

## Certificate of Insurance

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Premium
STP-418555	07/01/2022	07/01/2023	\$1,200

**Named Insured and Mailing Address:**

TULC LLC  
3025 N Saint Joseph Ave.  
Evansville IN 47720

**Name of Insurer:**

**Crum & Forster Specialty Insurance Company or FMIC**  
305 Madison Avenue  
Morristown, NJ 07960

### CERTIFICATE:

1. Crum & Forster Specialty Insurance Company, the 'Insurer', as identified above, hereby certifies that it has issued liability insurance covering the following underground storage tank(s):

**Per Attached Scheduled Locations and Scheduled Storage Tank(s) Systems**

for taking corrective action and compensating third parties for bodily injury and property damage caused by accidental releases; in accordance with and subject to the limits of liability, exclusions, conditions, and other terms of the policy; arising from operating the underground storage tank(s) identified above.

The limits of liability are: \$30,000 Each Occurrence and: \$30,000 Annual Aggregate Policy Limit, exclusive of legal defense costs which are subject to a separate limit under the Policy. This coverage is provided under Policy Number: STP-418555. The effective date of said policy is: 07/01/2022.

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
- Bankruptcy or insolvency of the Insured shall not relieve the Insurer of its obligations under the policy to which this certificate applies.
  - The Insurer is liable for the payment of amounts within any deductible applicable to the policy to the provider of corrective action or a damaged third party, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated under another mechanism or combination of mechanisms as specified in 329 IAC 9-8-6 through 329 IAC 9-8-12.
  - Whenever requested by the Indiana Department of Environmental Management (IDEM) commissioner, the Insurer agrees to furnish to the IDEM commissioner a signed duplicate original of the policy and all endorsements
  - Cancellation or any other termination of the insurance by the Insurer, except for non-payment of premium or misrepresentation by the insured, will be effective only upon written notice and only after the expiration of 60 days after a copy of such written notice is received by the Insured. Cancellation for non-payment of premium or misrepresentation by the Insured will be effective only upon written notice and only after expiration of a minimum of 10 days after a copy of such written notice is received by the Insured.
  - The insurance covers claims otherwise covered by the Policy that are reported to the Insurer within six (6) months of the effective date of cancellation or non-renewal of the Policy except where the new or renewed policy has the same retroactive date or a retroactive date earlier than that of the prior policy and which arise out of any covered occurrence that commenced after the policy retroactive date, if applicable, and prior to such policy renewal or termination date. Claims reported during such an extended reporting period are subject to the terms, conditions, limits, including limits of liability, and exclusions of the policy.

I hereby certify that the wording of this instrument is identical to the wording in 329.IAC 9-8-8 (6)(2) and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess lines insurer, in one or more states.



Josh Bowen, Senior Vice President

Authorized representative of  
Crum & Forster Specialty Insurance Company  
305 Madison Avenue  
Morristown, NJ 07960

**Crum & Forster Storage Tank Policy  
Schedule of Locations and Storage Tanks**

Effective as of 07/01/2022

Attached to and forming part of Policy STP-418555

<b>Storage Tank System(s)</b>							
Tank#	Insured Site	Type UST/AS T	Install Date	Capacity (Gallons)	Contents	Deductible	Retro Date
1	Location 3025 N Saint Joseph Ave. Evansville, IN 47720	UST	1997	15,000	Gasoline	\$0	7/1/2014
2	Location 3025 N Saint Joseph Ave. Evansville, IN 47720	UST	1997	10,000	Gasoline	\$0	7/1/2014

Hinderliter Testing and Compliance  
 3601 N. St. Joseph Avenue  
 Evansville, Indiana 47720



**UST Overfill Prevention Device Test**

**1. UST Facility Information**

Agency Interest Number (AI)	7170		
UST Facility Name	Always Open		
UST Facility Physical Address	Street Address: 3025 North St. Joseph Ave		
	City: Evansville	County: Vanderburgh	Zip Code: 47720

**2. Test Information**

Test Date	9/20/2022
Reason for Test (mark only one)	<input type="checkbox"/> New Install (within 30 days of bringing into service) <input checked="" type="checkbox"/> Routine (every 36 months) <input type="checkbox"/> Repair (within 30 days)

**3. Test Details**

(Attach additional pages as necessary)

Tank Number / Product Type	Unleaded	Premium				
<b>Overfill Prevention Device Type</b> <small>Automatic Shut-Off Device – ASD            High-Level Alarm – HLA            Ball Float Valve – BFV</small>	<input checked="" type="checkbox"/> ASD <input type="checkbox"/> HLA <input type="checkbox"/> BFV	<input checked="" type="checkbox"/> ASD <input type="checkbox"/> HLA <input type="checkbox"/> BFV	<input type="checkbox"/> ASD <input type="checkbox"/> HLA <input type="checkbox"/> BFV	<input type="checkbox"/> ASD <input type="checkbox"/> HLA <input type="checkbox"/> BFV	<input type="checkbox"/> ASD <input type="checkbox"/> HLA <input type="checkbox"/> BFV	<input type="checkbox"/> ASD <input type="checkbox"/> HLA <input type="checkbox"/> BFV
Tank Capacity (gallons)	15,000	10,000				
Tank Diameter (inches)	96	96				
1. Device Removed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. No Damage Present	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Clean & Free of Debris	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Activation Mechanism Moves Freely	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Device Activation Level Measured	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Activation Level is At or Below Regulatory Limit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Activation Level of Device (%)	95 %	98 %	%	%	%	%

Criteria: If "No" was answered in any one of the items (1 through 6) above, the test indicates a fail.

Device Test Results	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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**4. Attachments**

Comments	N/D= Not Determined  Both ASD's failed correct shutoff level. Installed new ASD in RUL and set at 95% once ball float was removed. PUL spill bucket failed, did not install new ASD. ASD will be installed when spill bucket is replaced.
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### 1. Certification

I certify that all the information provided on this document is true, accurate, and complete.

