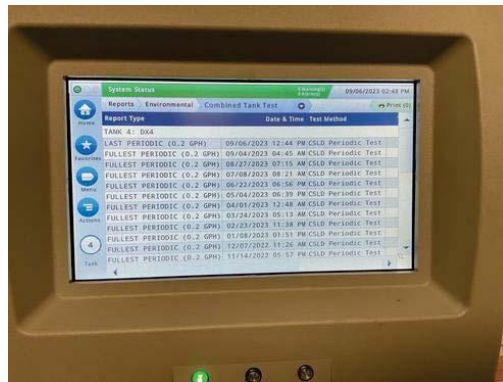


Photo 4

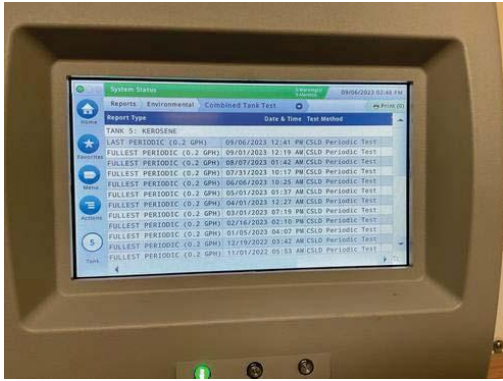


Photo 5

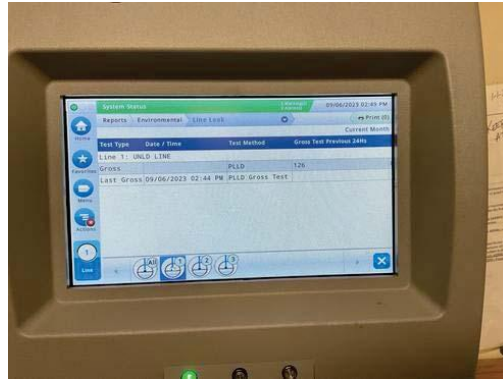


Photo 6

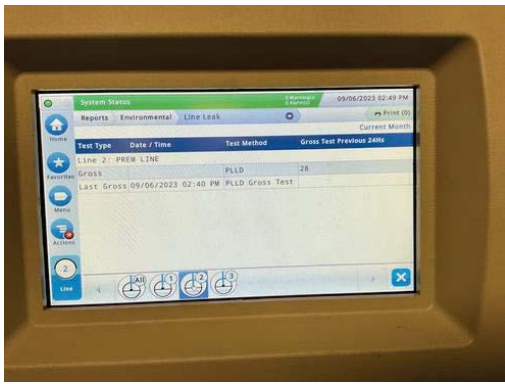


Photo 7

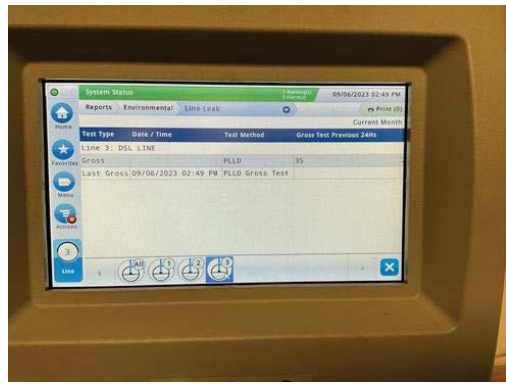


Photo 8



Photo 9



Photo 10



Photo 11



Photo 12



Photo 13



Photo 14



Photo 15



Photo 16



Photo 17



Photo 18



Photo 19



Photo 20



Photo 21



Photo 22



313 - Monthly UST Inspection Community Dr. Seymour

14 Aug 2023 / Jerry Boger

Complete

Score	9 / 9 (100%)	Flagged items	0	Actions	0
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Site conducted Seymour +24

Conducted on 14.08.2023 07:22 EDT

Prepared by Jerry Boger

Leak Detection Recordkeeping

4 / 4 (100%)

Is there a CLSD report for the previous month present

Yes

Check the tanks that are listed on CLSD report?

4 / 4 (100%)

Tank 1 (Unleaded)



Tank 2 (Premium Unleaded)



Tank 3 (Diesel)



Tank 4 (Off Road Diesel)



Please take a picture of the printout



Photo 1



Photo 2



Photo 3



Photo 4



Photo 5

Line & Tank Tightness Testing

4 / 4 (100%)

Check the tanks that have a .2 PLLD test

4 / 4 (100%)

Tank 1 (Unleaded)



Photo 6

Tank 2 (Premium Unleaded)



Photo 7

Tank 3 (Diesel)





Photo 8



Photo 9

Tank 4 (Off Road Diesel)



Check the Sensor that has Interstitial Monitoring

1 / 1 (100%)

Unleaded



Please take a picture of the record



Photo 10

Observation and Monitoring Wells

Observation well cover is properly identified and secured?

Yes

Tank 1 (Unleaded)

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump?

Yes

Was the sump dry?

Yes

How was this verified?

ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?

Yes

Was the spill bucket dry?

Yes

Please take a picture of the sump for verification purposes



Photo 11



Photo 12



Photo 13

No further inspection is needed

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?

Yes

Vent cap present, vent pipe solidly supported and vertical

Yes

Tank 2 (Premium Unleaded)

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump?

Yes

Was the sump dry?

Yes

How was this verified?

ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?

Yes

Was the spill bucket dry?

Yes

Please take a picture of the sump for verification purposes



Photo 14



Photo 15



Photo 16

No further inspection is needed

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?

Yes

Vent cap present, vent pipe solidly supported and vertical

Yes

Tank 3 (Diesel)

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump?

Yes

Was the sump dry?

Yes

How was this verified?

ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?

Yes

Was the spill bucket dry?

Yes

Please take a picture of the sump for verification purposes



Photo 17



Photo 18



Photo 19



Photo 20

No further inspection is needed

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?

Yes

Vent cap present, vent pipe solidly supported and vertical

Yes

Tank 4 (Off Road Diesel)

STP Sump Inspection

Tank 4 does not have a sump, so a sump inspection is not necessary

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?

Yes

Was the spill bucket dry?

Yes

Please take a picture of the sump for verification purposes



Photo 21



Photo 22



Photo 23

No further inspection is needed

Top edge of a coaxial drop tube smooth, round, slightly below the top edge of the fill pipe

