



**UNDERGROUND STORAGE
TANK INSPECTION REPORT**

INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT

UST FAC ID: **19839**

Inspector's Name:	Adam James
Date:	June 24, 2024
Time In:	09:30
Time Out:	10:25
Inspection Type:	Initial

FACILITY NAME / LOCATION

FACILITY NAME Circle K 2226		FACILITY ADDRESS (number and street) 1655 E 10th Street		
ADDRESS (line 2)	CITY Jeffersonville	STATE IN	ZIP CODE 47130	COUNTY Clark

UST OWNER

UST Owner Name (If in Individual Capacity) Mac's Convenience Stores LLC				BUSINESS ID (From the Secretary of State) 2001053100456	
PREFIX Mr.	FIRST NAME Ira	MI	LAST NAME Lewis	SUFFIX	
TELEPHONE NUMBER (812) 379-9227		EMAIL ADDRESS ilewis@circlek.com			

UST OPERATOR

UST Operator Name (If in Individual Capacity) Mac's Convenience Stores LLC				BUSINESS ID (From the Secretary of State) 2001053100456	
PREFIX Mr.	FIRST NAME Ira	MI	LAST NAME Lewis	SUFFIX	
TELEPHONE NUMBER (812) 379-9227		EMAIL ADDRESS ilewis@circlek.com			

PROPERTY OWNER

UST Property Owner Name (If in Individual Capacity) Mac's Convenience Stores LLC				BUSINESS ID (From the Secretary of State) 2001053100456	
PREFIX Mr.	FIRST NAME Ira	MI	LAST NAME Lewis	SUFFIX	
TELEPHONE NUMBER (812) 379-9227		EMAIL ADDRESS ilewis@circlek.com			

COMPLIANCE ELEMENTS

All USTs properly registered and up-to-date notification form on file	<input type="checkbox"/>	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/> UNK
An updated notification form for the reregistration of the USTs and complete information on the UST system is required.					
O/O is in compliance with reporting & record keeping requirements	<input type="checkbox"/>	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/> UNK
No records submitted on initial request 05/28/2024 and insufficient records collected on site.					
O/O is in compliance with release reporting or investigation	<input type="checkbox"/>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> UNK
O/O is in compliance with all UST closure requirements	<input type="checkbox"/>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> UNK
O/O has met all financial responsibility requirements	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> UNK
40 CFR 280, Subpart A installation requirements (partially excluded) met	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> UNK
40 CFR 280, Subpart B installation and upgrade requirements met	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/> UNK
40 CFR 280, Subpart C spill/overfill control requirements met	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> UNK
40 CFR 280, Subpart C compatibility requirements met	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> UNK
40 CFR 280, Subpart C O&M and testing requirements met	<input type="checkbox"/>	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/> UNK
Spill bucket/sump/UDC testing, Overfill prevention test, Monthly and Annual walkthroughs.					
40 CFR 280, Subpart D release detection requirements met	<input type="checkbox"/>	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/> UNK
Line leak detector test, ATG/sensor test, Valve stems are installed on the STP sump booting.					
40 CFR 280, Subpart J operator training requirements met	<input type="checkbox"/>	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/> UNK
Operator Certificates A, B and C					