(574) 310-9068

INITIAL REGISTRATION FOR UNDERGROUND STORAGE TANK SYSTEMS

State Form 56548 (R4 / 3-23) Indiana Department of Environmental Management Petroleum Branch

RETURN COMPLETED FORMS TO:

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

The information is required by 329 IAC 9. This form should only be used for facilities that have not been registered with the IDEM Underground Storage Tank program. **FACILITY NAME / LOCATION** ATITUDE (37.710101 to 41.8667).
41.664890 TUDE (-88.165351 to -84.671035) -86.269550 ACILITY NAME Amoco FACILITY ADDRESS (number and street)
1338 W Sample St PARCEL NUMBER 71-08-14-102-004 000-026 ZIP CODE TELEPHONE NUMBER IN 46619 St Joseph (574) 310-9068 South Bend TYPE OF FACILITY (Check all that apply) В Auto Dealership Commercial Airport Hydrant System Hospital Gas Station תוות Industrial Petroleum Distributor Railroad Residential Trucking or Transport Utilities Unmanned School **│**|Marina Other: PREPARED BY PREFIX FIRST NAME SUFFIX STATE ZIP CODE ADDRESS JOB TITLE TELEPHONE NUMBER EMAIL ADDRESS **UST OWNER** D TYPE OF OWNER Federal Government State Government City / Local Government Commercial Other: Option 1: UST OWNER NAME (Business Name as register Sample St Property LLC BUSINESS ID (From the Secretary of State)
202109271529954 Option 2: UST OWNER NAME (If a Public Agency or other entity) Option 3: UST OWNER NAME (If in Individual Capacity) PREFIX FIRST NAME LAST NAME SUFFIX JST OWNER ADDRESS (Listed in Options 1-3) RY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (line 2) 6520 Lake Crest Cir EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) South Bend |46628 02/18/2022 IN TELEPHONE NUMBER EMAIL ADDRESS (Option 3 Individual Capacity) JOB TITLE (Option 3 Individual Capacity) (574) 310-9068 FIRST NAME LAST NAME SUFFIX Singh |Mandeep PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (line 2) 6520 Lake Crest Cir JOB TITLE South Bend ZIP CODE 46628 IN Member TELEPHONE NUMBER EMAIL ADDRESS

luckyghotra95@ymail.com

	ILITY NAME MOCO									
E	FIN	IANCIAL R	ESF	PONSIE	3IL	TY (Chec	ck all that apply)			
后	Federal or State Government Enti									
	Local Government owner or opera	tor is maintair	ning	financial	res	ponsibility	for this site			
	The UST owner is maintaining fina	ancial respons	sibility	for this	site					
	The UST operator is maintaining f	inancial respo	nsibi	lity for th	nis s	ite				
X	I have met the financial responsib							oinatio	n of the	
	following mechanisms: (check all	that apply) . If	f you	are usi						
	Financial Test of Self Insurance				区		iability Trust Fund (State Fund)			
	Guarantee				Щ		e and Risk Retention Group Cove	rage		
	Surety Bond				Щ		nmitment Letter			
L	Letter of Credit				빝		e of Deposit			
	Trust Fund				Щ	<u> </u>	Trust Fund			
	Local Government Bond Rating To	est			Щ		vernment Financial Test			
Ш	Local Government Guarantee				<u> </u>		vernment Fund	`		
	If utilizing the ELTF for FR, I acknowledge	the requirement ability to provid					• •) and (c) and	
F			_	ST OP						
-						RATOR				
	Federal Government	State	Gov	ernment			City / Local Governmer	it		
X	Commercial	✓ Privat	te				Other:			
	on 1: UST OPERATOR NAME (<i>Business Name as re</i>		cretary	of State)			BUSINESS ID (From the Secretary of State)	7700		
	ample Street Expo INC						202309251727	786		
Opti	on 2: UST OPERATOR NAME (If a Public Agency or	other entity)								
Opti	on 3: UST OPERATOR NAME (If in Individual Capac	ity)								
	FIX FIRST NAME			MI	LAS	T NAME			SUFFIX	
HET	ODEDATOR ADDRESS (Listed in Options 1.3)									
	OPERATOR ADDRESS (Listed in Options 1-3) NCIPAL OFFICE ADDRESS or PRIMARY RESIDEN	TAL ADDRESS (Nun	nber an	d Street, no	P.O. E	Зох)	ADDRESS (line 2)			
	338 W Sample St									
CITY	outh Bend		IN	ZIP CODE 4661			DATE BEGAN OPERATING (MM/DD/YYYY)			
	PHONE NUMBER	EMAIL ADDRESS (city)	JOB TITLE (Option 3 Individual Capacity)			
'	(574) 310-9068	LMAIL ADDITLOG	Орион	o marridaar	Оирис	лсу)	THEE (Option 5 marriaga Capacity)			
	ITACT FOR BUSINESS / PUBLIC AGENCY (Listed i	n Option 1 or 2)								
PRE	FIRST NAME Mandeep			MI	LAS	ngh			SUFFIX	
PRII	NCIPAL OFFICE ADDRESS OF PRIMARY RESIDEN	TAL ADDRESS (Nun	nber an	d Street, no		Box)	ADDRESS (line 2)			
	338 W Sample St	·				,				
CIT	'		TATE	ZIP CODE			JOB TITLE			
	outh Bend		IN	4661	15		Secretary			
TEL	EPHONE NUMBER (574) 310-9068	EMAIL ADDRESS		lu	ck	yghotra	a95@ymail.com			
G			FΔ(NTACT				
CON	TACT INDIVIDUAL NAME		. , .,							
PRE	FIRST NAME Mandeep			MI	1	ngh			SUFFIX	
	NCIPAL OFFICE ADDRESS OF PRIMARY RESIDENT 338 W Sample St	TAL ADDRESS (Nun	nber an	d Street, no	P.O. I	Зох)	ADDRESS (line 2)		•	
CIT			TATE	ZIP CODE			JOB TITLE			
	outh Bend	EMAIL ADDRESS	IN	4661	15		Secretary			
'	(574) 310-9068 luckyghotra95@ymail.com									

FACILITY NAME Amoco						
Н	DEEDE	D PRO	PERTY OW	/NER		
		TYPE O	F OWNER			
Federal Government	State Go	vernmen	nt	City / Local Government		
Commercial Option 1: PROPERTY OWNER NAME (Business Name as re	Private	ratary of State	2)	Other: BUSINESS ID (From the Secretary of State)		
Sample St Property LLC		elary or Stati	e)	2021092715299)54	
Option 2: PROPERTY OWNER NAME (If a Public Agency or	other entity)					
Option 3: PROPERTY OWNER NAME (If in Individual Capaci PREFIX IFIRST NAME	IMI	LAST NAME		SUFFIX		
				301111		
PROPERTY OWNER ADDRESS (Listed in Options 1-3) PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL	ADDRESS (Number a	and Street, n	o P.O. Box)	ADDRESS (line 2)	-	
6520 Lake Crest Cir	loza z z	Izin oon	_		0.00	
South Bend	STATE	2IP COD 466		effective date of ownership (MM/DD/Y) 02/18/2022	(YY)	
TELEPHONE NUMBER (574) 310-9068	AIL ADDRESS (Option	n 3 Individua	l Capacity)	JOB TITLE (Option 3 Individual Capacity)		
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Or	otion 1 or 2)					
PREFIX FIRST NAME Mandeep	·	МІ	Singh		SUFFIX	
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL.	ADDRESS (Number a	and Street, no		ADDRESS (line 2)		
6520 Lake Crest Cir	STATE	ZIP COD	F	JOB TITLE		
South Bend	IN			Member		
(574) 310-9068	AIL ADDRESS	Ιι	ickyghotra	a95@ymail.com		
	ND CONTR			OWNER (If applicable)		
			F OWNER			
Federal Government	State Go	vernmen	nt	City / Local Government		
Commercial	Private		-)	Other:		
Option 1: PROPERTY OWNER NAME (Business Name as re	gisterea with the Secr	retary of State	e)	BUSINESS ID (From the Secretary of State)		
Option 2: PROPERTY OWNER NAME (If a Public Agency or	other entity)					
Option 3: PROPERTY OWNER NAME (If in Individual Capaci PREFIX FIRST NAME	ity)	MI	LAST NAME		SUFFIX	
FREFIX FIRST NAME		IMI	LAST NAME		SUPPIX	
PROPERTY OWNER ADDRESS (Listed in Options 1-3) PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL	ADDRESS (Number a	and Street, no	o P.O. Box)	ADDRESS (line 2)		
CITY	STATE	ZIP COD	E	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YY	(YY)	
TELEPHONE NUMBER JOB TITLE	EMAIL ADDRESS ((Option 3 Ind	ividual Capacity)	PROPOSED END DATE (MM/DD/YYYY)		
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Op	otion 1 or 2)					
PREFIX FIRST NAME		МІ	LAST NAME		SUFFIX	
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL.	ADDRESS (Number a	and Street, no	o P.O. Box)	ADDRESS (line 2)		
CITY	STATE	ZIP COD	E	JOB TITLE		
1	OI/AIL		-			
TELEPHONE NUMBER EM.	AIL ADDRESS	•		•		

FACILITY NAME						
Amoco						
J	C	CONT	RACTOR			
INSTALLATION INSPECTED BY A REGISTERED					REGISTRATION DATE	
ENGINEER MANUFACTURER'S INSTALLATION CHECKLIST	S HAVE BEEN COMPLETED	O AND	NSTALLER CERTIE	IFD BY TANK AN	(mm/dd/yyyy) D PIPING MANUFACTURER	
INCLUDED	OF HOMELAND OF CHIRTY	L	<u> </u>		INSPECTION DATE	
CONTRACTOR BUSINESS NAME (Business Name as r		TY / DIVISION OF FIRE AND BUILDING SAFETY (mm/dd/yyyy) ary of State) BUSINESS ID (From the Secretary of State)				
CONTINUE TO A BOOME CO NAME (Basiness Name as I	egistered with the Georetary	or State)		DOONALOO ID (Trom the decretary of dialey	
CONTACT INFORMATION FOR CONTRACTOR THAT	PERFORMED OR MANAGE					
PREFIX FIRST NAME		MI	LAST NAME			SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDEN	TAL ADDRESS (Number and	d Street in	no P.O. Box)	ADDRESS (line	2)	
Transit At 1827,85 (200 6) Transit At 1820	THE REPRESE (Name of and	a 01/001, 71	10 T . O. Boxy	/ IDDI (IIII)		
CITY	STATE	ZIP CO	DE	IDHS CERTIFIC	CATION NUMBER	
TELEPHONE NUMBER	EMAIL ADDRESS					
K	POTENTIALL			PARTIES		
INTERESTED PARTY NAME Tanks Data			address sdata@gma	ail com co	ntact@tanksdat	a com
INTERESTED PARTY NAME			ADDRESS	111.00111,00	Titact@tariksdat	<u>a.com</u>
INTERESTED PARTY NAME		E-MAIL	ADDRESS			
L	FAC	CILIT	Y SITE MAP			
In the space below, sketch the facility (t						clude tank
sizes and type of product stored. Labe	i streets or other lan	amarks	s. Snow North if	airection kno	own.	
						ļ

FACILITY NAME Amoco								
Complete one column for eac	th tank or compartme	ent.	See instructions	for c	ompartment identif	icati	on numbering.	
M IDENT	IFICATION OF U	UN	DERGROUND	ST	ORAGE TANKS	S		
IDEM UST REGISTRATION NUMBER	1		2		3		4	
PART OF A COMPARTMENTED UST (Y/N)	YES [\blacksquare	YES		YES	\blacksquare	YES	•
NUMBER OF COMPARTMENTS IN UST	2	Î	2		2		2	
COMPARTMENT IDENTIFICATION NUMBER	1		3		4		2	
(mm/dd/yyyy) DATE INSTALLED	10/10/2023		10/10/2023		10/10/2023		10/10/2023	
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE	IT INTO USE 01/10/2024		01/10/2024		01/10/2024		01/10/2024	
(gallons) ESTIMATED TOTAL CAPACITY	12,000		4,000		4,000		4,000	
MANIFOLDED (Y/N)	YES [▼	NO		NO	\blacksquare	YES	\blacksquare
MANIFOLDED TO COMPARTMENT ID NUMBER	2						1	
N S	TATUS OF UND	ER	GROUND STO	RA	GE TANKS			
CURRENT STATUS	IN USE	▼	IN USE		IN USE	▼	IN USE	\blacksquare
(mm/dd/yyyy) STATUS DATE	02/10/2025		02/10/2025		02/10/2025		02/10/2025	
O SUBSTANCES CURR	ENTLY OR LAS	T S	STORED IN UN	IDE	RGROUND ST	OR	AGE TANKS	
PETROLEUM	GSL - Gasoline	T	GSL - Gasoline	V	DSL - Diesel	▼	GSL - Gasoline	Ī
MAXIMUM ETHANOL %	10	_	10				10	
MAXIMUM BIOFUEL %					10			
(specify) OTHER								
HAZARDOUS SUBSTANCE								
CHEMICAL ABSTRACT SERVICE NUMBER								
MIXTURE OF SUBSTANCES								
PRODUCT IS COMPATIBLE WITH TANK (Y/N)	VEQ [VEC		VE0	_		_
			YEO .	T	IYES	▼	IYES	V
P UNDERGR	-	⇉	YES TANK CONSTI		YES CTION ATTRIB		YES S	_
P UNDERGR	OUND STORAG	E.	TANK CONSTI	RUG	CTION ATTRIB	UTE	S	
	OUND STORAG Modern Welding	E.	TANK CONSTI Modern Weldir	RUG	Modern Weldir	UTE	S Modern Weldi	
MANUFACTURER MODEL	OUND STORAG Modern Welding Glassteel II	je je	TANK CONSTI Modern Weldir Glassteel II	RU(Modern Weldir Glassteel II	UTE	Modern Weldi Glassteel II	ng
MANUFACTURER MODEL MATERIAL OF CONSTRUCTION	OUND STORAG Modern Welding Glassteel II FRP Clad Steel	je j	TANK CONSTI Modern Weldir Glassteel II FRP Clad Steel	RU(Modern Weldir Glassteel II FRP Clad Steel	UTE	Modern Weldi Glassteel II FRP Clad Steel	ng
MANUFACTURER MODEL MATERIAL OF CONSTRUCTION SECONDARY CONTAINMENT	OUND STORAG Modern Welding Glassteel II FRP Clad Steel [Double-walled		Modern Weldir Glassteel II FRP Clad Steel Double-walled	RU(Modern Weldir Glassteel II FRP Clad Steel Double-walled	UTE	Modern Weldi Glassteel II FRP Clad Steel Double-walled	ng
MANUFACTURER MODEL MATERIAL OF CONSTRUCTION SECONDARY CONTAINMENT Q UNDERG	OUND STORAG Modern Welding Glassteel II FRP Clad Steel Double-walled ROUND STORA	SE ·	Modern Weldir Glassteel II FRP Clad Steel Double-walled TANK CORR	RUC ng	Modern Weldir Glassteel II FRP Clad Steel Double-walled ION PROTECT	UTE ng ION	Modern Weldi Glassteel II FRP Clad Steel Double-walled	
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MANUFACTURER MODEL MATERIAL OF CONSTRUCTION SECONDARY CONTAINMENT Q UNDERG CORROSION PROTECTION TYPE (mm/dd/yyyy) ANODE INSTALLATION DATE INTERIOR LINING (mm/dd/yyyy) LINER INSTALLATION DATE (specify) OTHER	OUND STORAG Modern Welding Glassteel II FRP Clad Steel Double-walled ROUND STORA Not Applicable NO	AGI	Modern Weldir Glassteel II FRP Clad Steel Double-walled E TANK CORR Not Applicable NO	RUG	Modern Weldir Glassteel II FRP Clad Steel Double-walled ION PROTECT Not Applicable NO	UTE ng V ION	Modern Weldi Glassteel II FRP Clad Steel Double-walled Not Applicable	
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MANUFACTURER MODEL MATERIAL OF CONSTRUCTION SECONDARY CONTAINMENT Q UNDERG CORROSION PROTECTION TYPE (mm/dd/yyyy) ANODE INSTALLATION DATE INTERIOR LINING (mm/dd/yyyy) LINER INSTALLATION DATE (specify) OTHER R MANUFACTURER MODEL (mm/dd/yyyy) DATE INSTALLED MATERIAL SECONDARY CONTAINMENT CORROSION PROTECTION TYPE	Modern Welding Glassteel II FRP Clad Steel Double-walled ROUND STORA Not Applicable NO PIPING CONSTI OPW Flexworks 10/10/2023 Flexible Compos Double-walled	SE → AGE	Modern Weldir Glassteel II FRP Clad Steel Double-walled E TANK CORR Not Applicable NO CTION AND P OPW Flexworks 10/10/2023 Flexible Compos	RUG	Modern Weldir Glassteel II FRP Clad Steel Double-walled ION PROTECT Not Applicable NO TECTION OPW Flexworks 10/10/2023 Flexible Compositions	UTE TO	Modern Weldi Glassteel II FRP Clad Steel Double-walled Not Applicable	
MANUFACTURER MODEL MATERIAL OF CONSTRUCTION SECONDARY CONTAINMENT Q UNDERG CORROSION PROTECTION TYPE (mm/dd/yyyy) ANODE INSTALLATION DATE INTERIOR LINING (mm/dd/yyyy) LINER INSTALLATION DATE (specify) OTHER MANUFACTURER MODEL (mm/dd/yyyy) DATE INSTALLED MATERIAL SECONDARY CONTAINMENT CORROSION PROTECTION TYPE (mm/dd/yyyy) ANODE INSTALLATION DATE	Modern Welding Glassteel II FRP Clad Steel Double-walled ROUND STORA Not Applicable NO PIPING CONSTI OPW Flexworks 10/10/2023 Flexible Compos Double-walled Not Applicable	RU	Modern Weldir Glassteel II FRP Clad Steel Double-walled E TANK CORR Not Applicable NO CTION AND P OPW Flexworks 10/10/2023 Flexible Compos Double-walled Not Applicable	RUG G OS RO RO	Modern Weldir Glassteel II FRP Clad Steel Double-walled ION PROTECT Not Applicable NO TECTION OPW Flexworks 10/10/2023 Flexible Composite Double-walled Not Applicable	UTE TO	Modern Weldi Glassteel II FRP Clad Steel Double-walled Not Applicable	
MANUFACTURER MODEL MATERIAL OF CONSTRUCTION SECONDARY CONTAINMENT Q UNDERG CORROSION PROTECTION TYPE (mm/dd/yyyy) ANODE INSTALLATION DATE INTERIOR LINING (mm/dd/yyyy) LINER INSTALLATION DATE (specify) OTHER MANUFACTURER MODEL (mm/dd/yyyy) DATE INSTALLED MATERIAL SECONDARY CONTAINMENT CORROSION PROTECTION TYPE	Modern Welding Glassteel II FRP Clad Steel Double-walled ROUND STORA Not Applicable NO PIPING CONSTI OPW Flexworks 10/10/2023 Flexible Compos Double-walled Not Applicable YES	RU	Modern Weldir Glassteel II FRP Clad Steel Double-walled E TANK CORR Not Applicable NO CTION AND P OPW Flexworks 10/10/2023 Flexible Compos Double-walled	RUU	Modern Weldir Glassteel II FRP Clad Steel Double-walled ION PROTECT Not Applicable NO TECTION OPW Flexworks 10/10/2023 Flexible Compose Double-walled	UTE TO	Modern Weldi Glassteel II FRP Clad Steel Double-walled Not Applicable	

