

	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: 16625
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 Amoco		LATITUDE (37.710101 to 41.866773) 41.485870
		LONGITUDE (-88.165351 to -84.671035) -86.683250
FACILITY ADDRESS (number and street) 8498 S US Hwy 6		PARCEL NUMBER 46-15-18-277-006.000-065
CITY Hamlet	STATE IN	ZIP CODE 46532
COUNTY Laporte		TELEPHONE NUMBER (574) 310-9068
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) Laporte Expo Investments, LLC		BUSINESS ID (From the Secretary of State) 202210281635004
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
UST OWNER ADDRESS (Listed in Options 1-3)		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 6520 Lake Crest Circle		ADDRESS (line 2)
CITY South Bend	STATE IN	ZIP CODE 46628
EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 05/22/2023		
TELEPHONE NUMBER (574) 310-9068	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
Mandeep		LAST NAME
		SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 6520 Lake Crest Circle		ADDRESS (line 2)
CITY South Bend	STATE IN	ZIP CODE 46628
JOB TITLE Member		
TELEPHONE NUMBER (574) 310-9068	EMAIL ADDRESS luckyghotra95@ymail.com	

FACILITY ID # 16625	FACILITY NAME Amoco
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) Kingsford Expo 66 Inc.	BUSINESS ID (From the Secretary of State) 202103041467279
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
UST OPERATOR ADDRESS (Listed in Options 1-3)	
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 6520 Lake Crest Cir	
CITY South Bend	STATE IN
ZIP CODE 46628	DATE BEGAN OPERATING (MM/DD/YYYY) 01/01/2024
TELEPHONE NUMBER (574) 340-8819	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
	Jatinder
MI	LAST NAME
	Singh
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 6520 Lake Crest Cir	
CITY South Bend	STATE IN
ZIP CODE 46628	JOB TITLE President
TELEPHONE NUMBER (574) 340-8819	EMAIL ADDRESS singh46350@gmail.com
H FACILITY CONTACT	
CONTACT INDIVIDUAL NAME	
PREFIX	FIRST NAME
	Jatinder
MI	LAST NAME
	Singh
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 6520 Lake Crest Cir	
CITY South Bend	STATE IN
ZIP CODE 46628	JOB TITLE President
TELEPHONE NUMBER (574) 340-8819	EMAIL ADDRESS singh46350@gmail.com

FACILITY ID # 16625		FACILITY NAME Amoco			
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) Laporte Expo Investments, LLC				BUSINESS ID (From the Secretary of State) 202210281635004	
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) 6520 Lake Crest Circle				ADDRESS (line 2)	
CITY South Bend		STATE IN	ZIP CODE 46628	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 05/22/2023	
TELEPHONE NUMBER (574) 310-9068		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
	Mandeep		Singh		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 6520 Lake Crest Circle				ADDRESS (line 2)	
CITY South Bend		STATE IN	ZIP CODE 46628	JOB TITLE Member	
TELEPHONE NUMBER (574) 310-9068		EMAIL ADDRESS luckyghotra95@ymail.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 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			

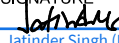
FACILITY ID # 16625	FACILITY NAME Amoco		
K CONTRACTOR			
☐ INSTALLATION INSPECTED BY A REGISTERED ENGINEER	REGISTRATION ID:	REGISTRATION DATE (mm/dd/yyyy)	
☐ MANUFACTURER'S INSTALLATION CHECKLISTS HAVE BEEN COMPLETED AND INCLUDED	☐ INSTALLER CERTIFIED BY TANK AND PIPING MANUFACTURER		
☐ WORK INSPECTED 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, contact@tanksdata.com	
INTERESTED PARTY NAME		E-MAIL ADDRESS	
INTERESTED PARTY NAME		E-MAIL ADDRESS	
M FACILITY SITE MAP			
<i>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.</i>			

FACILITY ID # 16625		FACILITY NAME Amoco	
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	
PART OF A COMPARTMENTED UST (Y/N)			
NUMBER OF COMPARTMENTS IN UST			
COMPARTMENT IDENTIFICATION NUMBER			
(mm/dd/yyyy) DATE INSTALLED	11/22/1990	11/22/1990	
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE			
(gallons) ESTIMATED TOTAL CAPACITY	10,000	6,000	
MANIFOLDED (Y/N)			
MANIFOLDED TO COMPARTMENT ID NUMBER			
O	STATUS OF UNDERGROUND STORAGE TANKS		
CURRENT STATUS	IN USE ☐	IN USE ☐	
(mm/dd/yyyy) STATUS DATE	05/08/2025	05/08/2025	
P	SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS		
PETROLEUM	GSL - Gasoline ☐	GSL - Gasoline ☐	
MAXIMUM ETHANOL %			
MAXIMUM BIOFUEL %			
(specify) OTHER			
HAZARDOUS SUBSTANCE			
CHEMICAL ABSTRACT SERVICE NUMBER			
MIXTURE OF SUBSTANCES			
PRODUCT IS COMPATIBLE WITH TANK (Y/N)	YES ☐	YES ☐	
Q	UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES		
MANUFACTURER			
MODEL			
MATERIAL OF CONSTRUCTION	Steel ☐	Steel ☐	
SECONDARY CONTAINMENT			
R	UNDERGROUND STORAGE TANK CORROSION PROTECTION		
CORROSION PROTECTION TYPE	Sacrificial Anode ☐	Sacrificial Anode ☐	
(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	10/10/2021	10/10/2021	
MATERIAL	Rigid Fiberglass ☐	Rigid Fiberglass ☐	
SECONDARY CONTAINMENT	Double-walled ☐	Double-walled ☐	
CORROSION PROTECTION TYPE			
(mm/dd/yyyy) ANODE INSTALLATION DATE			
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)			
PRODUCT DELIVERY METHOD	Pressurized ☐	Pressurized ☐	

FACILITY ID # 16625		FACILITY NAME Amoco			
IDEM UST REGISTRATION NUMBER		1		2	
COMPARTMENT IDENTIFICATION NUMBER					
T	UNDERGROUND STORAGE TANK RELEASE DETECTION				
PRIMARY UST RELEASE DETECTION		ATG CSLD v		ATG CSLD v	
MANUFACTURER					
MODEL					
SECONDARY UST RELEASE DETECTION					
MANUFACTURER					
MODEL					
U	UNDERGROUND PIPING RELEASE DETECTION				
PRIMARY PIPING RELEASE DETECTION		Interstitial Monito v		Interstitial Monito v	
MANUFACTURER					
MODEL					
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)		ALLD w/Annual T v		ALLD w/Annual T v	
MANUFACTURER					
MODEL					
TERTIARY PIPING RELEASE DETECTION		Annual Line Tigh v		Annual Line Tigh v	
MANUFACTURER					
MODEL					
V	SPILL AND OVERFILL PREVENTION EQUIPMENT				
CATCHMENT BASIN / SPILL BUCKET		Standard Spill Bu v		Standard Spill Bu v	
(mm/dd/yyyy) DATE INSTALLED					
MANUFACTURER					
MODEL					
FILL LATITUDE					
FILL LONGITUDE					
PRIMARY OVERFILL PREVENTION EQUIPMENT		Auto Shutoff / Fla v		Auto Shutoff / Fla v	
(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 # 16625		FACILITY NAME Amoco	
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 # 16625		FACILITY NAME Amoco	
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 # 16625		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 Mandeep	MI	LAST NAME Singh
TITLE OF AUTHORIZED REPRESENTATIVE Member		COMPANY NAME (If Individual Leave Blank) Laporte Expo Investments, LLC	
SIGNATURE  Mandeep Singh (May 8, 2025 15:50 EDT)		DATE (MM/DD/YYYY) 05/08/2025	
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 Jatinder	MI	LAST NAME Singh
TITLE OF AUTHORIZED REPRESENTATIVE President		COMPANY NAME (If Individual Leave Blank) Kingsford Expo 66 Inc	
SIGNATURE  Jatinder Singh (May 9, 2025 10:21 EDT)		DATE (MM/DD/YYYY) 05/09/2025	
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)

FID-16625-NF-05.08.2025

Final Audit Report

2025-05-09

Created:	2025-05-08
By:	Tanks Data (tanksdata01@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAATZD7pY6qa1I8t7YO6leZICJ6pv59gL5K

"FID-16625-NF-05.08.2025" History

-  Document created by Tanks Data (tanksdata01@gmail.com)
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-  Document emailed to Mandeep Singh (luckyghotra95@ymail.com) for signature
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Signature Date: 2025-05-09 - 2:21:24 PM GMT - Time Source: server
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2025-05-09 - 2:21:24 PM GMT