50130 FID

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.

A FACILITY NAME / LOCATION

FACILITY NAME	LATITUDE (37.710101 to 41.866773)	LONGITUDE (-88.165351 to -84.671035)
Sample Street Expo, Inc.	41.664890	-86.269550

FACILITY ADDRESS (number and street)	PARCEL NUMBER
1338 W. Sample St.	

CITY	STATE	ZIP CODE	COUNTY	TELEPHONE NUMBER
South Bend	In	46619-3834	St. Joseph	574

B 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:

C PREPARED BY

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX

ADDRESS	CITY	STATE	ZIP CODE

TELEPHONE NUMBER	JOB TITLE	EMAIL ADDRESS

D 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*)
Sample St Property, LLC	202109271529954
Option 2: UST OWNER NAME (*If a Public Agency or other entity*)	
Mandeep Singh	

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*)
6520 Lake Crest Circle	

CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (*MM/DD/YYYY*)
South Bend	in	46628	02/18/2023

TELEPHONE NUMBER	EMAIL ADDRESS (*Option 3 Individual Capacity*)	JOB TITLE (*Option 3 Individual Capacity*)
(574) 310-9068	luckyghotra95@ymail.com	President

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

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
Mr.	Mandeep		Singh	

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (*Number and Street, no P.O. Box*)	ADDRESS (*line 2*)
6520 Lake Crest Circle	

CITY	STATE	ZIP CODE	JOB TITLE
South Bend	In	46628	President

TELEPHONE NUMBER	EMAIL ADDRESS
(574) 310-9068	luckyghothra95@ymail.com

FACILITY NAME
Sample Street Expo, Inc.

E 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 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.

F UST OPERATOR

TYPE OF OPERATOR

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

Option 1: UST OPERATOR NAME *(Business Name as registered with the Secretary of State)*: Sample Street Expo, Inc.

BUSINESS ID *(From the Secretary of State)*: 93-3623797

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
Mr	Mandeep		Singh	

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)*
6520 Lake Crest Circle	

CITY	STATE	ZIP CODE	DATE BEGAN OPERATING *(MM/DD/YYYY)*
South Bend	In	46628	02/01/2024

TELEPHONE NUMBER	EMAIL ADDRESS *(Option 3 Individual Capacity)*	JOB TITLE *(Option 3 Individual Capacity)*
(574) 310-9068	luckyghotra75@ymail.com	President

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

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
Mr.	Mandeep		Ghotra	

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS *(Number and Street, no P.O. Box)*	ADDRESS *(line 2)*
6520 Lake Crest Circle	

CITY	STATE	ZIP CODE	JOB TITLE
South Bend	In	46228	President

TELEPHONE NUMBER	EMAIL ADDRESS
(574) 310-9068	luckyghotra95@ymail.com

G FACILITY CONTACT

CONTACT INDIVIDUAL NAME

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Mandeep		Singh	

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS *(Number and Street, no P.O. Box)*	ADDRESS *(line 2)*
6520 Lake Crest Circle	

CITY	STATE	ZIP CODE	JOB TITLE
South Bend	In	46628	President

TELEPHONE NUMBER	EMAIL ADDRESS
(574) 310-9068	luckyghotra95@ymail.com

FACILITY NAME: Sample Street Expo, Inc.

H 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*): Sample St Property, LLC

BUSINESS ID (*From the Secretary of State*): 202109271529954

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*): 6520 Lake Crest Circle

ADDRESS (*line 2*):

CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (*MM/DD/YYYY*)
South Bend	In.	46628	02/18/2023

TELEPHONE NUMBER	EMAIL ADDRESS (*Option 3 Individual Capacity*)	JOB TITLE (*Option 3 Individual Capacity*)
(574) 310-9068	luckyghotra95@ymail.com	President

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

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
Mr.	Mandeep		Singh	

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (*Number and Street, no P.O. Box*): 6520 Lake Crest Circle

ADDRESS (*line 2*):

CITY	STATE	ZIP CODE	JOB TITLE
South Bend	In	46628	President

TELEPHONE NUMBER	EMAIL ADDRESS
(574) 310-9068	luckyghotra95@ymail.com

I 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*):

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*):

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

TELEPHONE NUMBER	JOB TITLE	EMAIL ADDRESS (*Option 3 Individual Capacity*)	PROPOSED END DATE (*MM/DD/YYYY*)

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 NAME
Sample Street Expo, Inc.

J 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)*
A&J Petroleum Contractos	351930383

CONTACT INFORMATION FOR CONTRACTOR THAT PERFORMED OR MANAGED WORK ON SITE

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
Mr	John	H	Ellett	

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

CITY	STATE	ZIP CODE	IDHS CERTIFICATION NUMBER
Corydon	IN	47112	UC2001KY866687

TELEPHONE NUMBER	EMAIL ADDRESS
(812) 946-6547	ellettaustin@gmail.com

K POTENTIALLY INTERESTED PARTIES

INTERESTED PARTY NAME	E-MAIL ADDRESS

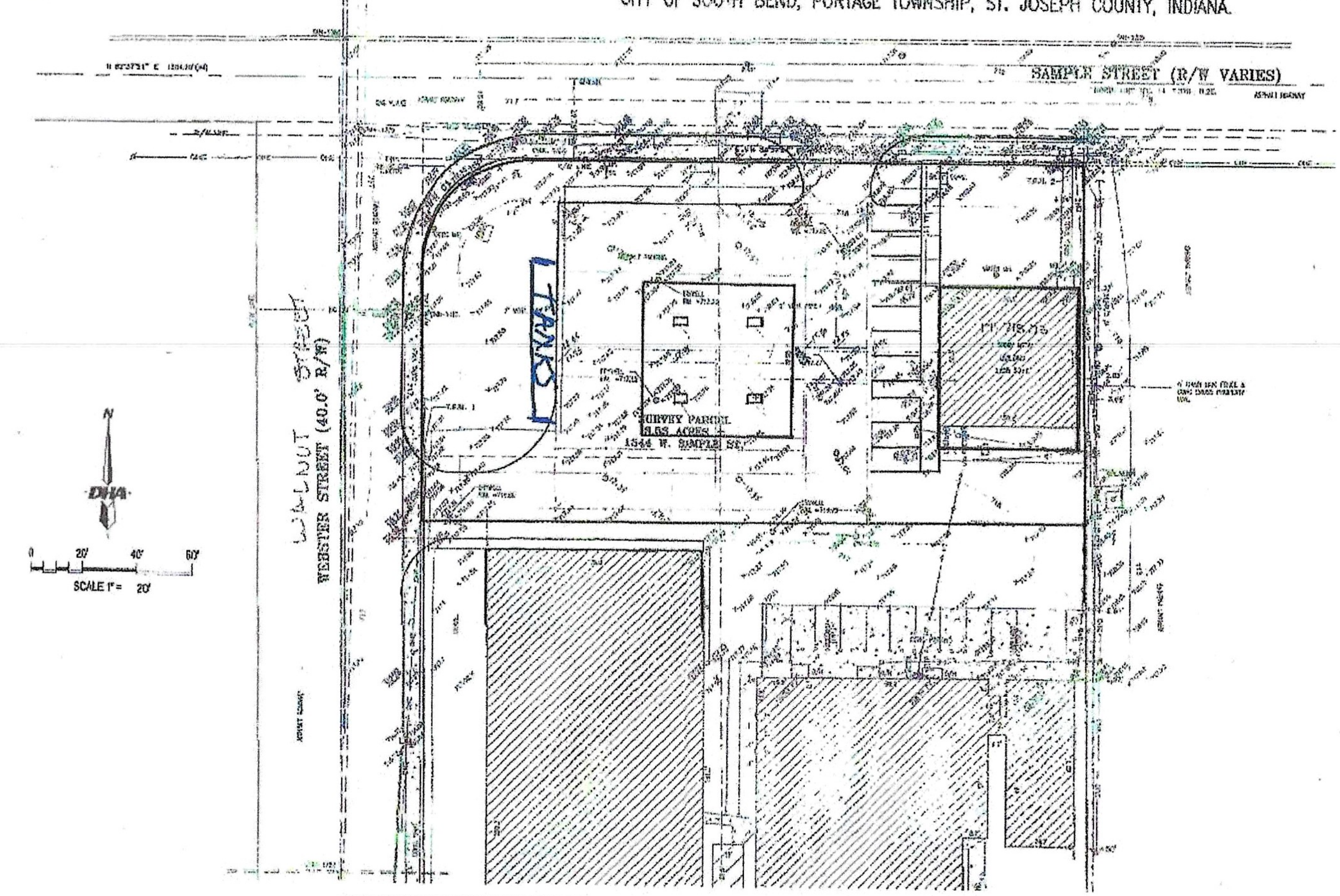
L FACILITY SITE MAP

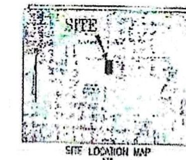
In the space below, sketch the facility (tanks, piping, tank manway locations, vents, pump islands, buildings, etc.). Include tank sizes and type of product stored. Label streets or other landmarks. Show North if direction known.

SURVEY PREPARED FOR: LUCKY GHOTRA
SURVEY DATED: 6/4/21
FILE #: 210147

BOUNDARY/TOPOGRAPHICAL SURVEY

PART OF THE NORTHWEST QUARTER OF SECTION 14, TOWNSHIP 37 NORTH, RANGE 2 EAST, CITY OF SOUTH BEND, PORTAGE TOWNSHIP, ST. JOSEPH COUNTY, INDIANA.





SURVEYOR'S REPORT

TITLE HOLDERS/CLIENT NAME: LUCKY GHOTRA

1) IN ACCORDANCE WITH TITLE 865, ARTICLE 1.1, CHAPTER 12, SECTION 1 THROUGH 33 OF THE INDIANA ADMINISTRATIVE CODE, THE FOLLOWING OBSERVATION AND OPINIONS ARE SUBMITTED REGARDING THE VARIOUS UNCERTAINTIES IN THE LOCATION OF THE LINES AND CORNERS ESTABLISHED ON THIS SURVEY AS A RESULT OF:

A) VARIANCES IN THE REFERENCE MONUMENTS;
B) DISCREPANCIES IN RECORD DESCRIPTIONS AND PLATS;
C) INCONSISTENCIES IN LINES OF OCCUPATION AND;
D) RANDOM ERRORS IN MEASUREMENT (RELATIVE POSITION);

BOUNDARY SOLUTION CONSISTED OF: THE RECORD DESCRIPTIONS USED IN THIS SURVEY AS PROVIDED BY THE CLIENT. THE PURPOSE OF THIS SURVEY IS TO RETRACE THE BOUNDARY AS DESCRIBED. THE SUBJECT PROPERTY LIES IN THE NORTHWEST QUARTER OF SECTION 14, TOWNSHIP 37 NORTH, RANGE 2 EAST, CITY OF SOUTH BEND, PORTAGE TOWNSHIP, ST. JOSEPH COUNTY, INDIANA. SURVEY DATA SHOWN HEREON IS A LOCAL GROUND COORDINATE SYSTEM. (BEARING AND DISTANCE RELATIONSHIPS TO FOUND MONUMENTATION ON THE ADJOINING PROPERTIES IS SHOWN ON THE ATTACHED PLAT FOR THE PURPOSE OF ESTABLISHING A HISTORY OF MONUMENTATION; HOWEVER, THIS PLAT DOES NOT REPRESENT A SURVEY OF SAID ADJOINING PROPERTIES.)

THERE MAY BE DIFFERENCES WITH DEED DIMENSIONS WHEN COMPARED WITH MEASURED DIMENSIONS ALONG THE BOUNDARY LINES SHOWN HEREON. IN CASES WHERE THE MAGNITUDE OF THESE DIFFERENCES IS LESS THAN THE THEORETICAL UNCERTAINTY STATED IN THE FOLLOWING REPORT AND LESS THAN THE UNCERTAINTY IDENTIFIED FOR THE REFERENCE MONUMENTATION DISCUSSED IN THE FOLLOWING REPORT, THE DIFFERENCES MAY BE CONSIDERED INSIGNIFICANT AND ARE SHOWN ONLY FOR THE PURPOSES OF MATHEMATICAL CLOSURE AND ARE THEREFORE NOT DISCUSSED BELOW. WHEN SUCH DIFFERENCES ARE GREATER THAN SAID UNCERTAINTIES OR ARE THE RESULT OF TITLE DISCREPANCIES, THEY ARE GENERALLY DISCUSSED IN MORE DETAIL BELOW AS MAY BE NECESSARY FOR CLARITY OF THE LINES ESTABLISHED OR RE-ESTABLISHED ON THIS SURVEY.

