



**UNDERGROUND STORAGE
TANK INSPECTION REPORT**

INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT

UST FAC ID: **11433**

Inspector's Name:	Matthew James
Date:	June 21, 2024
Time In:	10:30
Time Out:	11:30
Inspection Type:	Initial

FACILITY NAME / LOCATION

FACILITY NAME Marion Service Center		FACILITY ADDRESS (number and street) 4504 Lincoln Blvd			
ADDRESS (line 2)	CITY Marion	STATE IN	ZIP CODE 46953	COUNTY Grant	

UST OWNER

UST Owner Name (If in Individual Capacity) Indiana Michigan Power Company				BUSINESS ID (From the Secretary of State) 194110-019	
PREFIX Mr.	FIRST NAME Daniel	MI	LAST NAME White	SUFFIX	
TELEPHONE NUMBER (260) 403-2493		EMAIL ADDRESS dpwhite@aep.com			

UST OPERATOR

UST Operator Name (If in Individual Capacity) Indiana Michigan Power Company				BUSINESS ID (From the Secretary of State) 194110-019	
PREFIX Mr.	FIRST NAME John	MI	LAST NAME Meyer	SUFFIX	
TELEPHONE NUMBER (260) 403-2493		EMAIL ADDRESS jameyer@aep.com			

PROPERTY OWNER

UST Property Owner Name (If in Individual Capacity) Indiana Michigan Power Company				BUSINESS ID (From the Secretary of State) 194110-019	
PREFIX Mr.	FIRST NAME Daniel	MI	LAST NAME White	SUFFIX	
TELEPHONE NUMBER (260) 403-2493		EMAIL ADDRESS dpwhite@aep.com			

COMPLIANCE ELEMENTS

All USTs properly registered and up-to-date notification form on file	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNK	
O/O is in compliance with reporting & record keeping requirements	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNK	
O/O is in compliance with release reporting or investigation	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	N/A	UNK
O/O is in compliance with all UST closure requirements	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	N/A	UNK
O/O has met all financial responsibility requirements	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	UNK
40 CFR 280, Subpart A installation requirements (partially excluded) met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	UNK
40 CFR 280, Subpart B installation and upgrade requirements met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNK	
40 CFR 280, Subpart C spill/overfill control requirements met	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	UNK
New spill buckets were installed. Tetsing documentation is needed showing they were tested.							
40 CFR 280, Subpart C compatibility requirements met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	UNK
40 CFR 280, Subpart C O&M and testing requirements met	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK	
Monthly Walkthroughs 2/23 - 2/24 : Does not include checking spill buckets and fill ports.							
40 CFR 280, Subpart D release detection requirements met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNK	
40 CFR 280, Subpart J operator training requirements met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNK	