NOTIFICATION FOR UNDERGROUND STORAGE TANK SYSTEMS

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

 $\label{lem:indiana_def} Indiana\ Department\ of\ Environmental\ Management\\ USTRegistration@idem.in.gov$

Facility ID Number: 18406

The information requested is required by 329 IAC 9. This form should only be used for facilities previously

	reg	istered with t							inties previou	isiy
A		TYP	E OF NO	TIFICA	ATIC	N				
	Facility Contact Change	UST Owner	Change				Owner/Ope	rator In	formation Cha	nge
	Type of Facility Change	Property Ov					☐ Facility Name / Location Change			
Х	UST System Modification] UST Operat	UST Operator Change				Financial Responsibility Change			
	New UST System(s)									
В		FACIL	ITY NAM	IE / LO	CAT	ION				
F/	ACILITY NAME		LATI:	TUDE (3°	7.7101	.01 to 41.866	5773) LON	NGITUD	E (-88.165351	to -84.671035)
	rathon		41.44	3031			-85.	977600)	
E /	ACILITY ADDRESS (number and	street)	P.	ARCEL N	NUME	BER				
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_	TY STATE	ZIP COD	E	COU	NTY			COUN	TY TELEPHON	IE NUMBER
	ppanee IN	46550	L		hart				38-8938	
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С		TYPE OF FA		(Cneck	an t	nat appiy		1	×4	
		Commercial Gas Station	l .			L	Airport Hy	orant s	System	
	Hospital X Petroleum Distributor	Railroad				L	Industrial Residentia	1		_
	Trucking or Transport	Utilities				L	Unmanned			
_	Marina	School				L	Other:			
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E		-1	UST O	WNER			-1			
	Federal Government	State Gover	nment				City / Loca	al Gove	ernment	
		Private				L	Other	ID Œ	4.0	
	ion 1: UST OWNER NAME (Business Name as regist & N Property LLC	tered with the Se	ecretary of S	tate)			20180906		om the Secretary	or State)
_							20100700	22///	, ,	
O	otion 2: UST OWNER NAME (If a I	Public Age	ncy or o	ther er	ıtity)				
L										
ΟĮ	otion 3: UST OWNER NAME (If:	in Individı	ıal Capa	acity)						69.5
ΡI	REFIX FIRST NAME			MI	LA	ST NA	ME		1	SUFFIX
	Gurmail	Singh								
US	ST OWNER ADDRESS (Listed in	Options 1	-3)							
PRI	NCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL 2 ASHTON CT	ADDRESS (Num	ber and Street	, no P.O. I	Box)	V DD	RESS (li	na 2)		
140	02 ASHTON CT					ADD	KESS (III	ne 2)		
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			ZIP CO	DE		09/06/201		OWNE	LSTIP (MM/	(וווו/עט
_			46526			35.00/201				
ΤI	ELEPHONE NUMBER	EMAIL A	ADDRE	SS					TTLE	
(57	4) 238-8938	gslubana@y	ahoo.com				M	Iember		
	ONTACT FOR BUSINESS / PUB	LIC AGE	NCY (L	isted i	in O	ption 1	or 2)			
_	REFIX FIRST NAME		\			ST NA				SUFFIX
ľ	Gurmail			.,11	Sing		.,,,,,			
	NCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL.	ADDRESS (Num	ber and Street	, no P.O. I			RESS (li	no 21		
	2 ASHTON CT					ADD	TESS (III	ne 2)		
C	TY	TATE	7ID CO	DE		JOB TITL	F.			
	Shen D		ZIP CO 46526	DE		Member	_			
_				00						
	ELEPHONE NUMBER	EMAIL A		SS						
(57	4) 238-8938	gslubana@y	ahoo.com							

FAC	ILITY ID # FACILITY NAME #									
184										
F	FI	NANCIAL	RESPO	NSIBI	LITY (C	heck all that apply)				
同	Federal or State Government Entity	y, which does	s not fall	under fi	inancial re	esponsibility requirements				
Ħ	Local Government owner or operat	tor is maintai	ining fina	ancial re	sponsibili	ty for this site				
后	The UST owner is maintaining fina									
片	The UST operator is maintaining fi									
	1 0					29 IAC 9-8) by using one or a combination	of the			
X	following mechanisms: (check all t									
	Financial Test of Self Insurance	iability Trust Fund (State Fund)								
	Guarantee				Insuranc	e and Risk Retention Group Coverage				
	Surety Bond				Loan Co	Loan Commitment Letter				
	Letter of Credit			X	Certifica	te of Deposit				
	Trust Fund				Standby	Standby Trust Fund				
同	Local Government Bond Rating Te	est		7	Local Go	ocal Government Financial Test				
Ħ	Local Government Guarantee			7	Local Go	overnment Fund				
F	If utilizing the ELTF for FR, I acknowled					y the applicable amount pursuant to 9-8-11(b) and (c)	and			
						hen requested.				
G		USTO				that apply)				
Н	Fodoral Covernment	□ Stat			ERATOR	City / Local Government				
片	Federal Government State Government Commercial Private					Other:				
Opti	Commercial on 1: UST OPERATOR NAME (Business Name as reg			ite)		BUSINESS ID (From the Secretary of State)				
	nar Petroleum Inc					2010111800446				
Opti	ion 2: UST OPERATOR NAME (Business Name as reg	gistered with the Sec	cretary of Sta	ite)						
		**								
PRE	ion 3: UST OPERATOR NAME (If in Individual Capa FIX FIRST NAME	city)		MI	LAST NAM	Œ	SUFFIX			
	Gurmail				Singh					
	OPERATOR ADDRESS (Listed in Options 1-3) NCIPAL OFFICE ADDRESS or PRIMARY RESIDEN	NTAL ADDRESS (N	umber and S	treet, no P.O). Box)	ADDRESS (line 2)				
15	482 BRYANTON CT									
City		State	Zip Code			DATE BEGAN OPERATING (MM/DD/YYYY)				
	anger	IN	46530	1 10	09/06/2018 Capacity) JOB TITLE (Option 3 Individual Capacity)					
ILEL	EPHONE NUMBER (574) 238-8938	gslubana@			ipacity)	Member				
	NTACT FOR BUSINESS / PUBLIC AGENCY (Listed		J uno ore							
PRE	FIX FIRST NAME Gurmail			MI	Singh					
PRI	NCIPAL OFFICE ADDRESS or PRIMARY RESIDEN	NTAL ADDRESS (N	umber and S	treet, no P.O						
15	15482 BRYANTON CT									
City		State	Zip Code		JOB TITLE					
	anger	IN	46530		President					
TELEPHONE NUMBER Email Address (574) 238-8938						gslubana@yahoo.com				
H	H FACILITY CONTACT CONTACT INDIVIDUAL NAME									
PREFIX FIRST NAME MI					LAST NAM	IE	SUFFIX			
	Gurmail				Singh					
	NCIPAL OFFICE ADDRESS OF PRIMARY RESIDEN 482 BRYANTON CT	(TAL ADDRESS (N	umber and S	treet, no P.O	. Box)	ADDRESS (line 2)				
City		State	Zip Code			JOB TITLE				
	anger	IN	46530		Member					
TEL	EPHONE NUMBER		Email Addr	ress		1				
	(574) 238-8938 gslubana@yahoo.com									

ACILITY ID #	FACILITY NAME Marathon										
I			DE	EDED) PR	OPER	TY (OWNER	R		
				TY	PE C	F OWN	IER				
Federal Gov	Federal Government State Go									City / Local Governme	nt
X Commercial			-	rivate						Other:	
otion 1: PROPERTY S & N Prop	OWNER NAME (Business Name as re	the Secretary	y of State	e)				om the Secretary of State) 1277750			
	7	- 0	474					201007	00	12///50	
ption 2: PROPERTY	OWNER NAME (If a Public Agency o	or other	entity)							
otion 3: PROPERTY	OWNER NAME (If in Individual Cap	acity)									
REFIX FI	RST NAME				МІ		LAST NA				SUFFIX
	Gurmail						Sing	ш			
	ADDRESS (Listed in Options 1-3) ADDRESS or PRIMARY RESIDENTA	AL ADD	RESS	(Number and	d Street,	no P.O. Box)		ADDRESS (lin	ne 2)		
402 ASHT	ON CT										
ITY				STATE		ZIP CODE		EFFECTIV	VE D	ATE OF OWNERSHIP (MM/D	DD/YYYY)
Goshen				IN		46526					
ELEPHONE NUMBE						Individual Ca				TITLE (Option 3 Individual Ca	pacity)
574) 238-89		g	siul	запа(а)		oo.com			vie	amber	
	rst name Furmail				МІ		LAST NA				SUFFIX
	ADDRESS or PRIMARY RESIDENTA	II ADD	PFcc	(Number and	d Street		~s	ADDRESS (lin	no 2\		
402 ASHT		TT VDD	AE35	(.4umber all)	u aireet,	no r.O. BOX)		WANTESS (III	ue 2)		
ITY				STATE		ZIP CODE		JOB TITL	E		
Goshen				IN		46526		Mem		r	
ELEPHONE NUMBI		_		DDRESS							
574) 238-89	938	g	slul	oana@	yah	oo.com	1				
J	ACTIVE LA	ND	CO	NTRA	CT	PROP	ERT	YOWN	NE.	R (If applicable)
						F OWN				(11	
Federal Gov	ernment		St	tate Gover	nment					City / Local Governme	nt
Commercial	l .		P	rivate						Other:	
ption 1: PROPERTY	OWNER NAME (Business Name as re	egistere	d with	the Secretary	y of State	2)		BUSINESS ID	(Fre	om the Secretary of State)	
ption 2: PROPERTY	OWNER NAME (If a Public Agency o	or other	entity)							
-H 1. BROBERTS	OWNER NAME OF THE PARTY OF	:4\									
	OWNER NAME (If in Individual Cap RST NAME	acity)			МІ		LAST N	AME			SUFFIX
	ADDRESS (Listed in Options 1-3) ADDRESS or PRIMARY RESIDENTA	AL ADD	RESS	(Number and	d Street,	no P.O. Box)		ADDRESS (lin	ne 2)		
TTY				STATE		ZIP CODE		EFFECTIV	VE D	ATE OF OWNERSHIP (MM/D	DD/YYYY)
ELEPHONE NUMBI	ER JOB TITLE E	MAIL A	DDRI	SS (Option a	3 Individ	lual Capacity)	PROPOSED E	END :	DATE (MM/DD/YYYY)	
	NESS / PUBLIC AGENCY (Listed in (RST NAME	Option 1	l or 2)		мп		LAST N	AME			SUFFIX
	ator a arabataba						21101111	EVIZE:			001111
RINCIPAL OFFICE	ADDRESS or PRIMARY RESIDENTA	AL ADD	RESS	(Number and	d Street,	no P.O. Box)		ADDRESS (lin	ne 2)		
TTY				STATE		ZIP CODE		JOB TITL	E		
ELEPHONE NUMBE	ER	Ελ	IAIL A	DDRESS							

FACILITY ID # 18406	FACILITY NAME Marathon								
	MINIMUM								
K		CONT	RACTOR						
	LATION INSPECTED BY A ERED ENGINEER	REGISTRATION ID:		REGISTRATION DATE					
MANUF	ACTURER'S INSTALLATION C	HECKLISTS HAVE BEEN		ERTIFIED BY TANK AND PIPI	NG				
	ETED AND INCLUDED NSPECTED BY INDIANA DEPA	RTMENT OF HOMEL AN	MANUFACTURE MANUFACTURE MANUFACTURE MANUFACTURE MANUFACTURE						
DIVISIO	N OF FIRE AND BUILDING SA	FETY		INSPECTION DATE					
CONTRACTOR B	USINESS NAME (Business Name as registe	red with the Secretary of State)	BUSINE	SS ID (From the Secretary of State)					
CONTACTINEOR	MATION FOR CONTRACTOR THAT PE	DEODMED OF MANAGED WOR	V ON SITE						
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX				
PRINCIPAL OFFI	CE ADDRESS or PRIMARY RESIDENTAL	ADDRESS (Number and Street, n	o P.O. Box) ADDRE	SS (line 2)					
CITY		STATE	ZIP CODE IDHS	CERTIFICATION NUMBER					
CIII		SIAIE	ZIF CODE IDHS	CERTIFICATION NUMBER					
TELEPHONE NUM	MBER	EMAIL ADDRESS							
L	P	OTENTIALLY IN	TERESTED P	PARTIES					
INTERESTED PAR	RTY NAME	OIL:\IIIILEI I	E-MAIL ADDRESS						
TANKS D	OATA		tanksdata@gn	nail.com					
INTERESTED PAR			E-MAIL ADDRESS						
	5/10/00000		contact@tanksdata.com						
INTERESTED PAR	RTY NAME		E-MAIL ADDRESS						
34		EA CILIT	NOTE MAD						
In the space l	below, sketch the facility (tan		Y SITE MAP	ımn islanda huildinga etc.)	Include tank sizes				
	roduct stored. Label streets o				include tank sizes				

FAC:	ILITY ID FACILITY NAME	Ξ			
1840	6 Marathon				
Сс	omplete one column for each tank or			or compartment	identification
		numbering	Ţ .		
N	IDENTIFICATIO:	N OF UNDERGI	ROUND STORAG	GE 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
	(gailons) ESTIMATED TOTAL CAPACITY	10000	10000	10000	4000
	MANIFOLDED (Y/N)	NO	NO	NO	NO
	MANIFOLDED TO COMPARTMENT ID NUMBER				
o	STATUS OF	UNDERGROUN	D STORAGE TA	NKS	
<u> </u>	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
n l	SUBSTANCES CURRENTLY OF				
P					
	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 STO	RAGE TANK C	ONSTRUCTION	ATTRIBUTES	
	MANUFACTURER				
	MODEL				
	MATERIAL OF CONSTRUCTION				
	SECONDARY CONTAINMENT				
R	UNDERGROUND ST	ORAGE TANK	CORROSION PI	ROTECTION	
	CORROSION PROTECTION TYPE	_			
	(mm/dd/yyyy) ANODE INSTALLATION DATE				
	INTERIOR LINING				
	(mm/dd/yyyy) LINER INSTALLATION DATE				
	(specify) OTHER				
s		NSTRUCTION	AND PROTECT	ION	
	MANUFACTURER				
	MODEL				
	(mm/dd/yyyy) DATE INSTALLED				_
	(HHII/GG/YYYY) DATE INSTALLED MATERIAL	76			
	MAIERIAL SECONDARY CONTAINMENT				
	CORROSION PROTECTION TYPE				
	(mm/dd/yyyy) ANODE INSTALLATION DATE				
	PRODUCT IS COMPATIBLE WITH PIPING (Y/N)				
	PRODUCT DELIVERY METHOD				

FACII	LITY ID FACILITY NAMI	E			
18406	Marathon				
	IDEM UST REGISTRATION NUMBER				
	COMPARTMENT IDENTIFICATION NUMBER				
T	IDENTIFICATIO	N OF UNDERGI	ROUND STORA	GE TANKS	
	PRIMARY UST RELEASE DETECTION				
	MANUFACTURER				
	MODEL				
	SECONDARY UST RELEASE DETECTION				
	MANUFACTURER				
	MODEL				
U	STATUS OF	UNDERGROUN	ND STORAGE TA	ANKS	
	PRIMARY PIPING RELEASE DETECTION				
	MANUFACTURER				
	MODEL				
	SECONDARY PIPING RELEASE DETECTION				
	MANUFACTURER				
	MODEL				
	TERTIARY PIPING RELEASE DETECTION				
	MANUFACTURER				
	MODEL				
V	SPILL AND O	VERFILL PREV	ENTION EQUIP	PMENT	
	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				
SE	CONDARY OVERFILL PREVENTION EQUIPMENT	0 2 9)			
	(mm/dd/yyyy) DATE INSTALLED				
	MANUFACTURER				
	MODEL	A			
	% 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 S	TATE USE ONLY				
18406		I A TOK S	IAIL COL GIALI				
		U	ST OWNE	R CERT	IFICATION		
IC 13-23-14 compliance (1) Installat (2) Cathodi (3) Release (4) Financia	 2, that the sta with the follow ion of all tanks c protection of detection unde il responsibility 	enalty of perjury as atements and repressiving requirements in and piping under 4 steel tanks and piping r 40 CFR 280 Subpa y under 329 IAC 9-8	specified by IC entations in thi accordance w 0 CFR 280.20. ng under 40 CF art D.	35-44.1-2- s document ith 329 IAC	l and other penaltie are true, accurate,	es specified by IC 13-30- and complete. I further	
OWNER'S AUTE PREFIX	FIRST NAME	NTATIVE (Print or Type)	М	I	LAST NAME		SUFFIX
	Gurmail ORIZED REPRESE	NIT A TIXID			Singh ME (If Individual Leave Bla.	-10	
Member		NIATIVE			Property LLC	nk)	
SIGNATURE						DATE (MM/I	DD/YYYY)
		UST	COPERAT	OR CER	TIFICATION		
(1) Installat (2) Cathodi (3) Release (4) Financia OWNER'S AUTE	ion of all tanks c protection of detection unde il responsibility	ving requirements in s and piping under 4 steel tanks and pipin r 40 CFR 280 Subpa y under 329 IAC 9-8 NTATIVE (Print or Type)	0 CFR 280.20. ng under 40 CF art D.	FR 280.20.			
PREFIX	Gurmail		M	I	Singh		SUFFIX
TITLE OF ALITE	ORIZED REPRESE	NTATIVE		COMPANY NA	ME (If Individual Leave Bla:	nlr\	
Member		NIATIVE			etroleum Inc	nk)	
SIGNATURE						DATE (MM/I	DD/YYYY)
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		CO	NTRACTO	OR CER	TIFICATION		
	IVIDUAL NAME FIRST NAME						loveness:
PREFIX	FIRST NAME		M	1	LAST NAME		SUFFIX
OATH: I sv	ear or affirm.	under penalty of pe	riury as specifi	ed by IC 35	44.1-2-1 and other	penalties specified by I	C 13-30-10 and
		performed on the U	ST system com			329 IAC 9 and 40 CFR	
SIGNATURE			EMAIL ADDRESS				5/06/2023