



**UNDERGROUND STORAGE
TANK INSPECTION REPORT**

INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT

UST FAC ID: **9642**

Inspector's Name:	Danny Rice
Date:	June 27, 2024
Time In:	08:00
Time Out:	08:45
Inspection Type:	Initial

FACILITY NAME / LOCATION

FACILITY NAME Federal Office Building		FACILITY ADDRESS (number and street) 575 N Pennsylvania St		
ADDRESS (line 2)	CITY Indianapolis	STATE IN	ZIP CODE 46204	COUNTY Marion

UST OWNER

UST Owner Name (If in Individual Capacity) General Service Administration				BUSINESS ID (From the Secretary of State)	
PREFIX	FIRST NAME Michael	MI	LAST NAME Wooten	SUFFIX	
TELEPHONE NUMBER		EMAIL ADDRESS			

UST OPERATOR

UST Operator Name (If in Individual Capacity) General Service Administration				BUSINESS ID (From the Secretary of State)	
PREFIX	FIRST NAME Michael	MI	LAST NAME Wooten	SUFFIX	
TELEPHONE NUMBER		EMAIL ADDRESS			

PROPERTY OWNER

UST Property Owner Name (If in Individual Capacity) General Service Administration				BUSINESS ID (From the Secretary of State)	
PREFIX	FIRST NAME Michael	MI	LAST NAME Wooten	SUFFIX	
TELEPHONE NUMBER		EMAIL ADDRESS			

COMPLIANCE ELEMENTS

All USTs properly registered and up-to-date notification form on file	<input type="checkbox"/>	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> UNK
Updated notification form with complete ownership and UST system information is needed.						
O/O is in compliance with reporting & record keeping requirements	<input type="checkbox"/>	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> UNK
Documentation was not provided to IDEM						
O/O is in compliance with release reporting or investigation	<input type="checkbox"/>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> UNK
O/O is in compliance with all UST closure requirements	<input type="checkbox"/>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> UNK
O/O has met all financial responsibility requirements	<input type="checkbox"/>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/> UNK
40 CFR 280, Subpart A installation requirements (partially excluded) met	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> UNK
40 CFR 280, Subpart B installation and upgrade requirements met	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> UNK
40 CFR 280, Subpart C spill/overfill control requirements met	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> UNK
40 CFR 280, Subpart C compatibility requirements met	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> UNK
40 CFR 280, Subpart C O&M and testing requirements met	<input type="checkbox"/>	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> UNK
Spill bucket, Overfill testing , monthly and annual walkthrough inspections						
40 CFR 280, Subpart D release detection requirements met	<input type="checkbox"/>	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> UNK
ATG, ATG probe, line leak detector testing, release detection for piping						
40 CFR 280, Subpart J operator training requirements met	<input type="checkbox"/>	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> UNK
Operator Class A, B, C certificaion						