



**UNDERGROUND STORAGE  
TANK INSPECTION REPORT**

INDIANA DEPARTMENT OF  
ENVIRONMENTAL MANAGEMENT

UST FAC ID: **25416**

Inspector's Name:	Brandon Blystone
Date:	June 25, 2024
Time In:	10:15
Time Out:	10:45
Inspection Type:	Initial

**FACILITY NAME / LOCATION**

FACILITY NAME <b>Kroger J 405</b>		FACILITY ADDRESS (number and street) <b>4210 N Clinton St</b>		
ADDRESS (line 2)	CITY <b>Fort Wayne</b>	STATE <b>IN</b>	ZIP CODE <b>46805</b>	COUNTY <b>Allen</b>

**UST OWNER**

UST Owner Name (Business Name as registered with the Secretary of State) <b>Kroger Limited Partnership I</b>				BUSINESS ID (From the Secretary of State) <b>LP97110042</b>	
PREFIX	FIRST NAME <b>Shenevelyn</b>	MI	LAST NAME <b>Ross</b>	SUFFIX	
TELEPHONE NUMBER <b>(317) 579-8119</b>		EMAIL ADDRESS <b>shenevelyn.ross@kroger.com</b>			

**UST OPERATOR**

UST Operator Name (Business Name as registered with the Secretary of State) <b>Kroger Limited Partnership I</b>				BUSINESS ID (From the Secretary of State) <b>LP97110042</b>	
PREFIX	FIRST NAME <b>Danielle</b>	MI	LAST NAME <b>Sanders</b>	SUFFIX	
TELEPHONE NUMBER <b>(317) 579-8119</b>		EMAIL ADDRESS <b>danielle.sanders@kroger.com</b>			

**PROPERTY OWNER**

UST Property Owner Name (Business Name as registered with the Secretary of State) <b>Las Lomas LLC</b>				BUSINESS ID (From the Secretary of State) <b>2004012200206</b>	
PREFIX	FIRST NAME <b>Martin</b>	MI	LAST NAME <b>Quintana</b>	SUFFIX	
TELEPHONE NUMBER <b>(260) 426-1118</b>		EMAIL ADDRESS <b>martinquintana@gmail.com</b>			

**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 checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	UNK
O/O is in compliance with all UST closure requirements	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input 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
<b>Annual Walkthrough Inspection</b>							
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