

UNDERGROUND STORAGE TANK INSPECTION REPORT

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

UST FAC ID: 19615

Inspector's Name:	Matthew James
Date:	June 26, 2024
Time In:	12:00
Time Out:	12:40
Inspection Type:	Initial

FACILITY NAME / LOCATION												
FACILITY NAME FAMILY Express 43 FACILITY ADDRESS (number and street) FACILITY ADDRESS (number and street) FACILITY ADDRESS (number and street)						et)						
ADDRESS (line 2	•	CITY		30 13 014 51	STATE		ZIP COD		CO	UNTY		
		Lafayette			IN		4	7905		Tippe	car	ioe
LIST Owner Nem	UST OWNER UST Owner Name (If in Individual Capacity) BUSINESS ID (From the Secretary of State)									of State)		
	xpress Corporation							19760			Сіагу	Ji Glale)
PREFIX	FIRST NAME		MI	LAST NAME							SUFI	=IX
TELEPHONE NU	Raphael	EMAIL ADDRESS	<u> </u>	Omerza								
tnavarre@familyexpress.com												
LIST Operator No	ime (If in Individual Capacity)		<u>US</u> T	OPERATOR				DUOINEGO	ID /F==	and the Const		of Ototo)
	xpress Corporation							19760			etary	or State)
PREFIX	FIRST NAME		MI	LAST NAME							SUFI	FIX
TELEPHONE NU	Raphael	EMAIL ADDRESS	<u></u>	Omerza								
				milyexpress.c	om							
		PI	ROPE	ERTY OWNER				- LOWEDO	:B (F	" 0		10:40
	vner Name (If in Individual Capacity) EXPRESS Corporation							BUSINESS 1976(,		etary	of State)
PREFIX	FIRST NAME		MI	LAST NAME							SUFI	FIX
TELEPHONE NU	Raphael	EMAIL ADDRESS		Omerza								
	WIDEIT			milyexpress.co	om							
		COM	IPLIA	NCE ELEMENT	S							
All USTs pr	operly registered and up-to-dat	te notification	n form	on file		X	YES	NO)			UNK
Ω/Ω is in co	impliance with reporting & reco	ord kaaning r	aquire	mante		V	YES	NO	۱ I		<u> </u>	UNK
0/0 13 111 00	Inpliance with reporting & reco	ild keeping i	equire	illenis		\wedge	ILU	133				Oitix
O/O is in compliance with release reporting or investigation					YES	NO	X	N/A		UNK		
							_			-1		
O/O is in co	mpliance with all UST closure	requirement	S				YES	NO) X	N/A		UNK
O/O has me	et all financial responsibility req	irements				X	YES	NO	<u> </u>	N/A	l	UNK
0,0 1100 1110	t all linariolal responsibility req	ulicinonio				/\		1		19/7-		0
40 CFR 280), Subpart A installation require	ements (parti	ially ex	xcluded) met		X	YES	NO)	N/A		UNK
40 CFR 280), Subpart B installation and up	ograde requir	remen	ts met		X	YES	NO)			UNK
40 CFR 280), Subpart C spill/overfill contro	ol requiremen	nts me				YES	× NO)	N/A	l	UNK
	confirm if alarm or flapp				device.			/ \ <u> </u>				<u> -</u>
), Subpart C compatibility requi					X	YES	NO)	N/A		UNK
							3470	\	. 1			1
	 Subpart C O&M and testing in OC and sump testing. 	requirements	s met				YES	× NO)			UNK
), Subpart D release detection	requirement	s met			X	YES	NO)		<u> </u>	UNK
10 01 23	, outpart B rollage detection	10901101110	0 11.0.			/\						9. c
40 CFR 280), Subpart J operator training re	equirements	met			X	YES	NO)			UNK