

## UNDERGROUND STORAGE TANK INSPECTION REPORT

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

UST FAC ID: 22348

Inspector's Name:	Brandon Blystone				
Date:	July 2, 2024				
Time In:	08:45				
Time Out:	09:15				
Inspection Type:	Initial				

		FACILI	1 YT	IAME / LOCATIO							
FACILITY NAME Hucks 2				FACILITY ADDRESS (numb	,	t					
ADDRESS (line 2)		CITY	CITY		STATE ZIP CO				COUNTY		
		Fortville			IN	4	6040		Hand	cock	
UST OWNER  UST Owner Name (If in Individual Capacity)  BUSINESS ID (From the Secretary of State)											
	nd Bayley Inc							307-7		stary or State)	
PREFIX Mr.	FIRST NAME James	N	E	LAST NAME  Gentry						SUFFIX	
TELEPHONE NU		EMAIL ADDRESS		Gentry							
(618) 38	2-2334	lbayley@l									
UST OPERATOR  UST Operator Name (If in Individual Capacity)  BUSINESS ID (From the Secretary of State)											
	nd Bayley Inc							307-7		elary or State)	
PREFIX	FIRST NAME	M	/II	LAST NAME			<u> </u>			SUFFIX	
Mr.	James	EMAIL ADDRESS	Е	Gentry							
(618) 38		st0298@h	hucl	ks.com							
		PR	OPE	RTY OWNER							
	wner Name (If in Individual Capacity)  Bayley and Mary M Ba	avlev Dyna	etv.	Trust			BUSINES	SS ID (Fro	m the Secre	etary of State)	
PREFIX	FIRST NAME	<del>, , , ,</del>	All	LAST NAME						SUFFIX	
(618) 38		EMAIL ADDRESS									
(0.0) 00		COMF	PLIA	NCE ELEMENTS							
All USTs pi	operly registered and up-to-da					YES	XI	10		UNK	
An updated	notification form is needed with th	e correct releas	e dete	ection method for pipir	ng.	_					
O/O is in co	ompliance with reporting & rec	ord keeping re	quire	ements	X	YES	N	10		UNK	
0/0 in in a	and in the second se					YES		10	N/A	UNK	
O/O is in co	ompliance with release reporting	ig or investigat	lon			TES		10	N/A	IONK	
O/O is in co	ompliance with all UST closure	requirements			IX	YES	l l	10	N/A	UNK	
	1										
O/O has m	et all financial responsibility red	quirements			X	YES	N	10	N/A	UNK	
10.050.00	0.01	. ,				LVEO		10	I NI/A	LINUZ	
40 CFR 28	0, Subpart A installation requir	ements (partia	ally ex	xcluded) met	X	YES		10	N/A	UNK	
40 CFR 28	0, Subpart B installation and u	parade require	emen	ıts met		YES	XIN	10		UNK	
	at and Auto Shutoff	pg. aao . oqa o	,,,,,			1	1//1-			101111	
	0, Subpart C spill/overfill contr	ol requirement	s me	et	X	YES	N	10	N/A	UNK	
40 CFR 28	0, Subpart C compatibility requ	uirements met			X	YES		10	N/A	UNK	
40 CED 20	0 Subpart C OVM and tacting	roquiromonto	mot			VEC		10		UNK	
40 CFR 280, Subpart C O&M and testing requirements met YES X NO UNI Spill Bucket Test, Overfill Test									TOMK		
									UNK		
ATG/Probes, Leak Detector Test, Line Tightness Test											
	40 CFR 280, Subpart J operator training requirements met										
Class B and C Operator Certificates											