



# UNDERGROUND STORAGE TANK INSPECTION REPORT

INDIANA DEPARTMENT OF  
ENVIRONMENTAL MANAGEMENT

UST FAC ID: **25298**

|                   |                    |
|-------------------|--------------------|
| Inspector's Name: | Danny Rice         |
| Date:             | September 30, 2024 |
| Time In:          | 09:00              |
| Time Out:         | 08:00              |
| Inspection Type:  | Initial            |

| FACILITY NAME / LOCATION                                                                  |                       |  |                                    |         |                                                               |                                     |                                                            |                                     |    |                                     |     |     |
|-------------------------------------------------------------------------------------------|-----------------------|--|------------------------------------|---------|---------------------------------------------------------------|-------------------------------------|------------------------------------------------------------|-------------------------------------|----|-------------------------------------|-----|-----|
| FACILITY NAME<br>Phillips 66                                                              |                       |  |                                    |         | FACILITY ADDRESS (number and street)<br>5034 E Raymond Street |                                     |                                                            |                                     |    |                                     |     |     |
| ADDRESS (line 2)                                                                          |                       |  | CITY<br>Indianapolis               |         | STATE<br>IN                                                   | ZIP CODE<br>46203                   |                                                            | COUNTY<br>Marion                    |    |                                     |     |     |
| UST OWNER                                                                                 |                       |  |                                    |         |                                                               |                                     |                                                            |                                     |    |                                     |     |     |
| UST Owner Name (If in Individual Capacity)<br>MKR2 Inc / Rajwant Kaur                     |                       |  |                                    |         |                                                               |                                     | BUSINESS ID (From the Secretary of State)<br>2015121601049 |                                     |    |                                     |     |     |
| PREFIX<br>Ms.                                                                             | FIRST NAME<br>Rajwant |  |                                    | MI<br>K | LAST NAME<br>Mander                                           |                                     |                                                            | SUFFIX                              |    |                                     |     |     |
| TELEPHONE NUMBER<br>(317) 602-4545                                                        |                       |  | EMAIL ADDRESS<br>mkr2inc@gmail.com |         |                                                               |                                     |                                                            |                                     |    |                                     |     |     |
| UST OPERATOR                                                                              |                       |  |                                    |         |                                                               |                                     |                                                            |                                     |    |                                     |     |     |
| UST Operator Name (If in Individual Capacity)<br>MKR2 Inc / Rajwant Kaur                  |                       |  |                                    |         |                                                               |                                     | BUSINESS ID (From the Secretary of State)<br>2015121601049 |                                     |    |                                     |     |     |
| PREFIX<br>Ms.                                                                             | FIRST NAME<br>Rajwant |  |                                    | MI<br>K | LAST NAME<br>Mander                                           |                                     |                                                            | SUFFIX                              |    |                                     |     |     |
| TELEPHONE NUMBER<br>(317) 602-4545                                                        |                       |  | EMAIL ADDRESS<br>mkr2inc@gmail.com |         |                                                               |                                     |                                                            |                                     |    |                                     |     |     |
| PROPERTY OWNER                                                                            |                       |  |                                    |         |                                                               |                                     |                                                            |                                     |    |                                     |     |     |
| UST Property Owner Name (If in Individual Capacity)<br>MKR2 Inc / Rajwant Kaur            |                       |  |                                    |         |                                                               |                                     | BUSINESS ID (From the Secretary of State)<br>2015121601049 |                                     |    |                                     |     |     |
| PREFIX<br>Ms.                                                                             | FIRST NAME<br>Rajwant |  |                                    | MI<br>K | LAST NAME<br>Mander                                           |                                     |                                                            | SUFFIX                              |    |                                     |     |     |
| TELEPHONE NUMBER<br>(317) 602-4545                                                        |                       |  | EMAIL ADDRESS<br>mkr2inc@gmail.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 type="checkbox"/>            | YES                                                        | <input type="checkbox"/>            | NO | <input checked="" type="checkbox"/> | N/A | UNK |
| O/O is in compliance with all UST closure requirements                                    |                       |  |                                    |         |                                                               | <input type="checkbox"/>            | YES                                                        | <input type="checkbox"/>            | NO | <input checked="" 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 checked="" type="checkbox"/> | YES                                                        | <input type="checkbox"/>            | NO | <input 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 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 |     |
| STP and UDC testing for interstitial monitoring, Unable to verify interstitial monitoring |                       |  |                                    |         |                                                               |                                     |                                                            |                                     |    |                                     |     |     |
| 40 CFR 280, Subpart D release detection requirements met                                  |                       |  |                                    |         |                                                               | <input type="checkbox"/>            | YES                                                        | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/>            | UNK |     |
| Passing line leak detector testing                                                        |                       |  |                                    |         |                                                               |                                     |                                                            |                                     |    |                                     |     |     |
| 40 CFR 280, Subpart J operator training requirements met                                  |                       |  |                                    |         |                                                               | <input checked="" type="checkbox"/> | YES                                                        | <input type="checkbox"/>            | NO | <input type="checkbox"/>            | UNK |     |