



**UNDERGROUND STORAGE  
TANK INSPECTION REPORT**

INDIANA DEPARTMENT OF  
ENVIRONMENTAL MANAGEMENT

UST FAC ID: **6450**

Inspector's Name:	Todd Settles
Date:	July 1, 2024
Time In:	09:30
Time Out:	10:30
Inspection Type:	Initial

**FACILITY NAME / LOCATION**

FACILITY NAME Highway Citgo		FACILITY ADDRESS (number and street) 2744 Highway Avenue		
ADDRESS (line 2)	CITY Highland	STATE IN	ZIP CODE 46322	COUNTY Lake

**UST OWNER**

UST Owner Name (Business Name as registered with the Secretary of State) Khatra Petro Inc		BUSINESS ID (From the Secretary of State) 2007101100758		
PREFIX	FIRST NAME Dharminder	MI	LAST NAME Khatra	SUFFIX
TELEPHONE NUMBER (219) 808-8750		EMAIL ADDRESS khatra7507@yahoo.com		

**UST OPERATOR**

UST Operator Name (Business Name as registered with the Secretary of State) Khatra Petro Inc		BUSINESS ID (From the Secretary of State) 2007101100758		
PREFIX	FIRST NAME Dharminder	MI	LAST NAME Khatra	SUFFIX
TELEPHONE NUMBER (219) 808-8750		EMAIL ADDRESS khatra7507@yahoo.com		

**PROPERTY OWNER**

UST Property Owner Name (Business Name as registered with the Secretary of State) Khatra Petro Inc		BUSINESS ID (From the Secretary of State) 2007101100758		
PREFIX	FIRST NAME Dharminder	MI	LAST NAME Khatra	SUFFIX
TELEPHONE NUMBER (219) 808-8750		EMAIL ADDRESS khatra7507@yahoo.com		

**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 are past due for 2023							
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
Spill bucket, overfill testing, monthly walkthroughs missing 7/23-12/23, 3/24-6/24							
40 CFR 280, Subpart D release detection requirements met	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>		UNK
ATG/probes, line tightness, leak detector testing was not provided							
40 CFR 280, Subpart J operator training requirements met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		UNK