

**ELTF ELIGIBILITY APPLICATION FOR  
UST DECOMMISSIONING/REPLACEMENT**

State Form XXXXX (R0 / DRAFT)

Facility ID

**1634**

**INSTRUCTIONS:** Submit this form when applying for an eligibility determination. **SUBMITTAL INSTRUCTIONS:**  
E-mail completed form and any additional information (optional) to the following: [ELTFEligibility@idem.IN.gov](mailto:ELTFEligibility@idem.IN.gov)

**SECTION 1 - APPLICANT INFORMATION (OWNER)**

|                                                                |                                                                                                                                                     |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Applicant<br><b>HN FoodPlus INC.</b>                   | Owner # of Tanks (as billed)<br><input checked="" type="checkbox"/> 1 to 12<br><input type="checkbox"/> 13-100<br><input type="checkbox"/> Over 100 |
| Mailing Address (Number and Street)<br><b>1356 PORTAGE AVE</b> |                                                                                                                                                     |
| Mailing Address (Line 2)                                       | City, State, Zip Code<br><b>South Bend, IN, 46616</b>                                                                                               |
| Applicant Contact<br><b>Harpreet Randhawa</b>                  | Contact Title<br><b>President</b>                                                                                                                   |
| Contact E-mail Address<br><b>harpreetrandhawa02@gmail.com</b>  | Contact Telephone Number (with Area Code)<br><b>(574) 485-4631</b>                                                                                  |

**SECTION 2 - SITE INFORMATION**

|                                                                 |                                                       |
|-----------------------------------------------------------------|-------------------------------------------------------|
| Name of Facility<br><b>Citgo</b>                                | # of USTs currently on site<br><b>3</b>               |
| Facility Address (Number and Street)<br><b>1356 PORTAGE AVE</b> | City, State, ZIP Code<br><b>South Bend, IN, 46616</b> |

**SECTION 3 - PROPOSED USTs FOR DECOMMISSIONING**

| UST# | Install Date | Capacity | Substance | Lined Steel              | First Generation Fiberglass         | > 30 years                          | Other                    |
|------|--------------|----------|-----------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 1.   | January 1973 | 10,000   | Regular   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.   | January 1973 | 10,000   | Premium   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3.   | January 1973 | 8,500    | Diesel    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|      |              |          |           | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|      |              |          |           | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

**SECTION 4 - PROPOSED REINSTALLATION OF USTs**

| UST # | Compartment 1 Capacity | Compartment 2 Capacity | Compartment 3 Capacity | Compartment 4 Capacity |
|-------|------------------------|------------------------|------------------------|------------------------|
| 1     | 12000                  |                        |                        |                        |
| 2     | 4000                   | 4000                   |                        |                        |
| 3     |                        |                        |                        |                        |
| 4     |                        |                        |                        |                        |
| 5     |                        |                        |                        |                        |

