



NOTIFICATION FOR UNDERGROUND STORAGE TANK SYSTEMS

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

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.

RETURN COMPLETED FORMS TO:

Indiana Department of Environmental Management
USTRegistration@idem.in.gov

Facility ID Number: 18406

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 Marathon		LATITUDE (37.710101 to 41.866773) 41.443031	LONGITUDE (-88.165351 to -84.671035) -85.977600	
FACILITY ADDRESS (number and street) 2068 E Market St		PARCEL NUMBER 20-14-32-151-020.000-029		
CITY Nappanee	STATE IN	ZIP CODE 46550	COUNTY Elkhart	COUNTY TELEPHONE NUMBER 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) G & N Property LLC			BUSINESS ID (From the Secretary of State) 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 RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 1402 ASHTON CT			ADDRESS (line 2)	
CITY Goshen	STATE IN	ZIP CODE 46526	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 09/06/2018	
TELEPHONE NUMBER (574) 238-8938		EMAIL ADDRESS		JOB TITLE
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 RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 1402 ASHTON CT			ADDRESS (line 2)	
CITY Goshen	STATE IN	ZIP CODE 46526	JOB TITLE Member	
TELEPHONE NUMBER (574) 238-8938		EMAIL ADDRESS gslubana@yahoo.com		

FACILITY ID # 18406		FACILITY NAME # 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 OPERATOR (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
	Gurmail		Singh
UST OPERATOR ADDRESS (Listed in Options 1-3)			
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL 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			
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)			
PREFIX	FIRST NAME	MI	LAST NAME
	Gurmail		Singh
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL 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
	Gurmail		Singh
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL 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 # 18406		FACILITY NAME 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) G & N Property LLC		BUSINESS ID (From the Secretary of State) 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 Gurmail	MI	LAST NAME Singh
PROPERTY OWNER ADDRESS (Listed in Options 1-3)			
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 1402 ASHTON CT		ADDRESS (line 2)	
CITY Goshen	STATE IN	ZIP CODE 46526	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)
TELEPHONE NUMBER (574) 238-8938	EMAIL ADDRESS (Option 3 Individual Capacity)		JOB TITLE (Option 3 Individual Capacity)
PREFIX	FIRST NAME Gurmail	MI	LAST NAME Singh
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 1402 ASHTON CT		ADDRESS (line 2)	
CITY Goshen	STATE IN	ZIP CODE 46526	JOB TITLE Member
TELEPHONE NUMBER (574) 238-8938	EMAIL ADDRESS 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
PROPERTY OWNER ADDRESS (Listed in Options 1-3)			
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL 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
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (line 2)	
CITY	STATE	ZIP CODE	JOB TITLE
TELEPHONE NUMBER	EMAIL ADDRESS		

FACILITY ID # 18406		FACILITY NAME 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 RESIDENTIAL 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 TANKS DATA		E-MAIL ADDRESS tanksdata@gmail.com	
INTERESTED PARTY NAME TANKS DATA		E-MAIL ADDRESS contact@tanksdata.com	
INTERESTED PARTY NAME		E-MAIL ADDRESS	
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 # 18406		TRANSACTION ID - FOR STATE USE ONLY	
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 Gurmail	MI	LAST NAME Singh
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank) 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 Gurmail	MI	LAST NAME Singh
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank) Simar Petroleum Inc	
SIGNATURE			DATE (MM/DD/YYYY)
CONTRACTOR CERTIFICATION			
CERTIFIED INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	LAST NAME
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