

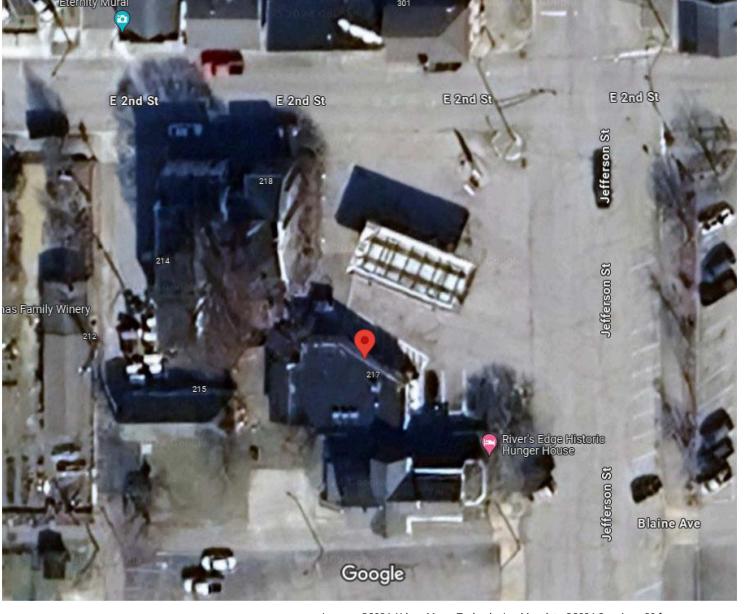
## UNDERGROUND STORAGE TANK INSPECTION REPORT

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

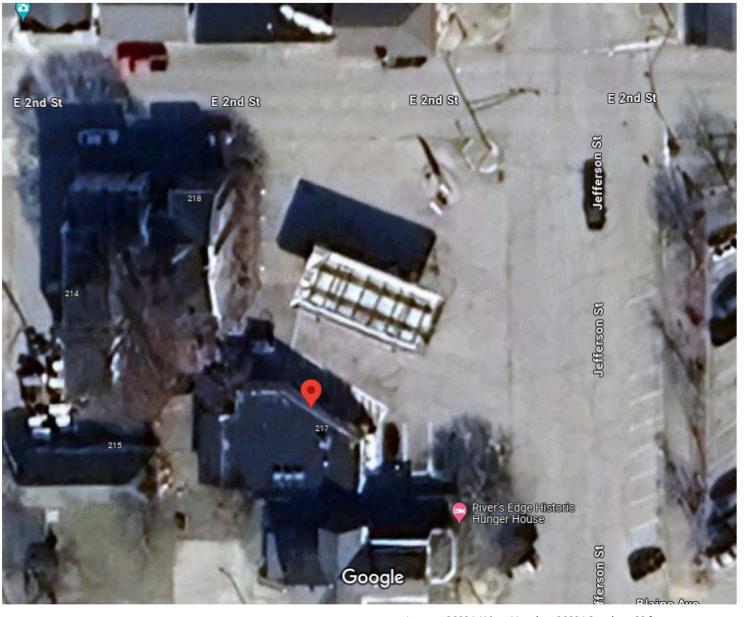
UST FAC ID: 11019

Inspector's Name:	Matt Rozycki
Date:	June 20, 2024
Time In:	09:45
Time Out:	10:15
Inspection Type:	Initial

FACILITY NAME / LOCATION												
FACILITY NAME				FACILITY ADDRESS (numb	er and street)							
	4702422			224 E 2nd St								
ADDRESS (line .	2)	Madison			STATE <b>IN</b>	ZIP COI	725	0	COUN	ı⊤ʏ Jeffe	rso	n
UST OWNER												
UST Owner Name (If in Individual Capacity)  Mac's Convenience Stores LLC						BUSINESS ID (From the Secretary of State 2001053100456						
PREFIX	Ira	I	ΛI	Lewis			-				SUFF	ΙΧ
TELEPHONE NU	JMBER	k.com										
UST OPERATOR												
UST Operator Name (If in Individual Capacity)  BUSINESS ID (From the Sec										of State)		
	onvenience Stores LLC						200	)105	310	045		
PREFIX	Ira	ľ	ΛI	Lewis							SUFF	IX
TELEPHONE NU	JMBER	EMAIL ADDRESS ilewis@ci	ircle	k.com								
PROPERTY OWNER												
	wner Name (If in Individual Capacity) ONVENIENCE Stores LLC									the Secr		of State)
PREFIX	FIRST NAME		ΛI	LAST NAME			200	7103	310	7043	SUFF	IX
	Ira			Lewis								
TELEPHONE NU	JMBER	ilewis@ci	rcle	k.com								
COMPLIANCE ELEMENTS												
All USTs pi	roperly registered and up-to-dat	te notification	form	on file	X	YES		NO				UNK
					-							
O/O is in co	ompliance with reporting & reco	rd keeping re	quire	ements		YES	X	NO				UNK
No pape	erwork was provided at t	he time of	f the	records reque	st or on	site d	lurir	ig th	e in	spec	ctio	n
O/O is in compliance with release reporting or investigation X YES NO N/A										UNK		
Incident 202406501 reported via email on 06/04/2024												
O/O is in co	ompliance with all UST closure	requirements	1			YES		NO	X	N/A		UNK
O/O has m	et all financial responsibility req	uirements			IX	YES		NO		N/A		UNK
					•	•	-					
40 CFR 28	0, Subpart A installation require	ements (partia	ally ex	xcluded) met	X	YES		NO		N/A		UNK
40 CFB 28	0, Subpart B installation and up	ograde require	emen	ts met	Tx	YES		NO				UNK
10 01 11 20	o, odopari B motanation and ap	grado roquire	3111011	11101	1/\	.   - = =						01111
40 CFR 28	0, Subpart C spill/overfill contro	l requirement	ts me	t	X	YES		NO		N/A		UNK
					- 15.							
40 CFR 28	0, Subpart C compatibility requi	irements met			×	YES		NO		N/A		UNK
40 CFR 28	0, Subpart C O&M and testing i	requirements	met			YES	X	NO				UNK
Corrosic	on protection testing, spi	II bucket to	est,	overfill function	nality tes	t, mo	nthl	y / a	nnı	ıal w	alki	thru
	0, Subpart D release detection					YES		NO				UNK
ATG/pro	bbe functionality test, lea	ak detecto	r tes	st, monthly reco	ords for t			and	pip	ing		
40 CFR 28	0, Subpart J operator training re	equirements r	net			YES	X	NO				UNK
Operato	r A B & C certificates no	ot provided	k									



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