<b>Tester Certification</b>	<i>Printed</i> Tristan Martin	<b>Date</b> 9/20/2022
	<i>Signature</i> <i>Tristan Martin</i>	
<b>License</b>	Number: UC107991	Expiration Date: 3/31/2023
<b>Certification Type</b> <i>(mark all that apply)</i>	<input type="checkbox"/> Test Equipment Manufacturer <input checked="" type="checkbox"/> Recommended Practice <input type="checkbox"/> Other <i>(specify):</i>	
<b>Contact Information</b>	Phone: (812)425-4137	Email: <a href="mailto:tmartin@hci4.com">tmartin@hci4.com</a>
<b>Company Name</b>	Hinderliter Construction	

Hinderliter Construction, Inc.  
 3601 N Saint Joseph Ave.  
 Evansville, IN 47720

**UST Overfill Prevention Device Test**

**1. UST Facility Information**

Agency Interest Number (AI)	7170		
UST Facility Name	Always Open		
UST Facility Physical Address	Street Address: 3025 N St Joseph Ave		
	City: Evansville	County: Vanderburgh	Zip Code: - 47720

**2. Test Information**

Test Date	9/22/22
Reason for Test (mark only one)	<input checked="" type="checkbox"/> New Install (within 30 days of bringing into service) <input type="checkbox"/> Routine (every 36 months) <input type="checkbox"/> Repair (within 30 days)

**3. Test Details**  
 (Attach additional pages as necessary)

Tank Number / Product Type	Prem.					
Overfill Prevention Device Type <small>Automatic Shut-Off Device – ASD        High-Level Alarm – HLA        Ball Float Valve – BFV</small>	<input checked="" type="checkbox"/> ASD <input type="checkbox"/> HLA <input type="checkbox"/> BFV	<input type="checkbox"/> ASD <input type="checkbox"/> HLA <input type="checkbox"/> BFV	<input type="checkbox"/> ASD <input type="checkbox"/> HLA <input type="checkbox"/> BFV	<input type="checkbox"/> ASD <input type="checkbox"/> HLA <input type="checkbox"/> BFV	<input type="checkbox"/> ASD <input type="checkbox"/> HLA <input type="checkbox"/> BFV	<input type="checkbox"/> ASD <input type="checkbox"/> HLA <input type="checkbox"/> BFV
Tank Capacity (gallons)	10,000					
Tank Diameter (inches)	92"					
1. Device Removed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. No Damage Present	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Clean & Free of Debris	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Activation Mechanism Moves Freely	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Device Activation Level Measured	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Activation Level is At or Below Regulatory Limit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Activation Level of Device (%)	95 %	%	%	%	%	%

Criteria: If "No" was answered in any one of the items (1 through 6) above, the test indicates a fail.

Device Test Results	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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**4. Attachments**

I have attached photographs documenting the overfill device was removed and set to activate at the appropriate level.

Comments	
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7170

1. Certification			
I certify that all the information provided on this document is true, accurate, and complete.			
Tester Certification	Printed	<del>Derek Smith</del> Devon Giles	Date 9/22/22
	Signature		
License IR9724244	Number: <del>R0000000</del>	Expiration Date: <del>3/30/2022</del> 3/13/23	
Certification Type (mark all that apply)	<input type="checkbox"/> Test Equipment Manufacturer <input type="checkbox"/> Recommended Practice <input checked="" type="checkbox"/> Other (specify): <u>State</u>		
Contact Information	Phone: (812)425-4137	Email:	
Company Name	Hinderliter Construction, Inc		
If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <a href="http://waste.ky.gov/ust">http://waste.ky.gov/ust</a> . For copies of UST facility records please visit <a href="http://eec.ky.gov/pages/openrecords.aspx">http://eec.ky.gov/pages/openrecords.aspx</a> or email <a href="mailto:EEC.KORA@ky.gov">EEC.KORA@ky.gov</a> .			







Hinderliter Compliance and Testing  
 3601 N. St. Joseph Avenue  
 Evansville, Indiana 47720



**UST Containment Device Test**

**1. UST Facility Information**

Agency Interest Number (AI)	7170		
UST Facility Name	Always Open		
UST Facility Physical Address	Street Address: 3025 North St. Joseph Ave		
	City: Evansville	County: Vanderburgh	Zip Code: 47720

**2. Test Information**

Reason for Test <i>(indicate UST system for all that apply)</i>	<input checked="" type="checkbox"/> Required Periodic Test	<input type="checkbox"/> New Installation	<input type="checkbox"/> DEP Directed
	<input type="checkbox"/> Suspected Release	<input type="checkbox"/> Repair	<input type="checkbox"/> Other <i>(specify)</i> :
Test Equipment	Shop Vac, Water		
Test Method	<input type="checkbox"/> Vacuum <i>(must attach test equipment manufacturer's data sheet)</i>		
	<input checked="" type="checkbox"/> Hydrostatic <i>(only for single walled devices)</i>	<input type="checkbox"/> Other <i>(specify)</i> :	

**3. Testing Data and Results**

*(List tank information for up to four (4) spill containment devices; attach additional pages as necessary)*

Test Date	9/20/2022			
Tank ID Number / Product Type	Unleaded	Premium		
Dispenser Number <i>(e.g., 1/2, 3/4, etc.)</i>				
Containment Device Type	<input checked="" type="checkbox"/> Spill Bucket	<input checked="" type="checkbox"/> Spill Bucket	<input type="checkbox"/> Spill Bucket	<input type="checkbox"/> Spill Bucket
	<input type="checkbox"/> Catch Basin	<input type="checkbox"/> Catch Basin	<input type="checkbox"/> Catch Basin	<input type="checkbox"/> Catch Basin
	<input type="checkbox"/> UDC	<input type="checkbox"/> UDC	<input type="checkbox"/> UDC	<input type="checkbox"/> UDC
	<input type="checkbox"/> Sump	<input type="checkbox"/> Sump	<input type="checkbox"/> Sump	<input type="checkbox"/> Sump
Installation Type	<input checked="" type="checkbox"/> Direct Bury	<input checked="" type="checkbox"/> Direct Bury	<input type="checkbox"/> Direct Bury	<input type="checkbox"/> Direct Bury
	<input type="checkbox"/> Contained in a Sump	<input type="checkbox"/> Contained in a Sump	<input type="checkbox"/> Contained in a Sump	<input type="checkbox"/> Contained in a Sump
Construction Type	<input type="checkbox"/> Double Wall	<input type="checkbox"/> Double Wall	<input type="checkbox"/> Double Wall	<input type="checkbox"/> Double Wall
	<input checked="" type="checkbox"/> Single Wall	<input checked="" type="checkbox"/> Single Wall	<input type="checkbox"/> Single Wall	<input type="checkbox"/> Single Wall
Diameter <i>(in)</i>	11"	11"		
Depth <i>(ft)</i>	13"	15"		
Height at the top of the Highest Penetration Point <i>(UDCs and Sumps)</i>				
Wait Time	5mins	5mins		
Test Start Time	8:30	8:35		
Initial Reading	13"	13"		
Test End Time	9:30	9:35		
Final Reading	13"	4"		
Test Period <i>(total time)</i>	1hr,5min	1hr,5min		
Reading Change	0	9"		
Test Results	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Recommendations	Repairs/Retest <input type="checkbox"/> Y <input type="checkbox"/> N	Release Report Required <input type="checkbox"/> Y <input type="checkbox"/> N	Next Test Date 9/20/2025	

<b>Comments</b>	Spill buckets were inspected, cleaned, and tested. Once testing was complete, water was removed. The premium spill bucket failed.
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**4. Certification**

I certify that all the information provided on this document is true, accurate, and complete.

<b>Tester Certification</b>	<i>Printed</i>	Tristan Martin	<b>Date</b>	9/20/2022
	<i>Signature</i>	<i>Tristan Martin</i>		
<b>License</b>	Number: UC107991	Expiration Date: 3/31/2023		
<b>Certification Type</b> <i>(mark all that apply)</i>	<input type="checkbox"/> Tank Manufacturer <input type="checkbox"/> Test Equipment Manufacturer <input checked="" type="checkbox"/> Other <i>(specify)</i> : Recommended practice			
<b>Contact Information</b>	Phone: (812)425-4137	Email: tmartin@hci4.com		
<b>Company Name</b>	Hlnderliter Construction			

Hinderliter Construction, Inc.  
 3601 N. Saint Joseph Ave.  
 Evansville, IN 47720  
 812-425-4137

FOR OFFICIAL USE ONLY -  
 DO NOT WRITE IN THIS SPACE

**UST Containment Device Test**

**1. UST Facility Information**

Agency Interest Number (AI)	7170		
UST Facility Name	Always Open		
UST Facility Physical Address	Street Address: 3025 N st Joseph Ave		
	City: Evansville	County: Vanderburgh	Zip Code: - 47720

**2. Test Information**

Reason for Test (indicate UST system for all that apply)	<input type="checkbox"/> Required Periodic Test	<input checked="" type="checkbox"/> New Installation	<input type="checkbox"/> DEP Directed
	<input type="checkbox"/> Suspected Release	<input type="checkbox"/> Repair	<input type="checkbox"/> Other (specify):
Test Equipment			
Test Method	<input type="checkbox"/> Vacuum (must attach test equipment manufacturer's data sheet)		
	<input checked="" type="checkbox"/> Hydrostatic (only for single walled devices) <input type="checkbox"/> Other (specify):		

**3. Testing Data and Results**

(List tank information for up to four (4) spill containment devices; attach additional pages as necessary)

Test Date	9/22/22			
Tank ID Number / Product Type	Premium			
Dispenser Number (e.g., 1/2, 3/4, etc.)				
Containment Device Type	<input checked="" type="checkbox"/> Spill Bucket	<input type="checkbox"/> Spill Bucket	<input type="checkbox"/> Spill Bucket	<input type="checkbox"/> Spill Bucket
	<input type="checkbox"/> Catch Basin	<input type="checkbox"/> Catch Basin	<input type="checkbox"/> Catch Basin	<input type="checkbox"/> Catch Basin
	<input type="checkbox"/> UDC	<input type="checkbox"/> UDC	<input type="checkbox"/> UDC	<input type="checkbox"/> UDC
	<input type="checkbox"/> Sump	<input type="checkbox"/> Sump	<input type="checkbox"/> Sump	<input type="checkbox"/> Sump
Installation Type	<input checked="" type="checkbox"/> Direct Bury	<input type="checkbox"/> Direct Bury	<input type="checkbox"/> Direct Bury	<input type="checkbox"/> Direct Bury
	<input type="checkbox"/> Contained in a Sump	<input type="checkbox"/> Contained in a Sump	<input type="checkbox"/> Contained in a Sump	<input type="checkbox"/> Contained in a Sump
Construction Type	<input type="checkbox"/> Double Wall	<input type="checkbox"/> Double Wall	<input type="checkbox"/> Double Wall	<input type="checkbox"/> Double Wall
	<input checked="" type="checkbox"/> Single Wall	<input type="checkbox"/> Single Wall	<input type="checkbox"/> Single Wall	<input type="checkbox"/> Single Wall
Diameter (in)	16"			
Depth (ft)	13"			
Height at the top of the Highest Penetration Point (UDCs and Sumps)				
Wait Time	5 min			
Test Start Time	9:20			
Initial Reading	13"			
Test End Time	10:20			
Final Reading	13"			
Test Period (total time)	1 hr 5 min			
Reading Change	0"			
Test Results	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Recommendations	Repairs/Retest <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Release Report Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Next Test Date 9/22/25	

AI 7170

Comments	
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**4. Certification**

I certify that all the information provided on this document is true, accurate, and complete.