Yes

Vent cap present, vent pipe solidly supported and vertical

Yes

Inspector Certification

Signature of person completing inspection



14.08.2023 07:32 EDT

Date and time of inspection completion

Media summary

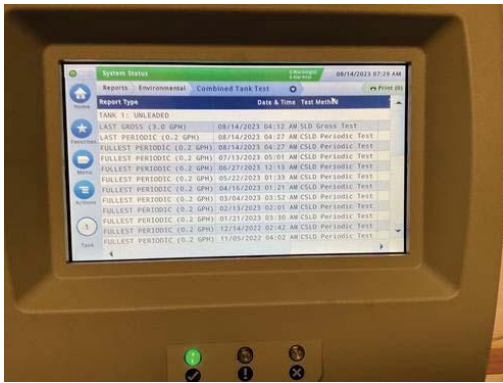


Photo 1

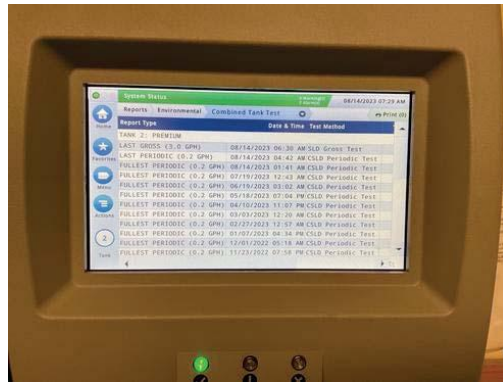


Photo 2

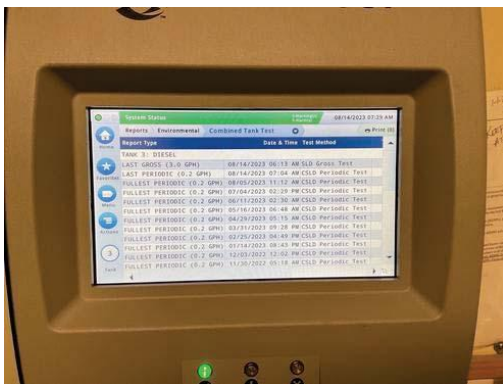


Photo 3

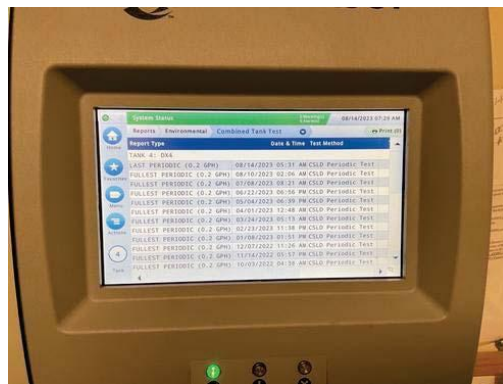


Photo 4

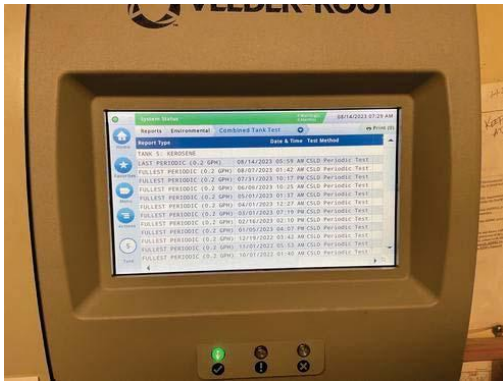


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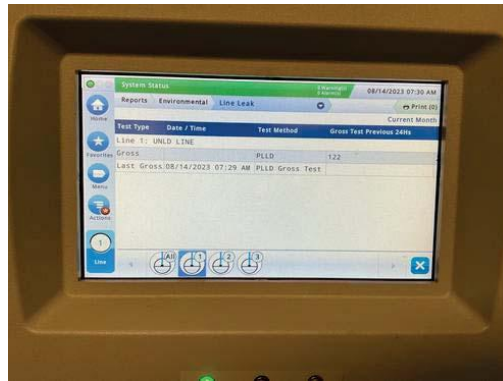


Photo 6

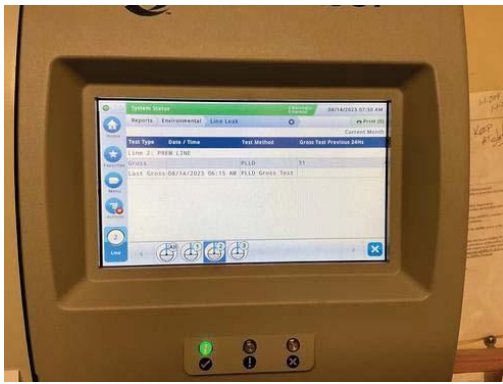


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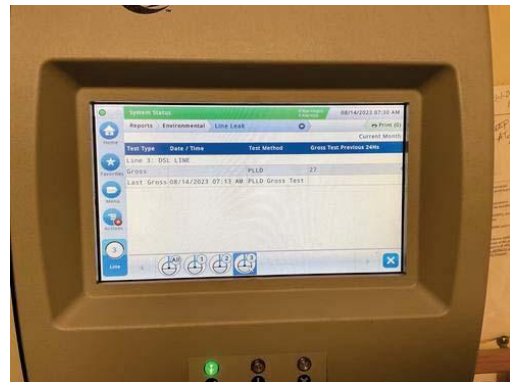


Photo 8

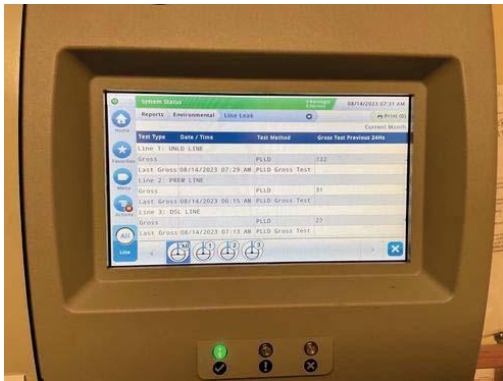


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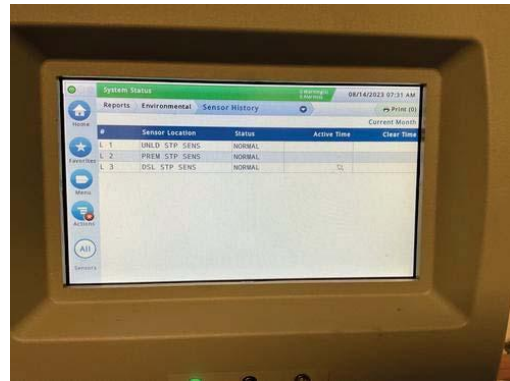


Photo 10



Photo 11



Photo 12



Photo 13



Photo 14



Photo 15



Photo 16



Photo 17



Photo 18



Photo 19



Photo 20



Photo 21



Photo 22



Photo 23



313 - Monthly UST Inspection Community Dr. Seymour

17 Jul 2023 / Jerry Boger

Complete

Score	100%	Flagged items	0	Actions	0
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Site conducted Seymour +24

Conducted on 17.07.2023 15:30 EDT

Prepared by Jerry Boger

IDEM Facility ID #22962
Seymour, IN 47274

101 Community Dr.,

100%

Leak Detection Recordkeeping

100%

Is there a CLSD report for the previous month present

Yes

Check the tanks that are listed on CLSD report?

100%

Tank 1 (Unleaded)



Tank 2 (Premium Unleaded)



Tank 3 (Diesel)



Tank 4 (Off Road Diesel)



Please take a picture of the printout



Photo 1



Photo 2



Photo 3



Photo 4



Photo 5

Line & Tank Tightness Testing

100%

Check the tanks that have a .2 PLLD test

100%

Tank 1 (Unleaded)



Photo 6

Tank 2 (Premium Unleaded)



Photo 7

Tank 3 (Diesel)





Photo 8

Tank 4 (Off Road Diesel)



Check the Sensor that has Interstitial Monitoring

100%

Unleaded



Please take a picture of the record



Photo 9

Observation and Monitoring Wells

Observation well cover is properly identified and secured?

Yes

Tank 1 (Unleaded)

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump?

Yes

Was the sump dry?

Yes

How was this verified?

ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?

Yes

Was the spill bucket dry?

Yes

Please take a picture of the sump for verification purposes



Photo 10



Photo 11

No further inspection is needed

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?

Yes

Vent cap present, vent pipe solidly supported and vertical

Yes

Tank 2 (Premium Unleaded)

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump?

Yes

Was the sump dry?

Yes

How was this verified?

ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?

Yes

Was the spill bucket dry?

Yes

Please take a picture of the sump for verification purposes



Photo 12



Photo 13

No further inspection is needed

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?

Yes

Vent cap present, vent pipe solidly supported and vertical

Yes

Tank 3 (Diesel)

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump?

Yes

Was the sump dry?

Yes

How was this verified?

ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?

Yes

Was the spill bucket dry?

Yes

Please take a picture of the sump for verification purposes



Photo 14



Photo 15

No further inspection is needed

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?

Yes

Vent cap present, vent pipe solidly supported and vertical

Yes

Tank 4 (Off Road Diesel)

STP Sump Inspection

Tank 4 does not have a sump, so a sump inspection is not necessary

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?

Yes

Was the spill bucket dry?

Yes

Please take a picture of the sump for verification purposes



Photo 16



Photo 17

No further inspection is needed

Top edge of a coaxial drop tube smooth, round, slightly below the top edge of the fill pipe

Yes

Vent cap present, vent pipe solidly supported and vertical

Yes

Inspector Certification

Signature of person completing inspection

A handwritten signature in black ink, appearing to read "Jimmy Page", written over a light gray rectangular background.

17.07.2023 15:47 EDT

Date and time of inspection completion

Media summary

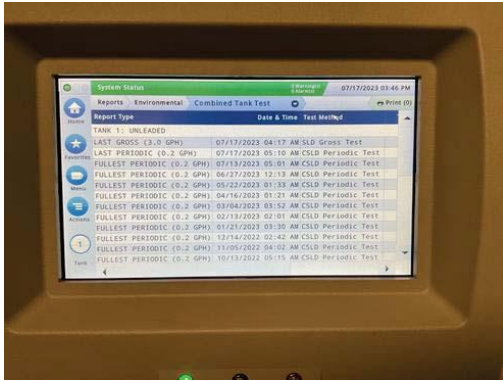


Photo 1

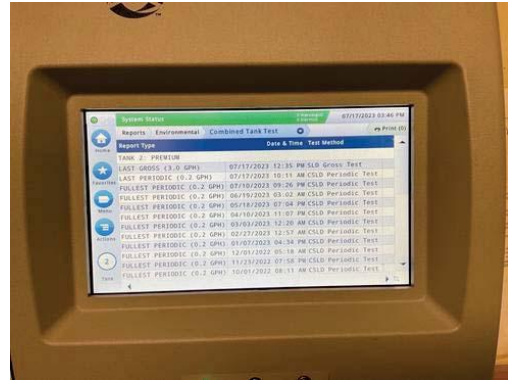


Photo 2

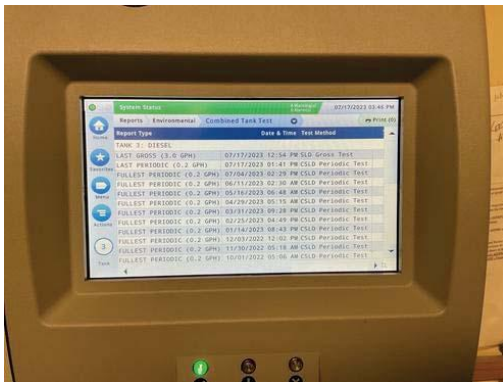


Photo 3



Photo 4

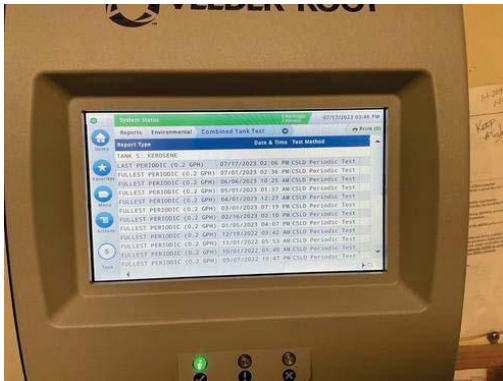


Photo 5

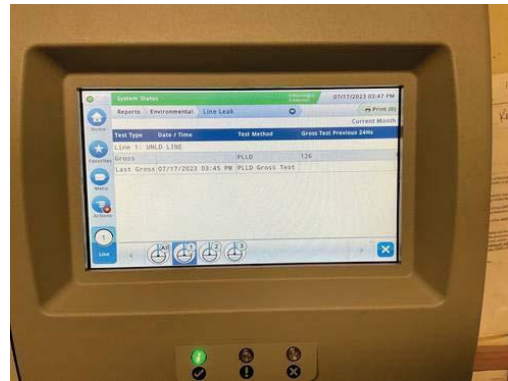


Photo 6

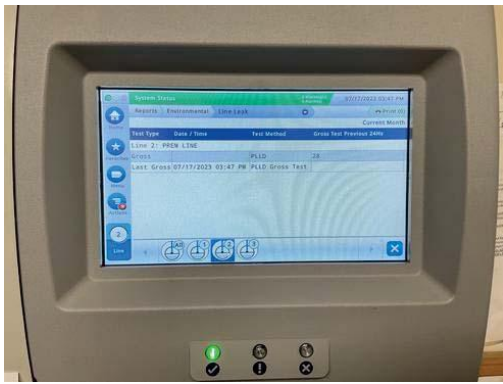


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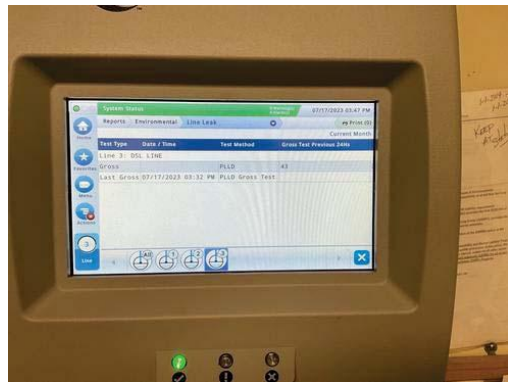


Photo 8



Photo 9



Photo 10



Photo 11



Photo 12



Photo 13



Photo 14



Photo 15




Photo 16




Photo 17

APPENDIX A-3:ANNUAL UNDERGROUND STORAGE SYSTEM INSPECTION CHECKLIST


Facility ID#	Facility Name/Address	SVC ORDER NO: SW-0592		Qualified Technician Signature		Date: 6/12/2023						
22962	Premier ag - Seymour Community					Cert No: 19979 Exp Date: 02/07/2025						
	101 Community Drive Seymour IN											
Contact:	Sonia Ahlbrand											
Category	Description	Test/Evaluation/Verification Date (if applicable)	PEI/RP900	N/A	RUL	PUL	DSL	ODSL	DISP 1/2	DISP 3/4	DISP 5/6	DISP 7/8
Testing	If a tank test has been conducted within the last 5 years, review the results and verify that the test passed	TEST DATE:	8.11.5.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistical Inventory Reconciliation (SIR)	SIR results for the previous 12 months are "pass"		8.11.6.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuous Soil Vapor Monitoring	Sensing device tested	TEST DATE:	8.11.7.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuous Ground-water Monitoring	Sensing device tested	TEST DATE:	8.11.8.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrosion Protection			8.12									
Galvanic Cathodic Protection	Verify that cathodic protection testing of all metallic components in contact with soil or water has been conducted within the past 3 years and the test passed	TEST DATE:	8.12.1.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impressed Current Cathodic Protection	Verify that cathodic protection testing has been conducted within the past 3 years and the test passed	TEST DATE:	8.12.2.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No exposed wires		8.12.2.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank Lining	Lining inspected as required and in good condition	TEST DATE:	8.12.3.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous Inspection Items			8.13.									
Tank Pad & Pavement	Concrete or asphalt over or near tanks is level, no significant cracks		8.13.1.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stage II Liquid Collection Points	Cap in good condition, fits tightly, little or no liquid in bottom		8.13.2.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stage I Testing	Verify that Stage I testing has been conducted and test results are passing	TEST DATE:	8.13.3.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stage II Testing	Verify that Stage II testing has been conducted and test results are passing	TEST DATE:	8.13.4.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Site Diagram	Site diagram accurately reflects the site conditions	TEST DATE:	8.13.5.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submersible Turbine Pump (STP)												
All STP	Visible piping and fittings show no signs of leaking		8.6.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Piping in good condition		8.6.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Excessive corrosion not present		8.6.3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sump free of trash and debris		8.6.5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Junction box(es) have covers, not corroded; conduit and intrinsically safe wiring in good condition		8.6.8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Flexible connectors not frayed, twisted, kinked or bent beyond manufacturer specifications		8.6.9	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mechanical line leak detector properly vented, vent tube not kinked or twisted, vent tube fittings intact and tightened		8.6.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mechanical line leak detector passes 3.0 gallons per hour (gph) test	TEST DATE:	8.6.11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Electronic line leak detector (ELLD) passes 3.0 gph test	TEST DATE:	8.6.12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ELLD passes 0.2 gph test	TEST DATE:	8.6.13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELLD passes 0.1 gph test	TEST DATE:	8.6.14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Manhole cover at grade in good condition, does not touch sump cover, all bolts present, handles and lift mechanism in good condition (as applicable)		8.6.24	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
STP: No Containment Sump	Submersible pump head, flex connector(s) and other metallic product piping are not in contact with soil or water or are cathodically protected		8.6.17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STP: In Containment Sump	Any water or product removed and disposed of properly		8.6.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sump is free of cracks, holes, bulges or other defects		8.6.6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Penetration fittings intact and secured		8.6.7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Piping interstitial space open to the STP sump (open double-walled piping system only)		8.6.20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Piping interstitial space closed to the STP sump (closed double-walled piping system only)		8.6.22	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sump lid, gasket and seals present and in good condition		8.6.23	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX A-3:ANNUAL UNDERGROUND STORAGE SYSTEM INSPECTION CHECKLIST

Facility ID#	Facility Name/Address	SVC ORDER NO: SW-0592	Qualified Technician Signature 										Date: 6/12/2023
22962	Premier ag - Seymour Community		101 Community Drive Seymour IN	Cert No: 19979 Exp Date: 02/07/2025									
Contact:	Sonia Ahlbrand	Test/Evaluation/Verification Date (if applicable)	PEI/RP900	N/A	RUL	PUL	DSL	ODSL	DISP 1/2	DISP 3/4	DISP 5/6	DISP 7/8	
Transition Sump	Any water or product removed and disposed of properly		8.6.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Visible piping and fittings show no signs of leaking		8.6.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Piping in good condition		8.6.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Sump free of trash and debris		8.6.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Sump is free of cracks, holes, bulges, or other defects		8.6.6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Penetration fittings intact and secured		8.6.7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Junction box(es) have covers, not corroded; conduit and intrinsically safe wiring in good condition		8.6.8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Flexible connectors not frayed, twisted, kinked or bent beyond manufacturer specifications		8.6.9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Piping interstitial space open to the transition sump (open double-walled piping system only)		8.6.20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Piping interstitial space closed to the transition sump (closed double-walled piping system only)		8.6.22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Sump lid, gasket and seals present and in good condition		8.6.23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Manhole cover at grade in good condition, does not touch sump cover, all bolts present, handles and lift mechanism in good condition (as applicable)		8.6.24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Single-Walled Transition Sump	Single-walled sump tested for integrity every 3 years	TEST DATE:	8.6.18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Double-Walled Transition Sump	If not continuously monitored or inspected annually, double-walled sump tightness tested every 3 years	TEST DATE:	8.6.19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other Sump. Describe location or function (e.g., suction piping, tank manhole) on this row:			8.6										
Other Sump	Any water or product removed and disposed of properly		8.6.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Visible piping and fittings show no signs of leaking		8.6.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Piping in good condition		8.6.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Sump free of trash and debris		8.6.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Sump is free of cracks, holes, bulges, or other defects		8.6.6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Penetration fittings intact and secured		8.6.7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Junction box(es) have covers, not corroded; conduit and intrinsically safe wiring in good condition		8.6.8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Flexible connectors not frayed, twisted, kinked or bent beyond manufacturer specifications		8.6.9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Piping interstitial space open to the sump (open double-walled piping system only)		8.6.20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Piping interstitial space closed to the sump (closed double-walled piping system only)		8.6.22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Sump lid, gasket and seals present and in good condition		8.6.23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Manhole cover at grade in good condition, does not touch sump cover, all bolts present, handles and lift mechanism in good condition (as applicable)		8.6.24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Single-Walled Other Sump	Single-walled sump tested for integrity every 3 years	TEST DATE:	8.6.18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Double-Walled Other Sump	If not continuously monitored or inspected annually, double-walled sump tightness tested every 3 years	TEST DATE:	8.6.19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Initial Fuel Dispenser Inspection			8.5										
All Dispensers	All dispenser components are clean and dry		8.5.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	If dispenser sump is present, sump is dry		8.5.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuel Dispenser Inspection			8.6										
All Dispensers	Visible piping and fittings show no signs of leaking		8.6.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	Piping in good condition		8.6.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	Dispenser containment sump free of trash and debris		8.6.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	Junction box(es) have covers, not corroded; conduit and intrinsically safe wiring in good condition		8.6.8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	Flexible connectors not frayed, twisted, kinked or bent beyond manufacturer specifications		8.6.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

APPENDIX A-3:ANNUAL UNDERGROUND STORAGE SYSTEM INSPECTION CHECKLIST

Facility ID#	Facility Name/Address		SVC ORDER NO: SW-0592				Qualified Technician Signature		Date: 6/12/2023			
22962	Premier ag - Seymour Community						 Cert No: 19979 Exp Date: 02/07/2025					
	101 Community Drive											
	Seymour IN											
Contact:	Sonia Ahlbrand											
Category	Description	Test/Evaluation/Verification Date (if applicable)	PEI/RP900	N/A	RUL	PUL	DSL	ODSL	DISP 1/2	DISP 3/4	DISP 5/6	DISP 7/8
	Shear valves operate freely and close completely	TEST DATE:	8.6.15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Stage II piping functional or else capped and sealed at an elevation lower than the fuel dispenser island		8.6.16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dispensers Without Sumps	Flex connectors and other metallic product piping are not in contact with soil or water or are cathodically protected		8.6.17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispensers With Sumps	Any water or product removed and disposed of properly		8.6.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sump free of cracks, holes, bulges, or other defects		8.6.6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Penetration fittings intact and secured		8.6.7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Piping interstitial space open to the dispenser sump or dispenser pan (open double-walled piping system only)		8.6.21	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Piping interstitial space closed to the dispenser sump (closed double-walled piping system only)		8.6.22	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispensers With Single-Walled Sumps	Single-walled sump tested for integrity every 3 years	TEST DATE:	8.6.18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispensers With Double-Walled Sumps	If not continuously monitored or inspected annually, double- walled sump tightness tested every 3 years	TEST DATE:	8.6.19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DESCRIBE ANY DEFICIENCIES HERE:												
Instructions: Mark each tank where no problem is observed with a checkmark: \ If certain equipment is not required and / or not present, mark checklist in the N/A column. If a defect is found, mark the checklist with an "X," describe the problem in the "DEFICIENCIES" section, and notify the appropriate person. Refer to the section listed in the "PEI/RP900" column for additional information. Refer to PEI RP500, <i>Recommended Practices for Inspection and Maintenance of Motor Fuel Dispensing Equipment</i> , for inspection procedures that apply to fuel dispensing equipment.												

APPENDIX A-3: ANNUAL UNDERGROUND STORAGE SYSTEM INSPECTION CHECKLIST												
Facility ID#	Facility Name/Address			SVC ORDER NO: SW-0592	Qualified Technician Signature 					Date: 6/12/2023		
22962	Premier ag - Seymour Community									Cert No: 19979 Exp Date: 02/07/2025		
	101 Community Drive											
	Seymour IN											
Contact:	Sonia Ahlbrand											
Category	Description	Test/Evaluation/Verification Date (if applicable)		PEI/RP900	N/A	DISP 9/10						
STP: In Single-Walled Containment Sump	Single-walled sump tested for integrity every 3 years	TEST DATE:		8.6.18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STP: In Double-Walled Containment Sump	If not continuously monitored or inspected annually, double-walled sump tightness tested every 3 years	TEST DATE:		8.6.19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leak Detection Device. Describe location (e.g., interstitial, STP, fill, dispenser) on this row:				8.7								
Liquid Sensor	Sensor tested and functional	TEST DATE:		8.7.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sensor properly mounted at the bottom of the containment sump or pan (containment sump or pan sensor only)			8.7.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sensor properly mounted at the bottom of double-walled tank (double-walled tank sensor only)			8.7.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discriminating Sensor	Sensor tested and functional	TEST DATE:		8.7.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sensor properly mounted at the bottom of the containment sump or pan (containment sump or pan sensor only)			8.7.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sensor properly mounted at the bottom of double-walled tank (double-walled tank sensor only)			8.7.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydrostatic Sensor	Sensor tested and functional	TEST DATE:		8.7.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hydrostatic sensor properly positioned			8.7.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacuum/Pressure Sensor	Sensor tested and functional	TEST DATE:		8.7.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Alarm sounds when pressure or vacuum is released	TEST DATE:		8.7.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Entire interstitial space under pressure or vacuum (closed double-walled piping system only)	TEST DATE:		8.7.7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visually Monitored Double-Walled Sump	Leak detection device is within recommended limits			8.7.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dispenser Pan Float Mechanism	Sensor tested and functional	TEST DATE:		8.7.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dispenser pan float mechanism free to move and properly adjusted	TEST DATE:		8.7.8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fill Sump				8.6								
Fill Containment Sump	Any water or product removed and disposed of properly			8.6.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Visible piping and fittings show no signs of leaking			8.6.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Piping in good condition			8.6.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Excessive corrosion not present			8.6.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sump free of trash and debris			8.6.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sump is free of cracks, holes, bulges or other defects			8.6.6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Penetration fittings intact and secured			8.6.7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Junction box(es) have covers, not corroded; conduit and intrinsically safe wiring in good condition			8.6.8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Flexible connectors not frayed, twisted, kinked or bent beyond manufacturer specifications			8.6.9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Piping interstitial space open to the fill sump (open double-walled piping system only)			8.6.20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Piping interstitial space closed to the fill sump (closed double-walled piping system only)			8.6.22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sump lid, gasket and seals present and in good condition			8.6.23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manhole cover at grade in good condition, does not touch sump cover, all bolts present, handles and lift mechanism in good condition (as applicable)			8.6.24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Single-Walled Fill Sump	Single-walled sump tested for integrity every 3 years	TEST DATE:		8.6.18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Double-Walled Fill Sump	If not continuously monitored or inspected annually, double-walled sump tightness tested every 3 years	TEST DATE:		8.6.19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transition Sump				8.6								

APPENDIX A-3: ANNUAL UNDERGROUND STORAGE SYSTEM INSPECTION CHECKLIST

Facility ID#	Facility Name/Address		SVC ORDER NO: SW-0592				Qualified Technician Signature		Date: 6/12/2023	
22962	Premier ag - Seymour Community						Cert No: 19979 Exp Date: 02/07/2025			
	101 Community Drive									
	Seymour IN									
Contact:	Sonia Ahlbrand									
Category	Description	Test/Evaluation/Verification Date (if applicable)	PEI/RP900	N/A	DISP 9/10					
	Shear valves operate freely and close completely	TEST DATE:	8.6.15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Stage II piping functional or else capped and sealed at an elevation lower than the fuel dispenser island		8.6.16	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispensers Without Sumps	Flex connectors and other metallic product piping are not in contact with soil or water or are cathodically protected		8.6.17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispensers With Sumps	Any water or product removed and disposed of properly		8.6.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sump free of cracks, holes, bulges, or other defects		8.6.6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Penetration fittings intact and secured		8.6.7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Piping interstitial space open to the dispenser sump or dispenser pan (open double-walled piping system only)		8.6.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Piping interstitial space closed to the dispenser sump (closed double-walled piping system only)		8.6.22	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispensers With Single-Walled Sumps	Single-walled sump tested for integrity every 3 years	TEST DATE:	8.6.18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispensers With Double-Walled Sumps	If not continuously monitored or inspected annually, double-walled sump tightness tested every 3 years	TEST DATE:	8.6.19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DESCRIBE ANY DEFICIENCIES HERE:										
Instructions: Mark each tank where no problem is observed with a checkmark: ✓ If certain equipment is not required and / or not present, mark checklist in the N/A column. If a defect is found, mark the checklist with an "X," describe the problem in the "DEFICIENCIES" section, and notify the appropriate person. Refer to the section listed in the "PEI/RP900" column for additional information. Refer to PEI RP500, <i>Recommended Practices for Inspection and Maintenance of Motor Fuel Dispensing Equipment</i> , for inspection procedures that apply to fuel dispensing equipment.										



Indiana Department of Environmental Management

A

Underground Storage Tank Program

Operator Training Certification

100 North Senate Ave
Indianapolis, Indiana, 46204
(800) 451-6027 . (317) 232-8603
www.idem.IN.gov

Certificate of Completion

Awarded to:

Jerry Boger

For completion of IDEM's Underground Storage Tank "A" Operator Training in accordance with 329 IAC 9.

License #: 18532

Issue Date: June 29, 2021

Expiration Date: June 29, 2024

Bruno L. Pigott, Commissioner

IDEM may require operator retraining if a UST System managed by the operator has documented deficiencies per 329 IAC 9.



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

Certificate of Completion

Awarded to:
Bob Cherepski

*For completion of IDEM's Underground Storage Tank "B" Operator Training in
accordance with 329 IAC 9.*

License #: 22597

Issue Date: July 25, 2023

Expiration Date: July 25, 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.



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

Certificate of Completion

Awarded to:
Sandy Bobb

*For completion of IDEM's Underground Storage Tank "B" Operator Training in
accordance with 329 IAC 9.*

License #: 21846

Issue Date: February 20, 2023

Expiration Date: February 20, 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.



Indiana Department of Environmental Management

C Underground Storage Tank Program Operator Training Certification

100 North Senate Ave
Indianapolis, Indiana, 46204
(800) 451-6027 . (317) 232-8603
www.idem.IN.gov

Certification of Completion

Awarded to:
Morgan Brewer

For completion of "C" Operator Training in accordance with 329 IAC 9.

Certification is applicable to the following location:

Company Name: Jackson Jennings Farm Bureau

Address: 101 N Community Dr

City: Seymour, IN 47274

Facility ID#: 34513

UST Facility ID#: 22962

Training Authorized by: Sandy Bobb License #(s): B - 16655, B - 21846

Class A or B Operator Signature: Sandy Bobb

Training Provided by: Sandy Bobb

Trainer Signature: Sandy Bobb

Issue Date: 2-6-24 Expiration Date*: 2-6-27

*Certification expires three (3) years from the date of issuance.

IDEM may require operator retraining if a UST System managed by the operator has documented deficiencies per 329 IAC 9.



Indiana Department of Environmental Management

C Underground Storage Tank Program
Operator Training Certification

100 North Senate Ave
Indianapolis, Indiana, 46204
(800) 451-6027 . (317) 232-8603
www.idem.IN.gov

Certification of Completion

Awarded to:
Hunter Baker

For completion of "C" Operator Training in accordance with 329 IAC 9.

Certification is applicable to the following location:

Company Name: Jackson Jennings Farm Bureau

Address: 101 N Community Dr

City: Seymour, IN 47274

Facility ID#: 34513

UST Facility ID#: 22962

Training Authorized by: Sandy Bobb License #(s): B - 16655

Class A or B Operator Signature: Sandy Bobb

Training Provided by: Sandy Bobb

Trainer Signature: Sandy Bobb

Issue Date: 2/1/22

Expiration Date*: 2/1/25

*Certification expires three (3) years from the date of issuance.

IDEM may require operator retraining if a UST System managed by the operator has documented deficiencies per 329 IAC 9.



Indiana Department of Environmental Management

C Underground Storage Tank Program Operator Training Certification

100 North Senate Ave
Indianapolis, Indiana, 46204
(800) 451-6027 . (317) 232-8603
www.idem.IN.gov

Certification of Completion

Awarded to:
Anita Hurt

For completion of "C" Operator Training in accordance with 329 IAC 9.

Certification is applicable to the following location:

Company Name: Jackson Jennings Farm Bureau

Address: 101 N Community Dr

City: Seymour, IN 47274

Facility ID#: 34513

UST Facility ID#: 22962

Training Authorized by: Sandy Bobb License #(s): B - 16655

Class A or B Operator Signature: Sandy Bobb

Training Provided by: Sandy Bobb

Trainer Signature: Sandy Bobb

Issue Date: 6/28/2022 Expiration Date*: 6/28/2025

*Certification expires three (3) years from the date of issuance.

IDEM may require operator retraining if a UST System managed by the operator has documented deficiencies per 329 IAC 9.



Indiana Department of Environmental Management

C Undergound Storage Tank Program Operator Training Certification

100 North Senate Ave
Indianapolis, Indiana, 46204
(800) 451-6027 . (317) 232-8603
www.idem.IN.gov

Certification of Completion

Awarded to:
Lois Price

For completion of "C" Operator Training in accordance with 329 IAC 9.

Certification is applicable to the following location:

Company Name: Jackson Jennings Farm Bureau

Address: 101 N Community Dr

City: Seymour, IN 47274

Facility ID#: 34513

UST Facility ID#: 22962

Training Authorized by: Sandy Bobb License #(s): B - 16655

Class A or B Operator Signature: Sandy Bobb

Training Provided by: Sandy Bobb

Trainer Signature: Sandy Bobb

Issue Date: 6/28/22 Expiration Date*: 6/28/2025

*Certification expires three (3) years from the date of issuance.

IDEM may require operator retraining if a UST System managed by the operator has documented deficiencies per 329 IAC 9.



Indiana Department of Environmental Management
C Underground Storage Tank Program
Operator Training Certification

100 North Senate Ave
Indianapolis, Indiana, 46204
(800) 451-6027 . (317) 232-8603
www.idem.IN.gov

Certification of Completion

Awarded to:
Don Bruce

For completion of "C" Operator Training in accordance with 329 IAC 9.

Certification is applicable to the following location:

Company Name: Jackson Jennings Farm Bureau

Address: 101 N Community Dr

City: Seymour, IN 47274

Facility ID#: 34513

UST Facility ID#: 22962

Training Authorized by: Sandy Bobb License #(s): B - 16655

Class A or B Operator Signature: Sandy Bobb

Training Provided by: Sandy Bobb

Trainer Signature: Sandy Bobb

Issue Date: 10-1-21 Expiration Date*: 10-1-24

*Certification expires three (3) years from the date of issuance.

IDEM may require operator retraining if a UST System managed by the operator has documented deficiencies per 329 IAC 9.



Indiana Department of Environmental Management
C Underground Storage Tank Program
 Operator Training Certification

100 North Senate Ave
 Indianapolis, Indiana, 46204
 (800) 451-6027 . (317) 232-8603
 www.idem.IN.gov

Certification of Completion

Awarded to:
KATHY BIERMAN

For completion of "C" Operator Training in accordance with 329 IAC 9.

Certification is applicable to the following location:

Company Name: Jackson Jennings Farm Bureau

Address: 101 N Community Dr

City: Seymour, IN 47274

Facility ID#: 34513

UST Facility ID#: 22962

Training Authorized by: Sandy Bobb License #(s): B - 16655, B - 21846

Class A or B Operator Signature: Sandy Bobb

Training Provided by: Sandy Bobb

Trainer Signature: Sandy Bobb

Issue Date: 2-18-23 Expiration Date*: 2-18-26

*Certification expires three (3) years from the date of issuance.

IDEM may require operator retraining if a UST System managed by the operator has documented deficiencies per 329 IAC 9.



Indiana Department of Environmental Management
C Underground Storage Tank Program
Operator Training Certification

100 North Senate Ave
Indianapolis, Indiana, 46204
(800) 451-6027 . (317) 232-8603
www.idem.IN.gov

Certification of Completion

Awarded to:
Alana Farris

For completion of "C" Operator Training in accordance with 329 IAC 9.

Certification is applicable to the following location:

Company Name: Jackson Jennings Farm Bureau

Address: 101 N Community Dr

City: Seymour, IN 47274

Facility ID#: 34513

UST Facility ID#: 22962

Training Authorized by: Sandy Bobb License #(s): B - 16655, B - 21846

Class A or B Operator Signature: Sandy Bobb

Training Provided by: Sandy Bobb

Trainer Signature: Sandy Bobb

Issue Date: 3-18-23

Expiration Date*: 3-18-26

*Certification expires three (3) years from the date of issuance.

IDEM may require operator retraining if a UST System managed by the operator has documented deficiencies per 329 IAC 9.



