

## UNDERGROUND STORAGE TANK INSPECTION REPORT

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

UST FAC ID: 24867

Inspector's Name:	Adam James
Date:	July 2, 2024
Time In:	10:25
Time Out:	11:25
Inspection Type:	Initial

FACILITY NAME / LOCATION											
FACILITY NAME FACILITY ADDRESS (number and street)											
	lland Incorporated	LOITY	5550 W Clev		IZID OOF	\F	loc	NI INITA			
ADDRESS (line .	2)	South Bend		STATE <b>IN</b>	ZIP COE	6628		St Jo	ser	)h	
			T OWNER		·	00_0		0,00	J		
UST Owner Name (If in Individual Capacity)  BUSINESS ID (From the Secretary of State)											
USF Ho	lland Inc					1982	06-3	395			
PREFIX	Ruben	МІ	Byerley			-			SUFF	IX	
TELEPHONE NU		IEMAIL ADDRESS	руепеу								
TEEE! HONE IN			y@yrcfreight.d	com							
UST OPERATOR											
L .	ame (If in Individual Capacity)							om the Seci	etary c	of State)	
USF Ho		T				1982	06-3	95			
PREFIX	FIRST NAME Ruben	MI	Byerley						SUFF	IX	
TELEPHONE NU		EMAIL ADDRESS	руспсу								
		ruben.byerle	y@yrcfreight.d	com							
			ERTY OWNER								
	wner Name (If in Individual Capacity)	0				BUSINES	S ID (Fro	om the Secr	etary c	of State)	
PREFIX	rce Road Terminals LL		LAST NAME						lour	11/	
PREFIX	Stephen	MI	Hupp						SUFF	1/	
TELEPHONE NU		EMAIL ADDRESS	Пирр								
		COMPLIA	NCE ELEMENT	S							
All USTs p	operly registered and up-to-da	ate notification form	n on file		YES	XI	0			UNK	
	notification form with the current of			atus of the US							
O/O is in co	ompliance with reporting & rec	ord keeping require	ements	X	YES	N	10			UNK	
					1			<b>.</b> 1			
O/O is in co	ompliance with release reporting	ng or investigation			YES	N	O  >	< N/A		UNK	
				<u> </u>							
O/O is in co	ompliance with all UST closure	requirements			YES	l N	O  >	< N/A		UNK	
0/01	. 11.61	<u> </u>		157	LVEO		, T	LAUA		11111	
O/O has m	et all financial responsibility red	quirements		X	YES	N	ю	N/A		UNK	
40 CED 00	0, Subpart A installation requir	romanto (nartially o	valudad) mat		YES		10	N/A		UNK	
40 CFR 28	o, Subpart A installation requir	ements (partially e	xciuded) met	^	TES	<u></u>		N/A		UNK	
40 CER 28	0, Subpart B installation and u	narada requiremen	nte met		YES		10			UNK	
	pill bucket is cracked a			m as desid		<u> </u>				ON	
	0, Subpart C spill/overfill contr		<u> </u>		1		Ю	N/A		UNK	
40 01 11 20	o, Gubpart G Spiii/Gveriiii contr	or requirements in	<u> </u>		1.20			110/74		0	
40 CFR 28	0, Subpart C compatibility requ	irements met		IX	YES		Ю	N/A		UNK	
10 01 11 20	o, caspart o companismity rode	an onnonto mot						1			
40 CFR 28	0, Subpart C O&M and testing	requirements met			YES	XIN	Ю			UNK	
Spill bucket test, Overfill prevention test, Monthly and annual walkthrough inspections											
	0, Subpart D release detection				YES		0	-		UNK	
	RD records (USTs & p	· ·		k detector				e/sen	sor		
	0, Subpart J operator training		,,		YES		Ю			UNK	
	r Certificate A, B and C	•		•	-						