



**UNDERGROUND STORAGE  
TANK INSPECTION REPORT**

INDIANA DEPARTMENT OF  
ENVIRONMENTAL MANAGEMENT

UST FAC ID: **24462**

Inspector's Name:	Matt Rozycki
Date:	June 24, 2024
Time In:	09:00
Time Out:	09:30
Inspection Type:	Initial

**FACILITY NAME / LOCATION**

FACILITY NAME <b>MISO</b>		FACILITY ADDRESS (number and street) <b>701 City Center Drive</b>			
ADDRESS (line 2)	CITY <b>Carmel</b>	STATE <b>IN</b>	ZIP CODE <b>46032</b>	COUNTY <b>Hamilton</b>	

**UST OWNER**

UST Owner Name (Business Name as registered with the Secretary of State) <b>Midcontinent Independent System Operator, Inc.</b>				BUSINESS ID (From the Secretary of State) <b>1999081523</b>	
PREFIX	FIRST NAME <b>Ron</b>	MI	LAST NAME <b>Mumaw</b>	SUFFIX	
TELEPHONE NUMBER <b>(317) 249-5400</b>		EMAIL ADDRESS <b>rmumaw@misoenergy.org</b>			

**UST OPERATOR**

UST Operator Name (Business Name as registered with the Secretary of State) <b>Technology Site Planners Inc.</b>				BUSINESS ID (From the Secretary of State) <b>202006161398456</b>	
PREFIX	FIRST NAME <b>Bill</b>	MI	LAST NAME <b>Schrader</b>	SUFFIX	
TELEPHONE NUMBER <b>(614) 873-7800</b>		EMAIL ADDRESS <b>bill.schrader@techsiteplan.com</b>			

**PROPERTY OWNER**

UST Property Owner Name (Business Name as registered with the Secretary of State) <b>Midcontinent Independent System Operator, Inc.</b>				BUSINESS ID (From the Secretary of State) <b>1999081523</b>	
PREFIX	FIRST NAME <b>Larry</b>	MI	LAST NAME <b>Sukova</b>	SUFFIX	
TELEPHONE NUMBER <b>(317) 249-5400</b>		EMAIL ADDRESS <b>lsukova@misoenergy.org</b>			

**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 type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" 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 checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input 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	
<b>Spill bucket test, overfill functionality test not provided</b>							
40 CFR 280, Subpart D release detection requirements met	<input checked="" type="checkbox"/>	YES	<input 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	
<b>Operator C certificates were expired</b>							