



**UNDERGROUND STORAGE
TANK INSPECTION REPORT**
INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT

Inspector's Name:	Doug Fisher
Date:	12/6/2016
Time In:	12:30 PM
Time Out:	2:30 PM
Inspection Type:	Initial

General Information

Facility Information	
Facility Name	BIGFOOT 74
Facility Location	6270 WABASH AVE Terre Haute, IN 47803, Vigo County
Facility Mailing Information	PO Box 347 Columbus, IN 47202
Owner Information	
UST Operator Certificate [329 IAC 9-9]	Name: Matt Jordan Compliant with IDEM'S UST "A" Operator Training in accordance with 329 IAC 9. Certification Expiration Date: 6/15/2019 Name: Matt Jordan Compliant with IDEM'S UST "B" Operator Training in accordance with 329 IAC 9. Certification Expiration Date: 6/29/2019

Operating Information

Facility Registration Number	7462
GPS Location Collected	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Previously Collected
Financial Assurance Financial Responsibility [329 IAC 9-8]	Yes
Number of Registered Tanks	2
Number of Compartmented USTs	0

General Comments

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Tank Information

Tank #	Contents	Status	Install Date
1	Gasoline	In Use	7/29/1994
ID	Dimensions	Capacity	Contents
1		12000	Gasoline
Corrosion Protection		Anode Test	
Tank	Piping		
Fiberglass			

	Flex Double Walled STP sumps FRP/Dry. UDC FRP/Dry- good shape.	
Last Tank Corrosion Test	Last Piping Corrosion Test	
Release Detection		Spill Protection
Tank	Piping	Spill Bucket
Automatic Tank Gauge VR 350 CSLD with passing results 12 mo.	In Line Detect Annual Pressurized Piping Annual Line Tightness Test MLLD's	Overfill Protection
		Ball Float

Tank #	Contents	Status	Install Date
2	Gasoline	In Use	7/29/1994

ID	Dimensions	Capacity	Contents
2		10000	Gasoline
Corrosion Protection			Anode Test
Tank	Piping		
Fiberglass	Flex Double Walled STP sumps FRP/Dry. UDC FRP/ Dry.		
Last Tank Corrosion Test	Last Piping Corrosion Test		
Release Detection			Spill Protection
Tank	Piping		Spill Bucket
Automatic Tank Gauge VR 350 CSLD with passing results 12 mo.	In Line Detect Annual Pressurized Piping Annual Line Tightness Test		Overfill Protection
			Automatic Shutoff

Compliance Checklist (Checked box indicates compliant at the time of this site inspection)	
Notification Requirements [329 IAC 9-2-2] <input type="checkbox"/> State Form 45233 (R5/1-14)	Piping Corrosion Protection (Impressed Current) Inspected [329 IAC 9-2-1] & [329 IAC 9-3.1] <input type="checkbox"/>
Reporting and Record Keeping [329 IAC 9-3] <input type="checkbox"/>	Spill Prevention [329 IAC 9-2-1] & [329 IAC 9-3.1] <input type="checkbox"/>
Tanks Corrosion System Protected [329 IAC 9-2] <input type="checkbox"/>	Overfill Device Present [329 IAC 9-2-1] & [329 IAC 9-3.1] <input type="checkbox"/>
Tanks Corrosion Protection (Galvanic) Tested [329 IAC 9-2-1] <input type="checkbox"/>	General Operating and Maintenance [329 IAC 3.1] <input type="checkbox"/>
Tanks Corrosion Protection (Impressed Current) Inspected <input type="checkbox"/>	Tanks/Piping Repairs Tested [329 IAC 9-3.1-4] <input type="checkbox"/>

Tanks Interior Lining Inspected [329 IAC 9-2.1-1] <input type="checkbox"/>	Secondary Containment [329 IAC 9-2-1] & [329 IAC 9-3.1] <input type="checkbox"/>
Piping Corrosion System Protected [329 IAC 9-2] <input type="checkbox"/>	Temporary Closure Requirements [329 IAC 9-6-5] <input type="checkbox"/>
Piping Corrosion Protection (Galvanic) Tested [329 IAC 9-2-1] & [329 IAC 9-3.1] <input type="checkbox"/>	Piping Release Detecting System [329 IAC 9-7-2] & [329 IAC 9-7-5] <input type="checkbox"/> Automatic Line Leak Detector; and <input type="checkbox"/> Annual Line Tightness Test
Tank Release Detection System Performance Standards [329 IAC 9-7-2] & [329 IAC 9-7-4] <input type="checkbox"/> Product Inventory Control <input type="checkbox"/> Manual Tank Gauging <input type="checkbox"/> Tank Tightness Testing <input type="checkbox"/> Automatic Tank Gauging <input type="checkbox"/> Tank Interstitial Sensor (monthly) <input type="checkbox"/> Statistical Inventory Reconciliation (SIR) <input type="checkbox"/> Other Type of Release Detection	Tanks and Piping Monitored Periodically for Release [329 IAC 9-7-2] & [329 IAC 9-7-5] <input type="checkbox"/> Monthly Tank Tests <input type="checkbox"/> Monthly Piping Tests (or annual) <input type="checkbox"/> In-line Leak Detectors (annual) <input type="checkbox"/> Monthly Piping STP Sensor Tests
Owner or Operator UST Operator Training Designation <input type="radio"/> "A" Operator Training Certificate of Completion <input type="radio"/> "B" Operator Training Certificate of Completion <input type="radio"/> "C" Operator Training Certificate of Completion	

Inspection Results/Action	
Inspection Results:	Compliant
Facility Status:	Active
Documents and Photos Comments:	
Written Summary of Inspection: No violations were discovered during inspection. **Site is in Compliance.	
<input type="checkbox"/> Fuel Prohibition/ Red Tag	<input type="checkbox"/> Suspected release found during inspection



Testing and Inspection Certificate

Tanknology Inc.
11000 North MoPac Expressway, Suite 500, Austin, TX 78759
800-800-4633 www.tanknology.com

Test Date	12/21/2015	Tanknology WO#	MW1-6167957
Test Purpose	COMPLIANCE	Customer PO#	MIDWEST

<u>Customer</u> CIRCLE K P.O. BOX 347 COLUMBUS, IN 47202 Attn: TIM WALLACE (812) 378-1772	<u>Location</u> CIRCLE K #74 (10074) 6270 E. WABASH STREET TERRE HAUTE, IN 47803 Attn: MANAGER (812) 877-4887
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Test / Inspection Description	Item Tested	Date Tested	Result
Precision Line Tightness (.1 GPH)	Tank 1 Line 1 UNLEADED	12/21/2015	Pass
Precision Line Tightness (.1 GPH)	Tank 2 Line 1 PREMIUM	12/21/2015	Pass
Line Leak Detector (3 GPH)	Tank 1 Line 1 UNLEADED	12/21/2015	Pass
Line Leak Detector (3 GPH)	Tank 2 Line 1 PREMIUM	12/21/2015	Pass
Impact Valve Inspection	See test report for details	12/21/2015	Pass
Leak Detection Monitoring System Inspection	See test report for details	12/21/2015	Pass

Tanknology Representative: DanBatten Telephone: (614) 582-7641	Technician: Doug Smith Technician Certification: (See forms)
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Product Line Tightness Test

Work Order: 6167957 Date: 12/21/2015
Site Name/ID: CIRCLE K #74 / 10074
Address: 6270 E. WABASH STREET
City: TERRE HAUTE State: IN Zip: 47803

Tank Information	Tank # 1 Line # 1	Tank # 2 Line # 1	Tank # Line #	Tank # Line #	Tank # Line #	Tank # Line #
Test Method	TLD-1	TLD-1				
Customer Tank ID	1	2				
Product Name	UNLEADED	PREMIUM				
Delivery Type	Pressure	Pressure				
Test Pressure	60	60				
Test Start Time	10:17	10:17				
Test End Time	11:17	11:17				
Final Leak Rate	0.00	0.00				
Test Result(P/F/I)	Pass	Pass				
Test was performed per 3rd party certifications as specified in 40 CFR parts 280 and 281	Yes	Yes				

Technician Comments:

Technician Name: Doug Smith Certification #: 89342 exp: 11/19/2018
Technician Signature:

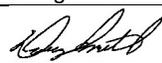


LDT 5000 Field Test Apparatus
Line Leak Detector Test

Work Order: 6167957 Date: 12/21/2015
Site Name / ID: CIRCLE K #74 / 10074
Address: 6270 E. WABASH STREET
City: TERRE HAUTE State: IN Zip: 47803

Tank ID	1	2				
Product	UNLEADED	PREMIUM				
Product Line	1	1				
Tested From	5	5				
Existing/New	Existing	Existing				
Mechanical/Electronic	Mechanical	Mechanical				
Manufacturer/Model	Red Jacket XLP	Veeder Root FX1V				
Serial No.	unreadable	109040987				
Pump Operating Pressure (psi)	28.00	27.00				
Calibrated Leak (ml/min)	189.0	189.0				
Calibrated Leak (gph)	3.00	3.00				
Holding PSI <i>*N/A for Electronic LD's</i>	18.00	13.00				
Resiliency (ml) <i>*N/A for Electronic LD's</i>	190.00	140.00				
Metering PSI <i>*N/A for Electronic LD's</i>	10	8				
Opening Time (sec) <i>*N/A for Electronic LD's</i>	4	5				
Test Results	Pass	Pass				

Technician Comments:

Technician Name: Doug Smith Certification #: 89337
Technician Signature:  Expire Date: 9/27/2018

MONITORING SYSTEM CERTIFICATION

This form is used to document testing and servicing of tank and piping leak monitoring equipment. If required by applicable law, a copy of the completed form must be provided by the Testing Contractor or owner to the governing UST agency as required by regulation.

A. General Information

Facility Name: CIRCLE K #74 Bldg. No.: _____
 Site Address: 6270 E. WABASH STREET City: TERRE HAUTE State: IN Zip: 47803
 Facility Contact Person: MANAGER Contact Phone No.: 812-877-4887
 Make/Model of Monitoring System: Veeder Root tIs 350 Date of Testing/Servicing: 12/21/2015

B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced:

<p>Tank ID: <u>1 - UNLEADED</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>Mag plus</u></p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>Red Jacket XLP</u></p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: <u>2 - PREMIUM</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>Mag plus</u></p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>Veeder Root FX1V</u></p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Dispenser ID: <u>1/2</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p>Dispenser ID: <u>3/4</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p>Dispenser ID: <u>5/6</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; (check all that apply): System set-up Alarm history report

Technician Name (print): Doug Smith Signature: 

Certification No.: B42300 License No.: _____

Testing Company Name: Tanknology Phone No.: (800) 800-4633

Testing Company Address: 11000 N. MoPac Expressway Suite 500 Date of Testing/Servicing: 12/21/2015

D. Results of Testing/Serviceing

Software Version Installed: 127.04

Complete the following checklist:

<input checked="" type="radio"/> Yes	<input type="radio"/> No* <input type="radio"/> N/A	Is the visual alarm on the console operational?
<input checked="" type="radio"/> Yes	<input type="radio"/> No* <input type="radio"/> N/A	Is the audible alarm on the console operational?
<input type="radio"/> Yes	<input checked="" type="radio"/> No	Is the external visual overfill alarm (light unit) present?
<input type="radio"/> Yes	<input type="radio"/> No* <input checked="" type="radio"/> N/A	Is the external visual overfill alarm operating properly?
<input type="radio"/> Yes	<input checked="" type="radio"/> No	Is the external audible overfill alarm (light unit) present?
<input type="radio"/> Yes	<input type="radio"/> No* <input checked="" type="radio"/> N/A	Is the external audible overfill alarm operating properly?
%	<input checked="" type="checkbox"/> N/A	At what percent of tank(s) capacity is the external alarm programmed to trigger? <i>If different % between tanks, clarify in section E.</i>
<input type="radio"/> Yes	<input type="radio"/> No* <input checked="" type="radio"/> N/A	Were all sensors visually inspected, functionally tested, and confirmed operational?
<input type="radio"/> Yes	<input type="radio"/> No* <input checked="" type="radio"/> N/A	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
<input type="radio"/> Yes	<input type="radio"/> No* <input checked="" type="radio"/> N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? <i>(Check all that apply)</i> <input type="checkbox"/> Sump/Trench Sensors; <input type="checkbox"/> Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks <u>and</u> sensor failure/disconnection? <input checked="" type="radio"/> Yes; <input type="radio"/> No
<input type="radio"/> Yes*	<input checked="" type="radio"/> No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
<input type="radio"/> Yes*	<input checked="" type="radio"/> No	Was liquid found inside any secondary containment systems designed as dry systems? <i>(Check all that apply)</i> <input type="checkbox"/> Product; <input type="checkbox"/> Water. If yes, describe causes in Section E, below.
<input checked="" type="radio"/> Yes	<input type="radio"/> No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
<input checked="" type="radio"/> Yes	<input type="radio"/> No*	Is all monitoring equipment operational per manufacturer's specifications?

* In Section E below, describe how and when these deficiencies were or will be corrected.

E. Comments:

F. In-Tank Gauging / SIR Equipment:

- Check this box if tank gauging is used only for inventory control.
- Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

<input checked="" type="radio"/> Yes	<input type="radio"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input checked="" type="radio"/> Yes	<input type="radio"/> No*	Was accuracy of system product level readings tested?
<input checked="" type="radio"/> Yes	<input type="radio"/> No*	Was accuracy of system water level readings tested?
<input checked="" type="radio"/> Yes	<input type="radio"/> No*	Were all probes reinstalled properly?
<input checked="" type="radio"/> Yes	<input type="radio"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In the Section H, below, describe how and when these deficiencies were or will be corrected.

G. Line Leak Detectors (LLD):

- Check this box if LLDs are not installed.

Complete the following checklist:

<input checked="" type="radio"/> Yes	<input type="radio"/> No* <input type="radio"/> N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? <i>(Check all that apply)</i> Simulated leak rate: <input checked="" type="checkbox"/> 3 g.p.h.; <input type="checkbox"/> 0.1 g.p.h.; <input type="checkbox"/> 0.2 g.p.h.
<input checked="" type="radio"/> Yes	<input type="radio"/> No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
<input checked="" type="radio"/> Yes	<input type="radio"/> No*	Was the testing apparatus properly calibrated?
<input checked="" type="radio"/> Yes	<input type="radio"/> No* <input type="radio"/> N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
<input type="radio"/> Yes	<input type="radio"/> No* <input checked="" type="radio"/> N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
<input type="radio"/> Yes	<input type="radio"/> No* <input checked="" type="radio"/> N/A	For electronic LLDs that are programmed for positive shut down, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
<input type="radio"/> Yes	<input type="radio"/> No* <input checked="" type="radio"/> N/A	For electronic LLDs that are programmed for positive shut down, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
<input type="radio"/> Yes	<input type="radio"/> No* <input checked="" type="radio"/> N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
<input checked="" type="radio"/> Yes	<input type="radio"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In the Section H, below, describe how and when these deficiencies were or will be corrected.

H. Comments:

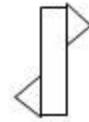
DID OVERALL MONITOR SYSTEM TESTING PASS (Check One)? YES NO
INCONCLUSIVE



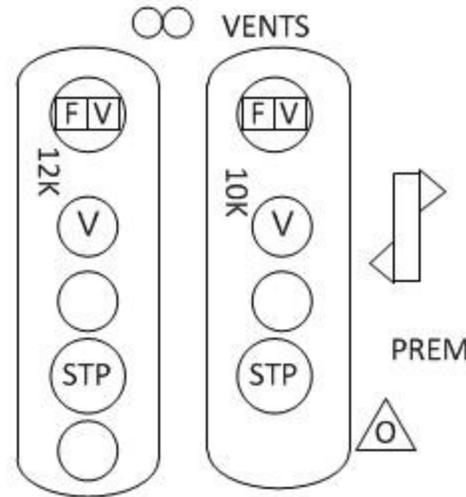
Site Diagram

(This site diagram is for reference only and is not drawn to scale)

Work Order: 6167957
Site ID / Name: 10074 / CIRCLE K #74
Address: 6270 E. WABASH STREET
City: TERRE HAUTE State: IN Zip: 47803



REG



Site Name/ #: Cirdek 74 Street Address: 1770 E. Mohawk ST Terrell, TX W.O. # 616 7957

Arrival Time: 9:37 Departure Time: 11:37 Travel Time: _____ Date: 12/21/15

Scope of Work and Tasks Performed (JSA's must be available for all tasks):
Line 1100 Imper ATG

Repairs to Equipment or Parts Provided: _____

Follow-up actions required; equipment isolated; comments:

PPE - PERSONAL PROTECTIVE EQUIPMENT REQUIRED (Check items used or mark ~ if not applicable)

<input checked="" type="checkbox"/> Safety Vest	<input checked="" type="checkbox"/> Safety Glasses	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Hearing Protection
<input checked="" type="checkbox"/> Steel Toe Boots	<input type="checkbox"/> Splash Goggles	<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Other

- PRE-TEST PROCEDURES (Check each item completed or mark ~ if not applicable)**
- Discuss safety procedures with site personnel. Nearest hospital: _____
 - Prior to fuel deliveries the UST system must be placed back into working order.
 - Secure entire work area with barricades (cones, flags, and caution tape, pennant flags, or other perimeter guard).
 - Place fire extinguishers and "No Smoking" signs in the work area.
 - Implement Lockout/Tagout per API 1646 (when accessing product piping during tasks)
 - All applicable equipment disabled during test(s).
 - Secure nozzles with "Out of Service" bags and nylon ties.
 - Close ball valves or check valves on product piping.
 - Secure the circuit breaker(s) with lockout devices and tags.
 - Verify LOTO is complete by trying to operate pumps.
 - Disconnect electrical "bayonet" connector from the STP(s).

SIGN IN

General Safety Checks:
 All site personnel have been informed.
 Fuel delivery has been informed.
 Is a fuel delivery due today? _____
 LOTO procedures have been discussed and agreed.
 Work areas barricaded to protect workers, staff & public.

Lead Technician Name <u>Doug Smith</u>	Lead Technician Signature <u>[Signature]</u>
Site Representative Name <u>Darin Byerley</u>	Site Representative Signature <u>[Signature]</u>

I have discussed job clearance form with technician.

- POST-TEST PROCEDURES (Check each item completed or mark ~ if not applicable)**
- Remove all "Lockout/Tagout" devices.
 - Run all pumps and verify there are no leaks:
 - Leak Detector Threads on STP's
 - Impact Valve Test Ports under dispensers
 - Functional Elements & Relief Screws
 - Install lead wire seal on all test plugs & leak detectors that were serviced.
 Count LD threads: L1 ___ L2 ___ L3 ___ L4 ___ L5 ___ L6 ___
 - Check following components operational:

<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Ball floats, dry breaks & caps <input checked="" type="checkbox"/> Containment sumps are dry <input checked="" type="checkbox"/> Dispenser panels are replaced <input checked="" type="checkbox"/> Leak detectors & vent tubes <input checked="" type="checkbox"/> Monitoring system is operational <input checked="" type="checkbox"/> Siphon lines and manifold valves <input checked="" type="checkbox"/> STP fittings and bayonet connectors 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> ATG probes, sensors, & caps <input checked="" type="checkbox"/> Cathodic protection operational <input checked="" type="checkbox"/> Dispensers & POS operational <input checked="" type="checkbox"/> Drop tubes, fill adapters & caps <input checked="" type="checkbox"/> Manhole covers and sump lids <input checked="" type="checkbox"/> Shear valves are open <input checked="" type="checkbox"/> Siphon lines and manifold valves <input checked="" type="checkbox"/> Vents (not capped, plugged or isolated)
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 - Remove barricades.

SIGN OUT & Operator Verification of Work (OVF)

General Safety Checks:
 Work area has been left tidy & safe.
 Site staff are aware of work status including any remaining isolation.
 Changes to equipment are documented and communicated.
 All incidents, near incidents, and unsafe situations reported.

Site Representative Comments: _____

Lead Technician Name <u>Doug Smith</u>	Lead Technician Signature <u>[Signature]</u>
Site Representative Name <u>Darin Byerley</u>	Site Representative Signature <u>[Signature]</u>

W.O. # MW1-6167957
 Cust Ref#: MIDWEST



UNDERGROUND STORAGE TANK INSPECTION REPORT

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
Office of Land Quality, UST Section
100 N. Senate Avenue
Indianapolis, IN 46204-2251
Telephone: (800) 451-6027 or (317) 234-4112

INSPECTION FINDINGS and FURTHER ACTION

- NOTICE OF COMPLIANCE NOTICE OF DEFICIENCIES

This is to notify you that on 12/6/2016 a site inspection for BIGFOOT 74 Facility Identification # 7462, located at 6270 WABASH AVE Terre Haute IN, was conducted by the undersigned representative of the Indiana Department of Environmental Management (IDEM), Office of Land Quality, Underground Storage Tank (UST) Section.

Site Inspection Findings:

Based on all the information obtained during the site inspection, this facility :

- DOES MEET** the equipment, operating, maintenance and financial responsibility requirements set forth in Indiana's **UST Rule 329 IAC 9**.
- DOES NOT MEET** the equipment, operating, maintenance and financial responsibility requirements set forth in Indiana's **UST Rule 329 IAC 9**
[see possible additional attachments].
- Presented Potential Violations were observed and may require further investigation(s).
[see possible additional attachments].
- Presented Other Compliance Needs and UST System Recommendations [additional comments may be attached]:

.....
As a Facility Representative, I certify receipt of the Inspection Report of the indicated site inspection above and that significant details have been verbally communicated to the undersigned. In accordance with IC 13-14-5-4, matters not evident to IDEM at the time of the inspection, might not be included in either the verbal or written Inspection Report.

Facility Representative:

Printed Name	Signature	Contact Number	Email	Date
Lauren Hosier	<i>Lauren Hosier</i>	812 877 4887		12-6-12

UST Compliance Inspector:

Printed Name	Signature	Contact Number	Email	Date
Doug Fisher	<i>Doug Fisher</i>	317-727-4766	dfisher@idem.IN.gov	12/6/2016

Compliance Assistance:

In addition, compliance education links and materials can be found by visiting IDEM's UST web site at <http://www.in.gov/idem/landquality/2336.htm>, Compliance and Technical Assistance Program (CTAP) at <http://www.in.gov/idem/ctap/2328.htm> and the United States Environmental Protection Underground Storage Tanks (OUST) at <http://www.epa.gov/oust>.