



**UNDERGROUND STORAGE  
TANK INSPECTION REPORT**

INDIANA DEPARTMENT OF  
ENVIRONMENTAL MANAGEMENT

UST FAC ID: **22610**

Inspector's Name:	Matt Rozycki
Date:	June 28, 2024
Time In:	9:15 am
Time Out:	9:25 am
Inspection Type:	Initial

**FACILITY NAME / LOCATION**

FACILITY NAME Cicero WWTP		FACILITY ADDRESS (number and street) 1159 Stringtown Pike			
ADDRESS (line 2)	CITY Cicero	STATE IN	ZIP CODE 46034	COUNTY Hamilton	

**UST OWNER**

UST Owner Name (If a Public Agency or other entity) Town of Cicero				BUSINESS ID (From the Secretary of State)	
PREFIX	FIRST NAME Pat	MI	LAST NAME Comer	SUFFIX	
TELEPHONE NUMBER (317) 984-4833		EMAIL ADDRESS ciceroutilty@frontier.com			

**UST OPERATOR**

UST Operator Name (If a Public Agency or other entity) Town of Cicero				BUSINESS ID (From the Secretary of State)	
PREFIX	FIRST NAME Jan	MI	LAST NAME Unger	SUFFIX	
TELEPHONE NUMBER (317) 984-4900		EMAIL ADDRESS junger@townofcicero.in.gov			

**PROPERTY OWNER**

UST Property Owner Name (If a Public Agency or other entity) Town of Cicero				BUSINESS ID (From the Secretary of State)	
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX	
TELEPHONE NUMBER (317) 984-4833		EMAIL ADDRESS ciceroc@comcast.net			

**COMPLIANCE ELEMENTS**

All USTs properly registered, on file and fees paid	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNK	
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	UNK
O/O is in compliance with all UST closure requirements	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	UNK
O/O has met all financial responsibility requirements	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	UNK
40 CFR 280, Subpart A installation requirements (partially excluded) met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	UNK
40 CFR 280, Subpart B installation and upgrade requirements met	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK	
The spill bucket contained excessive fluid							
40 CFR 280, Subpart C spill/overflow control requirements met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	UNK
40 CFR 280, Subpart C compatibility requirements met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	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	
Spill bucket testing was not provided, overflow functionality test was not provided, monthly / annual walkthroughs							
40 CFR 280, Subpart D release detection requirements met	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK	
12 months of manual tank gauging were not provided							
40 CFR 280, Subpart J operator training requirements met	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK	
The operator C certificates provided were expired							