



**UNDERGROUND STORAGE
TANK INSPECTION REPORT**

INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT

UST FAC ID: **11392**

Inspector's Name:	Todd Settles
Date:	July 1, 2024
Time In:	11:30
Time Out:	12:30
Inspection Type:	Initial

FACILITY NAME / LOCATION

FACILITY NAME Triple S Save		FACILITY ADDRESS (number and street) 7510 Broadway		
ADDRESS (line 2)	CITY Merrillville	STATE IN	ZIP CODE 46410	COUNTY Lake

UST OWNER

UST Owner Name (If in Individual Capacity) Noors Properties Inc				BUSINESS ID (From the Secretary of State) 2011111501396
PREFIX Mr.	FIRST NAME Parvinder	MI	LAST NAME Singh	SUFFIX
TELEPHONE NUMBER (219) 801-6762		EMAIL ADDRESS noor0905@gmail.com		

UST OPERATOR

UST Operator Name (If in Individual Capacity) SSS Petroleum Inc				BUSINESS ID (From the Secretary of State) 2011111500170
PREFIX Mr.	FIRST NAME Parvinder	MI	LAST NAME Singh	SUFFIX
TELEPHONE NUMBER (219) 801-6762		EMAIL ADDRESS noor0905@gmail.com		

PROPERTY OWNER

UST Property Owner Name (If in Individual Capacity) Noors Properties Inc				BUSINESS ID (From the Secretary of State) 2011111501396
PREFIX Mr.	FIRST NAME Parvinder	MI	LAST NAME Singh	SUFFIX
TELEPHONE NUMBER (219) 801-6762		EMAIL ADDRESS noor0905@gmail.com		

COMPLIANCE ELEMENTS

All USTs properly registered and up-to-date notification form on file	<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 type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	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	<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	
Monthly walkthroughs for 4/23-6/23 were not provided	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK	
40 CFR 280, Subpart D release detection requirements met	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK	
ATG/probes, sensors testing was not provided	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK	
40 CFR 280, Subpart J operator training requirements met	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK	
Operator training certificates A, B and C were not provided	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK	