



## INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

*We Protect Hoosiers and Our Environment.*

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**Eric J. Holcomb**  
Governor

**Bruno L. Pigott**  
Commissioner

April 29, 2021

MBS Petroleum, Inc.  
Attn: Sarwan Singh, Registered Agent  
15482 Bryanton Ct  
Granger, IN 46530

MBS Petroleum, Inc.  
Attn: Sarwan Singh  
Via email: [sarwanp3@gmail.com](mailto:sarwanp3@gmail.com)

Re: Violation Letter  
Brothers Express Mart  
1149 N. Main St  
Goshen, Elkhart County  
UST Facility ID # **25131**

Dear Mr. Singh:

An inspector from the Indiana Department of Environmental Management (IDEM), Underground Storage Tank (UST) Section, conducted an inspection of the site referenced above on April 16, 2021.

The inspection was conducted pursuant to Indiana Code (IC) 13-14-2-2 to determine compliance with the provisions of IC 13-23 and 329 IAC 9. In accordance with IC 13-14-5, a summary of the inspection is provided below:

Type of Inspection: Initial

Results of Inspection: Violations were discovered and require a submittal.

Within thirty (30) days of receipt of this letter, documentation demonstrating compliance with each of the requirements listed in the attached Inspection Report and Description of Violations (DOV) must be submitted to IDEM. Failure to submit this documentation may lead to this facility being referred for enforcement.

An enforcement action may include civil penalties of up to \$10,000 per UST. Enforcement actions may also affect the owner's and/or operator's eligibility for reimbursement from the Excess Liability Trust Fund (ELTF). Additionally, IDEM may deem the UST's at this facility ineligible for delivery, deposit or acceptance of regulated substances pursuant to IC 13-23-1-4. Finally, federal and criminal penalties may apply for failure to provide required notification; or submitting false information pursuant to IC 13-23-14-2 and liable under IC 13-30-10.



A State that Works

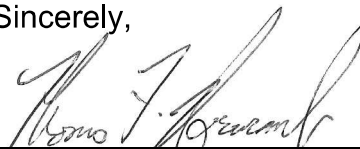
Thank you for your attention to this matter. Please submit the required documents to the UST Section via email at [USTCompliance@idem.in.gov](mailto:USTCompliance@idem.in.gov). Include in the subject line of the response the UST Facility ID # **25131**.

Inspector: Tristan Voge  
Phone: (317) 719-2574

Direct any questions regarding the inspection to:

Compliance Manager: Brandon Davis  
Phone: (317) 464-7666

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas F. Newcomb", is written over a horizontal line.

Thomas F. Newcomb, Chief  
UST Compliance Section  
Office of Land Quality

cc: Brandon Davis  
Tristan Voge  
UST Facility ID File # 25131

### DESCRIPTION OF VIOLATIONS

This inspection or records review revealed that the owner and/or operator of this facility is in violation of Indiana UST Rule 329 IAC 9. 329 Indiana Administrative Code ("IAC") 9 incorporates certain federal underground storage tank requirements found in 40 Code of Federal Regulations ("CFR") Part 280, including those identified below. The Description of Violations (DOV) and corrective measures are as follows:

|                                                                              |                                       |
|------------------------------------------------------------------------------|---------------------------------------|
| FACILITY NAME: <b>Brothers Express Mart</b>                                  | UST FACILITY ID: <b>25131</b>         |
| ADDRESS: <b>1149 North Main Street<br/>Goshen, IN 46528 - Elkhart County</b> | INSPECTION DATE:<br><b>04/16/2021</b> |

### VIOLATIONS NOTED IN THIS INSPECTION

#### **329 IAC 9-2-2(c) – Failure to register/notify with complete information**

##### Citation:

Pursuant to 329 IAC 9-2-2(c), an owner required to submit a notification under this section shall provide:

- (1) a notification for each UST owned;
- (2) complete information required on the form for each UST owned; and
- (3) if applicable, a separate notification form for each separate place of operation at which the USTs are located.

##### Violation Details:

*The owner and/or operator of the UST system(s) at this site are in violation of this rule because an updated notification form is needed with the correct form of overfill prevention equipment.*

##### Corrective Action:

The owner and/or operator of the UST systems at this site shall fill out and submit to IDEM a correct and complete copy of the appropriate state form with required attachments, within fifteen (15) days of receipt of this notice.

**§ 280.20(c)(1)(ii) – Failure to have overfill prevention equipment installed or installed properly**

**Citation:**

Pursuant to 40 CFR 280.20(c)(1)(ii), to prevent spilling and overfilling associated with product transfer to the UST system, owners and operators must use the following spill and overfill prevention equipment:

(ii) Overfill prevention equipment that will:

(A) Automatically shut off flow into the tank when the tank is no more than 95 percent full; or

(B) Alert the transfer operator when the tank is no more than 90 percent full by restricting the flow into the tank or triggering a high-level alarm; or

(C) Restrict flow 30 minutes prior to overfilling, alert the transfer operator with a high level alarm one minute before overfilling, or automatically shut off flow into the tank so that none of the fittings located on top of the tank are exposed to product due to overfilling.