FACILITY NAME Amoco				
IDEM UST REGISTRATION NUMBER	1	2	3	4
COMPARTMENT IDENTIFICATION NUMBER	1	3	4	2
S UNDE	RGROUND STORA	AGE TANK RELEA	SE DETECTION	
PRIMARY UST RELEASE DETECTION	ATG Interstitial M ▼	ATG Interstitial M	ATG Interstitial M ▼	ATG Interstitial M
MANUFACTURER	Veeder Root	Veeder Root	Veeder Root	Veeder Root
MODEL	TLS 350	TLS 350	TLS 350	TLS 350
SECONDARY UST RELEASE DETECTION	ATG CSLD 🔽	ATG CSLD 🔽	ATG CSLD 🔽	ATG CSLD 🔽
MANUFACTURER	Veeder Root	Veeder Root	Veeder Root	Veeder Root
MODEL	TLS 350	TLS 350	TLS 350	TLS 350
T	NDERGROUND P	PING RELEASE D	ETECTION	
PRIMARY PIPING RELEASE DETECTION	Interstitial Monito	Interstitial Monito	Interstitial Monito	N/A 🔽
MANUFACTURER	Veeder Root	Veeder Root	Veeder Root	
MODEL	TLS 350	TLS 350	TLS 350	
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)	Vapor Monitoring ▽	ALLD w/Annual 1 ✓	ALLD w/Annual ⊺ ▼	N/A
MANUFACTURER	Vaporless	Vaporless	Vaporless	
MODEL	•		•	
TERTIARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				
U SP	ILL AND OVERFII	L PREVENTION E	QUIPMENT	
CATCHMENT BASIN / SPILL BUCKET				Doublewall Spill 🔽
(mm/dd/yyyy) DATE INSTALLED	10/10/2023	10/10/2023	10/10/2023	10/10/2023
MANUFACTURER	OPW	OPW	OPW	OPW
MODEL	EDGE	EDGE	EDGE	EDGE
FILL LATITUDE				
FILL LONGITUDE				
PRIMARY OVERFILL PREVENTION EQUIPMENT	Auto Shutoff / Fla	Auto Shutoff / Fla	Auto Shutoff / Fla	Auto Shutoff / Fla
(mm/dd/yyyy) DATE INSTALLED	10/10/2023	10/10/2023	10/10/2023	10/10/2023
MANUFACTURER	OPW	OPW	OPW	OPW
MODEL	71SO	71SO	71SO	71SO
% ULLAGE SET POINT				
SECONDARY OVERFILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
% ULLAGE SET POINT				
UNDER DISPENSER CONTAINMENT PRESENT	YES - Testable	YES - Testable	YES - Testable	
MANUFACTURER	OPW	OPW	OPW	
(mm/dd/yyyy) DATE INSTALLED	10/10/2023	10/10/2023	10/10/2023	
SUBMERSIBLE TURBINE SUMP PRESENT	YES - Testable	YES - Testable	YES - Testable	
MANUFACTURER	OPW	OPW	OPW	
(mm/dd/yyyy) DATE INSTALLED	10/10/2023	10/10/2023	10/10/2023	

	ITY NAME 10C0				
	Complete one column for eac	h tank or compartment	. See instructions for c	ompartment identification	on numbering.
М		•	IDERGROUND ST		
	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				
N	S	TATUS OF UNDER	RGROUND STORA	GE TANKS	
	CURRENT STATUS				
	(mm/dd/yyyy) STATUS DATE				
0	SUBSTANCES CURR	ENTLY OR LAST	STORED IN UNDE	RGROUND STOR	AGE TANKS
	PETROLEUM				
	MAXIMUM ETHANOL %				
	MAXIMUM BIOFUEL %				
	(specify) OTHER				
	HAZARDOUS SUBSTANCE				
	CHEMICAL ABSTRACT SERVICE NUMBER				
	MIXTURE OF SUBSTANCES				
	PRODUCT IS COMPATIBLE WITH TANK (Y/N)				
Р	UNDERGR	OUND STORAGE	TANK CONSTRUC	CTION ATTRIBUTE	S
	MANUFACTURER				
	MODEL				
	MATERIAL OF CONSTRUCTION				
	SECONDARY CONTAINMENT				
Q	UNDERG	ROUND STORAG	E TANK CORROS	ION PROTECTION	
	CORROSION PROTECTION TYPE				
	(mm/dd/yyyy) ANODE INSTALLATION DATE				
	INTERIOR LINING				
	(mm/dd/yyyy) LINER INSTALLATION DATE				
	(specify) OTHER		IOTION AND BEG	TEATION	
R		PIPING CONSTRU	JCTION AND PRO	TECTION	
	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)				

