



**UNDERGROUND STORAGE
TANK INSPECTION REPORT**

INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT

UST FAC ID: **3613**

Inspector's Name:	Danny Rice
Date:	June 25, 2024
Time In:	08:00
Time Out:	09:00
Inspection Type:	Initial

FACILITY NAME / LOCATION

FACILITY NAME Circle S Mart #114		FACILITY ADDRESS (number and street) 7683 E US Hwy 36			
ADDRESS (line 2)	CITY Avon	STATE IN	ZIP CODE	COUNTY Hendricks	

UST OWNER

UST Owner Name (If in Individual Capacity) C & S INC				BUSINESS ID (From the Secretary of State) 194375-019	
PREFIX	FIRST NAME Jonathan	MI	LAST NAME Smith	SUFFIX	
TELEPHONE NUMBER (812) 547-6435		EMAIL ADDRESS jssmith@psci.net			

UST OPERATOR

UST Operator Name (If in Individual Capacity) C & S INC				BUSINESS ID (From the Secretary of State) 194375-019	
PREFIX	FIRST NAME Jonathan	MI	LAST NAME Smith	SUFFIX	
TELEPHONE NUMBER (812) 547-6435		EMAIL ADDRESS jssmith@psci.net			

PROPERTY OWNER

UST Property Owner Name (If in Individual Capacity) C & S INC				BUSINESS ID (From the Secretary of State) 194375-019	
PREFIX	FIRST NAME Jonathan	MI	LAST NAME Smith	SUFFIX	
TELEPHONE NUMBER (812) 547-6435		EMAIL ADDRESS csinc@psci.net			

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	
Current							
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
GAS/DSL alarm faulty. need documetation							
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 checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNK	
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	