



**UNDERGROUND STORAGE  
TANK INSPECTION REPORT**

INDIANA DEPARTMENT OF  
ENVIRONMENTAL MANAGEMENT

UST FAC ID: **5397**

Inspector's Name:	Brock Goodman
Date:	June 26, 2024
Time In:	10:13 am
Time Out:	11:55 am
Inspection Type:	Initial

**FACILITY NAME / LOCATION**

FACILITY NAME <b>On the Way</b>		FACILITY ADDRESS (number and street) <b>401 W 17th</b>			
ADDRESS (line 2)	CITY <b>Bloomington</b>	STATE <b>IN</b>	ZIP CODE <b>47401</b>	COUNTY <b>Monroe</b>	

**UST OWNER**

UST Owner Name (Business Name as registered with the Secretary of State) <b>Heri Four Inc.</b>				BUSINESS ID (From the Secretary of State) <b>2008012500407</b>	
PREFIX	FIRST NAME <b>Rajesh</b>	MI	LAST NAME <b>Patel</b>	SUFFIX	
TELEPHONE NUMBER <b>(317) 374-3261</b>		EMAIL ADDRESS <b>rajeshbp1970@gmail.com</b>			

**UST OPERATOR**

UST Operator Name (Business Name as registered with the Secretary of State) <b>Heri Four Inc.</b>				BUSINESS ID (From the Secretary of State) <b>2008012500407</b>	
PREFIX	FIRST NAME <b>Rajesh</b>	MI	LAST NAME <b>Patel</b>	SUFFIX	
TELEPHONE NUMBER <b>(317) 374-3261</b>		EMAIL ADDRESS <b>rajeshbp1970@gmail.com</b>			

**PROPERTY OWNER**

UST Property Owner Name (Business Name as registered with the Secretary of State) <b>Heri Four Inc.</b>				BUSINESS ID (From the Secretary of State) <b>2008012500407</b>	
PREFIX	FIRST NAME <b>Rajesh</b>	MI	LAST NAME <b>Patel</b>	SUFFIX	
TELEPHONE NUMBER <b>(317) 374-3261</b>		EMAIL ADDRESS <b>rajeshbp1970@gmail.com</b>			

**COMPLIANCE ELEMENTS**

All USTs properly registered, on file and fees paid	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNK
O/O is in compliance with reporting & record keeping requirements	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input checked="" type="checkbox"/> UNK
O/O is in compliance with release reporting or investigation	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A UNK
(1) DSL STP sump full of fuel/water mixture above sump entry points.						
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 type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A <input checked="" type="checkbox"/> UNK
40 CFR 280, Subpart A installation requirements (partially excluded) met	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	N/A UNK
40 CFR 280, Subpart B installation and upgrade requirements met	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK
(1) PUL spill bucket full liquid. (2) No CP protection for steel transition piping.						
40 CFR 280, Subpart C spill/overflow 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
(1) Spill bucket testing. (2) Overflow device testing. (3) Monthly inspections. (4) Annual inspection. (5) CP testing.						
40 CFR 280, Subpart D release detection requirements met	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK
(1) Line tightness. (2) Leak detector. (3) ATG functionality test. (4) ATG probes testing.						
40 CFR 280, Subpart J operator training requirements met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNK