

**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: **5394**The information requested is required by 329 IAC 9. This form should only be used for facilities previously registered with the
IDEM Underground Storage Tank program.

A TYPE OF NOTIFICATION					
☐ Facility Contact Change	☒ UST Owner Change		☐ Owner/Operator Information Change		
☐ Type of Facility Change	☒ Property Owner Change		☐ Facility Name / Location Change		
☐ UST System Modification	☒ UST Operator Change		☐ Financial Responsibility Change		
☐ New UST System(s)					
B FACILITY NAME / LOCATION					
FACILITY NAME Marathon		LATITUDE (37.710101 to 41.866773) 41.659143		LONGITUDE (-88.165351 to -84.671035) 41.659143	
FACILITY ADDRESS (number and street) 2701 Prairie St			PARCEL NUMBER 20-06-17-427-005.000-011		
CITY Elkhart	STATE IN	ZIP CODE 46517	COUNTY Elkhart	TELEPHONE NUMBER (574) 606-9543	
C TYPE OF FACILITY (Check all that apply)					
☐ Auto Dealership	☒ Commercial		☐ Airport Hydrant System		
☐ Hospital	☒ Gas Station		☐ Industrial		
☐ Petroleum Distributor	☐ Railroad		☐ Residential		
☐ Trucking or Transport	☐ Utilities		☐ Unmanned		
☐ Marina	☐ School		☐ Other:		
D PREPARED BY					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
ADDRESS		CITY		STATE	ZIP CODE
TELEPHONE NUMBER		JOB TITLE		EMAIL ADDRESS	
E UST OWNER					
TYPE OF OWNER					
☐ Federal Government	☐ State Government		☐ City / Local Government		
☒ Commercial	☒ Private		☐ Other:		
Option 1: UST OWNER NAME (Business Name as registered with the Secretary of State) Alvina Enterprises INC			BUSINESS ID (From the Secretary of State) 201709111213626		
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) 2701 Prairie St			ADDRESS (line 2)		
CITY Elkhart	STATE IN	ZIP CODE 46517	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 12/02/2022		
TELEPHONE NUMBER (574) 606-9543		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
Baljinder			Singh		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 2701 Prairie St			ADDRESS (line 2)		
CITY Elkhart	STATE IN	ZIP CODE 46517	JOB TITLE President		
TELEPHONE NUMBER (574) 606-9543		EMAIL ADDRESS ladi0331@gmail.com			

FACILITY ID # 5394		FACILITY NAME Marathon	
F FINANCIAL RESPONSIBILITY (Check all that apply)			
☐ Federal or State Government Entity, which does not fall under financial responsibility requirements			
☐ Local Government owner or operator is maintaining financial responsibility for this site			
☐ The UST owner is maintaining financial responsibility for this site			
☐ The UST operator is maintaining financial responsibility for this site			
☒ I have met the financial responsibility requirements (in accordance with 329 IAC 9-8) by using one or a combination of the following mechanisms: (check all that apply) . If you are using the ELTF it must be checked as well.			
☐ Financial Test of Self Insurance		☒ Excess Liability Trust Fund (State Fund)	
☐ Guarantee		☐ Insurance and Risk Retention Group Coverage	
☐ Surety Bond		☐ Loan Commitment Letter	
☐ Letter of Credit		☐ Certificate of Deposit	
☐ Trust Fund		☐ Standby Trust Fund	
☐ Local Government Bond Rating Test		☐ Local Government Financial Test	
☐ Local Government Guarantee		☐ Local Government Fund	
If utilizing the ELTF for FR, I acknowledge the requirement to maintain the ability to pay the applicable amount pursuant to 9-8-11(b) and (c) and ability to provide proof of that mechanism when requested.			
G UST OPERATOR			
TYPE OF OPERATOR			
☐ Federal Government		☐ State Government	
☒ Commercial		☒ Private	
		☐ City / Local Government	
		☐ Other:	
Option 1: UST OPERATOR NAME (Business Name as registered with the Secretary of State) Alvina Enterprises INC		BUSINESS ID (From the Secretary of State) 201709111213626	
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	SUFFIX
UST OPERATOR ADDRESS (Listed in Options 1-3)			
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 2701 Prairie St		ADDRESS (line 2)	
CITY Elkhart	STATE IN	ZIP CODE 46517	DATE BEGAN OPERATING (MM/DD/YYYY) 10/01/2017
TELEPHONE NUMBER (574) 606-9543	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	SUFFIX
	Baljinder		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 2701 Prairie St		ADDRESS (line 2)	
CITY Elkhart	STATE IN	ZIP CODE 46517	JOB TITLE President
TELEPHONE NUMBER (574) 606-9543	EMAIL ADDRESS ladi0331@gmail.com		
H FACILITY CONTACT			
CONTACT INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	SUFFIX
	Baljinder		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 2701 Prairie St		ADDRESS (line 2)	
CITY Elkhart	STATE IN	ZIP CODE 46517	JOB TITLE President
TELEPHONE NUMBER (574) 606-9543	EMAIL ADDRESS ladi0331@gmail.com		

FACILITY ID # 5394		FACILITY NAME Marathon			
I DEEDED PROPERTY OWNER					
TYPE OF OWNER					
☐ Federal Government		☐ State Government		☐ City / Local Government	
☒ Commercial		☒ Private		☐ Other:	
Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State) Alvina Enterprises INC				BUSINESS ID (From the Secretary of State) 201709111213626	
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) 2701 Prairie St				ADDRESS (line 2)	
CITY Elkhart		STATE IN	ZIP CODE 46517	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 12/02/2022	
TELEPHONE NUMBER (574) 606-9543		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
	Baljinder		Singh		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 2701 Prairie St				ADDRESS (line 2)	
CITY Elkhart		STATE IN	ZIP CODE 46517	JOB TITLE President	
TELEPHONE NUMBER (574) 606-9543		EMAIL ADDRESS ladi0331@gmail.com			
J ACTIVE LAND CONTRACT PROPERTY OWNER (If applicable)					
TYPE OF OWNER					
☐ Federal Government		☐ State Government		☐ City / Local Government	
☐ Commercial		☐ Private		☐ Other:	
Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State)				BUSINESS ID (From the Secretary of State)	
Option 2: PROPERTY OWNER NAME (If a Public Agency or other entity)					
Option 3: PROPERTY OWNER NAME (If in Individual Capacity)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
PROPERTY OWNER ADDRESS (Listed in Options 1-3)					
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)				ADDRESS (line 2)	
CITY		STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)	
TELEPHONE NUMBER	JOB TITLE	EMAIL ADDRESS (Option 3 Individual Capacity)		PROPOSED END DATE (MM/DD/YYYY)	
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)				ADDRESS (line 2)	
CITY		STATE	ZIP CODE	JOB TITLE	
TELEPHONE NUMBER		EMAIL ADDRESS			

FACILITY ID # 5394		FACILITY NAME Marathon	
K CONTRACTOR			
☐	INSTALLATION INSPECTED BY A REGISTERED ENGINEER	REGISTRATION ID:	REGISTRATION DATE (mm/dd/yyyy)
☐	MANUFACTURER'S INSTALLATION CHECKLISTS HAVE BEEN COMPLETED AND INCLUDED	☐	INSTALLER CERTIFIED BY TANK AND PIPING MANUFACTURER
☐	WORK INSPECTED BY INDIANA DEPARTMENT OF HOMELAND SECURITY / DIVISION OF FIRE AND BUILDING SAFETY	INSPECTION DATE (mm/dd/yyyy)	
CONTRACTOR BUSINESS NAME (Business Name as registered with the Secretary of State)		BUSINESS ID (From the Secretary of State)	
CONTACT INFORMATION FOR CONTRACTOR THAT PERFORMED OR MANAGED WORK ON SITE			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (line 2)	
CITY	STATE	ZIP CODE	IDHS CERTIFICATION NUMBER
TELEPHONE NUMBER		EMAIL ADDRESS	
L POTENTIALLY INTERESTED PARTIES			
INTERESTED PARTY NAME Tanks Data		E-MAIL ADDRESS tanksdata@gmail.com, contact@tanksdata.com	
INTERESTED PARTY NAME		E-MAIL ADDRESS	
INTERESTED PARTY NAME		E-MAIL ADDRESS	
M FACILITY SITE MAP			
In the space below, sketch the facility (tanks, piping, tank manway locations, vents, pump islands, buildings, etc.). Include tank sizes and type of product stored. Label streets or other landmarks. Show North if direction known.			

