NOTIFICATION FOR UNDERGROUND STORAGE TANK SYSTEMS

State Form 45223 (R10 / 3-23)
Indiana Department of Environmental Management Petroleum Branch

RETURN COMPLETED FORMS TO:
Indiana Department of Environmental Management
USTRegistration@idem.in.gov

Facility ID Number: 18406

The information requested is required by 329 IAC 9. This form should only be used for facilities previously registered with the IDEM Underground Storage Tank program.

A TYPE OF NOTIFICATION

☐ Facility Contact Change	☐ UST Owner Change	☐ Owner/Operator Information Change
☐ Type of Facility Change	☐ Property Owner Change	☐ Facility Name / Location Change
☒ UST System Modification	☐ UST Operator Change	☐ Financial Responsibility Change
☐ New UST System(s)		

B FACILITY NAME / LOCATION

FACILITY NAME	LATITUDE (37.710101 to 41.866773)	LONGITUDE (-88.165351 to -84.671035)
Marathon	41.443031	-85.977600

FACILITY ADDRESS (number and street)	PARCEL NUMBER
2068 E Market St	20-14-32-151-020.000-029

CITY	STATE	ZIP CODE	COUNTY	COUNTY TELEPHONE NUMBER
Nappanee	IN	46550	Elkhart	574-238-8938

C TYPE OF FACILITY (Check all that apply)

☐ Auto Dealership	☒ Commercial	☐ Airport Hydrant System
☐ Hospital	☒ Gas Station	☐ Industrial
☐ Petroleum Distributor	☐ Railroad	☐ Residential
☐ Trucking or Transport	☐ Utilities	☐ Unmanned
☐ Marina	☐ School	☐ Other:

D PREPARED BY

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX

ADDRESS	CITY	STATE	ZIP CODE

TELEPHONE NUMBER	JOB TITLE	EMAIL ADDRESS

E UST OWNER

☐ Federal Government	☐ State Government	☐ City / Local Government
☒ Commercial	☒ Private	☐ Other

Option 1: UST OWNER NAME (Business Name as registered with the Secretary of State)	BUSINESS ID (From the Secretary of State)
G & N Property LLC	201809061277750

Option 2: UST OWNER NAME (If a Public Agency or other entity)

Option 3: UST OWNER NAME (If in Individual Capacity)

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Gurmail		Singh	

UST OWNER ADDRESS (Listed in Options 1-3)

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box)	ADDRESS *(line 2)*
1402 ASHTON CT	

CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)
Goshen	IN	46526	09/06/2018

TELEPHONE NUMBER	EMAIL ADDRESS	JOB TITLE
(574) 238-8938	gslubana@yahoo.com	Member

CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Gurmail		Singh	

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box)	ADDRESS *(line 2)*
1402 ASHTON CT	

CITY	STATE	ZIP CODE	JOB TITLE
Goshen	IN	46526	Member

TELEPHONE NUMBER	EMAIL ADDRESS
(574) 238-8938	gslubana@yahoo.com

FACILITY ID #	FACILITY NAME #
18406	Marathon

F FINANCIAL RESPONSIBILITY *(Check all that apply)*

☐	Federal or State Government Entity, which does not fall under financial responsibility requirements
☐	Local Government owner or operator is maintaining financial responsibility for this site
☐	The UST owner is maintaining financial responsibility for this site
☐	The UST operator is maintaining financial responsibility for this site
☒	I have met the financial responsibility requirements (in accordance with 329 IAC 9-8) by using one or a combination of the following mechanisms: *(check all that apply)*. **If you are using the ELTF it must be checked as well.**

☐	Financial Test of Self Insurance	☒	Excess Liability Trust Fund (State Fund)
☐	Guarantee	☐	Insurance and Risk Retention Group Coverage
☐	Surety Bond	☐	Loan Commitment Letter
☐	Letter of Credit	☒	Certificate of Deposit
☐	Trust Fund	☐	Standby Trust Fund
☐	Local Government Bond Rating Test	☐	Local Government Financial Test
☐	Local Government Guarantee	☐	Local Government Fund

If utilizing the ELTF for FR, I acknowledge the requirement to maintain the ability to pay the applicable amount pursuant to 9-8-11(b) and (c) and ability to provide proof of that mechanism when requested.

G UST OPEARATOR *(Check all that apply)*

TYPES OF OPERATOR

☐	Federal Government	☐	State Government	☐	City / Local Government
☒	Commercial	☒	Private	☐	Other:

Option 1: UST OPERATOR NAME (Business Name as registered with the Secretary of State)	BUSINESS ID (From the Secretary of State)
Simar Petroleum Inc	2010111800446
Option 2: UST OPERATOR NAME (Business Name as registered with the Secretary of State)	

Option 3: UST OPERATOR NAME (If in Individual Capacity)

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Gurmail		Singh	

UST OPERATOR ADDRESS (Listed in Options 1-3)

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box)	ADDRESS (line 2)
15482 BRYANTON CT	

City	State	Zip Code	DATE BEGAN OPERATING (MM/DD/YYYY)
Granger	IN	46530	09/06/2018

TELEPHONE NUMBER	EMAIL ADDRESS (Option 3 Individual Capacity)	JOB TITLE (Option 3 Individual Capacity)
(574) 238-8938	gslubana@yahoo.com	Member

CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Gurmail		Singh	

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box)	ADDRESS (line 2)
15482 BRYANTON CT	

City	State	Zip Code	JOB TITLE
Granger	IN	46530	President

TELEPHONE NUMBER	Email Address
(574) 238-8938	gslubana@yahoo.com

H FACILITY CONTACT

CONTACT INDIVIDUAL NAME

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Gurmail		Singh	

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box)	ADDRESS (line 2)
15482 BRYANTON CT	

City	State	Zip Code	JOB TITLE
Granger	IN	46530	Member

TELEPHONE NUMBER	Email Address
(574) 238-8938	gslubana@yahoo.com

FACILITY ID #	FACILITY NAME
18406	Marathon

I DEEDED PROPERTY OWNER

TYPE OF OWNER

☐ Federal Government	☐ State Government	☐ City / Local Government
☒ Commercial	☒ Private	☐ Other:

Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State)	BUSINESS ID (From the Secretary of State)
G & N Property LLC	201809061277750
Option 2: PROPERTY OWNER NAME (If a Public Agency or other entity)	

Option 3: PROPERTY OWNER NAME (If in Individual Capacity)

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Gurmail		Singh	

PROPERTY OWNER ADDRESS (Listed in Options 1-3)

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box)	ADDRESS (line 2)
1402 ASHTON CT	

CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)
Goshen	IN	46526	

TELEPHONE NUMBER	EMAIL ADDRESS (Option 3 Individual Capacity)	JOB TITLE (Option 3 Individual Capacity)
(574) 238-8938	gslubana@yahoo.com	Member

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Gurmail		Singh	

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box)	ADDRESS (line 2)
1402 ASHTON CT	

CITY	STATE	ZIP CODE	JOB TITLE
Goshen	IN	46526	Member

TELEPHONE NUMBER	EMAIL ADDRESS
(574) 238-8938	gslubana@yahoo.com

J ACTIVE LAND CONTRACT PROPERTY OWNER (If applicable)

TYPE OF OWNER

☐ Federal Government	☐ State Government	☐ City / Local Government
☐ Commercial	☐ Private	☐ Other:

Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State)	BUSINESS ID (From the Secretary of State)
Option 2: PROPERTY OWNER NAME (If a Public Agency or other entity)	

Option 3: PROPERTY OWNER NAME (If in Individual Capacity)

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX

PROPERTY OWNER ADDRESS (Listed in Options 1-3)

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box)	ADDRESS (line 2)

CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)

TELEPHONE NUMBER	JOB TITLE	EMAIL ADDRESS (Option 3 Individual Capacity)	PROPOSED END DATE (MM/DD/YYYY)

CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box)	ADDRESS (line 2)

CITY	STATE	ZIP CODE	JOB TITLE

TELEPHONE NUMBER	EMAIL ADDRESS

FACILITY ID #	FACILITY NAME
18406	Marathon

K CONTRACTOR

☐	INSTALLATION INSPECTED BY A REGISTERED ENGINEER	REGISTRATION ID:		REGISTRATION DATE
☐	MANUFACTURER'S INSTALLATION CHECKLISTS HAVE BEEN COMPLETED AND INCLUDED	☐	INSTALLER CERTIFIED BY TANK AND PIPING MANUFACTURER	
☐	WORK INSPECTED BY INDIANA DEPARTMENT OF HOMELAND SECURITY / DIVISION OF FIRE AND BUILDING SAFETY			INSPECTION DATE

CONTRACTOR BUSINESS NAME (Business Name as registered with the Secretary of State)	BUSINESS ID (From the Secretary of State)

CONTACT INFORMATION FOR CONTRACTOR THAT PERFORMED OR MANAGED WORK ON SITE

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box)	ADDRESS (line 2)

CITY	STATE	ZIP CODE	IDHS CERTIFICATION NUMBER

TELEPHONE NUMBER	EMAIL ADDRESS

L POTENTIALLY INTERESTED PARTIES

INTERESTED PARTY NAME	E-MAIL ADDRESS
TANKS DATA	tanksdata@gmail.com
TANKS DATA	contact@tanksdata.com

M FACILITY SITE MAP

In the space below, sketch the facility (tanks, piping, tank manway locations, vents, pump islands, buildings, etc.). Include tank sizes and type of product stored. Label streets or other landmarks. Show North if direction known.

FACILITY ID	FACILITY NAME
18406	Marathon

Complete one column for each tank or compartment. See instructions for compartment identification numbering.

N	IDENTIFICATION OF UNDERGROUND STORAGE TANKS			
IDEM UST REGISTRATION NUMBER	1	2	3	4
PART OF A COMPARTMENTED UST (Y/N)	NO	NO	NO	NO
NUMBER OF COMPARTMENTS IN UST				
COMPARTMENT IDENTIFICATION NUMBER				
(mm/dd/yyyy) DATE INSTALLED	06/30/1987	06/30/1987	06/30/1987	06/30/1987
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE	06/30/1987	06/30/1987	06/30/1987	06/30/1987
(gallons) ESTIMATED TOTAL CAPACITY	10000	10000	10000	4000
MANIFOLDED (Y/N)	NO	NO	NO	NO
MANIFOLDED TO COMPARTMENT ID NUMBER				

O	STATUS OF UNDERGROUND STORAGE TANKS			
CURRENT STATUS	IN USE	IN USE	IN USE	IN USE
(mm/dd/yyyy) STATUS DATE	10/01/2023	10/01/2023	10/01/2023	10/01/2023

P	SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS			
PETROLEUM	GSL - Gasoline	GSL - Gasoline	DSL - Diesel	KER - Kerosene
MAXIMUM ETHANOL %				
MAXIMUM BIOFUEL %				
(specify) OTHER				
HAZARDOUS SUBSTANCE				
CHEMICAL ABSTRACT SERVICE NUMBER				
MIXTURE OF SUBSTANCES				
PRODUCT IS COMPATIBLE WITH TANK (Y/N)	YES	YES	YES	YES

Q	UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES			
MANUFACTURER				
MODEL				
MATERIAL OF CONSTRUCTION				
SECONDARY CONTAINMENT				

R	UNDERGROUND STORAGE TANK CORROSION PROTECTION			
CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
INTERIOR LINING				
(mm/dd/yyyy) LINER INSTALLATION DATE				
(specify) OTHER				

S	PIPING CONSTRUCTION AND PROTECTION			
MANUFACTURER				
MODEL				
(mm/dd/yyyy) DATE INSTALLED				
MATERIAL				
SECONDARY CONTAINMENT				
CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)				
PRODUCT DELIVERY METHOD				

FACILITY ID	FACILITY NAME
18406	Marathon

IDEM UST REGISTRATION NUMBER				
COMPARTMENT IDENTIFICATION NUMBER				
T	**IDENTIFICATION OF UNDERGROUND STORAGE TANKS**			
PRIMARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				
SECONDARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				
U	**STATUS OF UNDERGROUND STORAGE TANKS**			
PRIMARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				
SECONDARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				
TERTIARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				
V	**SPILL AND OVERFILL PREVENTION EQUIPMENT**			
CATCHMENT BASIN / SPILL BUCKET				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
FILL LATITUDE				
FILL LONGITUDE				
PRIMARY OVERFILL PREVENTION EQUIPMENT	Auto Shutoff /	Auto Shutoff /	Auto Shutoff /	Auto Shutoff /
(mm/dd/yyyy) DATE INSTALLED	11/29/2022	11/29/2022	11/29/2022	11/29/2022
MANUFACTURER				
MODEL				
% ULLAGE SET POINT				
SECONDARY OVERFILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
% ULLAGE SET POINT				
UNDER DISPENSER CONTAINMENT PRESENT				
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				
SUBMERSIBLE TURBINE SUMP PRESENT				
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				

FACILITY ID #	TRANSACTION ID - FOR STATE USE ONLY
18406	

UST OWNER CERTIFICATION

I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-23-14- 2, that the statements and representations in this document are true, accurate, and complete. I further certify compliance with the following requirements in accordance with 329 IAC 9-2-2(e):
(1) Installation of all tanks and piping under 40 CFR 280.20.
(2) Cathodic protection of steel tanks and piping under 40 CFR 280.20.
(3) Release detection under 40 CFR 280 Subpart D.
(4) Financial responsibility under 329 IAC 9-8.

OWNER'S AUTHORIZED REPRESENTATIVE (Print or Type)

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Gurmail		Singh	

TITLE OF AUTHORIZED REPRESENTATIVE	COMPANY NAME (If Individual Leave Blank)
Member	G & N Property LLC

SIGNATURE	DATE (MM/DD/YYYY)

UST OPERATOR CERTIFICATION

I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-23-14- 2, that the statements and representations in this document are true, accurate, and complete. I further certify compliance with the following requirements in accordance with 329 IAC 9-2-2(e):
(1) Installation of all tanks and piping under 40 CFR 280.20.
(2) Cathodic protection of steel tanks and piping under 40 CFR 280.20.
(3) Release detection under 40 CFR 280 Subpart D.
(4) Financial responsibility under 329 IAC 9-8.

OWNER'S AUTHORIZED REPRESENTATIVE (Print or Type)

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Gurmail		Singh	

TITLE OF AUTHORIZED REPRESENTATIVE	COMPANY NAME (If Individual Leave Blank)
Member	Simar Petroleum Inc

SIGNATURE	DATE (MM/DD/YYYY)

CONTRACTOR CERTIFICATION

CERTIFIED INDIVIDUAL NAME

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX

OATH: I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-23-14- 2, that work performed on the UST system complies with methods specified in 329 IAC 9 and 40 CFR 280, Subpart C.

SIGNATURE	EMAIL ADDRESS	DATE (MM/DD/YYYY)
		06/06/2023