



**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 Hanson Aggregates Midwest		FACILITY ADDRESS (number and street) 6100 Ardmore Ave		
ADDRESS (line 2)	CITY Fort Wayne	STATE IN	ZIP CODE 46809	COUNTY Allen

UST OWNER

UST Owner Name (Business Name as registered with the Secretary of State) Hanson Aggregates Midwest Inc				BUSINESS ID (From the Secretary of State) 202104011477645
PREFIX	FIRST NAME Laurie	MI	LAST NAME Webb	SUFFIX
TELEPHONE NUMBER (260) 747-3105		EMAIL ADDRESS laurie.webb@lehighhanson.com		

UST OPERATOR

UST Operator Name (Business Name as registered with the Secretary of State) Hanson Aggregates Midwest Inc				BUSINESS ID (From the Secretary of State) 202104011477645
PREFIX	FIRST NAME Alfred	MI	LAST NAME Arlic	SUFFIX
TELEPHONE NUMBER (502) 244-7550		EMAIL ADDRESS alfred.arlic@lehighhanson.com		

PROPERTY OWNER

UST Property Owner Name (Business Name as registered with the Secretary of State) Hanson Aggregates Midwest Inc dba Heidelberg Materials Midwest Agg				BUSINESS ID (From the Secretary of State) 202104011477645
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
TELEPHONE NUMBER (317) 452-9201		EMAIL ADDRESS		

COMPLIANCE ELEMENTS

All USTs properly registered and up-to-date notification form on file	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK
Tank fees in arrears, past due for 2024.						
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 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 checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	N/A	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
Monthly Walkthrough Inspections						
40 CFR 280, Subpart D release detection requirements met	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK
ATG/Probe, Leak Detector Test, Line Tightness Test						
40 CFR 280, Subpart J operator training requirements met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNK