



**UNDERGROUND STORAGE  
TANK INSPECTION REPORT**

INDIANA DEPARTMENT OF  
ENVIRONMENTAL MANAGEMENT

UST FAC ID: **24577**

Inspector's Name:	Brandon Blystone
Date:	June 27, 2024
Time In:	10:30
Time Out:	11:00
Inspection Type:	Initial

**FACILITY NAME / LOCATION**

FACILITY NAME <b>Kapps Green Lawn</b>		FACILITY ADDRESS (number and street) <b>4124 Clubview Dr</b>		
ADDRESS (line 2)	CITY <b>Fort Wayne</b>	STATE <b>IN</b>	ZIP CODE <b>46808</b>	COUNTY <b>Allen</b>

**UST OWNER**

UST Owner Name (Business Name as registered with the Secretary of State) <b>Kapp's Green Lawn Inc dba LK Estate Services Inc</b>				BUSINESS ID (From the Secretary of State) <b>198309-101</b>	
PREFIX	FIRST NAME <b>Bernard</b>	MI	LAST NAME <b>Kapp</b>	SUFFIX <b>Jr</b>	
TELEPHONE NUMBER <b>(260) 436-3451</b>		EMAIL ADDRESS <b>kappslandscaping@gmail.com</b>			

**UST OPERATOR**

UST Operator Name (Business Name as registered with the Secretary of State) <b>Kapp's Green Lawn Inc dba LK Estate Services Inc</b>				BUSINESS ID (From the Secretary of State) <b>198309-101</b>	
PREFIX	FIRST NAME <b>Janelle</b>	MI	LAST NAME <b>Alleje</b>	SUFFIX	
TELEPHONE NUMBER <b>(260) 436-3451</b>		EMAIL ADDRESS <b>lklandscapingco@gmail.com</b>			

**PROPERTY OWNER**

UST Property Owner Name (If in Individual Capacity) <b>Bernard Kapp Jr</b>				BUSINESS ID (From the Secretary of State)	
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX	
TELEPHONE NUMBER		EMAIL ADDRESS			

**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 checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
O/O is in compliance with all UST closure requirements	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input 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
<b>Spill Bucket Test, Overfill Test, Monthly and Annual Walkthrough Inspections</b>						
40 CFR 280, Subpart D release detection requirements met	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK
<b>ATG/Probe, Release Detection Records for Tank, ATG not to Standard</b>						
40 CFR 280, Subpart J operator training requirements met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNK