



**UNDERGROUND STORAGE
TANK INSPECTION REPORT**

INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT

UST FAC ID: **1912**

Inspector's Name:	Matt Rozycki
Date:	June 26, 2024
Time In:	09:50
Time Out:	10:15
Inspection Type:	Initial

FACILITY NAME / LOCATION

FACILITY NAME TNT Holldan Motor Express Inc		FACILITY ADDRESS (number and street) 4320 Merchant Rd		
ADDRESS (line 2)	CITY Fort Wayne	STATE IN	ZIP CODE 46818	COUNTY Allen

UST OWNER

UST Owner Name (If in Individual Capacity) USF Holland, Inc				BUSINESS ID (From the Secretary of State)	
PREFIX	FIRST NAME Ruben	MI	LAST NAME Byerley	SUFFIX	
TELEPHONE NUMBER		EMAIL ADDRESS ruben.byerley@yrcfreight.com			

UST OPERATOR

UST Operator Name (If in Individual Capacity) not operating as a UST Facility - Only ASTs on site				BUSINESS ID (From the Secretary of State)	
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX	
TELEPHONE NUMBER		EMAIL ADDRESS			

PROPERTY OWNER

UST Property Owner Name (If in Individual Capacity) USF Holland LLC				BUSINESS ID (From the Secretary of State)	
PREFIX	FIRST NAME Ruben	MI	LAST NAME Byerley	SUFFIX	
TELEPHONE NUMBER		EMAIL ADDRESS ruben.byerley@yrcfreight.com			

COMPLIANCE ELEMENTS

All USTs properly registered and up-to-date notification form on file	YES	NO		<input checked="" type="checkbox"/>	UNK
Facilities closed July 30, 2023					
O/O is in compliance with reporting & record keeping requirements	YES	NO		<input checked="" type="checkbox"/>	UNK
Two (2) 12K Diesel ASTs					
O/O is in compliance with release reporting or investigation	YES	NO	N/A	<input checked="" type="checkbox"/>	UNK
O/O is in compliance with all UST closure requirements	YES	NO	N/A	<input checked="" type="checkbox"/>	UNK
O/O has met all financial responsibility requirements	YES	NO	N/A	<input checked="" type="checkbox"/>	UNK
40 CFR 280, Subpart A installation requirements (partially excluded) met	YES	NO	N/A	<input checked="" type="checkbox"/>	UNK
40 CFR 280, Subpart B installation and upgrade requirements met	YES	NO		<input checked="" type="checkbox"/>	UNK
40 CFR 280, Subpart C spill/overfill control requirements met	YES	NO	N/A	<input checked="" type="checkbox"/>	UNK
40 CFR 280, Subpart C compatibility requirements met	YES	NO	N/A	<input checked="" type="checkbox"/>	UNK
40 CFR 280, Subpart C O&M and testing requirements met	YES	NO		<input checked="" type="checkbox"/>	UNK
40 CFR 280, Subpart D release detection requirements met	YES	NO		<input checked="" type="checkbox"/>	UNK
40 CFR 280, Subpart J operator training requirements met	YES	NO		<input checked="" type="checkbox"/>	UNK