

UNDERGROUND STORAGE TANK INSPECTION REPORT

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

UST FAC ID: 18256

Inspector's Name:	Brandon Blystone			
Date:	July 1, 2024			
Time In:	10:00			
Time Out:	11:00			
Inspection Type:	Initial			

FACILITY NAME / LOCATION										
FACILITY NAME FACILITY ADDRESS (number and street)										
	Aggregates Midwest	TOITY	6100 Ardmor		71D 00DE		COLINITY			
ADDRESS (line 2	()	Fort Wayne		STATE IN	ZIP CODE 46	809	COUNTY	en		
UST OWNER										
UST Owner Name (Business Name as registered with the Secretary of State) BUSINESS ID (From the Secretary of State)										
	Aggregates Midwest Ir				2	202104	011477			
PREFIX	FIRST NAME Laurie	MI	Webb					SUFFIX		
TELEPHONE NU		EMAIL ADDRESS	Menn							
(260) 74			@lehighhanson	i.com						
(/			OPERATOR							
UST Operator Name (Business Name as registered with the Secretary of State)					В	BUSINESS ID (From the Secretary of State)				
Hanson	Aggregates Midwest Ir	nc			2	202104	011477	645		
PREFIX	FIRST NAME	MI	LAST NAME					SUFFIX		
TELEPHONE NU	Alfred	EMAIL ADDRESS	Arlic							
)lehighhanson	com						
(502) 244-7550 alfred.arlic@lehighhanson.com PROPERTY OWNER										
UST Property Ov	vner Name (Business Name as registered wi	th the Secretary of State)				USINESS ID	(From the Secre	etary of State)		
Hanson	Aggregates Midwest In	nc dba Heidell	perg Materials	Midwest A	Agg 2	202104	0114770	645		
PREFIX	FIRST NAME	MI	LAST NAME					SUFFIX		
(317) 45		EMAIL ADDRESS								
(317) 43	2-3201	COMPLIA	ANCE ELEMENT	2						
COMPLIANCE ELEMENTS All USTs properly registered and up-to-date notification form on file YES NO UNK										
		ate notification for	II OII IIIE		ILS /	<u> </u>		ONK		
Tank fees in arrears, past due for 2024. O/O is in compliance with reporting & record keeping requirements					YES	NO		UNK		
0/0 15 111 00	impliance with reporting & rec	ora keeping requir	CITICITIS		ITES	110		JOHIK		
O/O is in or	empliance with release reporting	ag or investigation		TV	YES	NO	N/A	UNK		
0/0 15 111 00	mipliance with release reporting	ig of investigation			ILO	110	13/7	ONIX		
Ω/Ω is in α	ompliance with all UST closure	a requirements		TY	YES	NO	N/A	UNK		
0/0 15 111 00	impliance with all 031 closure	e requirements			ILS	NO	IN/A	ONK		
O/O has me	et all financial responsibility re	auiromonte		ΙX	YES	NO	N/A	UNK		
0/0 Has Hi	et all illiancial responsibility re	quirements		1/\	11201	110	14/74	JOHN		
40 CFR 28	0, Subpart A installation requi	rements (nartially e	excluded) met	ΙX	YES	NO	N/A	UNK		
10 01 11 20	o, odopart / motanation roqui	Torrior (partially c	oxoladod) mot				14/71	- John C		
40 CFR 280), Subpart B installation and ι	ınarade requireme	nts met	T _Y	YES	NO		UNK		
40 OI II 200	o, oabpart B motanation and t	ipgrade requireme	nto mot		1.20	110		John		
40 CFR 28	0, Subpart C spill/overfill contr	rol requirements m	et	IX	YES	NO	N/A	UNK		
10 01 11 20	o, edopart o opin/overini certi	or requirements in					14/71	- John C		
40 CFR 28	D, Subpart C compatibility req	uirements met		ΙX	YES	NO	N/A	UNK		
10 01 11 20	s, easpart o companionity req			1/\	101		14/71			
40 CFR 280	D, Subpart C O&M and testing	requirements met	 t		YES	X NO		UNK		
	Walkthrough Inspection		•		/	, , ,,,		3		
	D, Subpart D release detection		t		YES)	X NO		UNK		
	be, Leak Detector Tes				<u>, . – 0 /</u>	, , , , , ,		13		
	O, Subpart J operator training		330 1000	- Y	YES	NO		UNK		
.0 0.1120	s, suspant o oporator training	. equilibrillo mot		1/\				13		