



**UNDERGROUND STORAGE
TANK INSPECTION REPORT**

INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT

UST FAC ID: **2923**

Inspector's Name:	Tristan Voge
Date:	June 26, 2024
Time In:	08:45
Time Out:	09:30
Inspection Type:	Initial

FACILITY NAME / LOCATION

FACILITY NAME GPM 1864		FACILITY ADDRESS (number and street) 1435 E Washington St			
ADDRESS (line 2)	CITY Indianapolis	STATE IN	ZIP CODE 46201	COUNTY Marion	

UST OWNER

UST Owner Name (If in Individual Capacity) GPM Empire LLC					BUSINESS ID (From the Secretary of State)
PREFIX	FIRST NAME Rolfe	MI	LAST NAME Lann	SUFFIX	
TELEPHONE NUMBER		EMAIL ADDRESS environmental@gpminvestments.com			

UST OPERATOR

UST Operator Name (If in Individual Capacity) GPM Empire LLC					BUSINESS ID (From the Secretary of State)
PREFIX	FIRST NAME Rolfe	MI	LAST NAME Lann	SUFFIX	
TELEPHONE NUMBER		EMAIL ADDRESS environmental@gpminvestments.com			

PROPERTY OWNER

UST Property Owner Name (If in Individual Capacity) Spirit SPE Portfolio CA C Stores					BUSINESS ID (From the Secretary of State) 2016012100892
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX	
TELEPHONE NUMBER		EMAIL ADDRESS jcouvillion@realtyincome.com			

COMPLIANCE ELEMENTS

All USTs properly registered and up-to-date notification form on file	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK
An updated notification form is needed with the correct UST/piping material and installation date indicated.						
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
O/O is in compliance with all UST closure requirements	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	N/A
O/O has met all financial responsibility requirements	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
40 CFR 280, Subpart A installation requirements (partially excluded) met	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	N/A
40 CFR 280, Subpart B installation and upgrade requirements met	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK
The REG spill bucket was over half filled with fluid and would not function in a spill or overflow.						
40 CFR 280, Subpart C spill/overflow control requirements met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
40 CFR 280, Subpart C compatibility requirements met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
40 CFR 280, Subpart C O&M and testing requirements met	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK
Valid overfill equipment test report was not provided. Provided test did not include % ullage.						
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