Indiana Department of Environmental Management

C Underground Storage Tank Program Operator Training Certification

100 North Senate Ave
Indianapolis, Indiana, 46204
(800) 451-6027 • (317) 232-8603
www.idem.IN.gov

Certification of Completion

Awarded to:

JUDY CARPENTER

For completion of "C" Operator Training in accordance with 329 IAC 9.

Certification is applicable to the following location:

Company Name: Jackson Jennings Farm Bureau

Address: 101 N Community Dr

City: Seymour, IN 47274

Facility ID#: 34513

UST Facility ID#: 22962

Training Authorized by: Sandy Bobb License #(s): B - 16655, B - 21846

Class A or B Operator Signature:

Training Provided by:

Trainer Signature:

Sandy Bobb

Sandy Bobb

Sandy Bobb

Issue Date:

10/30/23

Expiration Date*:

10/30/26

*Certification expires three (3) years from the date of issuance.

IDEM may require operator retraining if a UST System managed by the operator has documented deficiencies per 329 IAC 9.



Indiana Department of Environmental Management

C Underground Storage Tank Program Operator Training Certification

100 North Senate Ave
Indianapolis, Indiana, 46204
(800) 451-6027 . (317) 232-8603
www.idem.IN.gov

Certification of Completion

Awarded to:
Brady Sawyer

For completion of "C" Operator Training in accordance with 329 IAC 9.

Certification is applicable to the following location:

Company Name: Jackson Jennings Farm Bureau

Address: 101 N Community Dr

City: Seymour, IN 47274

Facility ID#: 34513

UST Facility ID#: 22962

Training Authorized by: Sandy Bobb License #(s): B - 16655, B - 21846

Class A or B Operator Signature: Sandy Bobb

Training Provided by: Sandy Bobb

Trainer Signature: Sandy Bobb

Issue Date: 10/29/23 Expiration Date*: 10/29/26

*Certification expires three (3) years from the date of issuance.

IDEM may require operator retraining if a UST System managed by the operator has documented deficiencies per 329 IAC 9.



Indiana Department of Environmental Management

C Underground Storage Tank Program
Operator Training Certification

100 North Senate Ave
Indianapolis, Indiana, 46204
(800) 451-6027 . (317) 232-8603
www.idem.IN.gov

Certification of Completion

Awarded to:
Olivia Cain

For completion of "C" Operator Training in accordance with 329 IAC 9.

Certification is applicable to the following location:

Company Name: Jackson Jennings Farm Bureau

Address: 101 N Community Dr

City: Seymour, IN 47274

Facility ID#: 34513

UST Facility ID#: 22962

Training Authorized by: Sandy Bobb License #(s): B - 16655, B - 21846

Class A or B Operator Signature: Sandy Bobb

Training Provided by: Sandy Bobb

Trainer Signature: Sandy Bobb

Issue Date: 10/29/23

Expiration Date*: 10/29/26

*Certification expires three (3) years from the date of issuance.

IDEM may require operator retraining if a UST System managed by the operator has documented deficiencies per 329 IAC 9.



Indiana Department of Environmental Management

C Underground Storage Tank Program
Operator Training Certification

100 North Senate Ave
Indianapolis, Indiana, 46204
(800) 451-6027 . (317) 232-8603
www.idem.IN.gov

Certification of Completion

Awarded to:

Carter Hall

For completion of "C" Operator Training in accordance with 329 IAC 9.

Certification is applicable to the following location:

Company Name: Jackson Jennings Farm Bureau

Address: 101 N Community Dr

City: Seymour, IN 47274

Facility ID#: 34513

UST Facility ID#: 22962

Training Authorized by: Sandy Bobb License #(s): B - 16655, B - 21846

Class A or B Operator Signature: Sandy Bobb

Training Provided by: Sandy Bobb

Trainer Signature: Sandy Bobb

Issue Date: 3-11-24 Expiration Date*: 3-11-27

*Certification expires three (3) years from the date of issuance.

IDEM may require operator retraining if a UST System managed by the operator has documented deficiencies per 329 IAC 9.



Indiana Department of Environmental Management

C Underground Storage Tank Program Operator Training Certification

100 North Senate Ave
Indianapolis, Indiana, 46204
(800) 451-6027 . (317) 232-8603
www.idem.IN.gov

Certification of Completion

Awarded to:
Marilyn Wentz

For completion of "C" Operator Training in accordance with 329 IAC 9.

Certification is applicable to the following location:

Company Name: Jackson Jennings Farm Bureau

Address: 101 N Community Dr

City: Seymour, IN 47274

Facility ID#: 34513

UST Facility ID#: 22962

Training Authorized by: Sandy Bobb License #(s): B - 16655

Class A or B Operator Signature: Sandy Bobb

Training Provided by: Sandy Bobb

Trainer Signature: Sandy Bobb

Issue Date: 6/28/2022 Expiration Date*: 6/28/2025

*Certification expires three (3) years from the date of issuance.

IDEM may require operator retraining if a UST System managed by the operator has documented deficiencies per 329 IAC 9.



Indiana Department of Environmental Management

C Underground Storage Tank Program Operator Training Certification

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(800) 451-6027 . (317) 232-8603
www.idem.IN.gov

Certification of Completion

Awarded to:
Dylan Diaz Mejias

For completion of "C" Operator Training in accordance with 329 IAC 9.

Certification is applicable to the following location:

Company Name: Jackson Jennings Farm Bureau

Address: 101 N Community Dr

City: Seymour, IN 47274

Facility ID#: 34513

UST Facility ID#: 22962

Training Authorized by: Sandy Bobb License #(s): B - 16655, B - 21846

Class A or B Operator Signature: Sandy Bobb

Training Provided by: Sandy Bobb

Trainer Signature: Sandy Bobb

Issue Date: 3-18-23 Expiration Date*: 3-18-26

*Certification expires three (3) years from the date of issuance.

IDEM may require operator retraining if a UST System managed by the operator has documented deficiencies per 329 IAC 9.



Indiana Department of Environmental Management

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Operator Training Certification

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(800) 451-6027 . (317) 232-8603
www.idem.IN.gov

Certification of Completion

Awarded to:

Mikaela Morgan

For completion of "C" Operator Training in accordance with 329 IAC 9.

Certification is applicable to the following location:

Company Name: Jackson Jennings Farm Bureau

Address: 101 N Community Dr

City: Seymour, IN 47274

Facility ID#: 34513

UST Facility ID#: 22962

Training Authorized by: Sandy Bobb License #(s): B - 16655, B - 21846

Class A or B Operator Signature: Sandy Bobb

Training Provided by: Sandy Bobb

Trainer Signature: Sandy Bobb

Issue Date: 3-18-23

Expiration Date*: 3-18-26

*Certification expires three (3) years from the date of issuance.

IDEM may require operator retraining if a UST System managed by the operator has documented deficiencies per 329 IAC 9.

UPDATE TANK 4 INFORMATION



NOTIFICATION FOR UNDERGROUND STORAGE TANK SYSTEMS
 State Form 45223 (R10 / 3-23)
 Indiana Department of Environmental Management
 Petroleum Branch

RETURN COMPLETED FORMS TO:
 Indiana Department of Environmental Management
 USTRegistration@idem.in.gov

Facility ID Number: **22962**

The information requested is required by 329 IAC 9. This form should only be used for facilities previously registered with the IDEM Underground Storage Tank program.

A TYPE OF NOTIFICATION					
<input type="checkbox"/>	Facility Contact Change	<input type="checkbox"/>	UST Owner Change	<input type="checkbox"/>	Owner/Operator Information Change
<input type="checkbox"/>	Type of Facility Change	<input type="checkbox"/>	Property Owner Change	<input type="checkbox"/>	Facility Name / Location Change
<input checked="" type="checkbox"/>	UST System Modification	<input type="checkbox"/>	UST Operator Change	<input type="checkbox"/>	Financial Responsibility Change
<input type="checkbox"/>	New UST System(s)				
B FACILITY NAME / LOCATION					
FACILITY NAME		LATITUDE (37.710101 to 41.866773)		LONGITUDE (-88.165351 to -84.671035)	
Premier Ag Co-op		38.95399		-85.90336	
FACILITY ADDRESS (number and street)			PARCEL NUMBER		
101 Community Dr.					
CITY	STATE	ZIP CODE	COUNTY	TELEPHONE NUMBER	
Seymour	IN	47274	Jackson	(812) 522-7844	
C TYPE OF FACILITY (Check all that apply)					
<input type="checkbox"/>	Auto Dealership	<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Airport Hydrant System
<input type="checkbox"/>	Hospital	<input checked="" type="checkbox"/>	Gas Station	<input type="checkbox"/>	Industrial
<input type="checkbox"/>	Petroleum Distributor	<input type="checkbox"/>	Railroad	<input type="checkbox"/>	Residential
<input type="checkbox"/>	Trucking or Transport	<input type="checkbox"/>	Utilities	<input type="checkbox"/>	Unmanned
<input type="checkbox"/>	Marina	<input type="checkbox"/>	School	<input type="checkbox"/>	Other:
D PREPARED BY					
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX	
	Jerry		Boger		
ADDRESS		CITY	STATE	ZIP CODE	
811 W 2nd Street		Seymour	IN	47274	
TELEPHONE NUMBER	JOB TITLE	EMAIL ADDRESS			
(812) 528-2761	Director of EHS	jboger@premierag.com			
E UST OWNER					
TYPE OF OWNER					
<input type="checkbox"/>	Federal Government	<input type="checkbox"/>	State Government	<input type="checkbox"/>	City / Local Government
<input checked="" type="checkbox"/>	Commercial	<input type="checkbox"/>	Private	<input type="checkbox"/>	Other:
Option 1: UST OWNER NAME (Business Name as registered with the Secretary of State)			BUSINESS ID (From the Secretary of State)		
Premier Ag Co-op			192525-005		
Option 2: UST OWNER NAME (If a Public Agency or other entity)					
Option 3: UST OWNER NAME (If in Individual Capacity)					
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX	
UST OWNER ADDRESS (Listed in Options 1-3)					
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)			ADDRESS (line 2)		
811 W 2nd Street			PO Box 304		
CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)		
Seymour	IN	47274	12/01/1997		
TELEPHONE NUMBER	EMAIL ADDRESS (Option 3 Individual Capacity)		JOB TITLE (Option 3 Individual Capacity)		
(812) 522-4911	jboger@premierag.com		Director of EHS		
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)					
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX	
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)			ADDRESS (line 2)		
CITY	STATE	ZIP CODE	JOB TITLE		
TELEPHONE NUMBER	EMAIL ADDRESS				

FACILITY ID # 22962	FACILITY NAME Premier Ag Co-op
-------------------------------	--

F FINANCIAL RESPONSIBILITY (Check all that apply)

<input type="checkbox"/>	Federal or State Government Entity, which does not fall under financial responsibility requirements		
<input type="checkbox"/>	Local Government owner or operator is maintaining financial responsibility for this site		
<input type="checkbox"/>	The UST owner is maintaining financial responsibility for this site		
<input type="checkbox"/>	The UST operator is maintaining financial responsibility for this site		
<input type="checkbox"/>	I have met the financial responsibility requirements (in accordance with 329 IAC 9-8) by using one or a combination of the following mechanisms: (check all that apply). If you are using the ELTF it must be checked as well.		
<input type="checkbox"/>	Financial Test of Self Insurance	<input type="checkbox"/>	Excess Liability Trust Fund (State Fund)
<input type="checkbox"/>	Guarantee	<input type="checkbox"/>	Insurance and Risk Retention Group Coverage
<input type="checkbox"/>	Surety Bond	<input type="checkbox"/>	Loan Commitment Letter
<input type="checkbox"/>	Letter of Credit	<input type="checkbox"/>	Certificate of Deposit
<input type="checkbox"/>	Trust Fund	<input type="checkbox"/>	Standby Trust Fund
<input type="checkbox"/>	Local Government Bond Rating Test	<input type="checkbox"/>	Local Government Financial Test
<input type="checkbox"/>	Local Government Guarantee	<input type="checkbox"/>	Local Government Fund

If utilizing the ELTF for FR, I acknowledge the requirement to maintain the ability to pay the applicable amount pursuant to 9-8-11(b) and (c) and ability to provide proof of that mechanism when requested.

G UST OPERATOR

TYPE OF OPERATOR

<input type="checkbox"/>	Federal Government	<input type="checkbox"/>	State Government	<input type="checkbox"/>	City / Local Government
<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Private	<input type="checkbox"/>	Other:

Option 1: UST OPERATOR NAME (Business Name as registered with the Secretary of State)	BUSINESS ID (From the Secretary of State)
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Option 2: UST OPERATOR NAME (If a Public Agency or other entity)	
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Option 3: UST OPERATOR NAME (If in Individual Capacity)

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
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UST OPERATOR ADDRESS (Listed in Options 1-3)

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)	ADDRESS (line 2)
--	------------------

CITY	STATE	ZIP CODE	DATE BEGAN OPERATING (MM/DD/YYYY)
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TELEPHONE NUMBER	EMAIL ADDRESS (Option 3 Individual Capacity)	JOB TITLE (Option 3 Individual Capacity)
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CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
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PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)	ADDRESS (line 2)
--	------------------

CITY	STATE	ZIP CODE	JOB TITLE
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TELEPHONE NUMBER	EMAIL ADDRESS
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H FACILITY CONTACT

CONTACT INDIVIDUAL NAME

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
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PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)	ADDRESS (line 2)
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CITY	STATE	ZIP CODE	JOB TITLE
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TELEPHONE NUMBER	EMAIL ADDRESS
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FACILITY ID # 22962		FACILITY NAME Premier Ag Co-op			
I DEEDED PROPERTY OWNER					
TYPE OF OWNER					
<input type="checkbox"/> Federal Government		<input type="checkbox"/> State Government		<input type="checkbox"/> City / Local Government	
<input type="checkbox"/> Commercial		<input type="checkbox"/> Private		<input type="checkbox"/> Other:	
Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State)				BUSINESS ID (From the Secretary of State)	
Option 2: PROPERTY OWNER NAME (If a Public Agency or other entity)					
Option 3: PROPERTY OWNER NAME (If in Individual Capacity)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
PROPERTY OWNER ADDRESS (Listed in Options 1-3)					
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)				ADDRESS (line 2)	
CITY		STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)	
TELEPHONE NUMBER		EMAIL ADDRESS (Option 3 Individual Capacity)		JOB TITLE (Option 3 Individual Capacity)	
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)				ADDRESS (line 2)	
CITY		STATE	ZIP CODE	JOB TITLE	
TELEPHONE NUMBER		EMAIL ADDRESS			
J ACTIVE LAND CONTRACT PROPERTY OWNER (If applicable)					
TYPE OF OWNER					
<input type="checkbox"/> Federal Government		<input type="checkbox"/> State Government		<input type="checkbox"/> City / Local Government	
<input type="checkbox"/> Commercial		<input type="checkbox"/> Private		<input type="checkbox"/> Other:	
Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State)				BUSINESS ID (From the Secretary of State)	
Option 2: PROPERTY OWNER NAME (If a Public Agency or other entity)					
Option 3: PROPERTY OWNER NAME (If in Individual Capacity)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
PROPERTY OWNER ADDRESS (Listed in Options 1-3)					
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)				ADDRESS (line 2)	
CITY		STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)	
TELEPHONE NUMBER	JOB TITLE	EMAIL ADDRESS (Option 3 Individual Capacity)		PROPOSED END DATE (MM/DD/YYYY)	
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)				ADDRESS (line 2)	
CITY		STATE	ZIP CODE	JOB TITLE	
TELEPHONE NUMBER		EMAIL ADDRESS			

FACILITY ID # 22962	FACILITY NAME Premier Ag Co-op
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K	CONTRACTOR
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<input type="checkbox"/>	INSTALLATION INSPECTED BY A REGISTERED ENGINEER	REGISTRATION ID:		REGISTRATION DATE <i>(mm/dd/yyyy)</i>	
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<input type="checkbox"/>	MANUFACTURER'S INSTALLATION CHECKLISTS HAVE BEEN COMPLETED AND INCLUDED	<input type="checkbox"/>	INSTALLER CERTIFIED BY TANK AND PIPING MANUFACTURER
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<input type="checkbox"/>	WORK INSPECTED BY INDIANA DEPARTMENT OF HOMELAND SECURITY / DIVISION OF FIRE AND BUILDING SAFETY	INSPECTION DATE <i>(mm/dd/yyyy)</i>	
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CONTRACTOR BUSINESS NAME <i>(Business Name as registered with the Secretary of State)</i>	BUSINESS ID <i>(From the Secretary of State)</i>
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CONTACT INFORMATION FOR CONTRACTOR THAT PERFORMED OR MANAGED WORK ON SITE			
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PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
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PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS <i>(Number and Street, no P.O. Box)</i>	ADDRESS <i>(line 2)</i>
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CITY	STATE	ZIP CODE	IDHS CERTIFICATION NUMBER
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TELEPHONE NUMBER	EMAIL ADDRESS
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L	POTENTIALLY INTERESTED PARTIES
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INTERESTED PARTY NAME	E-MAIL ADDRESS
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INTERESTED PARTY NAME	E-MAIL ADDRESS
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INTERESTED PARTY NAME	E-MAIL ADDRESS
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M	FACILITY SITE MAP
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In the space below, sketch the facility (tanks, piping, tank manway locations, vents, pump islands, buildings, etc.). Include tank sizes and type of product stored. Label streets or other landmarks. Show North if direction known.

