



**UNDERGROUND STORAGE
TANK INSPECTION REPORT**

INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT

UST FAC ID: **19239**

Inspector's Name:	Matt Rozycki
Date:	June 28, 2024
Time In:	8:50 am
Time Out:	9:10 am
Inspection Type:	Initial

FACILITY NAME / LOCATION

FACILITY NAME Hamilton Heights Bus Garage		FACILITY ADDRESS (number and street) 25802 State Road 19		
ADDRESS (line 2)	CITY Arcadia	STATE IN	ZIP CODE 46030	COUNTY Hamilton

UST OWNER

UST Owner Name (Business Name as registered with the Secretary of State) Hamilton Heights School Corporation				BUSINESS ID (From the Secretary of State) 2006041300192
PREFIX Dr.	FIRST NAME Derek	MI	LAST NAME Arrowood	SUFFIX
TELEPHONE NUMBER	EMAIL ADDRESS darwood@hhschuskie.org			

UST OPERATOR

UST Operator Name (Business Name as registered with the Secretary of State) Hamilton Heights School Corporation				BUSINESS ID (From the Secretary of State) 2006041300192
PREFIX	FIRST NAME Dave	MI	LAST NAME Slabe	SUFFIX
TELEPHONE NUMBER	EMAIL ADDRESS dslabe@hhschuskie.org			

PROPERTY OWNER

UST Property Owner Name (Business Name as registered with the Secretary of State) Hamilton Heights School Corporation				BUSINESS ID (From the Secretary of State) 2006041300192
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
TELEPHONE NUMBER	EMAIL ADDRESS			

COMPLIANCE ELEMENTS

All USTs properly registered, on file and fees paid	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK	<input type="checkbox"/>
Updated notification form with proper overfill device listed for the RUL UST						
O/O is in compliance with reporting & record keeping requirements	<input checked="" type="checkbox"/>	YES	NO	<input type="checkbox"/>	UNK	<input type="checkbox"/>
Testing was completed 6/26/2024, just waiting on the results						
O/O is in compliance with release reporting or investigation	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	N/A	UNK
O/O is in compliance with all UST closure requirements	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	N/A	UNK
O/O has met all financial responsibility requirements	<input checked="" type="checkbox"/>	YES	NO	<input type="checkbox"/>	N/A	UNK
40 CFR 280, Subpart A installation requirements (partially excluded) met	<input checked="" type="checkbox"/>	YES	NO	<input type="checkbox"/>	N/A	UNK
40 CFR 280, Subpart B installation and upgrade requirements met	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK	<input type="checkbox"/>
Possible auto shut off / ball float coincidental use on the RUL UST						
40 CFR 280, Subpart C spill/overfill control requirements met	<input checked="" type="checkbox"/>	YES	NO	<input type="checkbox"/>	N/A	UNK
40 CFR 280, Subpart C compatibility requirements met	<input checked="" type="checkbox"/>	YES	NO	<input type="checkbox"/>	N/A	UNK
40 CFR 280, Subpart C O&M and testing requirements met	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK	<input type="checkbox"/>
Spill bucket testing, overfill functionality test, monthly / annual walkthroughs						
40 CFR 280, Subpart D release detection requirements met	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK	<input type="checkbox"/>
ATG/probe functionality test						
40 CFR 280, Subpart J operator training requirements met	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK	<input type="checkbox"/>
Operator A B & C certificates not provided						