Tester Certification	Printed	Devon Giles	Date	9/22/22
	Signature			
License	IR9724244	Expiration Date: 3/31/22		
Certification Type (mark all that apply)	<input type="checkbox"/> Tank Manufacturer <input type="checkbox"/> Test Equipment Manufacturer <input checked="" type="checkbox"/> Other (specify): State			
Contact Information	Phone: (812)425-4137	Email:		
Company Name	Hinderliter Construction			

Facility #: 7170

Facility Address: 3025 N-St. Joseph Ave, Evans

**30 Day Walkthrough Inspection Report: 2023 (year)**  
**(Inspections must be conducted by the designated**

A/B Operator must initial and enter the date each month for each inspection, or enter N/A if applicable.	JAN	FEB	MAR
Lift spill bucket lids & visually check for damage, including inspecting for cracks, holes or bulges.	✓	✓	✓
Remove any liquid or debris found. Check for any potential sources of water entry, including surface water.	✓	✓	✓
Check spill buckets for release of regulated substances, including in the interstices of double wall spill buckets.	✓	✓	✓
Check for any obstructions lodged in fill pipe. Remove if found. Check that fill cap fits securely on the fill pipe.	✓	✓	✓
Check release detection equipment for operability. Check for any alarms or unusual operating conditions.	✓	✓	✓
Print 30 day ATG report from ATG or complete log of inspection for 2-wall spill buckets. Keep for inspector.	✓	✓	✓
Print & save 30 Day ATG PASS reports for leak detection & NORMAL reports for sensors. Keep for inspector.	✓	✓	✓
Check dispensers, hoses, nozzles &	✓	✓	✓

Facility #: 7170

Facility Address: 3025 N. St. Joseph Ave Evansville

**30 Day Walkthrough Inspection Report: 2024 (year)**  
**(Inspections must be conducted by the designated person)**

A/B Operator must initial and enter the date each month for each inspection, or enter N/A if applicable.	JAN	FEB	MA
Lift spill bucket lids & visually check for damage, including inspecting for cracks, holes or bulges.	✓	✓	✓
Remove any liquid or debris found. Check for any potential sources of water entry, including surface water.	✓	✓	✓
Check spill buckets for release of regulated substances, including in the interstices of double wall spill buckets.	✓	✓	✓
Check for any obstructions lodged in fill pipe. Remove if found. Check that fill cap fits securely on the fill pipe.	✓	✓	✓
Check release detection equipment for operability. Check for any alarms or unusual operating conditions.	✓	✓	✓
Print 30 day ATG report from ATG or complete log of inspection for 2-wall spill buckets. Keep for inspector.	✓	✓	✓
Print & save 30 Day ATG PASS reports for leak detection & NORMAL reports for sensors. Keep for inspector.	✓	✓	✓
Check dispensers, hoses, nozzles &	✓	✓	✓



ANNUAL WALKTHROUGH INSPECTION

1. UST Facility Information

Agency Interest Number (AI)	7170		
UST Facility Name	Always Open		
UST Facility Physical Address	Street Address: 3025 N St. Joseph Ave	City: Evansville	Zip Code: 47720

2. Annual Inspection Checklist

<i>The monthly walkthrough inspection is part of the annual walkthrough inspection and should be completed at the time of the annual inspection.</i>	Inspection Date								
	Tank Number / Product Type	1	UNL	2	PREM	3		4	

Spill Prevention

All Submersible Turbine Pump (STP) Areas	1. Visible piping and fittings show no signs of leakage	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	2. No evidence of a potential release into the environment	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	3. Excess corrosion is not present	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	4. STP area is free of debris	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	5. Metallic components are not in contact with soil or water, or are cathodically protected	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
STP in Containment Sump	6. Any water or product removed & properly disposed	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	7. Sumps are free of cracks, holes, or other defects	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	8. Sump lids, gaskets, & seals present & in good condition	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
All Dispenser Areas	9. Manway covers at grade in good condition, does not touch sump cover, all bolts present	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	10. Visible piping and fittings show no signs of leakage	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	11. No evidence of a potential release into the environment	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	12. Shear valves are present & securely anchored	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Dispensers with Liquid-Tight UDCs	13. Metallic components are not in contact with soil or water, or are cathodically protected	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	14. Any water or product removed & properly disposed	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	15. UDCs are free of trash, debris, & used filters	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	16. UDCs are free of cracks, holes, or other defects	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	17. Penetration fittings intact & secured	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A

**Annual Inspection Checklist** (continued from Section 2)

Tanks continued from previous page

**Tank Number / Product Type**

1

2

3

4

**Hand Held Release Detection Equipment**

**Tank Gauge Stick**

18. Tank gauge sticks can be clearly read & are not broken

Y

N

N/A

Y

N

N/A

Y

N

N/A

Y

N

N/A

**3. Problem and Solution / Repair Log**

(Corresponds to Section 2 – attach additional pages if necessary)

Description Item Number	Describe Problem	Describe Solution or Repair	Solution or Repair Date

**4. Certification**

I certify that I have personally examined and performed the walkthrough inspection as described above for this UST facility as established in 40 C.F.R. 280.36. I further certify that the information in this document is true, accurate and complete.

