7010

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	requi				y be used for fa				stered with the	
Α		IDEM Under			cation					
Facility Contact Change	П	UST Owner C			SATION	$\overline{\Box}$	Owner	/One	erator Information C	hange
Type of Facility Change	耑	Property Own		ae		悄			ne / Location Chan	_
■ UST System Modification	븀	UST Operator				悄	,		esponsibility Chan	•
New UST System(s)		1								5
В		FACILIT	Y NAI	ME/L	OCATION	1				
FACILITY NAME				LATITUD	E (37.710101 to	41.866		LONG	GITUDE (-88.165351 to -84.6	,
Marathon					<u>41.443</u>		1		-85.97760	U
FACILITY ADDRESS (number and street) 2068 E Market St							-32-1		-020,000-02	29
Nappanee	STA	TE ZIP CODE N 46550			lkart				PHONE NUMBER 574-238-89	38
c	٦	TYPE OF FA	CILIT	Y (Che	ck all that a	apply	/)			
Auto Dealership	_	Commercial		•				Hyd	rant System	
Hospital 🕱 Gas Station						Industr	ial			
Petroleum Distributor		Railroad					Reside	ntial		
Trucking or Transport		Utilities					Unman	ned		
Marina		School					Other:			
D		F	PREPA							
PREFIX FIRST NAME			МІ	LAST NA	ME					SUFFIX
ADDRESS	ADDRESS CITY STATE ZIP CODE									
TELEPHONE NUMBER JOB	TELEPHONE NUMBER JOB TITLE EMAIL ADDRESS									
E			UST (
Federal Government		State Gov	TYPE O		ER	1—	City / I	اممما	Cavarament	
Commercial		Private	emmen	ι		╫	Other:	.ocai	Government	
Option 1: UST OWNER NAME (Business Name as regis	tered		State)		BU	SINES	S ID (From t	the Sec	cretary of State)	
G & N Property LLC							2018	309	061277750	
Option 2: UST OWNER NAME (If a Public Agency or oth	er ent	tity)								
Option 3: UST OWNER NAME (If in Individual Capacity) PREFIX FIRST NAME			MI	LAST NA	ME					SUFFIX
Gurmail			IVII	Singh					001117	
UST OWNER ADDRESS (Listed in Options 1-3)										
PRINCIPAL OFFICE ADDRESS OF PRIMARY RESIDEN 1402 Ashton CT	IAL A	DDRESS (Number an	d Street, no	P.O. Box)			S (line 2)			
Goshen		STATE	2IP CODI		EFF	ECTIV		E DATE OF OWNERSHIP (MM/DD/YYYY) 09/06/2018		
TELEPHONE NUMBER (574) 238-8938	EMA	IL ADDRESS (Option	3 Individual	Capacity)	JOE	3 TITLE	E (Option 3 I	Individu	ual Capacity)	
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed PREFIX FIRST NAME	in Opt	tion 1 or 2)	IM	LACTNA	МЕ					SUFFIX
Gurmail			МІ	Sin						JUI 1-1X
PRINCIPAL OFFICE ADDRESS OF PRIMARY RESIDEN 1402 Ashton CT	TAL A	DDRESS (Number ar	nd Street, no			DRESS	S (line 2)			
Goshen		STATE	ZIP CODI 465			в тітці	nber			
TELEPHONE NUMBER	ЕМА	IL ADDRESS								
(574) 238-8938				gsiul	bana@	yar	100.C	om	1	

