



**UNDERGROUND STORAGE
TANK INSPECTION REPORT**

INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT

UST FAC ID: **15502**

Inspector's Name:	Todd Settles
Date:	June 27, 2024
Time In:	11:00
Time Out:	11:30
Inspection Type:	Initial

FACILITY NAME / LOCATION

FACILITY NAME Town of Merrillville		FACILITY ADDRESS (number and street) 13 W 73rd Ave		
ADDRESS (line 2)	CITY Merrillville	STATE IN	ZIP CODE 46410	COUNTY Lake

UST OWNER

UST Owner Name (If in Individual Capacity) Town of Merrillville				BUSINESS ID (From the Secretary of State)	
PREFIX Mr.	FIRST NAME Kevin	MI	LAST NAME Markle	SUFFIX	
TELEPHONE NUMBER (219) 769-6784		EMAIL ADDRESS kmarkle@merrillville.in.gov			

UST OPERATOR

UST Operator Name (If in Individual Capacity) Town of Merrillville				BUSINESS ID (From the Secretary of State)	
PREFIX Mr.	FIRST NAME Kevin	MI	LAST NAME Markle	SUFFIX	
TELEPHONE NUMBER (219) 769-6784		EMAIL ADDRESS kmarkle@merrillville.in.gov			

PROPERTY OWNER

UST Property Owner Name (If in Individual Capacity) Town of Merrillville				BUSINESS ID (From the Secretary of State)	
PREFIX Mr.	FIRST NAME Kevin	MI	LAST NAME Markle	SUFFIX	
TELEPHONE NUMBER (219) 769-6784		EMAIL ADDRESS kmarkle@merrillville.in.gov			

COMPLIANCE ELEMENTS

All USTs properly registered and up-to-date notification form on file	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNK
O/O is in compliance with reporting & record keeping requirements	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK
O/O is in compliance with release reporting or investigation	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	N/A	UNK
O/O is in compliance with all UST closure requirements	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	N/A	UNK
O/O has met all financial responsibility requirements	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	N/A	UNK
40 CFR 280, Subpart A installation requirements (partially excluded) met	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	UNK
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	N/A	UNK
40 CFR 280, Subpart C compatibility requirements met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	N/A	UNK
40 CFR 280, Subpart C O&M and testing requirements met	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK
Corrosion Protection testing was not provided						
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 type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK
Operator certificates A and B were not provided						