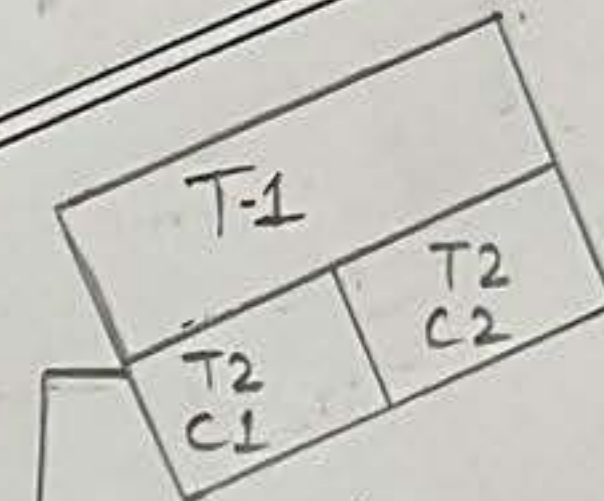
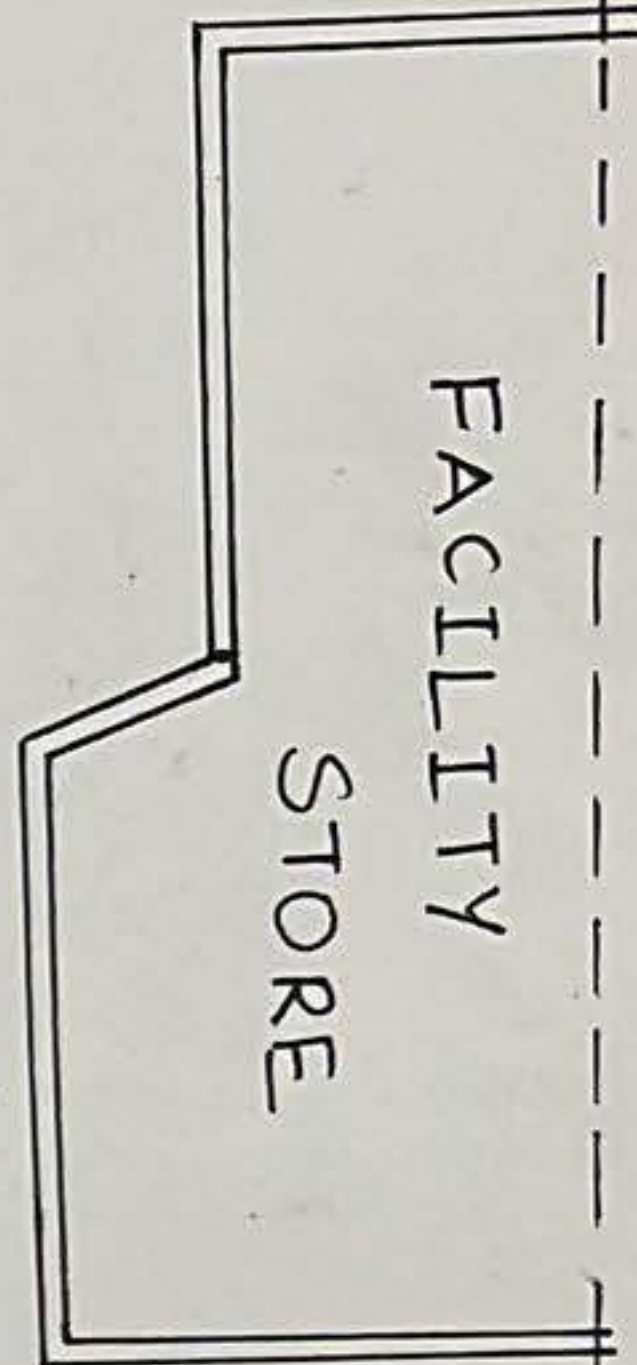
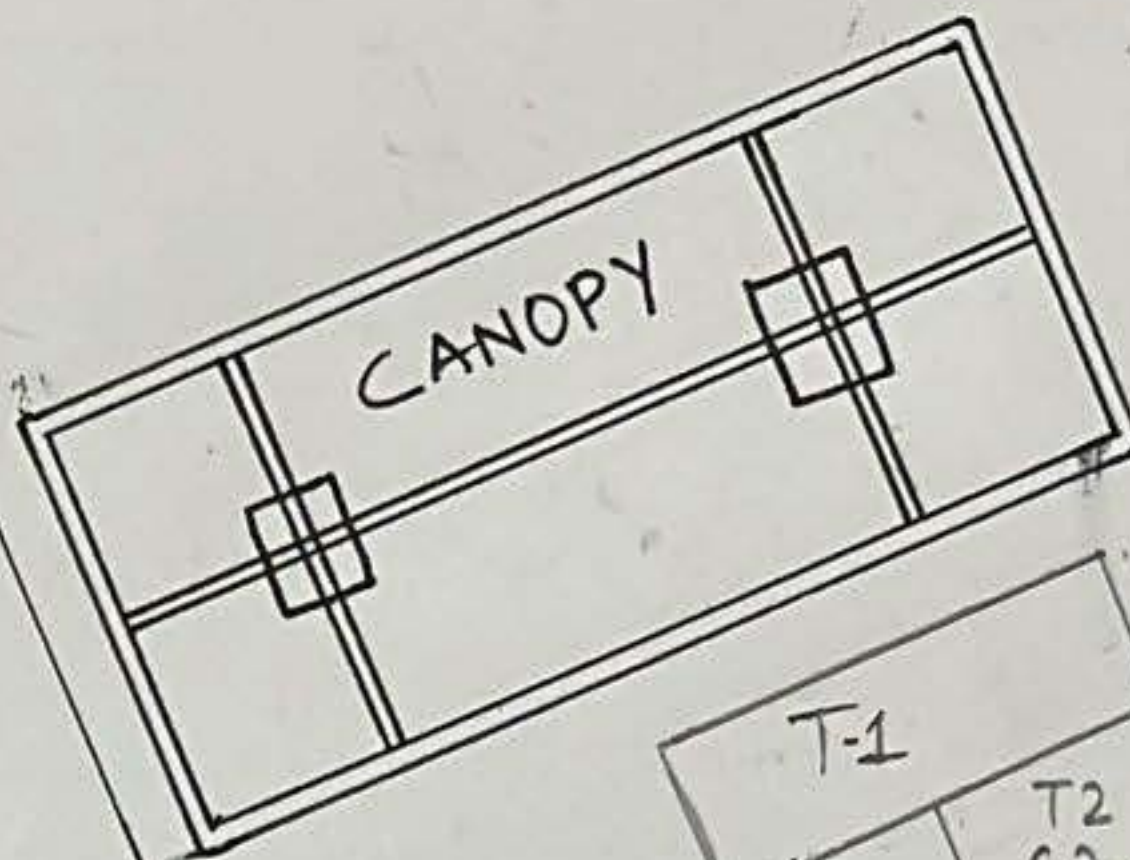
**SECTION 5 - SIGNATURE OF OWNER OF THE TANK(S) OR ATTORNEY-IN-FACT**

I understand that pursuant to Indiana Code 13-23-9-6, I may be subject to criminal prosecution for submitting false and/or inaccurate information on this application. Please check the box below and submit proper documentation if signing under a Power of Attorney for the owner.

|                                                                                                                                                                                                                                 |                                        |                                               |                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------|-------------------------------------|
| Signature of Owner of the Tanks or <input type="checkbox"/> Attorney-in-Fact<br><br><small>Harpreet Randhawa (Dec 8, 2023 16:38 EST)</small> |                                        | Date Signed (mm/dd/yyyy)<br><b>12/08/2023</b> |                                     |
| Mr./Ms.                                                                                                                                                                                                                         | Print Name<br><b>Harpreet Randhawa</b> | Title<br><b>President</b>                     | Company<br><b>HN Food Plus, Inc</b> |

ELWOOD AVE

PORTAGE AVE



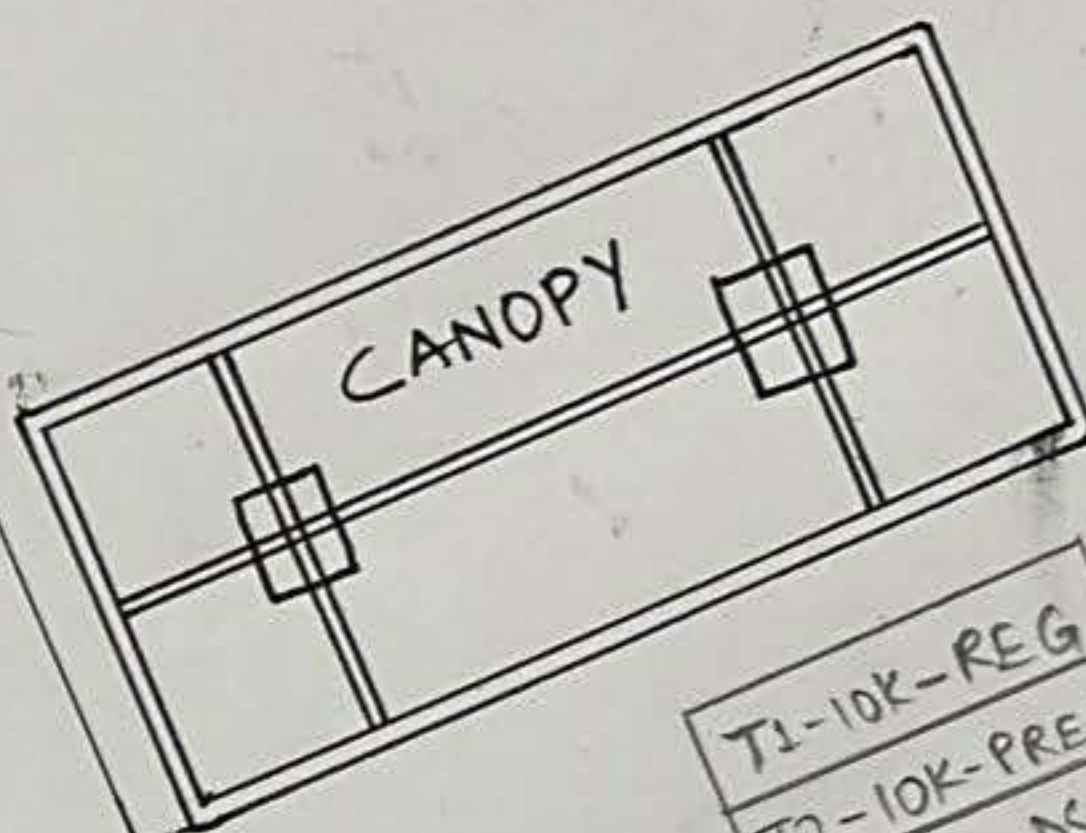
PROPOSED TANKS  
TANK-1 → 12000  
TANK-2 → COMPARTMENT  
C-1 → 4000  
C-2 → 4000

UST FACILITY ID# 1634  
1356 PORTAGE AVE  
SOUTH BEND,  
ST. JOSEPH COUNTY

PROPOSED  
FACILITY  
PLAN

ELWOOD AVE

PORTAGE AVE



T1-10K-REG  
T2-10K-PREM  
T3-10K-DSL

FACILITY  
STORE

→ 3 SW USTs Installed  
in JAN, 1973

- One (1) 10 K REG
- One (1) 10 K PREM
- One (1) 10 K DSL

UST FACILITY ID# 1634  
1356 PORTAGE AVE  
SOUTH BEND,  
ST. JOSEPH COUNTY

EXISTING  
FACILITY  
PLAN

## Tennis, Morgan L (IDEM)

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**From:** TanksData <Tanksdata@gmail.com>  
**Sent:** Friday, December 8, 2023 4:47 PM  
**To:** IDEM ELTF Eligibility  
**Cc:** G Harpreet Randhawa South Bend  
**Subject:** FID # 1634 - 50% Eligibility Application  
**Attachments:** FID 1634-ELTF-12.09.23 (1).pdf; FID 1634 - Proposed Plan.pdf; FID 1634 - Existing Plan.pdf

**Categories:** ELTF 50% Reimbursement

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Hello,

I hope you are doing well.

Please find attached herewith ELTF UST Replacement for your review and kind consideration please.

The client has been copied on this mail.

Please let me know if you need anything else.

Thanks,

Virender Kumar

Tanks Data

317.645.0215

317.300.6065



<https://tanksdata.com/>

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