	FACILITY ID# FACILITY NAME Marathon									
F	l lvic		MCIAL	PESD	ONSIE	211	TV (C)	Check all that apply)		
F	Federal or State Govern						•	responsibility requirements		
H	Local Government own									
Ħ	The UST owner is main							,		
턲	The UST operator is ma									
	I have met the financial	responsibili	ty requiren	nents (i	in accord	dano	ce with 3	329 IAC 9-8) by using one or a combination of	the	
×	· -	-	at apply) .	If you	are usi			TF it must be checked as well.		
	Financial Test of Self In	surance				X		s Liability Trust Fund (State Fund)		
닏	Guarantee					빋		ance and Risk Retention Group Coverage		
牌	Surety Bond					빒		Commitment Letter		
ዙ	Letter of Credit					M		cate of Deposit		
片	Trust Fund	d Dating Too	\ +			ዙ		by Trust Fund Government Financial Test		
片	Local Government Bond Rating Test Local Government Guarantee				ዙ		Government Fund			
Ш	<u> </u>		he requireme	ent to ma	aintain the	abil		y the applicable amount pursuant to 9-8-11(b) and (c) and	t	
								hen requested.		
G										
L	le		احات		PE OF (RATOR			
닏	Federal Government				ernment			City / Local Government		
Optio	Commercial Private Dion 1: UST OPERATOR NAME (Business Name as registered with the Secretary of State			of State \			Other: BUSINESS ID (From the Secretary of State)			
	Simar Petroleum Inc			or state)			2010111800466			
Optio	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			MI		Г NAME	SUF	FFIX		
	Gurmail					Singh				
UST PRIN	OPERATOR ADDRESS (Listed in C NCIPAL OFFICE ADDRESS or PRIM	Options 1-3) IARY RESIDENTA	L ADDRESS (N	lumber an	d Street, no	P.O. E	Вох)	ADDRESS (line 2)		
	5482 Bryanton									
CITY				STATE	ZIP CODE			DATE BEGAN OPERATING (MM/DD/YYYY)		
	ranger EPHONE NUMBER	I F	MAII ADDRES	IN S (Ontion	1 46530 ion 3 Individual Capacity)		rity)	09/06/2018 JOB TITLE (Option 3 Individual Capacity)		
	EL HONE NOWDER	-	WAIL ADDITEO	o (Option	o marviadar	Оирис	(y)	GOB TITLE (Option o maividade outputity)		
CON	ITACT FOR BUSINESS / PUBLIC AC	GENCY (Listed in	Option 1 or 2)		IM	II AC	FNAME	leur	FEIV	
PRE	Gurmail				MI	Singh		Sur	FFIX	
	NCIPAL OFFICE ADDRESS or PRIM		L ADDRESS (A	lumber an	d Street, no			ADDRESS (line 2)		
	5482 Bryanton (<u>CT</u>								
CITY				STATE	2IP CODE 465					
TELI	ranger EPHONE NUMBER	ĮΕ	MAIL ADDRES			Member Member				
	(574) 238-89	38				gslubana@yahoo.com				
Н		<u>+</u>		FAC	CILITY					
	ITACT INDIVIDUAL NAME				MI	IΔS	Г NAME	Sue	FFIX	
FILE	Gurmail				IVII		ngh	301	11/	
	NCIPAL OFFICE ADDRESS or PRIM		L ADDRESS (A	lumber an	d Street, no			ADDRESS (line 2)		
	5482 Bryanton	CT								
CITY				STATE	2IP CODE 465			Member		
TELE	ranger EPHONE NUMBER		MAIL ADDRES		1400	<u> </u>		IMELLINEI		
	(574) 238-89					gslubana@yahoo.com				

Type of owner Type of owner Type of owner Type of owner City / Local Government City /
Federal Government
Commercial Commercial C
Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State) G & N Property LLC Option 2: PROPERTY OWNER NAME (If a Public Agency or other entity) Option 3: PROPERTY OWNER NAME (If a Public Agency or other entity) Option 3: PROPERTY OWNER NAME (If in Individual Capacity) PREFIX FIRST NAME Gurmail PROPERTY OWNER ADDRESS (Listed in Options 1-3) PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) 1402 Ashton CT CITY STATE JET CODE HODE NUMBER (574) 238-8938 CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2) PREFIX FIRST NAME Gurmail Gurmail MI LAST NAME SIDENTILE (Option 3 Individual Capacity) JOB TITLE (Option 3 Individual Capacity) SUFFIX SUFFIX FIRST NAME SINGH Gurmail PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (line 2) ADDRESS (line 2) JOB TITLE (Option 3 Individual Capacity) ADDRESS (line 2) ADDRESS (line 2) ADDRESS (line 2) ADDRESS (line 2) TELEPHONE NUMBER JOB TITLE GOShen TELEPHONE NUMBER JOB TITLE GOShen TELEPHONE NUMBER JOB TITLE Member TELEPHONE NUMBER STATE IN AGENCY (LISTED TAL ADDRESS (Number and Street, no P.O. Box) TELEPHONE NUMBER (574) 238-8938 EMAIL ADDRESS GSIUBANA@yahoo.com
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PREFIX Gurmail Singh Suffix Singh Si
Gurmail PROPERTY OWNER ADDRESS (Listed in Options 1-3) PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) 1402 Ashton CT CITY Goshen TELEPHONE NUMBER (574) 238-8938 CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2) PREFIX FIRST NAME Gurmail PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) 1 ADDRESS (line 2) ADDRESS (line 2) ADDRESS (line 2) STATE IN LAST NAME Suffix Singh PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) 1 ADDRESS (line 2)
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) 1402 Ashton CT CITY Goshen TELEPHONE NUMBER (574) 238-8938 CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2) PREFIX FIRST NAME Gurmail PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) 1402 Ashton CT CITY Goshen SUFFIX FIRST NAME Gurmail PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) 1402 Ashton CT CITY Goshen STATE IN 46526 Gubana@yahoo.com EMAIL ADDRESS GSlubana@yahoo.com
CITY Goshen TELEPHONE NUMBER (574) 238-8938 CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2) PREFIX FIRST NAME Gurmail PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) 1402 Ashton CT CITY Goshen TELEPHONE NUMBER (574) 238-8938 EMAIL ADDRESS (Option 3 Individual Capacity) MI LAST NAME Singh ADDRESS (line 2) ADDRESS (line 2) ADDRESS (line 2) JOB TITLE Member Member TELEPHONE NUMBER (574) 238-8938 EMAIL ADDRESS gslubana@yahoo.com
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PREFIX FIRST NAME Gurmail Singh Singh PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (line 2) 1402 Ashton CT STATE ZIP CODE JOB TITLE Member TELEPHONE NUMBER EMAIL ADDRESS Glubana@yahoo.com STATE SIP CODE JOB TITLE Member Member TELEPHONE NUMBER EMAIL ADDRESS GSlubana@yahoo.com
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) 1402 Ashton CT CITY Goshen TELEPHONE NUMBER (574) 238-8938 EMAIL ADDRESS (Number and Street, no P.O. Box) ADDRESS (line 2) JOB TITLE Member gslubana@yahoo.com
1402 Ashton CT CITY Goshen TELEPHONE NUMBER (574) 238-8938 STATE IN 2IP CODE Member Wember Goshen TELEPHONE NUMBER (574) 238-8938 GSlubana@yahoo.com
Goshen IN 46526 Member (574) 238-8938 EMAIL ADDRESS gslubana@yahoo.com
(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

FACILITY ID# FACILITY NAME Marathon											
	18406 Marathon CONTRACTOR										
Ë			D BY A REGISTERED	REC	GISTRATIO				REGISTRATION DATE		
Ē		JFACTURER'S INSTA	LLATION CHECKLISTS	HAVE BEEN CC	OMPLETED	AND	INSTALLER CERTIF	IED BY TANK AN	(mm/dd/yyyy) D PIPING MANUFACTURER		
F			DIANA DEPARTMENT O	F HOMELAND S	SECURITY /	DIVISION	OF FIRE AND BUILDI	NG SAFETY	INSPECTION DATE		
CON	ITRACT	FOR BUSINESS NAM	E (Business Name as reg	istered with the	Secretary o	f State)		BUSINESS ID ((mm/dd/yyyy) From the Secretary of State)		
CON	ΙΤΔΟΤ Ι	INFORMATION FOR	CONTRACTOR THAT PE	REORMED OR	MANAGED	WORK	ON SITE				
		FIRST NAME	CONTRACTOR THAT FE	ERFORIVIED OR		MI	LAST NAME			SUFFIX	
DDII	ICIDAI	OFFICE ADDRESS (or PRIMARY RESIDENTA	ADDDESS (A	lumber and	Street no	P.O. Box)	ADDRESS (line	2)		
FIXII	NOIFAL	OFFICE ADDITESS O	I FRIMANT NEGIDENTA	AL ADDINESS (N	iumber and	Street, 110	(F.O. BOX)	2)			
CIT	/				STATE	ZIP CODE		IDHS CERTIFIC	CATION NUMBER		
TEI	EDHON	IE NUMBER	le	MAIL ADDRESS	9						
	LFIION	IL NOMBLIX		INIAIL ADDITES	3						
L			<u> </u>	POTEN	TIALL	Y INT	ERESTED P	ARTIES			
		ED PARTY NAME					DDRESS	mail aa	<u> </u>		
		KS DATA	1			E-MAIL A	(sdata@g	man.coi	П		
		KS DATA	L			contact@tanksdata.com					
INT	INTERESTED PARTY NAME				E-MAIL A						
M In i		pace below ske	tch the facility (ta	nks ninina			SITE MAP	numn island	ds, buildings, etc.). Ir	nclude tank	
			ct stored. Label								

	406 FACILITY NAME Maratho	on			
	Complete one column for	each tank or compartme	ent. See instructions for	compartment identifica	tion numbering.
N	IDE	NTIFICATION OF U	JNDERGROUND S	TORAGE TANKS	
	IDEM UST REGISTRATION NUMI	BER 1	2	3	4
	PART OF A COMPARTMENTED UST (Y/N) NO	NO	NO	NO
	NUMBER OF COMPARTMENTS IN	JST			
	COMPARTMENT IDENTIFICATION NUM	BER			
	(mm/dd/yyyy) DATE INSTAL	LED 06/30/1987	06/30/1987	06/30/1987	06/30/1987
(mm/dd/yyyy) DATE FIRST BROUGHT INTO	JSE 06/30/1987	06/30/1987	06/30/1987	06/30/1987
	(gallons) ESTIMATED TOTAL CAPAC	штү 10000	10000	10000	4000
	MANIFOLDED (Y/N) NO	NO	NO	NO
	MANIFOLDED TO COMPARTMENT ID NUMI	BER			
0		STATUS OF UNDE	ERGROUND STOR	AGE TANKS	
	CURRENT STA	IN USE	IN USE	IN USE	IN USE
	(mm/dd/yyyy) STATUS D	ATE 10/01/2023	10/01/2023	10/01/2023	10/01/2023
Р	SUBSTANCES CUI	RRENTLY OR LAS	T STORED IN UND	ERGROUND STO	RAGE TANKS
	PETROLE	GSL - Gasoline	GSL - Gasoline	DSL - Diesel	KER - Kerosene
	MAXIMUM ETHANO	L %			
	MAXIMUM BIOFUE	L %			
	(specify) OTI	HER			
	HAZARDOUS SUBSTAI	NCE			
	CHEMICAL ABSTRACT SERVICE NUMI	BER			
	MIXTURE OF SUBSTAN	CES			
	PRODUCT IS COMPATIBLE WITH TANK (Y/N) YES	YES	YES	YES
Q	UNDER	ROUND STORAG	E TANK CONSTRU	JCTION ATTRIBUT	ΓES
<u>-</u>	MANUFACTUI	RER			
	MOI	DEL			
	MATERIAL OF CONSTRUCT	ION			
	SECONDARY CONTAINM	ENT			
R	UNDER	RGROUND STORA	GE TANK CORRO	SION PROTECTIO	N
	CORROSION PROTECTION T	/PE			
	(mm/dd/yyyy) ANODE INSTALLATION DA	ATE			
	INTERIOR LIN	ING			
	(mm/dd/yyyy) LINER INSTALLATION DA	ATE			
	(specify) OTH	IER			
S		PIPING CONSTI	RUCTION AND PRO	OTECTION	
	MANUFACTUI	RER			
	MO	DEL			
	(mm/dd/yyyy) DATE INSTAL	LED			
	MATER	RIAL			
	SECONDARY CONTAINM	ENT			
	CORROSION PROTECTION T	YPE			
	(mm/dd/yyyy) ANODE INSTALLATION D	ATE			
	PRODUCT IS COMPATIBLE WITH PIPING (Y/N)			
	PRODUCT DELIVERY METH	HOD			

FAC	ILITY ID# FACILITY NAME Marathon				
	IDEM UST REGISTRATION NUMBER	1	2	3	4
	COMPARTMENT IDENTIFICATION NUMBER	-		-	-
Т	UNDER	RGROUND STORA	GE TANK RELEA	SE DETECTION	
-	PRIMARY UST RELEASE DETECTION				
	MANUFACTURER				
	MODEL				
	SECONDARY UST RELEASE DETECTION				
	MANUFACTURER				
	MODEL				
U	U	NDERGROUND PI	PING RELEASE D	ETECTION	
	PRIMARY PIPING RELEASE DETECTION				
	MANUFACTURER				
	MODEL				
(L	SECONDARY PIPING RELEASE DETECTION LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)				
	MANUFACTURER				
	MODEL				
	TERTIARY PIPING RELEASE DETECTION				
	MANUFACTURER				
	MODEL				
٧	SP	ILL AND OVERFIL	L PREVENTION E	QUIPMENT	
	CATCHMENT BASIN / SPILL BUCKET				
	(mm/dd/yyyy) DATE INSTALLED				
	MANUFACTURER				
	MODEL				
FILL LATITUDE					
	FILL LONGITUDE	At. Obt.# / Elana	At. Olaveteff / Elaura	At. Olaveteff / Elaura	At- Cht-# / Flams
	PRIMARY OVERFILL PREVENTION EQUIPMENT (mm/dd/yyyy) DATE INSTALLED	11/29/2022	11/29/2022	11/29/2022	11/29/2022
	(IIIIII/dd/yyyy) DATE INSTALLED MANUFACTURER	11/29/2022	11/29/2022	11/29/2022	11/29/2022
	MODEL				
	% ULLAGE SET POINT				
SE	CONDARY 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				

	ity id# FACILITY NAME Marathon	l			
	Complete one column for eac	ch tank or compartment	. See instructions for c	ompartment identification	on numbering.
N			IDERGROUND ST		<u>_</u>
	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				
0	S.	TATUS OF UNDER	RGROUND STORA	GE TANKS	
	CURRENT STATUS				
	(mm/dd/yyyy) STATUS DATE				
Р	SUBSTANCES CURR	ENTLY OR LAST	STORED IN UNDE	RGROUND STOR	AGE 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	UNDERGR	OUND STORAGE	TANK CONSTRUC	CTION ATTRIBUTE	S
	MANUFACTURER				
	MODEL				
	MATERIAL OF CONSTRUCTION				
	SECONDARY CONTAINMENT				
R			E TANK CORROS	ION PROTECTION	
	CORROSION PROTECTION TYPE				
	(mm/dd/yyyy) ANODE INSTALLATION DATE				
	INTERIOR LINING				
	(mm/dd/yyyy) LINER INSTALLATION DATE				
0	(specify) OTHER		JCTION AND PRO	TECTION	
S		PIPING CONSTRU	I ION AND PRO	TECTION	
	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				

FAC	ility id# Facility name Marathon	ı			
	IDEM UST REGISTRATION NUMBER				
	COMPARTMENT IDENTIFICATION NUMBER				
Т	UNDER	RGROUND STORA	GE TANK RELEA	SE DETECTION	
	PRIMARY UST RELEASE DETECTION				
	MANUFACTURER				
	MODEL				
	SECONDARY UST RELEASE DETECTION				
	MANUFACTURER				
	MODEL				
U	U	NDERGROUND PI	PING RELEASE D	ETECTION	
	PRIMARY PIPING RELEASE DETECTION				
	MANUFACTURER				
	MODEL				
(I	SECONDARY PIPING RELEASE DETECTION LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)				
·	MANUFACTURER				
	MODEL				
	TERTIARY PIPING RELEASE DETECTION				
	MANUFACTURER				
	MODEL				
٧	SP	ILL AND OVERFIL	L PREVENTION E	QUIPMENT	
	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				
SE	CONDARY 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				

18406	TRANSACTION ID - FOR ST	FATE USE ONLY							
	UST OWNER CERTIFICATION								
Lavrage of officer under	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 un		•							
(4) Financial responsibi		8.							
OWNER'S AUTHORIZED REPRE	ESENTATIVE (Print or Type)		1,	Laconine		SUPERIV			
PREFIX FIRST NAME			MI	LAST NAME		SUFFIX			
Gurmail				Singh					
TITLE OF AUTHORIZED REPRE	SENTATIVE			NAME (If Individual Leave Blank)					
Member			G &	N Property LLC					
SIGNATURE	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\								
11/16/2023						<u> </u>			
		JST OPERA	TOR (CERTIFICATION					
I swear or affirm, under	r penalty of perjury as	specified by IC	35-44.1	-2-1 and other penalties specified	d by IC 13-30-10 and IC 1	3-23-14-			
				e, accurate, and complete. I furth	-				
following requirements	-				•				
(1) Installation of all tan									
(2) Cathodic protection				20.					
(3) Release detection u			-						
(4) Financial responsibi		•							
OPERATOR'S AUTHORIZED RE									
PREFIX FIRST NAME	7,	,,,	MI	LAST NAME		SUFFIX			
Gurmail				Singh					
TITLE OF AUTHORIZED REPRE	SENTATIVE		COMPAN	Y NAME (If Individual Leave Blank)		<u> </u>			
Member	.OLIVITATIVE			ar Petroleum Inc					
			Sillie	al Felioleum mo					
SIGNATURE					DATE (MM/DD/YYYY)	0 0			
Gurmail singh (Nov 16, 2023 13:26 EST)					11/16/20	23			
		CONTRACT	TOR C	ERTIFICATION					
CERTIFIED INDIVIDUAL NAME			•						
PREFIX FIRST NAME			MI	LAST NAME		SUFFIX			
OATH: I swear or affirm,	under penalty of perju	ry as specified b	v IC 35-4	4.1-2-1 and other penalties specific	ed by IC 13-30-10 and IC 1	3-23-14-			
2, that work performed o	on the UST system com	plies with metho		fied in 329 IAC 9 and 40 CFR 280, S	Subpart C.				
SIGNATURE		EMAIL ADDRESS			DATE (MM/DD/				
					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_ixn4qauBexuIFOqM

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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

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I hope you are doing well.

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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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