

**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: **16239**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                                                                                                    |                         |                                                 |                                                      |                                                                     |                                                          |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                       | Facility Contact Change | <input checked="" type="checkbox"/>             | UST Owner Change                                     | <input checked="" type="checkbox"/>                                 | Owner/Operator Information Change                        |
| <input type="checkbox"/>                                                                                                  | Type of Facility Change | <input checked="" type="checkbox"/>             | Property Owner Change                                | <input type="checkbox"/>                                            | Facility Name / Location Change                          |
| <input checked="" type="checkbox"/>                                                                                       | UST System Modification | <input checked="" type="checkbox"/>             | UST Operator Change                                  | <input type="checkbox"/>                                            | Financial Responsibility Change                          |
| <input type="checkbox"/>                                                                                                  | New UST System(s)       |                                                 |                                                      |                                                                     |                                                          |
| B FACILITY NAME / LOCATION                                                                                                |                         |                                                 |                                                      |                                                                     |                                                          |
| FACILITY NAME<br><b>Phillips 66</b>                                                                                       |                         |                                                 | LATITUDE (37.710101 to 41.866773)<br><b>41.62557</b> |                                                                     | LONGITUDE (-88.165351 to -84.671035)<br><b>-86.73755</b> |
| FACILITY ADDRESS (number and street)<br><b>613 Pine Lake Ave</b>                                                          |                         |                                                 | PARCEL NUMBER<br><b>46-06-26-303-019.000-043</b>     |                                                                     |                                                          |
| CITY<br><b>La Porte</b>                                                                                                   |                         | STATE<br><b>IN</b>                              | ZIP CODE<br><b>46350</b>                             | COUNTY<br><b>La Porte</b>                                           | TELEPHONE NUMBER<br><b>(574) 310-9068</b>                |
| C TYPE OF FACILITY (Check all that apply)                                                                                 |                         |                                                 |                                                      |                                                                     |                                                          |
| <input type="checkbox"/>                                                                                                  | Auto Dealership         | <input checked="" type="checkbox"/>             | Commercial                                           | <input type="checkbox"/>                                            | Airport Hydrant System                                   |
| <input type="checkbox"/>                                                                                                  | Hospital                | <input checked="" type="checkbox"/>             | Gas Station                                          | <input type="checkbox"/>                                            | Industrial                                               |
| <input type="checkbox"/>                                                                                                  | Petroleum Distributor   | <input type="checkbox"/>                        | Railroad                                             | <input type="checkbox"/>                                            | Residential                                              |
| <input type="checkbox"/>                                                                                                  | Trucking or Transport   | <input type="checkbox"/>                        | Utilities                                            | <input type="checkbox"/>                                            | Unmanned                                                 |
| <input type="checkbox"/>                                                                                                  | Marina                  | <input type="checkbox"/>                        | School                                               | <input type="checkbox"/>                                            | 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                                                                                                             |                         |                                                 |                                                      |                                                                     |                                                          |
| <input type="checkbox"/>                                                                                                  | Federal Government      | <input type="checkbox"/>                        | State Government                                     | <input type="checkbox"/>                                            | City / Local Government                                  |
| <input checked="" type="checkbox"/>                                                                                       | Commercial              | <input checked="" type="checkbox"/>             | Private                                              | <input type="checkbox"/>                                            | Other:                                                   |
| Option 1: UST OWNER NAME (Business Name as registered with the Secretary of State)<br><b>LAPORTE EXPO INVESTMENTS LLC</b> |                         |                                                 |                                                      | BUSINESS ID (From the Secretary of State)<br><b>202210281635004</b> |                                                          |
| 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)<br><b>6520 Lake Crest Circle</b> |                         |                                                 |                                                      | ADDRESS (line 2)                                                    |                                                          |
| CITY<br><b>South Bend</b>                                                                                                 |                         | STATE<br><b>IN</b>                              | ZIP CODE<br><b>46628</b>                             | EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)<br><b>05/22/2023</b>       |                                                          |
| TELEPHONE NUMBER<br><b>(574) 310-9068</b>                                                                                 |                         | 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                                                   |
| <b>Priya</b>                                                                                                              |                         |                                                 | <b>Lakshmi</b>                                       |                                                                     |                                                          |
| PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)<br><b>6520 Lake Crest Circle</b> |                         |                                                 |                                                      | ADDRESS (line 2)                                                    |                                                          |
| CITY<br><b>South Bend</b>                                                                                                 |                         | STATE<br><b>IN</b>                              | ZIP CODE<br><b>46625</b>                             | JOB TITLE<br><b>Member</b>                                          |                                                          |
| TELEPHONE NUMBER<br><b>(574) 310-9068</b>                                                                                 |                         | EMAIL ADDRESS<br><b>luckyghotra95@ymail.com</b> |                                                      |                                                                     |                                                          |

|                                                                                                                                                                                                                                                                            |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| FACILITY ID #<br><b>16239</b>                                                                                                                                                                                                                                              | FACILITY NAME<br><b>Phillips 66</b>                                          |
| <b>F FINANCIAL RESPONSIBILITY (Check all that apply)</b>                                                                                                                                                                                                                   |                                                                              |
| <input type="checkbox"/> Federal or State Government Entity, which does not fall under financial responsibility requirements                                                                                                                                               |                                                                              |
| <input type="checkbox"/> Local Government owner or operator is maintaining financial responsibility for this site                                                                                                                                                          |                                                                              |
| <input type="checkbox"/> The UST owner is maintaining financial responsibility for this site                                                                                                                                                                               |                                                                              |
| <input type="checkbox"/> The UST operator is maintaining financial responsibility for this site                                                                                                                                                                            |                                                                              |
| <input checked="" type="checkbox"/> 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) . <b>If you are using the ELTF it must be checked as well.</b> |                                                                              |
| <input type="checkbox"/> Financial Test of Self Insurance                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> Excess Liability Trust Fund (State Fund) |
| <input type="checkbox"/> Guarantee                                                                                                                                                                                                                                         | <input type="checkbox"/> Insurance and Risk Retention Group Coverage         |
| <input type="checkbox"/> Surety Bond                                                                                                                                                                                                                                       | <input type="checkbox"/> Loan Commitment Letter                              |
| <input type="checkbox"/> Letter of Credit                                                                                                                                                                                                                                  | <input type="checkbox"/> Certificate of Deposit                              |
| <input type="checkbox"/> Trust Fund                                                                                                                                                                                                                                        | <input type="checkbox"/> Standby Trust Fund                                  |
| <input type="checkbox"/> Local Government Bond Rating Test                                                                                                                                                                                                                 | <input type="checkbox"/> Local Government Financial Test                     |
| <input type="checkbox"/> Local Government Guarantee                                                                                                                                                                                                                        | <input type="checkbox"/> 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.                                                              |                                                                              |
| <b>G UST OPERATOR</b>                                                                                                                                                                                                                                                      |                                                                              |
| TYPE OF OPERATOR                                                                                                                                                                                                                                                           |                                                                              |
| <input type="checkbox"/> Federal Government                                                                                                                                                                                                                                | <input type="checkbox"/> State Government                                    |
| <input checked="" type="checkbox"/> Commercial                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Private                                  |
|                                                                                                                                                                                                                                                                            | <input type="checkbox"/> City / Local Government                             |
|                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Other:                                              |
| Option 1: UST OPERATOR NAME (Business Name as registered with the Secretary of State )<br><b>PINE LAKE EXPO INC</b>                                                                                                                                                        | BUSINESS ID (From the Secretary of State)<br><b>201904261319255</b>          |
| 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)                                                                                                                                                                                   |                                                                              |
| <b>6520 Lake Crest Cir</b>                                                                                                                                                                                                                                                 |                                                                              |
| CITY                                                                                                                                                                                                                                                                       | STATE                                                                        |
| <b>South Bend</b>                                                                                                                                                                                                                                                          | <b>IN</b>                                                                    |
| ZIP CODE                                                                                                                                                                                                                                                                   | DATE BEGAN OPERATING (MM/DD/YYYY)                                            |
| <b>46628</b>                                                                                                                                                                                                                                                               | <b>01/01/2024</b>                                                            |
| TELEPHONE NUMBER                                                                                                                                                                                                                                                           | EMAIL ADDRESS (Option 3 Individual Capacity)                                 |
| <b>(574) 310-9068</b>                                                                                                                                                                                                                                                      |                                                                              |
| JOB TITLE (Option 3 Individual Capacity)                                                                                                                                                                                                                                   |                                                                              |
|                                                                                                                                                                                                                                                                            |                                                                              |
| CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)                                                                                                                                                                                                             |                                                                              |
| PREFIX                                                                                                                                                                                                                                                                     | FIRST NAME                                                                   |
|                                                                                                                                                                                                                                                                            | <b>Priya</b>                                                                 |
| MI                                                                                                                                                                                                                                                                         | LAST NAME                                                                    |
|                                                                                                                                                                                                                                                                            | <b>Lakshmi</b>                                                               |
| PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)                                                                                                                                                                                   |                                                                              |
| <b>6520 Lake Crest Cir</b>                                                                                                                                                                                                                                                 |                                                                              |
| CITY                                                                                                                                                                                                                                                                       | STATE                                                                        |
| <b>South Bend</b>                                                                                                                                                                                                                                                          | <b>IN</b>                                                                    |
| ZIP CODE                                                                                                                                                                                                                                                                   | JOB TITLE                                                                    |
| <b>46628</b>                                                                                                                                                                                                                                                               | <b>President</b>                                                             |
| TELEPHONE NUMBER                                                                                                                                                                                                                                                           | EMAIL ADDRESS                                                                |
| <b>(574) 310-9068</b>                                                                                                                                                                                                                                                      | <b>luckyghotra95@ymail.com</b>                                               |
| <b>H FACILITY CONTACT</b>                                                                                                                                                                                                                                                  |                                                                              |
| CONTACT INDIVIDUAL NAME                                                                                                                                                                                                                                                    |                                                                              |
| PREFIX                                                                                                                                                                                                                                                                     | FIRST NAME                                                                   |
|                                                                                                                                                                                                                                                                            | <b>Mandeep</b>                                                               |
| MI                                                                                                                                                                                                                                                                         | LAST NAME                                                                    |
|                                                                                                                                                                                                                                                                            | <b>Singh</b>                                                                 |
| PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)                                                                                                                                                                                   |                                                                              |
| <b>6520 Lake Crest Cir</b>                                                                                                                                                                                                                                                 |                                                                              |
| CITY                                                                                                                                                                                                                                                                       | STATE                                                                        |
| <b>South Bend</b>                                                                                                                                                                                                                                                          | <b>IN</b>                                                                    |
| ZIP CODE                                                                                                                                                                                                                                                                   | JOB TITLE                                                                    |
| <b>46628</b>                                                                                                                                                                                                                                                               | <b>Member</b>                                                                |
| TELEPHONE NUMBER                                                                                                                                                                                                                                                           | EMAIL ADDRESS                                                                |
| <b>(317) 851-9910</b>                                                                                                                                                                                                                                                      | <b>singh46350@gmail.com</b>                                                  |

|                                                                                                                                 |                                                 |                                                                     |                                                               |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------|
| FACILITY ID #<br><b>16239</b>                                                                                                   |                                                 | FACILITY NAME<br><b>Phillips 66</b>                                 |                                                               |
| <b>I DEEDED PROPERTY OWNER</b>                                                                                                  |                                                 |                                                                     |                                                               |
| TYPE OF OWNER                                                                                                                   |                                                 |                                                                     |                                                               |
| <input type="checkbox"/> Federal Government                                                                                     | <input type="checkbox"/> State Government       | <input type="checkbox"/> City / Local Government                    |                                                               |
| <input checked="" type="checkbox"/> Commercial                                                                                  | <input checked="" type="checkbox"/> Private     | <input type="checkbox"/> Other:                                     |                                                               |
| Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State )<br><b>LAPORTE EXPO INVESTMENTS LLC</b> |                                                 | BUSINESS ID (From the Secretary of State)<br><b>202210281635004</b> |                                                               |
| 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)<br><b>6520 Lake Crest Circle</b>       |                                                 | ADDRESS (line 2)                                                    |                                                               |
| CITY<br><b>South Bend</b>                                                                                                       | STATE<br><b>IN</b>                              | ZIP CODE<br><b>46628</b>                                            | EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)<br><b>05/22/2023</b> |
| TELEPHONE NUMBER<br><b>(574) 310-9068</b>                                                                                       | 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                                              |
|                                                                                                                                 | <b>Priya</b>                                    |                                                                     | <b>Lakshmi</b>                                                |
| PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)<br><b>6520 Lake Crest Circle</b>       |                                                 | ADDRESS (line 2)                                                    |                                                               |
| CITY<br><b>South Bend</b>                                                                                                       | STATE<br><b>IN</b>                              | ZIP CODE<br><b>46628</b>                                            | JOB TITLE<br><b>Member</b>                                    |
| TELEPHONE NUMBER<br><b>(574) 310-9068</b>                                                                                       | EMAIL ADDRESS<br><b>luckyghotra95@ymail.com</b> |                                                                     |                                                               |
| <b>J ACTIVE LAND CONTRACT PROPERTY OWNER (If applicable)</b>                                                                    |                                                 |                                                                     |                                                               |
| TYPE OF OWNER                                                                                                                   |                                                 |                                                                     |                                                               |
| <input type="checkbox"/> Federal Government                                                                                     | <input type="checkbox"/> State Government       | <input type="checkbox"/> City / Local Government                    |                                                               |
| <input type="checkbox"/> Commercial                                                                                             | <input type="checkbox"/> Private                | <input type="checkbox"/> 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 #<br><b>16239</b>                                                                                                                                                                                                         |                                                                                                  | FACILITY NAME<br><b>Phillips 66</b>                                          |                                   |
| <b>K CONTRACTOR</b>                                                                                                                                                                                                                   |                                                                                                  |                                                                              |                                   |
| <input type="checkbox"/>                                                                                                                                                                                                              | INSTALLATION INSPECTED BY A REGISTERED ENGINEER                                                  | REGISTRATION ID:                                                             | REGISTRATION DATE<br>(mm/dd/yyyy) |
| <input type="checkbox"/>                                                                                                                                                                                                              | MANUFACTURER'S INSTALLATION CHECKLISTS HAVE BEEN COMPLETED AND INCLUDED                          | <input type="checkbox"/> INSTALLER CERTIFIED BY TANK AND PIPING MANUFACTURER |                                   |
| <input type="checkbox"/>                                                                                                                                                                                                              | WORK INSPECTED BY INDIANA DEPARTMENT OF HOMELAND SECURITY / DIVISION OF FIRE AND BUILDING SAFETY | INSPECTION DATE<br>(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                                                                |                                   |
| <b>L POTENTIALLY INTERESTED PARTIES</b>                                                                                                                                                                                               |                                                                                                  |                                                                              |                                   |
| INTERESTED PARTY NAME                                                                                                                                                                                                                 |                                                                                                  | E-MAIL ADDRESS                                                               |                                   |