<b>Certification</b>	<i>Printed</i>	Tristan Martin	<b>Date</b>	5/8/2024
	<i>Signature</i>	<i>Tristan Martin</i>		

Check appropriate box:  UST System Owner     UST System Operator     Combined Class A & Class B Operator





## UST Electronic Release Detection Equipment Test

### 1. UST Facility Information

Agency Interest Number (AI)	7170		
UST Facility Name	Always Open		
UST Facility Physical Address	Street Address: 3025 N St. Joesph Ave		
	City: Evansville	County: Vanderburgh	Zip Code: 47720

### 2. Test Details

Test Date	5/8/2024
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### 3. Monitoring Console Information

Console Type <sup>1</sup>	Manufacturer <sup>2</sup>	Model <sup>3</sup>	Serial Number	Function Check	Alarms Test
ATG	Veeder Root	TLS-350	UTD	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
				<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

### 4. Automatic Tank Gauge Probe Information

Tank / Compartment	Product	Probe Type <sup>4</sup>	Manufacturer <sup>5</sup>	Model <sup>6</sup>	Serial Number	Function Check	
1	-	UNL	CSLD	Veeder Root	Mag 1	120452	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
2	-	PREM	CSLD	Veeder Root	Mag 1	171690	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
-							<input type="checkbox"/> Pass <input type="checkbox"/> Fail
-							<input type="checkbox"/> Pass <input type="checkbox"/> Fail
-							<input type="checkbox"/> Pass <input type="checkbox"/> Fail
-							<input type="checkbox"/> Pass <input type="checkbox"/> Fail

### 5. Sensor Information

Location <sup>7</sup>	Type <sup>8</sup>	Manufacturer <sup>9</sup>	Model <sup>10</sup>	Serial Number	Function Check
UNL STP	Float Switch	Veeder Root	Mag Sump	UTD	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
PREM STP	Float Switch	Veeder Root	Mag Sump	UTD	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail

<sup>1</sup> Monitoring Console Information – Console Type (e.g. ATG, ELLD, IM, etc.)

<sup>2</sup> Monitoring Console Information – Manufacturer (e.g. Veeder-Root, Incon, etc.)

<sup>3</sup> Monitoring Console Information – Model (e.g. TLS-350, TS-1001, etc.)

<sup>4</sup> Automatic Tank Gauge Probe Information – Probe Type (e.g. inventory only, leak detection [0.2/01], or CSLD/SCALD)

<sup>5</sup> Automatic Tank Gauge Probe Information – Manufacturer (e.g. Veeder-Root, Incon, etc.)

<sup>6</sup> Automatic Tank Gauge Probe Information – Model (e.g. MagPlus, TSP-LL2, etc.)

<sup>7</sup> Sensor Information – Location (e.g. DSL sump, dispenser ¼, RUL IM sensor, etc.)

<sup>8</sup> Sensor Information – Type (e.g. float-switch, liquid, optical, discriminating, magnetostrictive, vapor, hydrostatic, dry interstitial, solid state, solid state discriminating, groundwater, etc.)

<sup>9</sup> Sensor Information – Manufacturer (e.g. Veeder-Root, Incon, etc.)

<sup>10</sup> Sensor Information – Model (e.g. MagSump, Series 7943, TSP-DTS, TSP-HIS, etc.)





## UST Automatic Line Leak Detector Operational Test

### 1. UST Facility Information

Agency Interest Number (AI)	7170		
UST Facility Name	Always Open		
UST Facility Physical Address	Street Address: 3025 N St. Joesph Ave		
	City: Evansville	County: Vanderburgh	Zip Code: 47720

### 2. UST System Information & Testing Requirements

*(Attach additional pages as necessary)*

Test Date	5/8/2024				
Reason for Test <i>(mark all that apply)</i>	<input checked="" type="checkbox"/> Required Periodic Test		<input type="checkbox"/> New Installation		<input type="checkbox"/> DEP Directed <i>(specify):</i>
	<input type="checkbox"/> Suspected Release		<input type="checkbox"/> Repair		<input type="checkbox"/> Other <i>(specify):</i>
Piping Material	<input type="checkbox"/> Steel		<input type="checkbox"/> Fiberglass Reinforced Plastic		<input checked="" type="checkbox"/> Flexible Thermoplastic
Pipe Dimensions	Diameter (in): 1.5"		Length (ft): 120'		
Line Number / Product Type	1 / UNL	2 / PREM			
Manufacturer	Veeder Root	Veeder Root			
Model Number	116-056	116-056			
Manifolded System	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
STP Cycles On/Off	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 3. Mechanical Test Data

Full Pump Pressure (psi)	28	29			
Holding Pressure (psi)	14	15			
Resiliency (ml)	150	130			
Metering Pressure (psi)	12	12			
Opening Time (seconds)	2	5			
Leak Test Pressure (psi)	12	12			
Leak Test Volume (ml)	189	189			
Test Leak Rate (gph)	3	3			

### 4. Electronic Test Data

Set-up Parameters Correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Simulated Leak Alarm Type	<input type="checkbox"/> Audible <input type="checkbox"/> Visible	<input type="checkbox"/> Audible <input type="checkbox"/> Visible	<input type="checkbox"/> Audible <input type="checkbox"/> Visible	<input type="checkbox"/> Audible <input type="checkbox"/> Visible	<input type="checkbox"/> Audible <input type="checkbox"/> Visible
Simulated Leak Causes Pump Shutdown	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of test cycles before alarm or pump shutdown					
Test Results	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
New ALLD Installed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Comments</b>	The equipment was tested using Estabrook EZ Check Line leak detector equipment. ND=Not Determined
-----------------	--

**5. Certification**

I certify that all the information provided on this document is true, accurate, and complete.

<b>Tester Certification</b>	<i>Printed</i>	Tristan Martin	<b>Date</b>	5/8/2024
	<i>Signature</i>	<i>Tristan Martin</i>		
<b>License</b>	Number: UC107991	Expiration Date: 3/31/25		
<b>Certification Type</b> <i>(mark all that apply)</i>	<input checked="" type="checkbox"/> Test Equipment Manufacturer <input checked="" type="checkbox"/> Recognized Practice <input type="checkbox"/> Other <i>(specify)</i> :			
<b>Contact Information</b>	Phone: (812)425-4137	Email: tmartin@hci4.com		
<b>Company Name</b>	Hinderliter Construction - 3601 N. St. Joseph Avenue Evansville, Indiana 47720			





### UST Line Tightness Test

#### 1. UST Facility Information

Agency Interest Number (AI)	7170		
UST Facility Name	Always Open		
UST Facility Physical Address	Street Address: 3025 N St. Joesph Ave		
	City: Evansville	County: Vanderburgh	Zip Code: 47720

#### 2. Test Information

Test Date	5/8/2024		
Reason for Test <i>(mark only one)</i>	<input type="checkbox"/> New Install <i>(within 30 days from bringing into use)</i>	<input checked="" type="checkbox"/> Routine – Annual <i>(every 12 months)</i>	
	<input type="checkbox"/> Repair <i>(within 30 days)</i>	<input type="checkbox"/> Routine – Tri-Annual <i>(every 36 months)</i>	
	<input type="checkbox"/> Suspected Release – Incident #: _____	<input type="checkbox"/> DEP Directed <i>(specify):</i> _____	
Leak Threshold	<input type="checkbox"/> 0.1 gph	<input checked="" type="checkbox"/> 0.05 gph	<input type="checkbox"/> 0.01 gph <input type="checkbox"/> Other <i>(specify):</i> _____
Test Method and Pipe Diameter	Test Method: <u>Volumetric</u>	Pipe Diameter: <u>1.5"</u>	
Test Duration and Pressure	Minimum Test Duration <i>(min)</i> : <u>30</u>	Recommended Pressure <i>(psi)</i> : <u>50</u>	

#### 3. Piping Information

Piping Material	<input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass Reinforced Plastic <input checked="" type="checkbox"/> Flexible Thermoplastic <input type="checkbox"/> Other <i>(specify):</i> _____		
Configuration	<input type="checkbox"/> Single Wall <input checked="" type="checkbox"/> Double Wall		
Manufacturer/Model	Manufacturer: <u>UTD</u>	Model: <u>UTD</u>	
Type	<input checked="" type="checkbox"/> Pressurized <input type="checkbox"/> Suction		
Release Detection Method	<input type="checkbox"/> ELLD <sup>1</sup> <input type="checkbox"/> SIR <sup>2</sup> <input type="checkbox"/> Interstitial Monitoring <input checked="" type="checkbox"/> Annual Line Tightness Testing Other <i>(specify)</i> : <u>MLLD</u>		

#### 4. Pre-Test Data

Piping Isolation Method During Test		<input type="checkbox"/> Functional Element <input type="checkbox"/> Isolation Plug <input checked="" type="checkbox"/> Ball Valve <input type="checkbox"/> Other <i>(specify):</i> _____					
Line Number	Product Type	Piping Length (ft)	Operating Pressure (psi)	Number of Connected Dispensers	Number of Flex Connectors	Comments	Pretest Duration (min)
1	UNL	120'	28	4			5 min
2	PREM	120'	29	4			5 min

<sup>1</sup> ELLD – Electronic line leak detector  
<sup>2</sup> SIR – Statistical inventory reconciliation

**5. Line Tightness Test Data**

Line Number	Product Type	Time (military)	Pressure (psi)		Volume			Results	Secondary Containment Results			
			Before	After	Before	After	Net Change		Pass	Fail	N/A	
1	UNL	7:11-7:41	50	50	77	77	0	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
2	PREM	7:11-7:56	50	50	89	88	1	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
								<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
								<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
								<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
								<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
								<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
								<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
								<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A

Each line was tested using Estabrook test equipment with applied pressure of nitrogen with 3 recorded measurements every 15 minutes

**Comments** (e.g., repairs, retests, or unusual operating conditions)

**6. Certification**

I certify that all the information provided on this document is true, accurate, and complete.

<b>Tester Certification</b>	<i>Printed</i>	Tristan Martin	<b>Date</b>	5/8/2024
	<i>Signature</i>	<i>Tristan Martin</i>		
<b>License</b>	Number: UC107991	Expiration Date: 3/31/2025		
<b>Certification Type</b> (mark all that apply)	<input type="checkbox"/> Tank Manufacturer <input checked="" type="checkbox"/> Test Equipment Manufacturer <input checked="" type="checkbox"/> Other (specify):			
<b>Contact Information</b>	Phone: (812)425-4137	Email: Tmartin@hci4.com		
<b>Company Name</b>	Hinderliter Construction - 3601 N. St. Joseph Avenue Evansville, Indiana 47720			



Indiana Department of Environmental Management

A

Underground Storage Tank Program

Operator Training Certification

# *Certificate of Completion*

Awarded to:

Mahesh Modi

*For completion of IDEM's Underground Storage Tank Program  
accordance with 329*

License #: 21161

Issue Date: October 04, 2022



**B**

Indiana Department of Environmental Management

Underground Storage Tank Program

Operator Training Certification

100 North Senate Ave  
Indianapolis, Indiana, 46204  
(800) 451-6027 . (317) 232-2700  
www.idem.IN.gov

# *Certificate of Completion*

Awarded to:

Maheshchandra Modi

*For completion of IDEM's Underground Storage Tank "B" Operator Training  
accordance with 329 IAC 9.*

License #: 24264

Issue Date: June 27, 2024

Expiration Date: June 27, 2027

Brian C. Rockensuess, Commissioner

IDEM may require operator retraining if a UST System managed by the operator has documented deficiencies per 329 IAC 9.





