

NOTIFICATION FOR UNDERGROUND STORAGE TANK SYSTEMS

State Form 45223 (R9 / 2-22) Indiana Department of Environmental Management Petroleum Branch

RETURN COMPLETED FORMS TO:

Indiana Department of Environmental Management USTRegistration@idem.in.gov

Facility ID Number: 2807

The information requested is required by 329 IAC 9. This form should only be used for tanks previously registered with the IDEM Petroleum Branch Operations Section. Please fill out the Facility Name/Location Section and then check the box for the 'Type of Notification' and applicable section information.

app	olicable section information.													
Α				TYPE	OF NO	TIF	ICA	ΓΙΟΝ	ı					
	Facility Contact Change	X	JS ⁻	T Owner Ch	nange][Owner/Op	perator Information C	Change	
	Type of Facility Change	X	Pro	perty Owne	er Chang	је][acility N	ame / Location Chan	ige	
	UST System Modification	X	JS	T Operator	Change][inancial	Responsibility Chan	ge	
	New UST System(s)													
В				FACILIT	Y NAN	IE/	LOC	ATI	ON					
	ILITY NAME					LATITU	JDE (37		to 41.866	677.	3) LO	NGITUDE (-88.165351 to -84.	671035)	
	rger Dairy							41.66				-86.304100		
	ILITY ADDRESS (number and street) 23 W Sample St.						PA	RCEL N	UMBER	71	-08-09-37	78-027.000-026		
CITY		STATE		ZIP CODE			COUNTY				TE	LEPHONE NUMBER		
So	uth Bend	IN		46619		,	St. Jos	seph						
С		TYF	Έ	OF FACI	LITY (Che	ck a	II th	at ap	pΙ	y)			
	Auto Dealership]	X	Commercia	al]/	Airport Hy	drant System		
	Hospital		X	Gas Station	n]	ndustrial			
	Petroleum Distributor]		Railroad						Residential				
	Trucking or Transport			Utilities] \	Unmanned			
	Marina	[School](Other:			
D				Р	REPA									
PRE	FIX FIRST NAME				MI	LAST	NAME						SUFFIX	
ADD	DRESS			CITY					STA	ATE		ZIP CODE		
TELE	EPHONE NUMBER JOB	TITLE		I		E-MAII	ADDR	ESS						
Ε					UST O									
	1				YPE OF	OW	NER							
	Federal Government			State Gove	ernment					=		al Government		
X				Private						_	Other:			
	OWNER NAME (Business Name as registered with PPETROLEUM INC.	the Sec	retai	ry of State)					BUSINES	SS I		Secretary of State) 104091000067		
	OWNER NAME (If a Public Agency or other entity)													
001	CTITLE (II a Tubilo rigorioy or other chary)													
	NTACT NAME/INDIVIDUAL													
PRE	FIX FIRST NAME				MI	LAST							SUFFIX	
DDIA	Sarwan	TAL A D	DE	00 /11	10//	Sing			4BBBE0		(' O)			
	NCIPAL OFFICE ADDRESS OF PRIMARY RESIDENT 5 WEST MCKINLEY STREET	IAL ADI	JKE;	ు (Ivurnber and	street, no i	∪. B0.	K)		ADDRES) O	ııı 1€ <i>2)</i>			
CITY				STATE	ZIP CODE				EFFECTI	IVE	DATE OF OV	NNERSHIP (MM/DD/YYYY)		
	shawaka			IN	46545							09/09/2004		
TELE	EPHONE NUMBER	EMAIL	ADE	DRESS	<u> </u>				JOB TITL					
	(574) 532-7858			sarwanp	3@gmai	l.com			Presid	en	t			

FACII 280	FACILITY FACILITY Burger										
F		FINAN	CIAL F	RESPO	NSIBI	LIT	Y (Check	k all	that apply)	
	Federal or State Governn						•				
	Local Government owner	or operate	or is mair	ntaining f	inancia	l res	ponsibility f	or this	s site		
	The UST owner is mainta	ining finar	icial resp	onsibility	for this	site					
	The UST operator is mair	taining fin	ancial re	sponsibi	lity for t	his s	ite				
	I have met the financial re										on of the
	following mechanisms: (c		at apply,	. If you	are us	<u> </u>					
붜	Financial Test of Self Insu	ırance				×			Trust Fund (•	
붜	Guarantee					뷰	1			on Group Coverage	
닖	Surety Bond					뷰	Loan Com				
X	Letter of Credit					뷰	Certificate		•		
붜	Trust Fund	- · -				뷰	Standby T			- .	
븸	Local Government Bond		St			片			ent Financial	lest	
Щ	Local Government Guara utilizing the ELTF for FR, I ackr		roquirom	onte for ma	intonano		Local Gov	• · · · · · ·		oursuant to 0-9-11/h) an	nd (c) and
"	utilizing the ELTF for FK, Facki						anism when r			Jursuant to 9-0-1 1(b) and	u (c) anu
G			U	ST OW	NER (CEF	RTIFICAT	ION			
(2) ((3) F (4) F OWN PREF	Sarwan	tanks and CFR 280 S er 329 IAC VE (Print or Ty)	piping u Subpart D 9-8.	nder 40 C	MI	LAS Sin					SUFFIX
	OF OWNER'S AUTHORIZED REPRI	SENTATIVE			COMPAN	IY NAN	ME (If Individual I	Leave Bi	lank)		
SIGN	ATURE				<u> </u>					DATE (MM/DD/YYYY)	
	Sarwan Singh (Nov 30, 2022 22:16 GM	T+5.5)									
Н							ATOR				
	Fodoral Covernment		ا ا ا				RATOR	1	City / Los	al Cayaramant	
	Federal Government			tate Gov	emmen				_	cal Government	
	Commercial OPERATOR NAME (Business Name a	s registered wit	1	rivate ary of State)				BUSIN	Other:	Secretary of State)	
	PETRO INC	ŭ		,						2001231369684	
UST	OPERATOR NAME (If a Public Agency	or other entity)								
	TACT_NAME/INDIVIDUAL										
PREF	FIX FIRST NAME Ramesh				МІ	Ka	T NAME ur				SUFFIX
	CIPAL OFFICE ADDRESS OF PRIMAR 3 W SAMPLE ST	Y RESIDENTA	L ADDRESS	(Number an	d Street, no	P.O.	Box)	ADDF	RESS (line 2)		
CITY				STATE IN	ZIP CODI 46619	E		DATE	BEGAN OPERATI	NG (<i>MM/DD/YYYY</i>) 10/27/2016	
	PHONE NUMBER	I=	MAIL ADDRI		40019			JOB 1	TITLE	10/21/2010	
	(574) 532-7858			sarwanp	3@gma	il.cor	n		sident		

FACILITY ID #	FACILITY NAME									1
2807	Burger Dairy									
1		l	JST	OPER	ATOF	R CERTIFIC	ATION	1		
2, that the statements a following requirements (1) Installation of all tan (2) Cathodic protection (3) Release detection ur (4) Financial responsibionerator's Authorized RE	nd representation in accordance which and piping ure of steel tanks and moder 40 CFR 280 illty under 329 IA	ry as spons in the vith 329 ader 40 ader 50 Subpar C 9-8.	pecific his do IAC CFR ng und	ed by IC ocument 9-2-2(e): 280.20.	35-44.1 t are tru	-2-1 and other e, accurate, an 20.	penalties	ss	pecified by IC 13-30-10 and IC . I further certify compliance	with the
PREFIX FIRST NAME Ramesh					МІ	LAST NAME Kaur				SUFFIX
TITLE OF OPERATOR'S AUTHO	RIZED REPRESENTAT	ΓIVE			COMPAN	Y NAME (If Individua	l Leave Blank	k)		
President										
SIGNATURE Sarwan Singh (Nov 30, 2	2022 22:16 GMT+5.5)								DATE (MM/DD/YYYY)	
J			DE	EDED	PRO	PERTY OW	/NER			
•				TY	PE OF	OPERATOR				
Federal Governme	ent] Sta	te Gove	ernmen	t			City / Local Government	
Commercial		X	_					_	Other:	
PROPERTY OWNER NAME (Bus	-	red with th	e Secre	tary of Stat	te)		BUSINES	SS	ID (From the Secretary of State) 2004091000067	
PROPERTY OWNER NAME (If a		entity)								
·		-,								
CONTACT NAME/INDIVIDUAL PREFIX FIRST NAME					MI	LAST NAME				SUFFIX
Sarwan					IVII	Singh				SUPPIX
PRINCIPAL OFFICE ADDRESS of	or PRIMARY RESIDEN	TAL ADDF	RESS (N	Number and	d Street, no	P.O. Box)	ADDRES	SS ((line 2)	
335 WEST MCKINLEY S	STREET									
CITY Mishawaka				STATE IN	ZIP CODI 46545		EFFECT	IVE	EDATE OF OWNERSHIP (MM/DD/YYYY) 09/09/2004)
TELEPHONE NUMBER (574) 532-7	'858	EMAIL AI		s sarwanp	3@gma	l.com	JOB TITI Presid		t	
K	DE	EDE	D PF	ROPE	RTY (WNER CE	RTIFIC	A	TION	
PROPERTY OWNER'S AUTHOR PREFIX FIRST NAME	IZED REPRESENTATI	VE (Print o	or Type,)	MI	LAST NAME				SUFFIX
Sarwan					IVII	Singh				SUFFIX
TITLE OF PROPERTY OWNER'S	S AUTHORIZED REPRE	SENTAT	IVE		COMPAN	Y NAME (If Individua	l Leave Blank	k)		
President SIGNATURE									DATE (AMADDAGGA)	
Sarwan Singh (Nov 30, 2	2022 22:16 GMT+5.5)								DATE (MM/DD/YYYY)	
L	ACTIVE LA	AND (CON			PERTY O	WNER	(II	F APPLICABLE)	
Federal Governme	ent	Т	1 Sta	te Gove			Т	ا٦	City / Local Government	
☐ Commercial		╅	4	/ate			<u> </u> _	₽	Other:	
PROPERTY OWNER NAME (Bus	siness Name as register	red with th	-		te)		BUSINES	SS	ID (From the Secretary of State)	
PROPERTY OWNER NAME (If a	Public Agency or other	entity)								
CONTACT NAME/INDIVIDUAL PREFIX FIRST NAME					МІ	LAST NAME				SUFFIX
					ļ					331117
PRINCIPAL OFFICE ADDRESS of	or PRIMARY RESIDEN	TAL ADDR	RESS (N	Number and	d Street, no	P.O. Box)	ADDRES	SS ((line 2)	
CITY				STATE	ZIP COD		EFFECT	IVE	DATE OF OWNERSHIP (MM/DD/YYYY))
TELEPHONE NUMBER JOB	TITLE	EM.	AIL ADI	DRESS			PROPOS	SEC	END DATE (MM/DD/YYYY)	

FACILITY ID #	FACILITY NAME									
2807	Burger Dairy									
M ACTIV	E LAND CONTR	RACTI	PROP	ERT	Υ (OWNER CE	RTIFIC	CATION (IF APP	LICABLE)	
ACTIVE LAND CONTRACT PRO	PERTY OWNER'S AUTHOR	IZED REPR	RESENTATI	VE (Prin	nt or 7	Гуре)				
PREFIX FIRST NAME				MI	ľ	LAST NAME				SUFFIX
TITLE OF CONTRACT PROPER	TV OWNEDIO ALITHODIZED	DEDDEOE	NITATIVE	COMP	ANIX	NIANAT (If In divide and I	Di(-)			
TITLE OF CONTRACT PROPER	TY OWNER'S AUTHORIZED	REPRESE	NIAIIVE	COMPA	ANY	NAME (If Individual L	.eave Blank)			
SIGNATURE								IDATE (M	M/DD/YYYY)	
0.0.0.0.0								J 2 (
N				TIAO'	ГР	ACTOR				
	to al less o	Ī		JUN I	IK	ACTOR		la a .	T	
Installation Inspector Registered Engine	eer		stration	ID:				Registration Date (mm/dd/yyyy)		
Manufacturer's Ins	stallation Checklists cluded	Have B	een		卫	Installer Certifi	ied by Ta	ank and Piping Ma	nufacturer	
Work Inspected by Building Safety	y Indiana Departme	nt of Ho	meland	Secu	ırity	/ Division of F	ire and	Inspection Date (mm/dd/yyyy)		
CONTRACTOR BUSINESS NAM	IE (Business Name as registe	ered with the	Secretary	of State))		BUSINESS	S ID (From the Secretary of	State)	
CERTIFIED INDIVIDUAL NAME				I. a.	\equiv	LACT NAME				OUEEN/
PREFIX FIRST NAME				MI	ľ	LAST NAME				SUFFIX
PRINCIPAL OFFICE ADDRESS	or PRIMARY RESIDENTAL A	DDRESS (Number an	d Street.	no P	P.O. Box)	ADDRESS	(line 2)		
				,		,				
CITY			STATE	ZIP CO	DE		JOB TITLE			
TELEBUIONE NUMBER	Je									
TELEPHONE NUMBER	EMA	IL ADDRES	55							
OATH: I swear or affirm,	under penelty of peri	.m., aa an	asifiad b	IC 25	<u> </u>	1 2 1 and other	nonoltio	a appoiling by IC 12 '	20 10 and IC	12 22 14
2, that work performed o									ou- IU and IC	13-23-14-
SIGNATURE		•						IFICATION NUMBER	DATE (MM/DD	/YYYY)
0		C	ONTA	CT A	ŢΙ	UST FACILI	ITY			
BUSINESS NAME (Business Nar	ne as registered with the Sec			· · · ·				S ID (From the Secretary of	State)	
SK PETRO INC								2016102711	64685	
NAME (If a Public Agency or other	er entity)									
PREFIX FIRST NAME				MI		LAST NAME				SUFFIX
Ramesh				livii		Kaur				001111
PRINCIPAL OFFICE ADDRESS 4023 W SAMPLE ST	or PRIMARY RESIDENTAL A	DDRESS (Number and	d Street,	no P	P.O. Box)	ADDRESS	G (line 2)		
CITY			STATE	ZIP CO	DDE		JOB TITLE			
South Bend			IN	4661	9		Preside	nt		
TELEPHONE NUMBER	EMA	IL ADDRES	SS	!						
(574) 532-7	'858					sarwanp	3@gmail	.com		
Р	P	OTEN	ITIALL	Y IN	ITE	RESTED P	ARTIE	S		
INTERESTED PARTY NAME						DRESS				
Tanks Data LLC				tanks	3dat	a@gmail.com				
INTERESTED PARTY NAME				E-MAIL	_ ADI	DRESS				
INTERESTED PARTY NAME				E-MAIL	_ ADI	DRESS				
I										

FACILITY ID #	FACILITY NAME
2807	Burger Dairy
Q In the energy halow	FACILITY SITE MAP
In the space below, Include tank sizes a	sketch the facility (tanks, piping, tank manway locations, vents, pump islands, buildings, etc.). and type of product stored. Label streets or other landmarks. Show North if direction known.

FACILITY 2807	Y ID # FACILITY NAME Burger Dairy				
	Complete one column for each tank or com	partment. See inst	ructions for compart	ment identification n	umbering.
R	IDENTIFICATIO	N OF UNDERG	ROUND STORA	GE TANKS	
	IDEM UST REGISTRATION NUMBER	1	2	3	4
	PART OF A COMPARTMENTED UST (Y/N)	NO	NO	NO	NO
	NUMBER OF COMPARTMENTS IN UST				
	COMPARTMENT IDENTIFICATION NUMBER				
	(mm/dd/yyyy) DATE INSTALLED	10/5/1979	10/5/1979	9/1/1986	9/1/1986
	(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE	10/5/1979	10/5/1979	9/1/1986	9/1/1986
	(gallons) ESTIMATED TOTAL CAPACITY	12000	8000	2000	4000
	MANIFOLDED (Y/N)	NO	NO	NO	NO
	MANIFOLDED TO COMPARTMENT ID NUMBER				
S	STATUS OF	UNDERGROU	ND STORAGE	TANKS	
	CURRENT STATUS	IN USE	IN USE	IN USE	IN USE
	(mm/dd/yyyy) STATUS DATE	11/4/2022	11/4/2022	11/4/2022	11/4/2022
Т	SUBSTANCES CURRENTLY O	R LAST STORE	D IN UNDERG	ROUND STORAG	SE TANKS
	PETROLEUM	GSL - Gasoline	OTH - MID	KER - Kerosene	OTH - PREM
	MAXIMUM ETHANOL %	10	10		10
	MAXIMUM BIOFUEL %				
	(specify) OTHER				
	HAZARDOUS SUBSTANCE				
	CHEMICAL ABSTRACT SERVICE NUMBER				
	MIXTURE OF SUBSTANCES				
	PRODUCT IS COMPATIBLE WITH TANK (Y/N)	YES	YES	YES	YES
U	UNDERGROUND ST	ORAGE TANK	CONSTRUCTIO	N ATTRIBUTES	
	MANUFACTURER				
	MODEL				
	MATERIAL OF CONSTRUCTION	Steel	Steel	Steel	Steel
	SECONDARY CONTAINMENT	Not Applicable	Not Applicable	Not Applicable	Not Applicable
٧	UNDERGROUND S	STORAGE TANK	CORROSION	PROTECTION	
	CORROSION PROTECTION TYPE	Not Applicable	Not Applicable	Sacrificial Anodes (G	Sacrificial Anodes (Ga
	(mm/dd/yyyy) ANODE INSTALLATION DATE			1/1/2015	1/1/2015
	INTERIOR LINING	YES	YES	NO	NO
	(mm/dd/yyyy) LINER INSTALLATION DATE	1/1/2009	1/1/2009		
	(specify) OTHER				
W	PIPING C	ONSTRUCTION	AND PROTEC	TION	
	MANUFACTURER				
	MODEL				
	(mm/dd/yyyy) DATE INSTALLED	1/1/2009	1/1/2009	1/1/2015	1/1/2015
	MATERIAL	Flexible Composite	Flexible Composite	Flexible Composite	Flexible Composite
	SECONDARY CONTAINMENT	Double-walled	Double-walled	Not Applicable	Double-walled
	CORROSION PROTECTION TYPE	Not Applicable	Not Applicable	Galvanic CP	Galvanic CP
	(mm/dd/yyyy) ANODE INSTALLATION DATE			1/1/2015	1/1/2015
	PRODUCT IS COMPATIBLE WITH PIPING (Y/N)	YES	YES	YES	YES
	PRODUCT DELIVERY METHOD	Pressurized	Pressurized	Pressurized	Pressurized

FACILITY 2807	ID# FACILITY NAME Burger Dairy				
	IDEM UST REGISTRATION NUMBER	1	2	3	4
	COMPARTMENT IDENTIFICATION NUMBER				
Х	UNDERGROUNI	D STORAGE TA	NK RELEASE D	ETECTION	
	PRIMARY UST RELEASE DETECTION	ATG CSLD	ATG CSLD	ATG CSLD	ATG CSLD
	MANUFACTURER	gilbarco veeder-root	gilbarco veeder-root	gilbarco veeder-root	gilbarco veeder-root
	MODEL	TLS-350	TLS-350	TLS-350	TLS-350
	SECONDARY UST RELEASE DETECTION	N/A	N/A	N/A	N/A
	MANUFACTURER				
	MODEL				
Υ	UNDERGRO	OUND PIPING R	RELEASE DETE	CTION	
	PRIMARY PIPING RELEASE DETECTION		MLLD	MLLD	MLLD
	MANUFACTURER	Red Jacket	Red Jacket	Red Jacket	Red Jacket
	MODEL	FXIV	FXIV	FXIV	FXIV
	SECONDARY PIPING RELEASE DETECTION	Annual Line Tightnes	Annual Line Tightnes	Annual Line Tightnes	Annual Line Tightnes
	MANUFACTURER				
	MODEL				
	TERTIARY PIPING RELEASE DETECTION	N/A	N/A	N/A	N/A
	MANUFACTURER	1471	14,71	1471	147.
	MODEL				
Z	SPILL AND	OVERFILL PRE	VENTION EQUI	PMFNT	
	CATCHMENT BASIN / SPILL BUCKET				Standard Spill Bucket
	(mm/dd/yyyy) DATE INSTALLED	1/18/2022	10/5/1979	9/1/1985	9/1/1985
	MANUFACTURER	1,10,2022	10,0,1010	0, 1, 1000	3/1/1000
	MODEL				
	FILL LATITUDE	41.66491	41.66491	41.66491	41.6649186
	FILL LONGITUDE	-86.30399	-86.30399	-86.30399	-86.30399
	PRIMARY OVERFILL PREVENTION EQUIPMENT	Auto Shutoff / Flappe			
	(mm/dd/yyyy) DATE INSTALLED		10/5/1979	9/1/1985	9/1/1985
	MANUFACTURER				
	MODEL				
	% ULLAGE SET POINT	95	95	95	95
SEC	CONDARY OVERFILL PREVENTION EQUIPMENT				
	(mm/dd/yyyy) DATE INSTALLED				
	MANUFACTURER				
	MODEL				
	% ULLAGE SET POINT				
	UNDER DISPENSER CONTAINMENT PRESENT	NO	NO	NO	NO
	MANUFACTURER				
	(mm/dd/yyyy) DATE INSTALLED SUBMERSIBLE				
	TURBINE SUMP PRESENT				
	MANUFACTURER				
	(mm/dd/yyyy) DATE INSTALLED				

FACILITY 2807	FACILITY NAME Burger Dairy				
	Complete one column for each tank or com	partment. See insti	ructions for comparti	ment identification nu	umbering.
R	IDENTIFICATIO	N OF UNDERGI	ROUND STORA	GE 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				
S	STATUS OF	UNDERGROU	ND STORAGE 1	TANKS	
	CURRENT STATUS				
	(mm/dd/yyyy) STATUS DATE				
T	SUBSTANCES CURRENTLY O	R LAST STORE	D IN UNDERGR	OUND STORAG	E TANKS
	PETROLEUM				
	MAXIMUM ETHANOL %				
	MAXIMUM BIOFUEL %				
	(specify) OTHER				
	HAZARDOUS SUBSTANCE				
	CHEMICAL ABSTRACT SERVICE NUMBER				
	MIXTURE OF SUBSTANCES				
	PRODUCT IS COMPATIBLE WITH TANK (Y/N)				
U	UNDERGROUND ST	ORAGE TANK	CONSTRUCTIO	N ATTRIBUTES	
	MANUFACTURER				
	MODEL				
	MATERIAL OF CONSTRUCTION				
	SECONDARY CONTAINMENT				
V		STORAGE TANK	CORROSION	PROTECTION	
	CORROSION PROTECTION TYPE				
	(mm/dd/yyyy) ANODE INSTALLATION DATE				
	INTERIOR LINING				
	(mm/dd/yyyy) LINER INSTALLATION DATE				
147	(specify) OTHER				
W		ONSTRUCTION	AND PROTECT	TION	
	MANUFACTURER				
	MODEL				
	(mm/dd/yyyy) DATE INSTALLED				
	MATERIAL SECONDARY CONTAINMENT				
	SECONDARY CONTAINMENT				
	CORROSION PROTECTION TYPE (mm/dd/yyyy) ANODE INSTALLATION DATE				
	PRODUCT IS COMPATIBLE WITH PIPING (Y/N)				
	PRODUCT DELIVERY METHOD				
	. RODGOT DELIVERT WIETHOD				

