



**UNDERGROUND STORAGE
TANK INSPECTION REPORT**

INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT

UST FAC ID: **8162**

Inspector's Name:	Brock Goodman
Date:	June 27, 2024
Time In:	10:54
Time Out:	12:09
Inspection Type:	Initial

FACILITY NAME / LOCATION

FACILITY NAME Riley Oil		FACILITY ADDRESS (number and street) 110 E Main Street			
ADDRESS (line 2)	CITY Paoli	STATE IN	ZIP CODE 47454	COUNTY Orange	

UST OWNER

UST Owner Name (If in Individual Capacity) Riley Oil Co, Inc					BUSINESS ID (From the Secretary of State) 197501-100
PREFIX Mr.	FIRST NAME David	MI A	LAST NAME Riley	SUFFIX	
TELEPHONE NUMBER (812) 723-2294		EMAIL ADDRESS rileyoilcompanyinc@frontier.com			

UST OPERATOR

UST Operator Name (If in Individual Capacity) Riley Oil Co, Inc					BUSINESS ID (From the Secretary of State) 197501-100
PREFIX Mr.	FIRST NAME David	MI A	LAST NAME Riley	SUFFIX	
TELEPHONE NUMBER (812) 723-2294		EMAIL ADDRESS rileyoilcompanyinc@frontier.com			

PROPERTY OWNER

UST Property Owner Name (If in Individual Capacity) Riley Oil Co, Inc					BUSINESS ID (From the Secretary of State) 197501-100
PREFIX Mr.	FIRST NAME David	MI A	LAST NAME Riley	SUFFIX	
TELEPHONE NUMBER (812) 723-2294		EMAIL ADDRESS rileyoilcompanyinc@frontier.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
(1) Updated UST NF is needed with the correct install dates of the USTs.						
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 type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
O/O has met all financial responsibility requirements	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
O/O has met all financial responsibility requirements	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	UNK
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 checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNK
40 CFR 280, Subpart C spill/overfill 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
(1) Spill bucket for RUL & PUL (2) Overfill device for RUL& PUL (3) Monthly inspections-RUL & PUL (4) Annual inspection-RUL & PUL (5) Liner inspection for all USTs.						
40 CFR 280, Subpart D release detection requirements met	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK
(1) UST release detection records for RUL and PUL. (2) ATG functionality test. (3) ATG probes testing.						
40 CFR 280, Subpart J operator training requirements met	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK
(1) Class A, B, and C operator certificates.						