



**UNDERGROUND STORAGE
TANK INSPECTION REPORT**

INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT

UST FAC ID: **245**

Inspector's Name:	Matthew James
Date:	June 25, 2024
Time In:	11:00
Time Out:	12:15
Inspection Type:	Initial

FACILITY NAME / LOCATION

FACILITY NAME Richmond Food Mart 1		FACILITY ADDRESS (number and street) 2319 National Rd W		
ADDRESS (line 2)	CITY Richmond	STATE IN	ZIP CODE 47374	COUNTY Wayne

UST OWNER

UST Owner Name (If in Individual Capacity) Richmond Food Mart 1				BUSINESS ID (From the Secretary of State) 202204281587731
PREFIX	FIRST NAME Vikramjit	MI	LAST NAME Singh	SUFFIX
TELEPHONE NUMBER	EMAIL ADDRESS sgadoil@gmail.com			

UST OPERATOR

UST Operator Name (If in Individual Capacity) Richmond Food Mart 1				BUSINESS ID (From the Secretary of State) 202204281587731
PREFIX	FIRST NAME Vikramjit	MI	LAST NAME Singh	SUFFIX
TELEPHONE NUMBER	EMAIL ADDRESS sgadoil@gmail.com			

PROPERTY OWNER

UST Property Owner Name (If in Individual Capacity) Richmond Food Mart 1				BUSINESS ID (From the Secretary of State) 202204281587731
PREFIX	FIRST NAME Vikramjit	MI	LAST NAME Singh	SUFFIX
TELEPHONE NUMBER	EMAIL ADDRESS sgadoil@gmail.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 type="checkbox"/>	YES	<input checked="" 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 checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	UNK
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	
Need LLD, ATG, overfill and spill bucket testing. Need CP testing for tanks.							
40 CFR 280, Subpart D release detection requirements met	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input checked="" type="checkbox"/>	UNK
UST inspector is examining results collected on-site.							
40 CFR 280, Subpart J operator training requirements met	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK	
Need A, B and C training certificates.							