



**UNDERGROUND STORAGE
TANK INSPECTION REPORT**

INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT

UST FAC ID: **19615**

Inspector's Name:	Matthew James
Date:	June 26, 2024
Time In:	12:00
Time Out:	12:40
Inspection Type:	Initial

FACILITY NAME / LOCATION

FACILITY NAME Family Express 43		FACILITY ADDRESS (number and street) 3015 Old SR 25 N		
ADDRESS (line 2)	CITY Lafayette	STATE IN	ZIP CODE 47905	COUNTY Tippecanoe

UST OWNER

UST Owner Name (If in Individual Capacity) Family Express Corporation				BUSINESS ID (From the Secretary of State) 197601-574
PREFIX	FIRST NAME Raphael	MI	LAST NAME Omerza	SUFFIX
TELEPHONE NUMBER	EMAIL ADDRESS tnavarre@familyexpress.com			

UST OPERATOR

UST Operator Name (If in Individual Capacity) Family Express Corporation				BUSINESS ID (From the Secretary of State) 197601-574
PREFIX	FIRST NAME Raphael	MI	LAST NAME Omerza	SUFFIX
TELEPHONE NUMBER	EMAIL ADDRESS tnavarre@familyexpress.com			

PROPERTY OWNER

UST Property Owner Name (If in Individual Capacity) Family Express Corporation				BUSINESS ID (From the Secretary of State) 197601-574
PREFIX	FIRST NAME Raphael	MI	LAST NAME Omerza	SUFFIX
TELEPHONE NUMBER	EMAIL ADDRESS tnavarre@familyexpress.com			

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 type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	UNK
Need to confirm if alarm or flapper valve is primary overfill device.							
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	
Need UDC and sump testing.							
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	