



**UNDERGROUND STORAGE
TANK INSPECTION REPORT**

INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT

UST FAC ID: **6971**

Inspector's Name:	Matthew James
Date:	June 21, 2024
Time In:	11:45
Time Out:	01:00
Inspection Type:	Initial

FACILITY NAME / LOCATION

FACILITY NAME VA Medical Center		FACILITY ADDRESS (number and street) 1700 E 38th Street			
ADDRESS (line 2)	CITY Marion	STATE IN	ZIP CODE 45953	COUNTY Grant	

UST OWNER

UST Owner Name (If in Individual Capacity) US Department of Veterans Affairs				BUSINESS ID (From the Secretary of State)	
PREFIX Mr.	FIRST NAME Charles	MI	LAST NAME Applewhite	SUFFIX	
TELEPHONE NUMBER (800) 488-3111		EMAIL ADDRESS charles.applewhite@va.gov			

UST OPERATOR

UST Operator Name (If in Individual Capacity) US Department of Veterans Affairs				BUSINESS ID (From the Secretary of State)	
PREFIX Ms.	FIRST NAME Kristin	MI	LAST NAME Sparks	SUFFIX	
TELEPHONE NUMBER		EMAIL ADDRESS Kristin.Sparks@va.gov			

PROPERTY OWNER

UST Property Owner Name (If in Individual Capacity) US Department of Veterans Affairs				BUSINESS ID (From the Secretary of State)	
PREFIX Mr.	FIRST NAME John	MI	LAST NAME Copas	SUFFIX	
TELEPHONE NUMBER		EMAIL ADDRESS john.copas@va.gov			

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 checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNK	
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 checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNK	