



UST INSPECTION COMPLIANCE SUMMARY
 State Form 49216 (R3 / 12-09)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Facility ID	202
Date (month, day, year)	2/10/2015
Time in	2:00
Time out	3:00

Facility name	Circle K #2293	Owner name	MAC's Convenience Stores
Street address (number and street)	4841 N. Pennsylvania	Street address (number and street)	
City	Indianapolis	State	IN
ZIP Code		City	Columbus
		State	IN
		ZIP code	

REGISTERED FACILITY YES NO FINANCIAL ASSURANCE YES NO

1.	2.	3.	4.	5.	
TANK	TANK	TANK	TANK	TANK	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gasoline
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diesel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K-1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Used Oil
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazmat

STATUS					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In use
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temp. Closed (Compliant UST's)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Install date
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gallons

TANK TYPE					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fiber
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other

Well Head Protection Area Requirement 329 IAC 9-2-1.1					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Double Walled
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spill Protection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overfill protection

CORROSION PROTECTION					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	IMPRESSED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GALVANIC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NONE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER p <u>RP</u> T
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ANODE TEST READINGS

OPERATION AND MAINTENANCE RECORD KEEPING - CP					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PASSED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FAILED

LEAK DETECTION					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inventory & Tank Tightness
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Manual Tank Gauging
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ATG <u>Veeder Root</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G. W. MONITORING
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAPOR MONITORING
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SIR

Well Head Protection Area Requirement 329 IAC 9-2-1.1					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Double walled / Interstitial Monitoring
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pressurized Piping <u>ELLD</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Line Leak Detectors
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Line Tightness
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Suction Piping (American)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Suction Piping (European)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NONE
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OTHER

OPERATION AND MAINTENANCE RECORD KEEPING - RD					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PASSED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FAILED

Failure to comply with any of the above record keeping or operation/maintenance requirements could mean loss of excess liability funding Indiana Code (IC) 13-23-8-4 (a) (1) (b).

Based on all the information obtained during the site inspection, this facility ~~DOES NOT~~ meet the equipment, operating and maintenance requirements set forth in Indiana's Underground Storage Tank Rule 329 IAC 9

Shield 2-10-15 John Gunter 317 605 4469
 FACILITY REPRESENTATIVE DATE (month, day, year) INSPECTOR TELEPHONE NUMBER

COMMENTS: STP sump ✓ T-1 + 3 had some liquid (not in contact w/ sensors) fip pipe, s.s. connective pipe, ELLDs Dispenser ✓ mainly dry, red #1/2 had drip of product, pipe in chase

IDEM Office of Underground Storage Tanks (UST) Compliance Inspection Additional Comments

Date (month, day, year)	2/10/2015	Time	2:30	County	Marion
Facility	Circle K #2293				
Location	4841 N. Pennsylvania, Indpls.				
Facility ID	202	Not regulated			
Inspected by	John Gunter				

COMMENTS

The following requirements must be completed to be in compliance with UST Rule 329 IAC 9:

*① Provide C-certified operator on-site at all times of operation. An Operator C was not on-site at time of inspection.

② Empty spill buckets of product. Tank 1 fill spill bucket is filled to top of drop tube with product.

Empty Tank 1 vapor recovery containment of liquid to prevent water from entering tank.

③ Investigate dispenser # 1/2 for leakage and repair as needed.

(Tank # 2 midgrade tank is completing pressure line tests with passing results. This observation is made as followup to suspected release from this line reported to IDEM 1/8/2015.)

* (Tank 2 completed at time of inspection.)

Shirley C 2-10-15

John Gunter

Facility representative signature

Inspector signature