

**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.govFacility 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 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 Elkart	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					
TYPE OF 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 (Option 3 Individual Capacity)		JOB TITLE (Option 3 Individual Capacity)	
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			
TYPE OF OPERATOR			
☐ Federal Government		☐ State Government	
☒ Commercial		☒ Private	
		☐ City / Local Government	
		☐ 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		2010111800466	
Option 2: UST OPERATOR NAME (If a Public Agency or other entity)			
Option 3: UST OPERATOR NAME (If in Individual Capacity)			
PREFIX	FIRST NAME	MI	LAST NAME
	Gurmail		Singh
SUFFIX			
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)
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)			
PREFIX	FIRST NAME	MI	LAST NAME
	Gurmail		Singh
SUFFIX			
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		
H FACILITY CONTACT			
CONTACT INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	LAST NAME
	Gurmail		Singh
SUFFIX			
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	
☒ Commercial		☒ Private	
		☐ City / Local Government	
		☐ 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
SUFFIX			
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)
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)			
PREFIX	FIRST NAME Gurmail	MI	LAST NAME Singh
SUFFIX			
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	
☐ Commercial		☐ Private	
		☐ City / Local Government	
		☐ 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 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
SUFFIX			
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 (mm/dd/yyyy)
☐	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 (mm/dd/yyyy)	
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 # 18406		FACILITY NAME 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 Marathon			
IDEM UST REGISTRATION NUMBER		1	2	3	4
COMPARTMENT IDENTIFICATION NUMBER					
T	UNDERGROUND STORAGE TANK RELEASE DETECTION				
PRIMARY UST RELEASE DETECTION					
MANUFACTURER					
MODEL					
SECONDARY UST RELEASE DETECTION					
MANUFACTURER					
MODEL					
U	UNDERGROUND PIPING RELEASE DETECTION				
PRIMARY PIPING RELEASE DETECTION					
MANUFACTURER					
MODEL					
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)					
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 / Flapp	Auto Shutoff / Flapp	Auto Shutoff / Flapp	Auto Shutoff / Flapp
(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		FACILITY NAME 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			
PART OF A COMPARTMENTED UST (Y/N)			
NUMBER OF COMPARTMENTS IN UST			
COMPARTMENT IDENTIFICATION NUMBER			
(mm/dd/yyyy) DATE INSTALLED			
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE			
(gallons) ESTIMATED TOTAL CAPACITY			
MANIFOLDED (Y/N)			
MANIFOLDED TO COMPARTMENT ID NUMBER			
O	STATUS OF UNDERGROUND STORAGE TANKS		
CURRENT STATUS			
(mm/dd/yyyy) STATUS DATE			
P	SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS		
PETROLEUM			
MAXIMUM ETHANOL %			
MAXIMUM BIOFUEL %			
(specify) OTHER			
HAZARDOUS SUBSTANCE			
CHEMICAL ABSTRACT SERVICE NUMBER			
MIXTURE OF SUBSTANCES			
PRODUCT IS COMPATIBLE WITH TANK (Y/N)			
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 Marathon		
IDEM UST REGISTRATION NUMBER				
COMPARTMENT IDENTIFICATION NUMBER				
T	UNDERGROUND STORAGE TANK RELEASE DETECTION			
PRIMARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				
SECONDARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				
U	UNDERGROUND PIPING RELEASE DETECTION			
PRIMARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)				
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				
(mm/dd/yyyy) DATE INSTALLED				
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 Member		COMPANY NAME (If Individual Leave Blank) G & N Property LLC	
SIGNATURE  Gurmail singh Nov 16, 2023 13:26 EST		DATE (MM/DD/YYYY) 11/16/2023	
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.			
OPERATOR'S AUTHORIZED REPRESENTATIVE (Print or Type)			
PREFIX	FIRST NAME Gurmail	MI	LAST NAME Singh
TITLE OF AUTHORIZED REPRESENTATIVE Member		COMPANY NAME (If Individual Leave Blank) Simar Petroleum Inc	
SIGNATURE  Gurmail singh Nov 16, 2023 13:26 EST		DATE (MM/DD/YYYY) 11/16/2023	
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) 11/16/2023

FID 18406-NF-11.16.2023

Final Audit Report

2023-11-16

Created:	2023-11-16
By:	Tanks Data (tanksdata01@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAmonzdVxnMogDYAn_ixn4qauBexulFOqM

"FID 18406-NF-11.16.2023" History

-  Document created by Tanks Data (tanksdata01@gmail.com)
2023-11-16 - 5:48:24 PM GMT
-  Document emailed to gslubana@yahoo.com for signature
2023-11-16 - 6:21:02 PM GMT
-  Email viewed by gslubana@yahoo.com
2023-11-16 - 6:22:58 PM GMT
-  Signer gslubana@yahoo.com entered name at signing as Gurmail singh
2023-11-16 - 6:26:26 PM GMT
-  Document e-signed by Gurmail singh (gslubana@yahoo.com)
Signature Date: 2023-11-16 - 6:26:28 PM GMT - Time Source: server
-  Agreement completed.
2023-11-16 - 6:26:28 PM GMT

Stewart, Angela

From: TanksData <Tanksdata@gmail.com>
Sent: Thursday, November 16, 2023 2:23 PM
To: IDEM USTregistration
Cc: Gurmail Singh
Subject: FID # 18406 Notification Form- 11/17/2023
Attachments: FID 18406-NF-11.16.2023 - signed.pdf

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Hello,
I hope you are doing well.

Here I am attaching the Notification Form for the below-mentioned site(s).

2068 E Market St Nappanee, IN 46550 18406

Please let us know if you have any questions.
for the site.

Thanks,
Team
Tanks Data
317.645.0215
317.300.6065



<https://tanksdata.com/>

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