



# UNDERGROUND STORAGE TANK INSPECTION REPORT

INDIANA DEPARTMENT OF  
ENVIRONMENTAL MANAGEMENT

UST FAC ID: 14296

|                   |                    |
|-------------------|--------------------|
| Inspector's Name: | Todd Settles       |
| Date:             | September 25, 2024 |
| Time In:          | 10:10              |
| Time Out:         | 11:00              |
| Inspection Type:  | Initial            |

## FACILITY NAME / LOCATION

|                     |            |                                      |          |            |  |
|---------------------|------------|--------------------------------------|----------|------------|--|
| FACILITY NAME       |            | FACILITY ADDRESS (number and street) |          |            |  |
| Olive One Stop Shop |            | 421 N Olive St                       |          |            |  |
| ADDRESS (line 2)    | CITY       | STATE                                | ZIP CODE | COUNTY     |  |
|                     | South Bend | IN                                   | 46628    | St. Joseph |  |

## UST OWNER

|                                                                          |            |  |  |                        |                                           |  |  |        |  |
|--------------------------------------------------------------------------|------------|--|--|------------------------|-------------------------------------------|--|--|--------|--|
| UST Owner Name (Business Name as registered with the Secretary of State) |            |  |  |                        | BUSINESS ID (From the Secretary of State) |  |  |        |  |
| R & A Olive Property LLC                                                 |            |  |  |                        | 202308211718076                           |  |  |        |  |
| PREFIX                                                                   | FIRST NAME |  |  | MI                     | LAST NAME                                 |  |  | SUFFIX |  |
|                                                                          | Rajinder   |  |  |                        | Singh                                     |  |  |        |  |
| TELEPHONE NUMBER                                                         |            |  |  | EMAIL ADDRESS          |                                           |  |  |        |  |
|                                                                          |            |  |  | rajindersingh6@aol.com |                                           |  |  |        |  |

## UST OPERATOR

|                                                                             |            |  |  |               |                                           |  |  |        |  |
|-----------------------------------------------------------------------------|------------|--|--|---------------|-------------------------------------------|--|--|--------|--|
| UST Operator Name (Business Name as registered with the Secretary of State) |            |  |  |               | BUSINESS ID (From the Secretary of State) |  |  |        |  |
| UNKNOWN                                                                     |            |  |  |               |                                           |  |  |        |  |
| PREFIX                                                                      | FIRST NAME |  |  | MI            | LAST NAME                                 |  |  | SUFFIX |  |
|                                                                             |            |  |  |               |                                           |  |  |        |  |
| TELEPHONE NUMBER                                                            |            |  |  | EMAIL ADDRESS |                                           |  |  |        |  |
|                                                                             |            |  |  |               |                                           |  |  |        |  |

## PROPERTY OWNER

|                                                                                   |            |               |           |  |                                           |  |
|-----------------------------------------------------------------------------------|------------|---------------|-----------|--|-------------------------------------------|--|
| UST Property Owner Name (Business Name as registered with the Secretary of State) |            |               |           |  | BUSINESS ID (From the Secretary of State) |  |
| R & A Olive Property LLC                                                          |            |               |           |  | 202308211718076                           |  |
| PREFIX                                                                            | FIRST NAME | MI            | LAST NAME |  | SUFFIX                                    |  |
|                                                                                   | Rajinder   |               | Singh     |  |                                           |  |
| TELEPHONE NUMBER                                                                  |            | EMAIL ADDRESS |           |  |                                           |  |
|                                                                                   |            |               |           |  |                                           |  |

## COMPLIANCE ELEMENTS

|                                                                                                                                     |     |     |    |    |     |
|-------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|----|-----|
| All USTs properly registered and up-to-date notification form on file                                                               | YES | X   | NO |    | UNK |
| Notification Form needs updated owner and operator information and correct tank sizes. Tank fees in arrears for 2016, 2017 and 2024 |     |     |    |    |     |
| O/O is in compliance with reporting & record keeping requirements                                                                   | YES | X   | NO |    | UNK |
|                                                                                                                                     |     |     |    |    |     |
| O/O is in compliance with release reporting or investigation                                                                        | X   | YES |    | NO | N/A |
|                                                                                                                                     |     |     |    |    |     |
| O/O is in compliance with all UST closure requirements                                                                              | X   | YES |    | NO | N/A |
|                                                                                                                                     |     |     |    |    |     |
| O/O has met all financial responsibility requirements                                                                               | X   | YES |    | NO | N/A |
|                                                                                                                                     |     |     |    |    |     |
| 40 CFR 280, Subpart A installation requirements (partially excluded) met                                                            |     | YES |    | NO | X   |
|                                                                                                                                     |     |     |    |    |     |
| 40 CFR 280, Subpart B installation and upgrade requirements met                                                                     | X   | YES |    | NO |     |
|                                                                                                                                     |     |     |    |    |     |
| 40 CFR 280, Subpart C spill/overfill control requirements met                                                                       |     | YES | X  | NO |     |
| Fluid in both spill buckets to the extent they would not function as intended                                                       |     |     |    |    |     |
| 40 CFR 280, Subpart C compatibility requirements met                                                                                | X   | YES |    | NO |     |
|                                                                                                                                     |     |     |    |    |     |
| 40 CFR 280, Subpart C O&M and testing requirements met                                                                              |     | YES | X  | NO |     |
| Spill bucket, overfill testing, monthly/annual walkthroughs were not provided                                                       |     |     |    |    |     |
| 40 CFR 280, Subpart D release detection requirements met                                                                            |     | YES | X  | NO |     |
| ATG/probes, LTT, LLD testing, Not performing ATG to standard - showing leak alarm for Tank 1                                        |     |     |    |    |     |
| 40 CFR 280, Subpart J operator training requirements met                                                                            | X   | YES |    | NO |     |