



**UNDERGROUND STORAGE
TANK INSPECTION REPORT**

INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT

UST FAC ID: **24616**

Inspector's Name:	Tristan Voge
Date:	July 1, 2024
Time In:	10:40
Time Out:	11:25
Inspection Type:	Initial

FACILITY NAME / LOCATION

FACILITY NAME Sam's Club 8169		FACILITY ADDRESS (number and street) 3819 South Street			
ADDRESS (line 2)	CITY Lafayette	STATE IN	ZIP CODE 47905	COUNTY Tippecanoe	

UST OWNER

UST Owner Name (If in Individual Capacity) Sam's Real Estate Business Trust				BUSINESS ID (From the Secretary of State) 1997021747	
PREFIX Mr.	FIRST NAME Daniel	MI	LAST NAME Kumwenda	SUFFIX	
TELEPHONE NUMBER (479) 204-0402		EMAIL ADDRESS Daniel.Kumwenda@walmart.com			

UST OPERATOR

UST Operator Name (If in Individual Capacity) Sam's Real Estate Business Trust				BUSINESS ID (From the Secretary of State) 1997021747	
PREFIX Mr.	FIRST NAME Daniel	MI	LAST NAME Kumwenda	SUFFIX	
TELEPHONE NUMBER (479) 204-0402		EMAIL ADDRESS Daniel.Kumwenda@walmart.com			

PROPERTY OWNER

UST Property Owner Name (If in Individual Capacity) Sam's East Inc				BUSINESS ID (From the Secretary of State) 1996100163	
PREFIX Mr.	FIRST NAME Eric	MI	LAST NAME Smith	SUFFIX	
TELEPHONE NUMBER (479) 204-0402		EMAIL ADDRESS Eric.Smith0@walmart.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
An updated notification form is needed with the correct tank configuration and release detection indicated for the piping.						
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
O/O is in compliance with all UST closure requirements	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	N/A
O/O has met all financial responsibility requirements	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
40 CFR 280, Subpart A installation requirements (partially excluded) met	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	N/A
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
40 CFR 280, Subpart C compatibility requirements met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
40 CFR 280, Subpart C O&M and testing requirements met	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK
Valid overfill equipment test report was not provided. Technician only have U1 certification.						
40 CFR 280, Subpart D release detection requirements met	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK
Interstitial monitoring for the piping is not to standard. Piping appears to be capped.						
40 CFR 280, Subpart J operator training requirements met	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK
C operator certificates were not provided.						