



**UNDERGROUND STORAGE
TANK INSPECTION REPORT**

INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT

UST FAC ID: **25051**

Inspector's Name:	Matthew James
Date:	June 26, 2024
Time In:	11:15
Time Out:	12:00
Inspection Type:	Initial

FACILITY NAME / LOCATION

FACILITY NAME Heartland Marathon		FACILITY ADDRESS (number and street) 2888 Old State Road 25 N		
ADDRESS (line 2)	CITY Lafayette	STATE IN	ZIP CODE 47905	COUNTY Tippecanoe

UST OWNER

UST Owner Name (If in Individual Capacity) M B Wholesales, Inc.				BUSINESS ID (From the Secretary of State) 202111041539505
PREFIX	FIRST NAME Karamjeet	MI	LAST NAME Mann	SUFFIX
TELEPHONE NUMBER	EMAIL ADDRESS zidjattdi@yahoo.com			

UST OPERATOR

UST Operator Name (If in Individual Capacity) Heartland Petroleum Inc.				BUSINESS ID (From the Secretary of State) 201711281225500
PREFIX	FIRST NAME Karamjeet	MI	LAST NAME Mann	SUFFIX
TELEPHONE NUMBER	EMAIL ADDRESS zidjattdi@yahoo.com			

PROPERTY OWNER

UST Property Owner Name (If in Individual Capacity) M B Wholesales, Inc.				BUSINESS ID (From the Secretary of State) 202111041539505
PREFIX	FIRST NAME Karamjeet	MI	LAST NAME Mann	SUFFIX
TELEPHONE NUMBER	EMAIL ADDRESS zidjattdi@yahoo.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.						
O/O is in compliance with reporting & record keeping requirements	<input type="checkbox"/>	YES	<input checked="" 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
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 checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input 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
Need spill bucket, overfill, ATG testing results.						
40 CFR 280, Subpart D release detection requirements met	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK
Need LLD and LTT testing results. UST inspector is examining RD results collected on-site.						
40 CFR 280, Subpart J operator training requirements met	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK
Need A, B and C certificates.						