# C Underground Storage Tank Program Operator Training Certification

## *Certification of Completion*

Awarded to:

Maheshchandra Modi

*For completion of "C" Operator Training in accordance with 329 IAC 9.*

Certification is applicable to the following location:

Company Name: Always Open Gas Mart

Address: 3025 N St Joseph Ave

City: Evansville, IN 47720

Facility ID#: \_\_\_\_\_

UST Facility ID#: 7170

Training Authorized by: Maheshchandra Modi License #(s): A - 24245

Class A or B Operator Signature: Mahesh D Modi

Training Provided by: Mahesh D Modi

Trainer Signature: M Modi

Issue Date: 06-24-24 Expiration Date\*: 06-24-27

\*Certification expires three (3) years from the date of issuance.

IDEM may require operator retraining if a UST System managed by the operator has documented deficiencies per 329 IAC 9.

Hinderliter Compliance and Testing  
 3601 North St. Joseph Avenue  
 Evansville, Indiana 47720

**UST Electronic Release Detection Equipment Test**

**1. UST Facility Information**

Agency Interest Number (AI)	7170		
UST Facility Name	Always Open		
UST Facility Physical Address	Street Address: 3025 North St. Joseph Ave		
	City: Evansville	County: Vanderburgh	Zip Code: 47720

**2. Test Details**

Test Date	05/27/2022
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**3. Monitoring Console Information**

Console Type <sup>1</sup>	Manufacturer <sup>2</sup>	Model <sup>3</sup>	Serial Number	Function Check	Alarms Test
ATG	Veeder-Root	TLS-350	61241021911001	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
				<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

**4. Automatic Tank Gauge Probe Information**

Tank / Compartment	Product	Probe Type <sup>4</sup>	Manufacturer <sup>5</sup>	Model <sup>6</sup>	Serial Number	Function Check
-3	unleaded	csld/scald	Veeder-Root	mag1	120452	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
-4	premium	csld/scald	Veeder-Root	mag1	171690	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
-						<input type="checkbox"/> Pass <input type="checkbox"/> Fail
-						<input type="checkbox"/> Pass <input type="checkbox"/> Fail
-						<input type="checkbox"/> Pass <input type="checkbox"/> Fail
-						<input type="checkbox"/> Pass <input type="checkbox"/> Fail

**5. Sensor Information**

Location <sup>7</sup>	Type <sup>8</sup>	Manufacturer <sup>9</sup>	Model <sup>10</sup>	Serial Number	Function Check
STP sump	float switch	Veeder-Root	794380-208	can't read #	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Stp sunp	float switch	Veeder-Root	794380-208	can't read #	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail

<sup>1</sup> Monitoring Console Information – Console Type (e.g. ATG, ELLD, IM, etc.)

<sup>2</sup> Monitoring Console Information – Manufacturer (e.g. Veeder-Root, Incon, etc.)

<sup>3</sup> Monitoring Console Information – Model (e.g. TLS-350, TS-1001, etc.)

<sup>4</sup> Automatic Tank Gauge Probe Information – Probe Type (e.g. inventory only, leak detection [0.2/01], or CSLD/SCALD)

<sup>5</sup> Automatic Tank Gauge Probe Information – Manufacturer (e.g. Veeder-Root, Incon, etc.)

<sup>6</sup> Automatic Tank Gauge Probe Information – Model (e.g. MagPlus, TSP-LL2, etc.)

<sup>7</sup> Sensor Information – Location (e.g. DSL sump, dispenser ¼, RUL IM sensor, etc.)

<sup>8</sup> Sensor Information – Type (e.g. float-switch, liquid, optical, discriminating, magnetostrictive, vapor, hydrostatic, dry interstitial, solid state, solid state discriminating, groundwater, etc.)

<sup>9</sup> Sensor Information – Manufacturer (e.g. Veeder-Root, Incon, etc.)

<sup>10</sup> Sensor Information – Model (e.g. MagSump, Series 7943, TSP-DTS, TSP-HIS, etc.)



Hinderliter Compliance and Testing  
 3601 N. St. Joseph Avenue  
 Evansville, Indiana 47720

**UST Line Tightness Test**

**1. UST Facility Information**

Agency Interest Number (AI)	7170		
UST Facility Name	Always Open		
UST Facility Physical Address	Street Address: 3025 North St. Joseph Ave		
	City: Evansville	County: Vanderburgh	Zip Code: 47720

**2. Test Information**

Test Date	05/27/2022		
Reason for Test (mark only one)	<input type="checkbox"/> New Install (within 30 days from bringing into use)	<input checked="" type="checkbox"/> Routine – Annual (every 12 months)	
	<input type="checkbox"/> Repair (within 30 days)	<input type="checkbox"/> Routine – Tri-Annual (every 36 months)	
	<input type="checkbox"/> Suspected Release – Incident #: _____	<input type="checkbox"/> DEP Directed (specify): _____	
Leak Threshold	<input type="checkbox"/> 0.1 gph	<input checked="" type="checkbox"/> 0.05 gph	<input type="checkbox"/> 0.01 gph <input checked="" type="checkbox"/> Other (specify): _____
Test Method and Max Pipe Capacity	Test Method: <u>pressure</u>	Max Pipe Capacity: _____	
Test Duration and Pressure	Minimum Test Duration (min): <u>30</u>	Recommended Pressure (psi): <u>50</u>	

**3. Piping Information**

Piping Material	<input type="checkbox"/> Steel <input checked="" type="checkbox"/> Fiberglass Reinforced Plastic <input type="checkbox"/> Flexible Thermoplastic <input checked="" type="checkbox"/> Other (specify): _____		
Configuration	<input checked="" type="checkbox"/> Single Wall <input type="checkbox"/> Double Wall		
Manufacturer / Model	Manufacturer: <u>N/D</u>	Model: <u>N/D</u>	
Type	<input checked="" type="checkbox"/> Pressurized <input type="checkbox"/> Suction		
Release Detection Method	<input type="checkbox"/> ELLD <sup>1</sup> <input type="checkbox"/> SIR <sup>2</sup> <input type="checkbox"/> Interstitial Monitoring <input checked="" type="checkbox"/> Annual Line Tightness Testing Other (specify): _____		

**4. Pre-Test Data**

Piping Isolation Method During Test		<input checked="" type="checkbox"/> Functional Element <input type="checkbox"/> Isolation Plug <input type="checkbox"/> Ball Valve <input type="checkbox"/> Other (specify): _____						
Line Number	Product Type	Piping Length (ft)	Operating Pressure (psi)	Number of Connected Dispensers	Number of Flex Connectors	Calculated Maximum Bleedback (gal)	Measured Bleedback (gal)	Pretest Duration (min)
1	Unleaded	N/D	30	4	N/D			5 min
2	Premium	N/D	29	4	N/D			5 min

<sup>1</sup> ELLD – Electronic line leak detector  
<sup>2</sup> SIR – Statistical inventory reconciliation

**5. Line Tightness Test Data**

Line Number	Product Type	Time (military)	Pressure (psi)		Volume			Results	Secondary Containment Results			
			Before	After	Before	After	Net Change		Pass	Fail	N/A	
1	Unleaded	8:00-8:30	50	50	87	87	0	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input checked="" type="checkbox"/> N/A
2	Premium	8:45-9:00	50	50	89	89	0	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input checked="" type="checkbox"/> N/A
								<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
								<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
								<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
								<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
								<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
								<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
								<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
								<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A

Each line was tested using Estabrook test equipment with applied pressure of nitrogen with 3 recorded measurements every 15 minutes  
 N/D=Not determined

**Comments** (e.g., repairs, retests, or unusual operating conditions)

**6. Certification**

I certify that all the information provided on this document is true, accurate, and complete.

<b>Tester Certification</b>	<i>Printed</i>	Steve Ottman	<b>Date</b>	5/27/22
	<i>Signature</i>			
<b>License</b>	Number: UC2000745315C		Expiration Date: 04/19/2023	
<b>Certification Type</b> (mark all that apply)	<input type="checkbox"/> Tank Manufacturer <input checked="" type="checkbox"/> Test Equipment Manufacturer <input checked="" type="checkbox"/> Other (specify):			
<b>Contact Information</b>	Phone: (812)425-4137		Email: sottman@hci4.com	
<b>Company Name</b>	Hinderliter Construction			

Hinderliter Compliance and Testing  
 3601 N. St. Joseph Avenue  
 Evansville, Indiana 47720

**UST Automatic Line Leak Detector Operational Test**

**1. UST Facility Information**

Agency Interest Number (AI)	7170		
UST Facility Name	Always Open		
UST Facility Physical Address	Street Address: 3025 North St. Joseph Ave		
	City: Evansville	County: Vanderburgh	Zip Code: 47720

**2. UST System Information & Testing Requirements**

*(Attach additional pages as necessary)*

Test Date	05/27/2022			
Reason for Test <i>(mark all that apply)</i>	<input checked="" type="checkbox"/> Required Periodic Test <input type="checkbox"/> New Installation <input type="checkbox"/> DEP Directed <i>(specify):</i> <input type="checkbox"/> Suspected Release <input type="checkbox"/> Repair <input type="checkbox"/> Other <i>(specify):</i>			
	<input type="checkbox"/> Steel <input checked="" type="checkbox"/> Fiberglass Reinforced Plastic <input type="checkbox"/> Flexible Thermoplastic <input checked="" type="checkbox"/> Other <i>(specify):</i>			
Piping Material				
Pipe Dimensions	Diameter (in): 2"		Length (ft): N/D	
Line Number / Product Type	1	2		
Manufacturer	N/D	N/D		
Model Number	N/D	N/D		
Manifolded System	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
STP Cycles On/Off	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**3. Mechanical Test Data**

Full Pump Pressure (psi)	30	29		
Holding Pressure (psi)	17	17		
Resiliency (ml)	328	322	05/27/2022	
Metering Pressure (psi)	10	10		
Opening Time (seconds)	3	Steve Ottman		
Leak Test Pressure (psi)	10	sottman@hci4.		
Leak Test Volume (ml)	189	189		
Test Leak Rate (gph)	3	3		

**4. Electronic Test Data**

Set-up Parameters Correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Simulated Leak Alarm Type	<input type="checkbox"/> Audible <input type="checkbox"/> Visible	<input type="checkbox"/> Audible <input type="checkbox"/> Visible	<input type="checkbox"/> Audible <input type="checkbox"/> Visible	<input type="checkbox"/> Audible <input type="checkbox"/> Visible	<input type="checkbox"/> Audible <input type="checkbox"/> Visible
Simulated Leak Causes Pump Shutdown	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of test cycles before alarm or pump shutdown					
Test Results	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
New ALLD Installed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Comments</b>	The equipment was tested using Estabrook EZ Check Line leak detector equipment. ND=Not Determined
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### 5. Certification

I certify that all the information provided on this document is true, accurate, and complete.

<b>Tester Certification</b>	<i>Printed</i> <b>Tristan Martin</b>	<b>Date</b> 5/27/22
	<i>Signature</i> <i>Steve Ottman</i>	
<b>License</b>	Number: UC2000745315C	Expiration Date: 04/19/2023
<b>Certification Type</b> <i>(mark all that apply)</i>	<input type="checkbox"/> Test Equipment Manufacturer <input type="checkbox"/> Recognized Practice <input type="checkbox"/> Other <i>(specify)</i> :	
<b>Contact Information</b>	Phone: (812)425-4137	Email: service@hci4.com
<b>Company Name</b>	Hinderliter Construction	