



**UNDERGROUND STORAGE
TANK INSPECTION REPORT**

INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT

UST FAC ID: **10065**

Inspector's Name:	Danny Rice
Date:	June 25, 2024
Time In:	09:00
Time Out:	09:30
Inspection Type:	Initial

FACILITY NAME / LOCATION

FACILITY NAME Avon Schools Transportation		FACILITY ADDRESS (number and street) 255 S Avon Ave		
ADDRESS (line 2)	CITY Avon	STATE IN	ZIP CODE 46123	COUNTY Hendricks

UST OWNER

UST Owner Name (If in Individual Capacity) Avon Community School Corporation				BUSINESS ID (From the Secretary of State)	
PREFIX	FIRST NAME Michael	MI	LAST NAME Moore	SUFFIX	
TELEPHONE NUMBER		EMAIL ADDRESS MAMoore@avon-schools.org			

UST OPERATOR

UST Operator Name (If in Individual Capacity) Avon Community School Corporation				BUSINESS ID (From the Secretary of State)	
PREFIX	FIRST NAME Alex	MI	LAST NAME Eggleston	SUFFIX	
TELEPHONE NUMBER		EMAIL ADDRESS AMEggleston@avon-schools.org			

PROPERTY OWNER

UST Property Owner Name (If in Individual Capacity) Avon Community School Corporation				BUSINESS ID (From the Secretary of State)	
PREFIX Dr.	FIRST NAME Scott	MI	LAST NAME Wyndham	SUFFIX	
TELEPHONE NUMBER		EMAIL ADDRESS SMWyndham@avon-schools.org			

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	
Current							
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	
valid spill bucket, overfill testing, Monthly and annual walkthrough inspections							
40 CFR 280, Subpart D release detection requirements met	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK	
Valid ATG and ATG probe, Line tighness testing, line leak detector testing							
40 CFR 280, Subpart J operator training requirements met	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK	
Valid class B operator certificate.							