FACILITY ID # 22962		FACILITY NAME Premier Ag Co-op		
Complete one column for each tank or compartment. See instructions for compartment identification numbering.				
N	IDENTIFICATION OF UNDERGROUND STORAGE TANKS			
IDEM UST REGISTRATION NUMBER				
PART OF A COMPARTMENTED UST (Y/N)	NO			
NUMBER OF COMPARTMENTS IN UST	1			
COMPARTMENT IDENTIFICATION NUMBER	4			
(mm/dd/yyyy) DATE INSTALLED	10/15/1998			
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE	12/17/1998			
(gallons) ESTIMATED TOTAL CAPACITY	4,000			
MANIFOLDED (Y/N)	NO			
MANIFOLDED TO COMPARTMENT ID NUMBER				
O	STATUS OF UNDERGROUND STORAGE TANKS			
CURRENT STATUS	IN USE			
(mm/dd/yyyy) STATUS DATE	05/21/2024			
P	SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS			
PETROLEUM	DSL - Diesel			
MAXIMUM ETHANOL %				
MAXIMUM BIOFUEL %				
(specify) OTHER				
HAZARDOUS SUBSTANCE				
CHEMICAL ABSTRACT SERVICE NUMBER				
MIXTURE OF SUBSTANCES				
PRODUCT IS COMPATIBLE WITH TANK (Y/N)	YES			
Q	UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES			
MANUFACTURER	Xernes			
MODEL				
MATERIAL OF CONSTRUCTION	Fiberglass			
SECONDARY CONTAINMENT	Not Applicable			
R	UNDERGROUND STORAGE TANK CORROSION PROTECTION			
CORROSION PROTECTION TYPE	Not Applicable			
(mm/dd/yyyy) ANODE INSTALLATION DATE				
INTERIOR LINING				
(mm/dd/yyyy) LINER INSTALLATION DATE				
(specify) OTHER				
S	PIPING CONSTRUCTION AND PROTECTION			
MANUFACTURER				
MODEL				
(mm/dd/yyyy) DATE INSTALLED	10/15/1998			
MATERIAL				
SECONDARY CONTAINMENT	Not Applicable			
CORROSION PROTECTION TYPE	Not Applicable			
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)	YES			
PRODUCT DELIVERY METHOD	European Suction			

FACILITY ID# 22962	FACILITY NAME Premier Ag Co-op
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IDEM UST REGISTRATION NUMBER				
COMPARTMENT IDENTIFICATION NUMBER	4			

T	UNDERGROUND STORAGE TANK RELEASE DETECTION
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PRIMARY UST RELEASE DETECTION	ATG CSLD			
MANUFACTURER	VeederRoot			
MODEL	TLS450			
SECONDARY UST RELEASE DETECTION	ATG 0.2gph monthl			
MANUFACTURER	VeederRoot			
MODEL	TLS450			

U	UNDERGROUND PIPING RELEASE DETECTION
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PRIMARY PIPING RELEASE DETECTION	N/A			
MANUFACTURER				
MODEL				
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)				
MANUFACTURER				
MODEL				
TERTIARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				

V	SPILL AND OVERFILL PREVENTION EQUIPMENT
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CATCHMENT BASIN / SPILL BUCKET				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
FILL LATITUDE				
FILL LONGITUDE				
PRIMARY OVERFILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
% ULLAGE SET POINT				
SECONDARY OVERFILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
% ULLAGE SET POINT				
UNDER DISPENSER CONTAINMENT PRESENT				
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				
SUBMERSIBLE TURBINE SUMP PRESENT				
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				

FACILITY ID # 22962	FACILITY NAME Premier Ag Co-op
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Complete one column for each tank or compartment. See instructions for compartment identification numbering.

N	IDENTIFICATION OF UNDERGROUND STORAGE TANKS
----------	--

IDEM UST REGISTRATION NUMBER				
PART OF A COMPARTMENTED UST (Y/N)				
NUMBER OF COMPARTMENTS IN UST				
COMPARTMENT IDENTIFICATION NUMBER				
(mm/dd/yyyy) DATE INSTALLED				
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE				
(gallons) ESTIMATED TOTAL CAPACITY				
MANIFOLDED (Y/N)				
MANIFOLDED TO COMPARTMENT ID NUMBER				

O	STATUS OF UNDERGROUND STORAGE TANKS
----------	--

CURRENT STATUS				
(mm/dd/yyyy) STATUS DATE				

P	SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS
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PETROLEUM				
MAXIMUM ETHANOL %				
MAXIMUM BIOFUEL %				
(specify) OTHER				
HAZARDOUS SUBSTANCE				
CHEMICAL ABSTRACT SERVICE NUMBER				
MIXTURE OF SUBSTANCES				
PRODUCT IS COMPATIBLE WITH TANK (Y/N)				

Q	UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES
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MANUFACTURER				
MODEL				
MATERIAL OF CONSTRUCTION				
SECONDARY CONTAINMENT				

R	UNDERGROUND STORAGE TANK CORROSION PROTECTION
----------	--

CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
INTERIOR LINING				
(mm/dd/yyyy) LINER INSTALLATION DATE				
(specify) OTHER				

S	PIPING CONSTRUCTION AND PROTECTION
----------	---

MANUFACTURER				
MODEL				
(mm/dd/yyyy) DATE INSTALLED				
MATERIAL				
SECONDARY CONTAINMENT				
CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)				
PRODUCT DELIVERY METHOD				

FACILITY ID # 22962	FACILITY NAME Premier Ag Co-op
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IDEM UST REGISTRATION NUMBER				
COMPARTMENT IDENTIFICATION NUMBER				

T	UNDERGROUND STORAGE TANK RELEASE DETECTION
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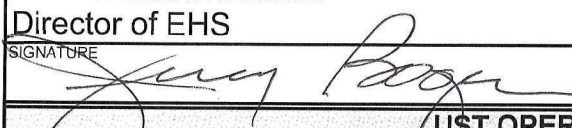
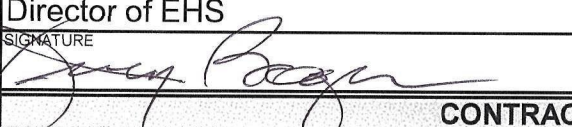
PRIMARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				
SECONDARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				

U	UNDERGROUND PIPING RELEASE DETECTION
----------	---

PRIMARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)				
MANUFACTURER				
MODEL				
TERTIARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				

V	SPILL AND OVERFILL PREVENTION EQUIPMENT
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CATCHMENT BASIN / SPILL BUCKET				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
FILL LATITUDE				
FILL LONGITUDE				
PRIMARY OVERFILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
% ULLAGE SET POINT				
SECONDARY OVERFILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
% ULLAGE SET POINT				
UNDER DISPENSER CONTAINMENT PRESENT				
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				
SUBMERSIBLE TURBINE SUMP PRESENT				
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				

FACILITY ID # 22962		TRANSACTION ID - FOR STATE USE ONLY	
UST OWNER CERTIFICATION			
<p>I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-23-14-2, that the statements and representations in this document are true, accurate, and complete. I further certify compliance with the following requirements in accordance with 329 IAC 9-2-2(e):</p> <p>(1) Installation of all tanks and piping under 40 CFR 280.20. (2) Cathodic protection of steel tanks and piping under 40 CFR 280.20. (3) Release detection under 40 CFR 280 Subpart D. (4) Financial responsibility under 329 IAC 9-8.</p>			
OWNER'S AUTHORIZED REPRESENTATIVE (Print or Type)			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
	Jerry		Boger
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank)	
Director of EHS		Premier Ag Co-op	
SIGNATURE			DATE (MM/DD/YYYY)
			05/21/2024
UST OPERATOR CERTIFICATION			
<p>I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-23-14-2, that the statements and representations in this document are true, accurate, and complete. I further certify compliance with the following requirements in accordance with 329 IAC 9-2-2(e):</p> <p>(1) Installation of all tanks and piping under 40 CFR 280.20. (2) Cathodic protection of steel tanks and piping under 40 CFR 280.20. (3) Release detection under 40 CFR 280 Subpart D. (4) Financial responsibility under 329 IAC 9-8.</p>			
OPERATOR'S AUTHORIZED REPRESENTATIVE (Print or Type)			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
	Jerry		Boger
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank)	
Director of EHS		Premier Ag Co-op	
SIGNATURE			DATE (MM/DD/YYYY)
			05/21/2024
CONTRACTOR CERTIFICATION			
CERTIFIED INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
OATH: I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-23-14-2, that work performed on the UST system complies with methods specified in 329 IAC 9 and 40 CFR 280, Subpart C.			
SIGNATURE		EMAIL ADDRESS	DATE (MM/DD/YYYY)