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.

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	LATITUDE *(37.710101 to 41.866773)*	LONGITUDE *(-88.165351 to -84.671035)*
Burger Dairy	41.664920	-86.304100

FACILITY ADDRESS (number and street)	PARCEL NUMBER
4023 W Sample St.	71-08-09-378-027.000-026

CITY	STATE	ZIP CODE	COUNTY	TELEPHONE NUMBER
South Bend	IN	46619	St. Joseph	

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	E-MAIL ADDRESS

E UST OWNER

TYPE OF OWNER

☐	Federal Government	☐	State Government	☐	City / Local Government
☒	Commercial	☒	Private	☐	Other:

UST OWNER NAME *(Business Name as registered with the Secretary of State)*	BUSINESS ID *(From the Secretary of State)*
M & P PETROLEUM INC.	2004091000067
UST OWNER NAME *(If a Public Agency or other entity)*	

CONTACT NAME/INDIVIDUAL

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Sarwan		Singh	

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS *(Number and Street, no P.O. Box)*	ADDRESS *(line 2)*
335 WEST MCKINLEY STREET	

CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP *(MM/DD/YYYY)*
Mishawaka	IN	46545	09/09/2004

TELEPHONE NUMBER	EMAIL ADDRESS	JOB TITLE
(574) 532-7858	sarwanp3@gmail.com	President

FACILITY ID #	FACILITY NAME
2807	Burger Dairy

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 requirements for maintenance of 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 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	MI	LAST NAME	SUFFIX
	Sarwan		Singh	

TITLE OF OWNER'S AUTHORIZED REPRESENTATIVE	COMPANY NAME *(If Individual Leave Blank)*
resident	

SIGNATURE	DATE *(MM/DD/YYYY)*
Sarwan Singh (Nov 30, 2022 22:16 GMT+5.5)	

H UST OPERATOR

TYPE OF OPERATOR

☐	Federal Government	☐	State Government	☐	City / Local Government
☒	Commercial	☒	Private	☐	Other:

UST OPERATOR NAME *(Business Name as registered with the Secretary of State)*	BUSINESS ID *(From the Secretary of State)*
SK PETRO INC	202001231369684
UST OPERATOR NAME *(If a Public Agency or other entity)*	

CONTACT NAME/INDIVIDUAL

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Ramesh		Kaur	

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS *(Number and Street, no P.O. Box)*	ADDRESS *(line 2)*
4023 W SAMPLE ST	

CITY	STATE	ZIP CODE	DATE BEGAN OPERATING *(MM/DD/YYYY)*
South Bend	IN	46619	10/27/2016

TELEPHONE NUMBER	EMAIL ADDRESS	JOB TITLE
(574) 532-7858	sarwanp3@gmail.com	President

FACILITY ID #	FACILITY NAME
2807	Burger Dairy

I 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	MI	LAST NAME	SUFFIX
	Ramesh		***Kaur***	

TITLE OF OPERATOR'S AUTHORIZED REPRESENTATIVE	COMPANY NAME *(If Individual Leave Blank)*
President	

SIGNATURE Sarwan Singh (Nov 30, 2022 22:16 GMT+5.5) | DATE *(MM/DD/YYYY)*

J DEEDED PROPERTY OWNER

TYPE OF OPERATOR

☐	Federal Government	☐	State Government	☐	City / Local Government
☒	Commercial	☒	Private	☐	Other:

PROPERTY OWNER NAME *(Business Name as registered with the Secretary of State)*	BUSINESS ID *(From the Secretary of State)*
M & P PETROLEUM INC.	2004091000067
~~PROPERTY OWNER~~ NAME *(If a Public Agency or other entity)*	

CONTACT NAME/INDIVIDUAL

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Sarwan		Singh	

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS *(Number and Street, no P.O. Box)*	ADDRESS *(line 2)*
335 WEST MCKINLEY STREET	

CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP *(MM/DD/YYYY)*
Mishawaka	IN	46545	09/09/2004

TELEPHONE NUMBER	EMAIL ADDRESS	JOB TITLE
(574) 532-7858	sarwanp3@gmail.com	President

K DEEDED PROPERTY OWNER CERTIFICATION

PROPERTY OWNER'S AUTHORIZED REPRESENTATIVE *(Print or Type)*

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Sarwan		Singh	

TITLE OF PROPERTY OWNER'S AUTHORIZED REPRESENTATIVE	COMPANY NAME *(If Individual Leave Blank)*
President	

SIGNATURE Sarwan Singh (Nov 30, 2022 22:16 GMT+5.5) | DATE *(MM/DD/YYYY)*

L ACTIVE LAND CONTRACT PROPERTY OWNER *(IF APPLICABLE)*

TYPE OF OWNER

☐	Federal Government	☐	State Government	☐	City / Local Government
☐	Commercial	☐	Private	☐	Other:

PROPERTY OWNER NAME *(Business Name as registered with the Secretary of State)*	BUSINESS ID *(From the Secretary of State)*
PROPERTY OWNER NAME *(If a Public Agency or other entity)*	

CONTACT NAME/INDIVIDUAL

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS *(Number and Street, no P.O. Box)*	ADDRESS *(line 2)*

CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP *(MM/DD/YYYY)*

TELEPHONE NUMBER	JOB TITLE	EMAIL ADDRESS	PROPOSED END DATE *(MM/DD/YYYY)*

FACILITY ID #	FACILITY NAME
2807	Burger Dairy

M ACTIVE LAND CONTRACT PROPERTY OWNER CERTIFICATION *(IF APPLICABLE)*

ACTIVE LAND CONTRACT PROPERTY OWNER'S AUTHORIZED REPRESENTATIVE *(Print or Type)*

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX

TITLE OF CONTRACT PROPERTY OWNER'S AUTHORIZED REPRESENTATIVE	COMPANY NAME *(If Individual Leave Blank)*

SIGNATURE	DATE *(MM/DD/YYYY)*

N 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)*

CERTIFIED INDIVIDUAL NAME

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS *(Number and Street, no P.O. Box)*	ADDRESS *(line 2)*

CITY	STATE	ZIP CODE	JOB TITLE

TELEPHONE NUMBER	EMAIL ADDRESS

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 tank system complies with methods specified in 329 IAC 9 and 40 CFR 280, Subpart C.

SIGNATURE	INDIANA DEPARTMENT OF HOMELAND SECURITY/OSFM CERTIFICATION NUMBER	DATE *(MM/DD/YYYY)*

O CONTACT AT UST FACILITY

BUSINESS NAME *(Business Name as registered with the Secretary of State)*	BUSINESS ID *(From the Secretary of State)*
SK PETRO INC	201610271164685

NAME *(If a Public Agency or other entity)*	

CONTACT INDIVIDUAL NAME

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Ramesh		Kaur	

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS *(Number and Street, no P.O. Box)*	ADDRESS *(line 2)*
4023 W SAMPLE ST	

CITY	STATE	ZIP CODE	JOB TITLE
South Bend	IN	46619	President

TELEPHONE NUMBER	EMAIL ADDRESS
(574) 532-7858	sarwanp3@gmail.com

P POTENTIALLY INTERESTED PARTIES

INTERESTED PARTY NAME	E-MAIL ADDRESS
Tanks Data LLC	tanksdata@gmail.com

FACILITY ID #	FACILITY NAME
2807	Burger Dairy

Q 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 #	FACILITY NAME
2807	Burger Dairy

Complete one column for each tank or compartment. See instructions for compartment identification numbering.

R IDENTIFICATION OF UNDERGROUND STORAGE 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 UNDERGROUND 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

T SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE 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 STORAGE TANK CONSTRUCTION ATTRIBUTES

MANUFACTURER				
MODEL				
MATERIAL OF CONSTRUCTION	Steel	Steel	Steel	Steel
SECONDARY CONTAINMENT	Not Applicable	Not Applicable	Not Applicable	Not Applicable

V UNDERGROUND STORAGE TANK CORROSION PROTECTION

CORROSION PROTECTION TYPE	Not Applicable	Not Applicable	Sacrificial Anodes (G	Sacrificial Anodes (G
(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 CONSTRUCTION AND PROTECTION

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 ID #	FACILITY NAME
2807	Burger Dairy

IDEM UST REGISTRATION NUMBER	1	2	3	4
COMPARTMENT IDENTIFICATION NUMBER				

X UNDERGROUND STORAGE TANK RELEASE DETECTION

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				

Y UNDERGROUND PIPING RELEASE DETECTION

PRIMARY PIPING RELEASE DETECTION	MLLD	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				
MODEL				

Z SPILL AND OVERFILL PREVENTION EQUIPMENT

CATCHMENT BASIN / SPILL BUCKET	Standard Spill Bucket	Standard Spill Bucket	Standard Spill Bucket	Standard Spill Bucket
(mm/dd/yyyy) DATE INSTALLED	1/18/2022	10/5/1979	9/1/1985	9/1/1985
MANUFACTURER				
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	Auto Shutoff / Flappe	Auto Shutoff / Flappe	Auto Shutoff / Flappe
(mm/dd/yyyy) DATE INSTALLED	10/5/1979	10/5/1979	9/1/1985	9/1/1985
MANUFACTURER				
MODEL				
% ULLAGE SET POINT	95	95	95	95
SECONDARY 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 ID #	FACILITY NAME
2807	Burger Dairy

Complete one column for each tank or compartment. See instructions for compartment identification numbering.

R	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				
S	**STATUS OF UNDERGROUND STORAGE TANKS**				
	CURRENT STATUS				
	(mm/dd/yyyy) STATUS DATE				
T	**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)*				
U	**UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES**				
	MANUFACTURER				
	MODEL				
	MATERIAL OF CONSTRUCTION				
	SECONDARY CONTAINMENT				
V	**UNDERGROUND STORAGE TANK CORROSION PROTECTION**				
	CORROSION PROTECTION TYPE				
	(mm/dd/yyyy) ANODE INSTALLATION DATE				
	INTERIOR LINING				
	(mm/dd/yyyy) LINER INSTALLATION DATE				
	(specify) OTHER				
W	**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 #	FACILITY NAME
	Burger Dairy

IDEM UST REGISTRATION NUMBER				
COMPARTMENT IDENTIFICATION NUMBER				

X UNDERGROUND STORAGE TANK RELEASE DETECTION

PRIMARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				
SECONDARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				

Y UNDERGROUND PIPING RELEASE DETECTION

PRIMARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				
SECONDARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				
TERTIARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				

Z 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				