	Burger Dairy				
	IDEM UST REGISTRATION NUMBER				
(COMPARTMENT IDENTIFICATION NUMBER				
Х	UNDERGROUNI	D STORAGE TA	NK RELEASE D	ETECTION	
,	PRIMARY UST RELEASE DETECTION				
	MANUFACTURER				
	MODEL				
	SECONDARY UST RELEASE DETECTION				
	MANUFACTURER				
	MODEL				
Υ	UNDERGRO	OUND PIPING R	ELEASE DETE	CTION	
-	PRIMARY PIPING RELEASE DETECTION				
	MANUFACTURER				
	MODEL				
SE	CONDARY PIPING RELEASE DETECTION				
	MANUFACTURER				
	MODEL				
	TERTIARY PIPING RELEASE DETECTION				
	MANUFACTURER				
	MODEL				
Z	SPILL AND	OVERFILL PRE	VENTION EQUI	PMENT	
	CATCHMENT BASIN / SPILL BUCKET				
	(mm/dd/yyyy) DATE INSTALLED				
	MANUFACTURER				
	MANUFACTURER MODEL				
	MODEL FILL LATITUDE				
	MODEL FILL LATITUDE FILL LONGITUDE				
PRIM	MODEL FILL LATITUDE FILL LONGITUDE ARY OVERFILL PREVENTION EQUIPMENT				
PRIM	MODEL FILL LATITUDE FILL LONGITUDE ARY OVERFILL PREVENTION EQUIPMENT (mm/dd/yyyy) DATE INSTALLED				
PRIM	MODEL FILL LATITUDE FILL LONGITUDE ARY OVERFILL PREVENTION EQUIPMENT (mm/dd/yyyy) DATE INSTALLED MANUFACTURER				
PRIM	MODEL FILL LATITUDE FILL LONGITUDE ARY OVERFILL PREVENTION EQUIPMENT (mm/dd/yyyy) DATE INSTALLED MANUFACTURER MODEL				
PRIM	MODEL FILL LATITUDE FILL LONGITUDE ARY OVERFILL PREVENTION EQUIPMENT (mm/dd/yyyy) DATE INSTALLED MANUFACTURER MODEL % ULLAGE SET POINT				
	MODEL FILL LATITUDE FILL LONGITUDE ARY OVERFILL PREVENTION EQUIPMENT (mm/dd/yyyy) DATE INSTALLED MANUFACTURER MODEL % ULLAGE SET POINT SECONDARY OVERFILL PREVENTION				
	MODEL FILL LATITUDE FILL LONGITUDE ARY OVERFILL PREVENTION EQUIPMENT (mm/dd/yyyy) DATE INSTALLED MANUFACTURER MODEL % ULLAGE SET POINT SECONDARY OVERFILL PREVENTION QUIPMENT (mm/dd/yyyy) DATE INSTALLED				
	MODEL FILL LATITUDE FILL LONGITUDE ARY OVERFILL PREVENTION EQUIPMENT (mm/dd/yyyy) DATE INSTALLED MANUFACTURER MODEL % ULLAGE SET POINT SECONDARY OVERFILL PREVENTION QUIPMENT (mm/dd/yyyy) DATE INSTALLED MANUFACTURER				
	MODEL FILL LATITUDE FILL LONGITUDE ARY OVERFILL PREVENTION EQUIPMENT (mm/dd/yyyy) DATE INSTALLED MANUFACTURER MODEL % ULLAGE SET POINT SECONDARY OVERFILL PREVENTION QUIPMENT (mm/dd/yyyy) DATE INSTALLED				
Ε¢	MODEL FILL LATITUDE FILL LONGITUDE ARY OVERFILL PREVENTION EQUIPMENT (mm/dd/yyyy) DATE INSTALLED MANUFACTURER MODEL % ULLAGE SET POINT SECONDARY OVERFILL PREVENTION QUIPMENT (mm/dd/yyyy) DATE INSTALLED MANUFACTURER MODEL % ULLAGE SET POINT				
Ε¢	MODEL FILL LATITUDE FILL LONGITUDE ARY OVERFILL PREVENTION EQUIPMENT (mm/dd/yyyy) DATE INSTALLED MANUFACTURER MODEL % ULLAGE SET POINT SECONDARY OVERFILL PREVENTION QUIPMENT (mm/dd/yyyy) DATE INSTALLED MANUFACTURER MODEL % ULLAGE SET POINT ER DISPENSER CONTAINMENT PRESENT				
EC	MODEL FILL LATITUDE FILL LONGITUDE ARY OVERFILL PREVENTION EQUIPMENT (mm/dd/yyyy) DATE INSTALLED MANUFACTURER MODEL % ULLAGE SET POINT SECONDARY OVERFILL PREVENTION QUIPMENT (mm/dd/yyyy) DATE INSTALLED MANUFACTURER MODEL % ULLAGE SET POINT ER DISPENSER CONTAINMENT PRESENT MANUFACTURER				
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