**Violation Details:**

*The owner and/or operator of the UST system(s) at this site are in violation of this rule because during the inspection dated 04/16/2021, auto shutoff devices (Flapper Valves) and/or an overfill alarm was not observed.*

**Corrective Action:**

The owner and/or operator of the UST systems at this site shall, within thirty (30) days of receipt of this notice, contract with a certified contractor to install or replace absent or substandard overfill prevention equipment that will operate as required. The UST owner and/or operator must submit proof that the overfill prevention equipment has been installed properly to the 90% or 95% fill level as required by the type of equipment within forty five (45) days of receipt of this notice. In the case where an owner has changed the overfill prevention equipment from a flow restrictor (ball float) to an auto-shutoff device, the owner must document the entire flow restrictor has been removed or that the automatic shut off device is installed at 90% or lower.



# UNDERGROUND STORAGE TANK INSPECTION REPORT

INDIANA DEPARTMENT OF  
ENVIRONMENTAL MANAGEMENT

UST FAC ID: **25131**

|                   |                |
|-------------------|----------------|
| Inspector's Name: | Tristan Voge   |
| Date:             | April 16, 2021 |
| Time In:          | 1:05 pm        |
| Time Out:         | 1:55 pm        |
| Inspection Type:  | Initial        |

| FACILITY NAME / LOCATION                                                                                               |                      |                                     |                                                             |                                                            |                                             |
|------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------|-------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| FACILITY NAME<br>Brothers Express Mart                                                                                 |                      |                                     | FACILITY ADDRESS (number and street)<br>1149 N. Main Street |                                                            |                                             |
| ADDRESS (line 2)                                                                                                       |                      | CITY<br>Goshen                      | STATE<br>IN                                                 | ZIP CODE<br>46528                                          | COUNTY<br>Elkhart                           |
| UST OWNER                                                                                                              |                      |                                     |                                                             |                                                            |                                             |
| UST Owner Name (Business Name as registered with the Secretary of State)<br>MBS Petroleum, Inc.                        |                      |                                     |                                                             | BUSINESS ID (From the Secretary of State)<br>2006062100468 |                                             |
| PREFIX<br>Mr.                                                                                                          | FIRST NAME<br>Sarwan | MI                                  | LAST NAME<br>Singh                                          |                                                            | SUFFIX                                      |
| TELEPHONE NUMBER<br>(574) 532-7858                                                                                     |                      | EMAIL ADDRESS<br>sarwanp3@gmail.com |                                                             |                                                            |                                             |
| UST OPERATOR                                                                                                           |                      |                                     |                                                             |                                                            |                                             |
| UST Operator Name (Business Name as registered with the Secretary of State)<br>MBS Petroleum, Inc.                     |                      |                                     |                                                             | BUSINESS ID (From the Secretary of State)<br>2006062100468 |                                             |
| PREFIX<br>Mr.                                                                                                          | FIRST NAME<br>Sarwan | MI                                  | LAST NAME<br>Singh                                          |                                                            | SUFFIX                                      |
| TELEPHONE NUMBER<br>(574) 532-7858                                                                                     |                      | EMAIL ADDRESS<br>sarwanp3@gmail.com |                                                             |                                                            |                                             |
| PROPERTY OWNER                                                                                                         |                      |                                     |                                                             |                                                            |                                             |
| UST Property Owner Name (If in Individual Capacity)<br>MBS Petroleum, Inc.                                             |                      |                                     |                                                             | BUSINESS ID (From the Secretary of State)<br>2006062100468 |                                             |
| PREFIX<br>Mr.                                                                                                          | FIRST NAME<br>Sarwan | MI                                  | LAST NAME<br>Singh                                          |                                                            | SUFFIX                                      |
| TELEPHONE NUMBER<br>(574) 532-7858                                                                                     |                      | EMAIL ADDRESS<br>sarwanp3@gmail.com |                                                             |                                                            |                                             |
| COMPLIANCE ELEMENTS                                                                                                    |                      |                                     |                                                             |                                                            |                                             |
| All USTs properly registered, on file and fees paid                                                                    |                      |                                     | YES                                                         | <input checked="" type="checkbox"/> NO                     | UNK                                         |
| An updated notification form is needed with the correct form of overfill. Auto shutoff devices were not observed.      |                      |                                     |                                                             |                                                            |                                             |
| O/O is in compliance with reporting & record keeping requirements                                                      |                      |                                     | <input checked="" type="checkbox"/> YES                     | NO                                                         | UNK                                         |
|                                                                                                                        |                      |                                     |                                                             |                                                            |                                             |
| O/O is in compliance with release reporting or investigation                                                           |                      |                                     | YES                                                         | NO                                                         | <input checked="" type="checkbox"/> N/A UNK |
|                                                                                                                        |                      |                                     |                                                             |                                                            |                                             |
| O/O is in compliance with all UST closure requirements                                                                 |                      |                                     | YES                                                         | NO                                                         | <input checked="" type="checkbox"/> N/A UNK |
|                                                                                                                        |                      |                                     |                                                             |                                                            |                                             |
| O/O has met all financial responsibility requirements                                                                  |                      |                                     | <input checked="" type="checkbox"/> YES                     | NO                                                         | N/A UNK                                     |
|                                                                                                                        |                      |                                     |                                                             |                                                            |                                             |
| 40 CFR 280, Subpart A installation requirements (partially excluded) met                                               |                      |                                     | YES                                                         | NO                                                         | <input checked="" type="checkbox"/> N/A UNK |
|                                                                                                                        |                      |                                     |                                                             |                                                            |                                             |
| 40 CFR 280, Subpart B installation and upgrade requirements met                                                        |                      |                                     | YES                                                         | <input checked="" type="checkbox"/> NO                     | UNK                                         |
| Overfill alarm was not observed in location for fuel transporter to be alerted. Auto shutoff (Flappers) not installed. |                      |                                     |                                                             |                                                            |                                             |
| 40 CFR 280, Subpart C spill/overfill control requirements met                                                          |                      |                                     | YES                                                         | NO                                                         | <input checked="" type="checkbox"/> N/A UNK |
|                                                                                                                        |                      |                                     |                                                             |                                                            |                                             |
| 40 CFR 280, Subpart C compatibility requirements met                                                                   |                      |                                     | YES                                                         | NO                                                         | <input checked="" type="checkbox"/> N/A UNK |
|                                                                                                                        |                      |                                     |                                                             |                                                            |                                             |
| 40 CFR 280, Subpart C O&M and testing requirements met                                                                 |                      |                                     | <input checked="" type="checkbox"/> YES                     | NO                                                         | UNK                                         |
|                                                                                                                        |                      |                                     |                                                             |                                                            |                                             |
| 40 CFR 280, Subpart D release detection requirements met                                                               |                      |                                     | <input checked="" type="checkbox"/> YES                     | NO                                                         | UNK                                         |
|                                                                                                                        |                      |                                     |                                                             |                                                            |                                             |
| 40 CFR 280, Subpart J operator training requirements met                                                               |                      |                                     | <input checked="" type="checkbox"/> YES                     | NO                                                         | UNK                                         |

The information contained on this page is based upon a review of files related to this site and/or observations from an underground storage tank inspector. This page may contain information not specifically related to possible violations found during the review or inspection and is meant to give the owners and/or operator specific information to assist them.

Site Maintains: (3) Underground Storage Tank systems: installed [6/30/2006]

15,000 - [Steel-Clad] - [RUL]

16,000 - [Steel-Clad] - Compartmented Into:

[2c1] - 8,000 - [Premium]

[2c2] - 8,000 - [Diesel]

Tank Release Detection: [ATG]

Piping: [Fiberglass]

[Pressurized - Line Leak Detector, ATG, Line Tightness Test]

Spill and Overfill Equipment: [Catchment Basins, Flapper Valves, Overfill Alarm]

Documentation provided in response to Records Request:

- Financial Responsibility documentation [Liability Insurance - Golars - 8/1/2019 - 8/1/2020]
- Notification Form [On file since 2/6/2017]
- A, B and C Operator Certificates
- (12) Months of Release Detection Records [Tanks]
- Line Leak Detector test results - [4/20/2020]
- Line Tightness test results [4/20/2020]

Inspection Notes:

- An up to date Financial Responsibility mechanism was provided
- During the inspection dated 04/16/2021, ATG records pulled appeared to have the incorrect date (2031)

Documentation of ATG date reprogramming was provided.

The following are AREAS OF CONCERN found during the inspection that will need to be addressed by the owner and/or operator:

- The UNL and DSL STP containment sumps had fluid that should be cleaned out and monitored as needed.
- The diesel spill bucket contained excessive fluid that should be cleaned out and monitored as needed.
- Dispensers 5/6 UDC contained six (6) inches of product, and 7/8 UDC contained eight (8) inches of product.

The source of the fuel should be determined and addressed.

The following are VIOLATIONS discovered during the inspection that will need to be corrected within 30 days of receipt of this inspection report to avoid further action and achieve compliance with the state underground storage tank program. Please submit all Compliance Materials to: [USTCompliance@idem.in.gov](mailto:USTCompliance@idem.in.gov)

1. An updated notification form is needed with the correct form of overfill prevention equipment. Previously submitted documentation indicates that Flapper Valves and an Overfill Alarm are installed at the facility. Please submit updated Notification Form to: [USTRegistration@idem.in.gov](mailto:USTRegistration@idem.in.gov)

2. During the inspection on 04/16/2021, auto shut off devices (Flapper Valves) and/or an overfill alarm was not observed. The owner needs to submit documentation detailing the type(s) of Overfill Equipment installed at the facility. If it is determined that overfill prevention equipment is not installed, the Owner is required to install this equipment.