



**UNDERGROUND STORAGE
TANK INSPECTION REPORT**

INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT

UST FAC ID: **3527**

Inspector's Name:	Tristan Voge
Date:	July 1, 2024
Time In:	11:35
Time Out:	12:05
Inspection Type:	Initial

FACILITY NAME / LOCATION

FACILITY NAME Speedway 7675		FACILITY ADDRESS (number and street) 4325 SR 26 E		
ADDRESS (line 2)	CITY Lafayette	STATE IN	ZIP CODE 47905	COUNTY Tippecanoe

UST OWNER

UST Owner Name (If in Individual Capacity) Speedway LLC				BUSINESS ID (From the Secretary of State) 1997101575	
PREFIX Mr.	FIRST NAME Andrew	MI	LAST NAME Rice	SUFFIX	
TELEPHONE NUMBER (937) 864-3000		EMAIL ADDRESS Andrew.Rice@7-11.com			

UST OPERATOR

UST Operator Name (If in Individual Capacity) Speedway LLC				BUSINESS ID (From the Secretary of State) 1997101575	
PREFIX Mr.	FIRST NAME Andrew	MI	LAST NAME Rice	SUFFIX	
TELEPHONE NUMBER (937) 864-3000		EMAIL ADDRESS Andrew.Rice@7-11.com			

PROPERTY OWNER

UST Property Owner Name (If in Individual Capacity) Speedway LLC				BUSINESS ID (From the Secretary of State) 1997101575	
PREFIX Mr.	FIRST NAME Michael	MI	LAST NAME Byrne	SUFFIX	
TELEPHONE NUMBER (937) 864-3000		EMAIL ADDRESS Michael.Byrne@7-11.com			

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"/> UNK
An updated notification form is needed with the correct overfill equipment indicated for the K-1 and diesel USTs.					
O/O is in compliance with reporting & record keeping requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/> UNK
O/O is in compliance with release reporting or investigation	<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> UNK
REG secondary/PREM periodic test fails were observed dated 06/28/2024.					
O/O is in compliance with all UST closure requirements	<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> UNK
O/O has met all financial responsibility requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> UNK
40 CFR 280, Subpart A installation requirements (partially excluded) met	<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> UNK
40 CFR 280, Subpart B installation and upgrade requirements met	<input checked="" type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/> UNK
40 CFR 280, Subpart C spill/overfill control requirements met	<input checked="" type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> UNK
40 CFR 280, Subpart C compatibility requirements met	<input checked="" type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> UNK
40 CFR 280, Subpart C O&M and testing requirements met	<input checked="" type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/> UNK
40 CFR 280, Subpart D release detection requirements met	<input checked="" type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/> UNK
40 CFR 280, Subpart J operator training requirements met	<input checked="" type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/> UNK