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
UTSRegistation@idem.in.gov

Facility ID Number: 40047

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 Tastyz stop n shop	LATITUDE 39.438850	LONGITUDE -87.414078
FACILITY ADDRESS (number and street) 2601 South 3rd Street		PARCEL NUMBER 84-06-33-411-005.000-002

City Terre Haute	STATE Indiana	ZIP CODE 47802	COUNTY United States	TELEPHONE NUMBER (647) 719-5253

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) BLACK GOLD OILS INC	BUSINESS ID (From the Secretary of State) 202201261560316
UST OWNER NAME (If a Public Agency or other entity)	

CONTACT NAME/INDIVIDUAL

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Gurinder		Saini	

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) 2601 S 3rd St	ADDRESS (line 2)

CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)
Terre Haute	Indiana	47802	04/13/2022

TELEPHONE NUMBER	EMAIL ADDRESS	JOB TITLE
317-666-0574	blackgoldin22@gmail.com	President

FACILITY ID #	FACILITY NAME
40047	Tastyz stop n shop

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	☐	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)

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)
BLACK GOLD OILS INC	202201261560328
UST OPERATOR NAME (If a Public Agency or other entity	

CONTACT NAME/INDIVIDUAL

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	GAGANDEEP		KHAIRA	

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box)	ADDRESS (line 2)
2601 S 3RD STREET	

CITY	STATE	ZIP CODE	DATE BEGAN OPERATING (MM/DD/YYYY)
Terre Haute	Indiana	47802	04/13/2022

TELEPHONE NUMBER	EMAIL ADDRESS	JOB TITLE
(647) 719-5253	blackgoldin22@gmail.com	President

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FACILITY ID #	FACILITY
40047	Tastyz stop n shop

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.

OPERATORS AUTHORIZED REPRESENTATIVE (Print or Type)

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Ramesh		Kaur	

TITLE OF OPERATORS 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),
SMOKERS WAVE INC	202201261560328
PROPERTY OWNER NAME (If a Public Agency or other entity)	

CONTACT NAME/INDIVIDUAL

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	GAGANDEEP		KHAIRA	

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box)	ADDRESS (line 2)
2601 S 3rd St	

CITY	STATE	ZIP CODE	DATE BEGAN OPERATING (MM/DD/YYYY)
Terre Haute	Indiana	47802	04/13/2022

TELEPHONE NUMBER	EMAIL ADDRESS	JOB TITLE
+1 (647) 719-5253	blackgoldin22@gmail.com	President

K DEEDED PROPERTY OWNER CERTIFICATION

PROPERTY OWNERS AUTHORIZED REPRESENTATIVE (Print or Type)

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	GAGANDEEP		KHAIRA	

TITLE OF PROPERTY OWNERS AUTHORIZED REPRESENTATIVE	COMPANY NAME (If Individual Leave Blank)

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

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)
SMOKERS WAVE INC	202201261560328
PROPERTY OWNER NAME (If a Public Agency or other entity)	

CONTACT NAME/INDIVIDUAL

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	GAGANDEEP		KHAIRA	

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box)	ADDRESS (line 2)
2601 S 3rd St	

CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)
Terre Haute	Indiana	47802	04/13/2022

TELEPHONE NUMBER	JOB TITLE	EMAIL ADDRESS	PROPOSED END DATE (MM/DD/YYYY)
+1 (647) 719-5253	President	blackgoldin22@gmail.com	

FACILITY ID #	FACILITY NAME
40047	Tastyz stop n shop

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
	GAGANDEEP		KHAIRA	

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 13-3

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)**

NAME (If a Public Agency or other entity)

CONTACT 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**

P	POTENTIALLY INTERESTED PARTIES

INTERESTED PARTY NAME	E-MAIL ADDRESS
INTERESTED PARTY NAME	E-MAIL ADDRESS
INTERESTED PARTY NAME	E-MAIL ADDRESS

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FACILITY ID #	FACILITY NAME
40047	Tastyz stop n shop

Q	FACULTY 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.

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FACILITY ID #	FACILITY NAME
40047	Tastyz stop n shop

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) INSTALLATION DATE				
MATERIAL				
SECONDARY CONTAINMENT				
CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)				
PRODUCT DELIVERY METHOD				

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FACILITY ID #	FACILITY NAME
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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				

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