

UNDERGROUND STORAGE TANK INSPECTION REPORT

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

UST FAC ID: 7001

Inspector's Name:	Tristan Voge
Date:	June 26, 2024
Time In:	09:30
Time Out:	10:10
Inspection Type:	Initial

FACILITY NAME / LOCATION										
FACILITY NAME			FACILITY ADDRESS (num							
GoLo			2040 E Wahs							
ADDRESS (line 2	?)	Indianapolis		STATE IN	ZIP CODE 46	201	county Ma r	rion		
UST OWNER										
	e (If in Individual Capacity)						(From the Secre			
PREFIX	FIRST NAME	MI	LAST NAME					SUFFIX		
	Raj		Kaur Kalkat							
TELEPHONE NUMBER EMAIL ADDRESS Chapter of Control of										
shannesha@yahoo.com										
UST OPERATOR UST Operator Name (If in Individual Capacity) BUSINESS ID (From the Secretary of State)										
UST Operator Na	ame (if in individual Capacity)				В	USINESS ID	(From the Secre	etary of State)		
PREFIX	FIRST NAME	MI	LAST NAME					SUFFIX		
	Manjit		Singh					00.1.00		
TELEPHONE NU	"	EMAIL ADDRESS	109							
		shannesha@	yahoo.com							
		PROPI	ERTY OWNER							
	vner Name (If in Individual Capacity)						(From the Secre			
	pleum Inc.				2	201801	221235			
PREFIX	FIRST NAME	MI	LAST NAME					SUFFIX		
TELEPHONE NU	Raj	EMAIL ADDRESS	Kaur Kalkat							
TEEEI HONE NO	IVIDE: 1	shannesha@)vahoo.com							
			NCE ELEMENTS	3						
All USTs properly registered and up-to-date notification form on file YES X NO UNK										
				rship release			n information			
Fees 2015, 2017, 2019 to 2024. An updated notification form is needed with the correct ownership, release detection and system information indicated. O/O is in compliance with reporting & record keeping requirements YES X NO UNK										
The owner and/or operator did not respond to IDEM's records request dated 05/17/2024.										
O/O is in compliance with release reporting or investigation X YES NO N/A						UNK				
0/0 15 111 00	impliance with release reporting	ig of investigation			TLS	110	IV/A	ONIX		
Ω/Ω is in α	ompliance with all UST closure	roquiromonto		- IV	YES	NO	N/A	UNK		
0/0 15 111 00	miphance with all 031 closure	requirements			ILS	110	IN/A	ONK		
0/0 bas m	at all financial reasonability rea	au iromonto			YES	NO	N/A	UNK		
O/O has me	et all financial responsibility red	quirements			TES	INO	IN/A	UNK		
40 CED 00	Cubrant A installation vancin	amanda (nautiallu a	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		YES	NO	X N/A	UNK		
40 CFR 280	D, Subpart A installation requir	ements (partially e	xciuaea) met		TES	NO	X N/A	UNK		
40.050.00					Lycoly	VI NO		LINUZ		
	O, Subpart B installation and u			1-1 (6	YES	X NO	. '11./	UNK		
	M spill bucket was over									
40 CFR 280	0, Subpart C spill/overfill control	ol requirements me	et	X	YES	NO	N/A	UNK		
				15.7	II	1				
40 CFR 280	0, Subpart C compatibility requ	uirements met		X	YES	NO	N/A	UNK		
				1	т т.					
	O, Subpart C O&M and testing	· ·			YES 2			UNK		
	rfill test reports and 07			ıal walkth		-	not prov			
	0, Subpart D release detection				YES	× NO		UNK		
Annual ATG/probes and line leak detector test reprts were not provided.										
40 CFR 28	0, Subpart J operator training i	requirements met			YES	X NO		UNK		
A, B and C operator certificates were not provided.										