



**UNDERGROUND STORAGE
TANK INSPECTION REPORT**

INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT

UST FAC ID: **5684**

Inspector's Name:	Todd Settles
Date:	July 2, 2024
Time In:	10:00
Time Out:	13:00
Inspection Type:	Initial

FACILITY NAME / LOCATION

FACILITY NAME Pilot Travel Center 31		FACILITY ADDRESS (number and street) 8150 Indianapolis Blvd.		
ADDRESS (line 2)	CITY Highland	STATE IN	ZIP CODE 46322	COUNTY Lake

UST OWNER

UST Owner Name (Business Name as registered with the Secretary of State) Pilot Travel Centers LLC				BUSINESS ID (From the Secretary of State) 2001042700132
PREFIX	FIRST NAME Joey	MI	LAST NAME Cupp	SUFFIX
TELEPHONE NUMBER (865) 588-7488	EMAIL ADDRESS joey.cupp@pilottravelcenters.com			

UST OPERATOR

UST Operator Name (Business Name as registered with the Secretary of State) Pilot Travel Centers LLC				BUSINESS ID (From the Secretary of State) 2001042700132
PREFIX	FIRST NAME Holly	MI	LAST NAME Earley	SUFFIX
TELEPHONE NUMBER (865) 588-7488	EMAIL ADDRESS holly.earley@pilottravelcenters.com			

PROPERTY OWNER

UST Property Owner Name (Business Name as registered with the Secretary of State) Emro Marketing Co. (merged)				BUSINESS ID (From the Secretary of State) 197610-282
PREFIX	FIRST NAME Joey	MI	LAST NAME Cupp	SUFFIX
TELEPHONE NUMBER (865) 588-7488	EMAIL ADDRESS joey.cupp@pilottravelcenters.com			

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	UNK
O/O is in compliance with all UST closure requirements	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	UNK
O/O has met all financial responsibility requirements	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	UNK
40 CFR 280, Subpart A installation requirements (partially excluded) met	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	N/A	UNK
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 type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	N/A	UNK
Fluid in DSL1,DSL2,ADSL,BIO DSL spill buckets to the extent they would not function as intend	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	UNK
40 CFR 280, Subpart C compatibility requirements met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	UNK
40 CFR 280, Subpart C O&M and testing requirements met	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	UNK	
Overfill testing provided is expired	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNK	
40 CFR 280, Subpart D release detection requirements met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNK	
40 CFR 280, Subpart J operator training requirements met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNK	