



**UNDERGROUND STORAGE
TANK INSPECTION REPORT**

INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT

UST FAC ID: **2955**

Inspector's Name:	Brock Goodman
Date:	June 24, 2024
Time In:	10:11
Time Out:	11:41
Inspection Type:	Initial

FACILITY NAME / LOCATION

FACILITY NAME Clark Store #1441		FACILITY ADDRESS (number and street) 501 W National Ave		
ADDRESS (line 2)	CITY West Terre Haute	STATE IN	ZIP CODE 47885	COUNTY Vigo

UST OWNER

UST Owner Name (If in Individual Capacity) Terre Haute Indiana Inc				BUSINESS ID (From the Secretary of State) P05000082325
PREFIX	FIRST NAME Rob	MI	LAST NAME Hyman	SUFFIX
TELEPHONE NUMBER	EMAIL ADDRESS			

UST OPERATOR

UST Operator Name (If in Individual Capacity) not operating				BUSINESS ID (From the Secretary of State) P05000082325
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
TELEPHONE NUMBER	EMAIL ADDRESS			

PROPERTY OWNER

UST Property Owner Name (If in Individual Capacity) Terre Haute Indiana				BUSINESS ID (From the Secretary of State) P05000082325
PREFIX	FIRST NAME Rob	MI	LAST NAME Hyman	SUFFIX
TELEPHONE NUMBER	EMAIL ADDRESS			

COMPLIANCE ELEMENTS

All USTs properly registered and up-to-date notification form on file	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) Updated NF with correct ownership and UST system information. (2) Tank fees from 2015 - 2024.									
O/O is in compliance with reporting & record keeping requirements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) No compliance documents were submitted in response to the June 3, 2024 records request.									
O/O is in compliance with release reporting or investigation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O/O is in compliance with all UST closure requirements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O/O has met all financial responsibility requirements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 280, Subpart A installation requirements (partially excluded) met	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 280, Subpart B installation and upgrade requirements met	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) East & South STP piping components in contact w/soil. (2) No CP for tanks and piping. (3) Liner inspection ???									
40 CFR 280, Subpart C spill/overflow control requirements met	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 280, Subpart C compatibility requirements met	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 CFR 280, Subpart C O&M and testing requirements met	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) Spill bucket. (2) Overfill device. (3) Monthly inspections. (4) Annual inspection.									
40 CFR 280, Subpart D release detection requirements met	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) UST RD records, no release detection in place. (2) Line tightness. (3) Leak detector.									
40 CFR 280, Subpart J operator training requirements met	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) Class A, B, and C operator certificates.									