FACILITY ID # 5394		FACILITY NAME Marathon	
Complete one column for each tank or compartment. See instructions for compartment identification numbering.			
N	IDENTIFICATION OF UNDERGROUND STORAGE TANKS		
IDEM UST REGISTRATION NUMBER			
PART OF A COMPARTMENTED UST (Y/N)			
NUMBER OF COMPARTMENTS IN UST			
COMPARTMENT IDENTIFICATION NUMBER			
(mm/dd/yyyy) DATE INSTALLED			
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE			
(gallons) ESTIMATED TOTAL CAPACITY			
MANIFOLDED (Y/N)			
MANIFOLDED TO COMPARTMENT ID NUMBER			
O	STATUS OF UNDERGROUND STORAGE TANKS		
CURRENT STATUS			
(mm/dd/yyyy) STATUS DATE			
P	SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS		
PETROLEUM			
MAXIMUM ETHANOL %			
MAXIMUM BIOFUEL %			
(specify) OTHER			
HAZARDOUS SUBSTANCE			
CHEMICAL ABSTRACT SERVICE NUMBER			
MIXTURE OF SUBSTANCES			
PRODUCT IS COMPATIBLE WITH TANK (Y/N)			
Q	UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES		
MANUFACTURER			
MODEL			
MATERIAL OF CONSTRUCTION			
SECONDARY CONTAINMENT			
R	UNDERGROUND STORAGE TANK CORROSION PROTECTION		
CORROSION PROTECTION TYPE			
(mm/dd/yyyy) ANODE INSTALLATION DATE			
INTERIOR LINING			
(mm/dd/yyyy) LINER INSTALLATION DATE			
(specify) OTHER			
S	PIPING CONSTRUCTION AND PROTECTION		
MANUFACTURER			
MODEL			
(mm/dd/yyyy) DATE INSTALLED			
MATERIAL			
SECONDARY CONTAINMENT			
CORROSION PROTECTION TYPE			
(mm/dd/yyyy) ANODE INSTALLATION DATE			
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)			
PRODUCT DELIVERY METHOD			

FACILITY ID # 5394		FACILITY NAME Marathon		
IDEM UST REGISTRATION NUMBER				
COMPARTMENT IDENTIFICATION NUMBER				
T	UNDERGROUND STORAGE TANK RELEASE DETECTION			
PRIMARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				
SECONDARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				
U	UNDERGROUND PIPING RELEASE DETECTION			
PRIMARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)				
MANUFACTURER				
MODEL				
TERTIARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				
V	SPILL AND OVERFILL PREVENTION EQUIPMENT			
CATCHMENT BASIN / SPILL BUCKET				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
FILL LATITUDE				
FILL LONGITUDE				
PRIMARY OVERFILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
% ULLAGE SET POINT				
SECONDARY OVERFILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
% ULLAGE SET POINT				
UNDER DISPENSER CONTAINMENT PRESENT				
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				
SUBMERSIBLE TURBINE SUMP PRESENT				
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				

FACILITY ID # 5394		FACILITY NAME Marathon	
Complete one column for each tank or compartment. See instructions for compartment identification numbering.			
N	IDENTIFICATION OF UNDERGROUND STORAGE TANKS		
IDEM UST REGISTRATION NUMBER			
PART OF A COMPARTMENTED UST (Y/N)			
NUMBER OF COMPARTMENTS IN UST			
COMPARTMENT IDENTIFICATION NUMBER			
(mm/dd/yyyy) DATE INSTALLED			
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE			
(gallons) ESTIMATED TOTAL CAPACITY			
MANIFOLDED (Y/N)			
MANIFOLDED TO COMPARTMENT ID NUMBER			
O	STATUS OF UNDERGROUND STORAGE TANKS		
CURRENT STATUS			
(mm/dd/yyyy) STATUS DATE			
P	SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS		
PETROLEUM			
MAXIMUM ETHANOL %			
MAXIMUM BIOFUEL %			
(specify) OTHER			
HAZARDOUS SUBSTANCE			
CHEMICAL ABSTRACT SERVICE NUMBER			
MIXTURE OF SUBSTANCES			
PRODUCT IS COMPATIBLE WITH TANK (Y/N)			
Q	UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES		
MANUFACTURER			
MODEL			
MATERIAL OF CONSTRUCTION			
SECONDARY CONTAINMENT			
R	UNDERGROUND STORAGE TANK CORROSION PROTECTION		
CORROSION PROTECTION TYPE			
(mm/dd/yyyy) ANODE INSTALLATION DATE			
INTERIOR LINING			
(mm/dd/yyyy) LINER INSTALLATION DATE			
(specify) OTHER			
S	PIPING CONSTRUCTION AND PROTECTION		
MANUFACTURER			
MODEL			
(mm/dd/yyyy) DATE INSTALLED			
MATERIAL			
SECONDARY CONTAINMENT			
CORROSION PROTECTION TYPE			
(mm/dd/yyyy) ANODE INSTALLATION DATE			
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)			
PRODUCT DELIVERY METHOD			

FACILITY ID # 5394		FACILITY NAME Marathon		
IDEM UST REGISTRATION NUMBER				
COMPARTMENT IDENTIFICATION NUMBER				
T	UNDERGROUND STORAGE TANK RELEASE DETECTION			
PRIMARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				
SECONDARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				
U	UNDERGROUND PIPING RELEASE DETECTION			
PRIMARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)				
MANUFACTURER				
MODEL				
TERTIARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				
V	SPILL AND OVERFILL PREVENTION EQUIPMENT			
CATCHMENT BASIN / SPILL BUCKET				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
FILL LATITUDE				
FILL LONGITUDE				
PRIMARY OVERFILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
% ULLAGE SET POINT				
SECONDARY OVERFILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
% ULLAGE SET POINT				
UNDER DISPENSER CONTAINMENT PRESENT				
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				
SUBMERSIBLE TURBINE SUMP PRESENT				
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				

FACILITY ID # 5394		TRANSACTION ID - FOR STATE USE ONLY	
UST OWNER CERTIFICATION			
I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-23-14-2, that the statements and representations in this document are true, accurate, and complete. I further certify compliance with the following requirements in accordance with 329 IAC 9-2-2(e): (1) Installation of all tanks and piping under 40 CFR 280.20. (2) Cathodic protection of steel tanks and piping under 40 CFR 280.20. (3) Release detection under 40 CFR 280 Subpart D. (4) Financial responsibility under 329 IAC 9-8.			
OWNER'S AUTHORIZED REPRESENTATIVE (Print or Type)			
PREFIX	FIRST NAME Baljinder	MI	LAST NAME Singh
TITLE OF AUTHORIZED REPRESENTATIVE President		COMPANY NAME (If Individual Leave Blank) Alvina Enterprises INC	
SIGNATURE  <u>Baljinder Singh (Jun 12, 2024 16:28 EDT)</u>		DATE (MM/DD/YYYY) 06/12/2024	
UST OPERATOR CERTIFICATION			
I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-23-14-2, that the statements and representations in this document are true, accurate, and complete. I further certify compliance with the following requirements in accordance with 329 IAC 9-2-2(e): (1) Installation of all tanks and piping under 40 CFR 280.20. (2) Cathodic protection of steel tanks and piping under 40 CFR 280.20. (3) Release detection under 40 CFR 280 Subpart D. (4) Financial responsibility under 329 IAC 9-8.			
OPERATOR'S AUTHORIZED REPRESENTATIVE (Print or Type)			
PREFIX	FIRST NAME Baljinder	MI	LAST NAME Singh
TITLE OF AUTHORIZED REPRESENTATIVE President		COMPANY NAME (If Individual Leave Blank) Alvina Enterprises INC	
SIGNATURE  <u>Baljinder Singh (Jun 12, 2024 16:28 EDT)</u>		DATE (MM/DD/YYYY) 06/12/2024	
CONTRACTOR CERTIFICATION			
CERTIFIED INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	LAST NAME
OATH: I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-23-14-2, that work performed on the UST system complies with methods specified in 329 IAC 9 and 40 CFR 280, Subpart C.			
SIGNATURE		EMAIL ADDRESS	DATE (MM/DD/YYYY)

FID 5394 NF- 06.13.2024

Final Audit Report

2024-06-12

Created:	2024-06-12
By:	Tanks Data (tanksdata01@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAANCiHmmbC6j0P7fvdFABRRe_NnJmycMxz

"FID 5394 NF- 06.13.2024" History

-  Document created by Tanks Data (tanksdata01@gmail.com)
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-  Document emailed to Baljinder Singh (ladi0331@gmail.com) for signature
2024-06-12 - 7:55:38 PM GMT
-  Email viewed by Baljinder Singh (ladi0331@gmail.com)
2024-06-12 - 8:27:35 PM GMT
-  Document e-signed by Baljinder Singh (ladi0331@gmail.com)
Signature Date: 2024-06-12 - 8:28:30 PM GMT - Time Source: server
-  Agreement completed.
2024-06-12 - 8:28:30 PM GMT