



**UNDERGROUND STORAGE  
TANK INSPECTION REPORT**

INDIANA DEPARTMENT OF  
ENVIRONMENTAL MANAGEMENT

UST FAC ID: **2909**

Inspector's Name:	Tristan Voge
Date:	June 25, 2024
Time In:	11:25
Time Out:	12:00
Inspection Type:	Initial

**FACILITY NAME / LOCATION**

FACILITY NAME Quick Exchange 100		FACILITY ADDRESS (number and street) 2504 W Washington St		
ADDRESS (line 2)	CITY Indianapolis	STATE IN	ZIP CODE 46222	COUNTY Marion

**UST OWNER**

UST Owner Name (If in Individual Capacity) Tight LLC				BUSINESS ID (From the Secretary of State) 2015040100775	
PREFIX	FIRST NAME Ali	MI	LAST NAME Qazi	SUFFIX	
TELEPHONE NUMBER (317) 772-4292		EMAIL ADDRESS keystone.corps@gmail.com			

**UST OPERATOR**

UST Operator Name (If in Individual Capacity) Aroys LLC				BUSINESS ID (From the Secretary of State) 2015042100338	
PREFIX	FIRST NAME Ali	MI	LAST NAME Qazi	SUFFIX	
TELEPHONE NUMBER (317) 772-4292		EMAIL ADDRESS keystone.corps@gmail.com			

**PROPERTY OWNER**

UST Property Owner Name (If in Individual Capacity) Tight LLC				BUSINESS ID (From the Secretary of State) 2015040100775	
PREFIX	FIRST NAME Ali	MI	LAST NAME Qazi	SUFFIX	
TELEPHONE NUMBER (414) 208-9375		EMAIL ADDRESS keystone.corps@gmail.com			

**COMPLIANCE ELEMENTS**

All USTs properly registered and up-to-date notification form on file	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK
An updated notification form is needed with the correct release detection indicated. 2022 and 2024 tank fees are in arrears.						
O/O is in compliance with reporting & record keeping requirements	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK
The owner and/or operator did not respond to IDEM's records request dated 05/17/2024.						
O/O is in compliance with release reporting or investigation	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	N/A
O/O is in compliance with all UST closure requirements	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	N/A
O/O has met all financial responsibility requirements	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
40 CFR 280, Subpart A installation requirements (partially excluded) met	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	N/A
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
40 CFR 280, Subpart C compatibility requirements met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
40 CFR 280, Subpart C O&M and testing requirements met	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK
Spill/overfill/corrosion test reports, 07/23-06/24 monthly/annual walkthroughs were not provided.						
40 CFR 280, Subpart D release detection requirements met	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK
An annual ATG, probes and line leak detector test reports were not provided.						
40 CFR 280, Subpart J operator training requirements met	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK
A, B and C operator certificates were not provided.						