FACILITY NAME Amoco							
IDEM UST REGISTRATION NUMBER							
COMPARTMENT IDENTIFICATION NUMBER							
S UNDE	GROUND STORAGE TANK RELEASE DETECTION						
PRIMARY UST RELEASE DETECTION							
MANUFACTURER							
MODEL							
SECONDARY UST RELEASE DETECTION							
MANUFACTURER							
MODEL							
T	NDERGROUND PI	PING RELEASE D	ETECTION				
PRIMARY PIPING RELEASE DETECTION							
MANUFACTURER							
MODEL							
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)							
MANUFACTURER							
MODEL							
TERTIARY PIPING RELEASE DETECTION							
MANUFACTURER							
MODEL							
U SP	ILL AND OVERFIL	L PREVENTION E	QUIPMENT				
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							

FACILITY ID #		TRANSACTION ID - FOR S	TATE USE ONLY						
			UST OWN	ER CE	RTIFICATION				
2, that the stollowing r (1) Installat (2) Cathodi (3) Release (4) Financia OWNER'S AUT	statements and equirements and tion of all tank ic protection of all tank ic protection under the detection under the sponsibility.		s specified by IC n this document 329 IAC 9-2-2(e): 40 CFR 280.20. ping under 40 C part D.	35-44.1 t are true	-2-1 and other penalties e, accurate, and comple				
	HORIZED REPRES	SENTATIVE		COMPAN'	NAME (If Individual Leave Blant	k)			
Membe	er			Sam	ple St Property	v LLC			
SIGNATURE	h 11 2025 09:28 FST)			!			DATE (MM	I/DD/YYYY)	
Mandeep Singiriji e	D 11, 2023 03.20 L31j		IST OPERA	TOR	CERTIFICATION				
following r (1) Installat (2) Cathodi (3) Release	equirements tion of all tank ic protection e detection un	in accordance with 3 ks and piping under of steel tanks and pi der 40 CFR 280 Sub lity under 329 IAC 9-	329 IAC 9-2-2(e): 40 CFR 280.20. ping under 40 C part D.	:	e, accurate, and comple		·		
	AUTHORIZED REF	PRESENTATIVE (Print or Type	oe)	Tva	LAST NAME				SUFFIX
M	andeep			MI	Singh				SUFFIX
TITLE OF AUTHORIZED REPRESENTATIVE COMPANY NAME (IF Individual Leave Blank) Secretary Sample Street Expo INC									
SIGNATURE Mandeep Singh (Fe	eb 11, 2025 09:28 EST)	-					02/11/	/2025	
			CONTRAC	TOR C	ERTIFICATION				
	DIVIDUAL NAME ST NAME			Trai	LAST NAME				SUFFIX
PREFIX FIR	ST NAME			MI	LAST NAME				SUFFIX
					4.1-2-1 and other penaltion fied in 329 IAC 9 and 40)-10 and IC	13-23-14-
SIGNATURE	,	,	EMAIL ADDRESS			, - 		DATE (MM/DD	/YYYY)

IR_1338 W Sample St_South bend_02.10.2025

Final Audit Report 2025-02-11

Created: 2025-02-10

By: Tanks Data (tanksdata01@gmail.com)

Status: Signed

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