| Tanks Data                                                                                                                                                                                                                            |                                                                                                  | tanksdata@gmail.com                                                          |                                   |
| INTERESTED PARTY NAME                                                                                                                                                                                                                 |                                                                                                  | E-MAIL ADDRESS                                                               |                                   |
| Tanks Data                                                                                                                                                                                                                            |                                                                                                  | contact@tanksdata.com                                                        |                                   |
| INTERESTED PARTY NAME                                                                                                                                                                                                                 |                                                                                                  | E-MAIL ADDRESS                                                               |                                   |
| <b>M FACILITY SITE MAP</b>                                                                                                                                                                                                            |                                                                                                  |                                                                              |                                   |
| 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 #<br><b>16239</b>                                                                                |                                                                         | FACILITY NAME<br><b>Phillips 66</b>        |                                            |                                            |  |
| Complete one column for each tank or compartment. See instructions for compartment identification numbering. |                                                                         |                                            |                                            |                                            |  |
| <b>N</b>                                                                                                     | <b>IDENTIFICATION OF UNDERGROUND STORAGE TANKS</b>                      |                                            |                                            |                                            |  |
| IDEM UST REGISTRATION NUMBER                                                                                 | <b>1</b>                                                                | <b>2</b>                                   | <b>3</b>                                   | <b>4</b>                                   |  |
| PART OF A COMPARTMENTED UST (Y/N)                                                                            |                                                                         |                                            |                                            |                                            |  |
| NUMBER OF COMPARTMENTS IN UST                                                                                |                                                                         |                                            |                                            |                                            |  |
| COMPARTMENT IDENTIFICATION NUMBER                                                                            |                                                                         |                                            |                                            |                                            |  |
| (mm/dd/yyyy) DATE INSTALLED                                                                                  | 06/29/1989                                                              | 06/29/1989                                 | 06/29/1989                                 | 06/29/1989                                 |  |
| (mm/dd/yyyy) DATE FIRST BROUGHT INTO USE                                                                     |                                                                         |                                            |                                            |                                            |  |
| (gallons) ESTIMATED TOTAL CAPACITY                                                                           | 12,000                                                                  | 8,000                                      | 6,000                                      | 2,000                                      |  |
| MANIFOLDED (Y/N)                                                                                             |                                                                         |                                            |                                            |                                            |  |
| MANIFOLDED TO COMPARTMENT ID NUMBER                                                                          |                                                                         |                                            |                                            |                                            |  |
| <b>O</b>                                                                                                     | <b>STATUS OF UNDERGROUND STORAGE TANKS</b>                              |                                            |                                            |                                            |  |
| CURRENT STATUS                                                                                               | IN USE <input type="checkbox"/>                                         | IN USE <input type="checkbox"/>            | IN USE <input type="checkbox"/>            | IN USE <input type="checkbox"/>            |  |
| (mm/dd/yyyy) STATUS DATE                                                                                     | 12/19/2024                                                              | 12/19/2024                                 | 12/19/2024                                 | 12/19/2024                                 |  |
| <b>P</b>                                                                                                     | <b>SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS</b> |                                            |                                            |                                            |  |
| PETROLEUM                                                                                                    | GSL - Gasoline <input type="checkbox"/>                                 | GSL - Gasoline <input type="checkbox"/>    | GSL - Gasoline <input type="checkbox"/>    | DSL - Diesel <input type="checkbox"/>      |  |
| MAXIMUM ETHANOL %                                                                                            |                                                                         |                                            |                                            |                                            |  |
| MAXIMUM BIOFUEL %                                                                                            |                                                                         |                                            |                                            |                                            |  |
| (specify) OTHER                                                                                              |                                                                         |                                            |                                            |                                            |  |
| HAZARDOUS SUBSTANCE                                                                                          |                                                                         |                                            |                                            |                                            |  |
| CHEMICAL ABSTRACT SERVICE NUMBER                                                                             |                                                                         |                                            |                                            |                                            |  |
| MIXTURE OF SUBSTANCES                                                                                        |                                                                         |                                            |                                            |                                            |  |
| PRODUCT IS COMPATIBLE WITH TANK (Y/N)                                                                        | YES <input type="checkbox"/>                                            | YES <input type="checkbox"/>               | YES <input type="checkbox"/>               | YES <input type="checkbox"/>               |  |
| <b>Q</b>                                                                                                     | <b>UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES</b>                 |                                            |                                            |                                            |  |
| MANUFACTURER                                                                                                 |                                                                         |                                            |                                            |                                            |  |
| MODEL                                                                                                        |                                                                         |                                            |                                            |                                            |  |
| MATERIAL OF CONSTRUCTION                                                                                     | Steel <input type="checkbox"/>                                          | Steel <input type="checkbox"/>             | Steel <input type="checkbox"/>             | Steel <input type="checkbox"/>             |  |
| SECONDARY CONTAINMENT                                                                                        |                                                                         |                                            |                                            |                                            |  |
| <b>R</b>                                                                                                     | <b>UNDERGROUND STORAGE TANK CORROSION PROTECTION</b>                    |                                            |                                            |                                            |  |
| CORROSION PROTECTION TYPE                                                                                    | Sacrificial Anode <input type="checkbox"/>                              | Sacrificial Anode <input type="checkbox"/> | Sacrificial Anode <input type="checkbox"/> | Sacrificial Anode <input type="checkbox"/> |  |
| (mm/dd/yyyy) ANODE INSTALLATION DATE                                                                         |                                                                         |                                            |                                            |                                            |  |
| INTERIOR LINING                                                                                              |                                                                         |                                            |                                            |                                            |  |
| (mm/dd/yyyy) LINER INSTALLATION DATE                                                                         |                                                                         |                                            |                                            |                                            |  |
| (specify) OTHER                                                                                              |                                                                         |                                            |                                            |                                            |  |
| <b>S</b>                                                                                                     | <b>PIPING CONSTRUCTION AND PROTECTION</b>                               |                                            |                                            |                                            |  |
| MANUFACTURER                                                                                                 |                                                                         |                                            |                                            |                                            |  |
| MODEL                                                                                                        |                                                                         |                                            |                                            |                                            |  |
| (mm/dd/yyyy) DATE INSTALLED                                                                                  |                                                                         |                                            |                                            |                                            |  |
| MATERIAL                                                                                                     | Rigid Fiberglass <input type="checkbox"/>                               | Rigid Fiberglass <input type="checkbox"/>  | Rigid Fiberglass <input type="checkbox"/>  | Rigid Fiberglass <input type="checkbox"/>  |  |
| SECONDARY CONTAINMENT                                                                                        |                                                                         |                                            |                                            |                                            |  |
| CORROSION PROTECTION TYPE                                                                                    |                                                                         |                                            |                                            |                                            |  |
| (mm/dd/yyyy) ANODE INSTALLATION DATE                                                                         |                                                                         |                                            |                                            |                                            |  |
| PRODUCT IS COMPATIBLE WITH PIPING (Y/N)                                                                      |                                                                         |                                            |                                            |                                            |  |
| PRODUCT DELIVERY METHOD                                                                                      | Pressurized <input type="checkbox"/>                                    | Pressurized <input type="checkbox"/>       | Pressurized <input type="checkbox"/>       | European Suction <input type="checkbox"/>  |  |

|                                                                                       |                                                   |                                     |                     |                     |                     |
|---------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------|---------------------|---------------------|---------------------|
| FACILITY ID #<br><b>16239</b>                                                         |                                                   | FACILITY NAME<br><b>Phillips 66</b> |                     |                     |                     |
| IDEM UST REGISTRATION NUMBER                                                          |                                                   | <b>1</b>                            | <b>2</b>            | <b>3</b>            | <b>4</b>            |
| COMPARTMENT IDENTIFICATION NUMBER                                                     |                                                   |                                     |                     |                     |                     |
| <b>T</b>                                                                              | <b>UNDERGROUND STORAGE TANK RELEASE DETECTION</b> |                                     |                     |                     |                     |
| PRIMARY UST RELEASE DETECTION                                                         |                                                   | ATG 0.2gph mon▼                     | ATG 0.2gph mon▼     | ATG 0.2gph mon▼     | ATG 0.2gph mon▼     |
| MANUFACTURER                                                                          |                                                   |                                     |                     |                     |                     |
| MODEL                                                                                 |                                                   |                                     |                     |                     |                     |
| SECONDARY UST RELEASE DETECTION                                                       |                                                   |                                     |                     |                     |                     |
| MANUFACTURER                                                                          |                                                   |                                     |                     |                     |                     |
