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.gov

Facility ID Number: 0001-Testing FID

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	LATITUDE *(37.710101 to 41.866773)*	LONGITUDE *(-88.165351 to -84.671035)*
Test Lead	03030303030	-0030303030303

FACILITY ADDRESS (number and street)	PARCEL NUMBER
ABC EFG IJK	446464646464646464646

CITY	STATE	ZIP CODE	COUNTY	TELEPHONE NUMBER
Elkhart	IN	46517	Elkhart	(123) 456-7890

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)*	BUSINESS ID *(From the Secretary of State)*
TEST LEAD	12345678987654321

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 RESIDENTAL ADDRESS *(Number and Street, no P.O. Box)*	ADDRESS *(line 2)*
ABC EFG IJK	

CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP *(MM/DD/YYYY)*
Elkhart	IN	46517	06/09/2023

TELEPHONE NUMBER	EMAIL ADDRESS *(Option 3 Individual Capacity)*	JOB TITLE *(Option 3 Individual Capacity)*
(123) 456-7890	tanksdata01@gmail.com	President

CONTACT FOR BUSINESS / PUBLIC AGENCY *(Listed in Option 1 or 2)*

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

FACILITY ID #	FACILITY NAME
0001-Testing FID	Test Lead

F FINANCIAL RESPONSIBILITY *(Check all that apply)*

[X]	Federal or State Government Entity, which does not fall under financial responsibility requirements
[X]	Local Government owner or operator is maintaining financial responsibility for this site
[X]	The UST owner is maintaining financial responsibility for this site
[X]	The UST operator is maintaining financial responsibility for this site
[X]	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.**

[X]	Financial Test of Self Insurance	[X]	Excess Liability Trust Fund (State Fund)
[ ]	Guarantee	[ ]	Insurance and Risk Retention Group Coverage
[ ]	Surety Bond	[X]	Loan Commitment Letter
[X]	Letter of Credit	[ ]	Certificate of Deposit
[ ]	Trust Fund	[ ]	Standby Trust Fund
[ ]	Local Government Bond Rating Test	[X]	Local Government Financial Test
[X]	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	[ ]	City / Local Government
[X]	Commercial	[X]	Private	[ ]	Other:

Option 1: UST OPERATOR NAME *(Business Name as registered with the Secretary of State)*	BUSINESS ID *(From the Secretary of State)*
TEST LEAD	12345678987654321
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	SUFFIX

UST OPERATOR ADDRESS (Listed in Options 1-3)

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

CITY	STATE	ZIP CODE	DATE BEGAN OPERATING *(MM/DD/YYYY)*
Elkhart	IN	46517	06/09/2023

TELEPHONE NUMBER	EMAIL ADDRESS *(Option 3 Individual Capacity)*	JOB TITLE *(Option 3 Individual Capacity)*
(123) 456-7890	westonikofficial@gmail.com	President

CONTACT FOR BUSINESS / PUBLIC AGENCY *(Listed in Option 1 or 2)*

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

H FACILITY CONTACT

CONTACT FOR BUSINESS / PUBLIC AGENCY *(Listed in Option 1 or 2)*

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Test		Lead	

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

CITY	STATE	ZIP CODE	JOB TITLE
Elkhart	IN	46517	President

TELEPHONE NUMBER	EMAIL ADDRESS
(123) 456-7890	tanksdata01@gmail.com

FACILITY ID #	FACILITY NAME
0001-Testing FID	Test Lead

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)*	BUSINESS ID *(From the Secretary of State)*
CeeJay Enterprise	987654321
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 RESIDENTAL ADDRESS *(Number and Street, no P.O. Box)*	ADDRESS *(line 2)*
123 ABC Lane	456 XYZ road

CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP *(MM/DD/YYYY)*
Donaldson	IN	46513	

TELEPHONE NUMBER	EMAIL ADDRESS *(Option 3 Individual Capacity)*	JOB TITLE *(Option 3 Individual Capacity)*
(976) 034-7266	contact@tanksdata.com	President

CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)

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

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)*
CeeJay Enterprise	987654321
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 RESIDENTAL ADDRESS *(Number and Street, no P.O. Box)*	ADDRESS *(line 2)*
123 ABC Lane	456 XYZ road

CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP *(MM/DD/YYYY)*
Donaldson	IN	46513	02/25/2023

TELEPHONE NUMBER	EMAIL ADDRESS *(Option 3 Individual Capacity)*	PROPOSED END DATE *(MM/DD/YYYY)*
(976) 034-7266	contact@tanksdata.com	

CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)

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

FACILITY ID #	FACILITY NAME
0001-Testing FID	Test Lead

K CONTRACTOR

X	INSTALLATION INSPECTED BY A REGISTERED ENGINEER	REGISTRATION ID:	1111222233334444	REGISTRATION DATE *(mm/dd/yyyy)*	06/09/2023
X	MANUFACTURER'S INSTALLATION CHECKLISTS HAVE BEEN COMPLETED AND INCLUDED	X	INSTALLER CERTIFIED BY TANK AND PIPING MANUFACTURER		
X	WORK INSPECTED BY INDIANA DEPARTMENT OF HOMELAND SECURITY / DIVISION OF FIRE AND BUILDING SAFETY			INSPECTION DATE *(mm/dd/yyyy)*	06/01/2023

CONTRACTOR BUSINESS NAME *(Business Name as registered with the Secretary of State)*	BUSINESS ID *(From the Secretary of State)*
Vir	12345

CONTACT INFORMATION FOR CONTRACTOR THAT PERFORMED OR MANAGED WORK ON SITE

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Vir		Kumar	

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

CITY	STATE	ZIP CODE	IDHS CERTIFICATION NUMBER
Syracuse	IN	46567	

TELEPHONE NUMBER	EMAIL ADDRESS
(001) 122-3344	info@tanksdata.com

L POTENTIALLY INTERESTED PARTIES

INTERESTED PARTY NAME	E-MAIL ADDRESS
TANKS DATA	tanksdata@gmail.com, contact@tanksdata.com

M FACILITY SITE MAP

FACILITY ID #	FACILITY NAME
0001-Testing FID	Test Lead

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

N IDENTIFICATION OF UNDERGROUND STORAGE TANKS

IDEM UST REGISTRATION NUMBER	1313131313131			
PART OF A COMPARTMENTED UST (Y/N)	NO			
NUMBER OF COMPARTMENTS IN UST	2			
COMPARTMENT IDENTIFICATION NUMBER	15151515151			
(mm/dd/yyyy) DATE INSTALLED	06/09/2023			
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE	06/09/2023			
(gallons) ESTIMATED TOTAL CAPACITY	15000			
MANIFOLDED (Y/N)	YES			
MANIFOLDED TO COMPARTMENT ID NUMBER	15151515151			

O STATUS OF UNDERGROUND STORAGE TANKS

CURRENT STATUS	IN USE			
(mm/dd/yyyy) STATUS DATE	06/09/2023			

P SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS

PETROLEUM	GSL - Gasoline			
MAXIMUM ETHANOL %	10			
MAXIMUM BIOFUEL %	2			
(specify) OTHER	4545454			
HAZARDOUS SUBSTANCE	YES			
CHEMICAL ABSTRACT SERVICE NUMBER	454545454			
MIXTURE OF SUBSTANCES	A B C E			
PRODUCT IS COMPATIBLE WITH TANK (Y/N)	YES			

Q UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES

MANUFACTURER	Xerxes			
MODEL	STIP 3			
MATERIAL OF CONSTRUCTION	Fiberglass			
SECONDARY CONTAINMENT	Double-walled			

R UNDERGROUND STORAGE TANK CORROSION PROTECTION

CORROSION PROTECTION TYPE	Sacrificial Anodes (Galvanic)			
(mm/dd/yyyy) ANODE INSTALLATION DATE	06/09/2023			
INTERIOR LINING	NO			
(mm/dd/yyyy) LINER INSTALLATION DATE	06/09/2023			
(specify) OTHER	aasdfghjkl			

S PIPING CONSTRUCTION AND PROTECTION

MANUFACTURER	Environ			
MODEL	GeoFlex			
(mm/dd/yyyy) DATE INSTALLED	06/09/2023			
MATERIAL	Fibreglass reinforced plastic			
SECONDARY CONTAINMENT	Double-walled			
CORROSION PROTECTION TYPE	Impressed Current			
(mm/dd/yyyy) ANODE INSTALLATION DATE	06/09/2023			
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)	YES			
PRODUCT DELIVERY METHOD	American Suction			

FACILITY ID #	FACILITY NAME
0001-Testing FID	Test Lead

IDEM UST REGISTRATION NUMBER	789654123			
COMPARTMENT IDENTIFICATION NUMBER	C-2			

T UNDERGROUND STORAGE TANK RELEASE DETECTION

PRIMARY UST RELEASE DETECTION	ATG CSLD			
MANUFACTURER	VR			
MODEL	TLS-350			
SECONDARY UST RELEASE DETECTION	ATG CSLD			
MANUFACTURER	OPW			
MODEL	Interstitial sensor 30-0236-lw			

U UNDERGROUND PIPING RELEASE DETECTION

PRIMARY PIPING RELEASE DETECTION	Annual Line Tightness Test			
MANUFACTURER	FX1V-MLLD			
MODEL	Integra 100			
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)	Interstitial Monitoring			
MANUFACTURER	VR			
MODEL	TLS-350			
TERTIARY PIPING RELEASE DETECTION	Annual Line Tightness Test			
MANUFACTURER	TLS-350			
MODEL	VR TS 350			

V SPILL AND OVERFILL PREVENTION EQUIPMENT

CATCHMENT BASIN / SPILL BUCKET	Doublewall Spill Bucket			
(mm/dd/yyyy) DATE INSTALLED	06/09/2023			
MANUFACTURER	OPW			
MODEL	1-2100 series			
FILL LATITUDE	40.366420			
FILL LONGITUDE	-86.65935			
PRIMARY OVERFILL PREVENTION EQUIPMENT	Auto Shutoff / Flapper			
(mm/dd/yyyy) DATE INSTALLED	06/09/2023			
MANUFACTURER	OPW			
MODEL	71SO-410CT			
% ULLAGE SET POINT	90			
SECONDARY OVERFILL PREVENTION EQUIPMENT	Auto Shutoff / Flapper			
(mm/dd/yyyy) DATE INSTALLED	06/09/2023			
MANUFACTURER	VR			
MODEL	TLS 350			
% ULLAGE SET POINT	90			
UNDER DISPENSER CONTAINMENT PRESENT	YES - Testable			
MANUFACTURER	OPW Conduitless DS-1543A			
(mm/dd/yyyy) DATE INSTALLED	06/09/2023			
SUBMERSIBLE TURBINE SUMP PRESENT	YES - Testable			
MANUFACTURER	OPW Fiberlite SBCR-390BL-WT33			
(mm/dd/yyyy) DATE INSTALLED	06/09/2023			

FACILITY ID #	TRANSACTION ID - FOR STATE USE ONLY
0001-Testing FID	

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
	Test		Lead	

TITLE OF AUTHORIZED REPRESENTATIVE	COMPANY NAME *(If Individual Leave Blank)*
President	TEST LEAD

SIGNATURE	DATE *(MM/DD/YYYY)*

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
	Test		Lead	

TITLE OF AUTHORIZED REPRESENTATIVE	COMPANY NAME *(If Individual Leave Blank)*
President	TEST LEAD

SIGNATURE	DATE *(MM/DD/YYYY)*

CONTRACTOR CERTIFICATION

CERTIFIED INDIVIDUAL NAME

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Vir		Kumar	

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)*
	info@tanksdata.com	