| MODEL                                                                                 |                                                   |                                     |                     |                     |                     |
| <b>U</b>                                                                              | <b>UNDERGROUND PIPING RELEASE DETECTION</b>       |                                     |                     |                     |                     |
| PRIMARY PIPING RELEASE DETECTION                                                      |                                                   | Annual Line Tigh▼                   | Annual Line Tigh▼   | Annual Line Tigh▼   | Annual Line Tigh▼   |
| MANUFACTURER                                                                          |                                                   |                                     |                     |                     |                     |
| MODEL                                                                                 |                                                   |                                     |                     |                     |                     |
| SECONDARY PIPING RELEASE DETECTION<br>(LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING) |                                                   | ALLD w/Annual T▼                    | ALLD w/Annual T▼    | ALLD w/Annual T▼    | ALLD w/Annual T▼    |
| MANUFACTURER                                                                          |                                                   |                                     |                     |                     |                     |
| MODEL                                                                                 |                                                   |                                     |                     |                     |                     |
| TERTIARY PIPING RELEASE DETECTION                                                     |                                                   |                                     |                     |                     |                     |
| MANUFACTURER                                                                          |                                                   |                                     |                     |                     |                     |
| MODEL                                                                                 |                                                   |                                     |                     |                     |                     |
| <b>V</b>                                                                              | <b>SPILL AND OVERFILL PREVENTION EQUIPMENT</b>    |                                     |                     |                     |                     |
| CATCHMENT BASIN / SPILL BUCKET                                                        |                                                   | Standard Spill Bu▼                  | Standard Spill Bu▼  | Standard Spill Bu▼  | Standard Spill Bu▼  |
| (mm/dd/yyyy) DATE INSTALLED                                                           |                                                   |                                     |                     |                     |                     |
| MANUFACTURER                                                                          |                                                   |                                     |                     |                     |                     |
| MODEL                                                                                 |                                                   |                                     |                     |                     |                     |
| FILL LATITUDE                                                                         |                                                   |                                     |                     |                     |                     |
| FILL LONGITUDE                                                                        |                                                   |                                     |                     |                     |                     |
| PRIMARY OVERFILL PREVENTION EQUIPMENT                                                 |                                                   | Auto Shutoff / Fla▼                 | Auto Shutoff / Fla▼ | Auto Shutoff / Fla▼ | Auto Shutoff / Fla▼ |
| (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 #<br><b>16239</b>                                                                                |                                                                         | FACILITY NAME<br><b>Phillips 66</b> |  |
| Complete one column for each tank or compartment. See instructions for compartment identification numbering. |                                                                         |                                     |  |
| <b>N</b>                                                                                                     | <b>IDENTIFICATION OF UNDERGROUND STORAGE TANKS</b>                      |                                     |  |
| 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                                                                          |                                                                         |                                     |  |
| <b>O</b>                                                                                                     | <b>STATUS OF UNDERGROUND STORAGE TANKS</b>                              |                                     |  |
| CURRENT STATUS                                                                                               |                                                                         |                                     |  |
| (mm/dd/yyyy) STATUS DATE                                                                                     |                                                                         |                                     |  |
| <b>P</b>                                                                                                     | <b>SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS</b> |                                     |  |
| PETROLEUM                                                                                                    |                                                                         |                                     |  |
| MAXIMUM ETHANOL %                                                                                            |                                                                         |                                     |  |
| MAXIMUM BIOFUEL %                                                                                            |                                                                         |                                     |  |
| (specify) OTHER                                                                                              |                                                                         |                                     |  |
| HAZARDOUS SUBSTANCE                                                                                          |                                                                         |                                     |  |
| CHEMICAL ABSTRACT SERVICE NUMBER                                                                             |                                                                         |                                     |  |
| MIXTURE OF SUBSTANCES                                                                                        |                                                                         |                                     |  |
| PRODUCT IS COMPATIBLE WITH TANK (Y/N)                                                                        |                                                                         |                                     |  |
| <b>Q</b>                                                                                                     | <b>UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES</b>                 |                                     |  |
| MANUFACTURER                                                                                                 |                                                                         |                                     |  |
| MODEL                                                                                                        |                                                                         |                                     |  |
| MATERIAL OF CONSTRUCTION                                                                                     |                                                                         |                                     |  |
| SECONDARY CONTAINMENT                                                                                        |                                                                         |                                     |  |
| <b>R</b>                                                                                                     | <b>UNDERGROUND STORAGE TANK CORROSION PROTECTION</b>                    |                                     |  |
| CORROSION PROTECTION TYPE                                                                                    |                                                                         |                                     |  |
| (mm/dd/yyyy) ANODE INSTALLATION DATE                                                                         |                                                                         |                                     |  |
| INTERIOR LINING                                                                                              |                                                                         |                                     |  |
| (mm/dd/yyyy) LINER INSTALLATION DATE                                                                         |                                                                         |                                     |  |
| (specify) OTHER                                                                                              |                                                                         |                                     |  |
| <b>S</b>                                                                                                     | <b>PIPING CONSTRUCTION AND PROTECTION</b>                               |                                     |  |
| 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 #<br><b>16239</b>                                                         |                                                   | FACILITY NAME<br><b>Phillips 66</b> |  |
| IDEM UST REGISTRATION NUMBER                                                          |                                                   |                                     |  |
| COMPARTMENT IDENTIFICATION NUMBER                                                     |                                                   |                                     |  |
| <b>T</b>                                                                              | <b>UNDERGROUND STORAGE TANK RELEASE DETECTION</b> |                                     |  |
| PRIMARY UST RELEASE DETECTION                                                         |                                                   |                                     |  |
| MANUFACTURER                                                                          |                                                   |                                     |  |
| MODEL                                                                                 |                                                   |                                     |  |
| SECONDARY UST RELEASE DETECTION                                                       |                                                   |                                     |  |
| MANUFACTURER                                                                          |                                                   |                                     |  |
| MODEL                                                                                 |                                                   |                                     |  |
| <b>U</b>                                                                              | <b>UNDERGROUND PIPING RELEASE DETECTION</b>       |                                     |  |
| PRIMARY PIPING RELEASE DETECTION                                                      |                                                   |                                     |  |
| MANUFACTURER                                                                          |                                                   |                                     |  |
| MODEL                                                                                 |                                                   |                                     |  |
| SECONDARY PIPING RELEASE DETECTION<br>(LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING) |                                                   |                                     |  |
| MANUFACTURER                                                                          |                                                   |                                     |  |
| MODEL                                                                                 |                                                   |                                     |  |
| TERTIARY PIPING RELEASE DETECTION                                                     |                                                   |                                     |  |
| MANUFACTURER                                                                          |                                                   |                                     |  |
| MODEL                                                                                 |                                                   |                                     |  |
| <b>V</b>                                                                              | <b>SPILL AND OVERFILL PREVENTION EQUIPMENT</b>    |                                     |  |
| 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 #<br><b>16239</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            | TRANSACTION ID - FOR STATE USE ONLY      |                   |
| <b>UST OWNER CERTIFICATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                                          |                   |
| <p>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):</p> <p>(1) Installation of all tanks and piping under 40 CFR 280.20.</p> <p>(2) Cathodic protection of steel tanks and piping under 40 CFR 280.20.</p> <p>(3) Release detection under 40 CFR 280 Subpart D.</p> <p>(4) Financial responsibility under 329 IAC 9-8.</p> |            |                                          |                   |
| OWNER'S AUTHORIZED REPRESENTATIVE (Print or Type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                                          |                   |
| PREFIX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | FIRST NAME | MI                                       | LAST NAME         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Priya      |                                          | Lakshmi           |
| TITLE OF AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | COMPANY NAME (If Individual Leave Blank) |                   |
| Member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | LAPORTE EXPO INVESTMENTS LLC             |                   |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                                          | DATE (MM/DD/YYYY) |
| <br><a href="#">Priya Lakshmi (Dec 27, 2024 09:16 EST)</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                                          | 27/12/2024        |
| <b>UST OPERATOR CERTIFICATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                                          |                   |
| <p>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):</p> <p>(1) Installation of all tanks and piping under 40 CFR 280.20.</p> <p>(2) Cathodic protection of steel tanks and piping under 40 CFR 280.20.</p> <p>(3) Release detection under 40 CFR 280 Subpart D.</p> <p>(4) Financial responsibility under 329 IAC 9-8.</p> |            |                                          |                   |
| OPERATOR'S AUTHORIZED REPRESENTATIVE (Print or Type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                          |                   |
| PREFIX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | FIRST NAME | MI                                       | LAST NAME         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Priya      |                                          | Lakshmi           |
| TITLE OF AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | COMPANY NAME (If Individual Leave Blank) |                   |
| President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | PINE LAKE EXPO INC                       |                   |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                                          | DATE (MM/DD/YYYY) |
| <br><a href="#">Priya Lakshmi (Dec 27, 2024 09:16 EST)</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                                          | 27/12/2024        |
| <b>CONTRACTOR CERTIFICATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                                          |                   |
| 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) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                                          |                   |

# FID-16239-NF-12.19.2024

Final Audit Report

2024-12-27

|                 |                                             |
|-----------------|---------------------------------------------|
| Created:        | 2024-12-19                                  |
| By:             | Tanks Data (tanksdata01@gmail.com)          |
| Status:         | Signed                                      |
| Transaction ID: | CBJCHBCAABAAF-oTZad8kg60ZrhvEayaUuiTPHRe24d |

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-  Document e-signed by Priya Lakshmi (luckyghotra95@ymail.com)  
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