UNLESS OTHERWISE NOTED ON THE ATTACHED PLAT OR IN THE FOLLOWING REPORT, THERE IS NO EVIDENCE OF OCCUPATION ALONG THE BOUNDARY LINES OF THE SUBJECT TRACT. WHEN FENCES OR OTHER LINES OF OCCUPATION ARE SHOWN ON THE PLAT, THEY HAVE BEEN LOCATED ONLY AT THE ENDS OR SPECIFIC LOCATIONS NOTED. THEREFORE, FOR THE PURPOSES OF THIS SURVEY, SUCH LINES ARE ASSUMED TO RUN STRAIGHT BETWEEN SAID LOCATIONS, BUT IN ACTUALITY MAY SLIGHTLY VARY FROM SUCH STRAIGHT LINE.

THE RELATIVE POSITIONAL ACCURACY (DUE TO RANDOM ERRORS OF MEASUREMENT) OF THE CORNERS OF THE SUBJECT TRACT ESTABLISHED IN THIS SURVEY IS WITHIN THE SPECIFICATIONS FOR AN URBAN SURVEY (0.07 FEET PLUS 50 PPM) AS DEFINED IN IAC 865. AS A RESULT OF THE ABOVE OBSERVATIONS, IT IS MY OPINION THAT THE UNCERTAINTIES IN THE LOCATIONS OF THE LINES AND CORNERS ESTABLISHED ON THIS SURVEY ARE AS FOLLOWS:

DUE TO VARIANCES IN REFERENCE MONUMENTS: AS NOTED
DUE TO DISCREPANCIES IN THE RECORDED DESCRIPTION: AS NOTED
DUE TO INCONSISTENCIES IN THE LINES OF OCCUPATION: AS NOTED

BASIS OF BEARING: FOR THIS SURVEY IS USING GPS OBSERVATIONS (GEODETIC NORTH).

2) THAT THIS PARCEL DOES NOT FALL WITHIN THE FLOOD HAZARD AREA AS DEFINED ON AND SCALED FROM THE COMMUNITY PANEL MAPS ESTABLISHED BY H.U.D. FOR FLOOD INSURANCE. PANEL NO. 18141C0182D THIS PARCEL IS IN ZONE "X".

3) THAT THIS SURVEY WAS PERFORMED FROM PUBLIC RECORDS AND LEGAL DESCRIPTIONS SUPPLIED BY CLIENT

4) REFERENCES: TRUSTEE'S DEED DOC. NO. 1811365; WARRANTY DEED 1107659; MORTGAGE DEED 1400552; WARRANTY DEED DOC NO. 0403973.

SURVEYOR'S CERTIFICATE:

TO: LUCKY GHOTRA

I, R.L. HARNER, AM A REGISTERED LAND SURVEYOR IN THE STATE OF INDIANA AND HEREBY CERTIFY THAT I HAVE SURVEYED THE LANDS HEREON DESCRIBED AND DELINEATED, AND THAT THIS SURVEY WAS PERFORMED UNDER MY DIRECT SUPERVISION AND TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS SURVEY HAS BEEN PERFORMED IN ACCORDANCE WITH THE REQUIREMENTS OF RULE 12 OF "MINIMUM STANDARDS FOR COMPETENT PRACTICES OF LAND SURVEYING" AND AS PRESCRIBED BY INDIANA ADMINISTRATIVE CODE 865, 1.1-12.

R.L. HARNER L.S.
INDIANA REG # S10032

GENERAL SURVEY DISCLAIMER NOTES:

THE INFORMATION SHOWN ON THIS DRAWING IS INTENDED FOR THE CLIENT ONLY. ANY REUSE WITHOUT WRITTEN VERIFICATION AND ADAPTATION BY THE LAND SURVEYOR FOR THE SPECIFIC PURPOSE INTENDED WILL BE AT THE USERS SOLE RISK AND WITHOUT LIABILITY OR LEGAL EXPOSURE TO THE LAND SURVEYOR.

ANY UTILITY OR EASEMENT LOCATIONS, IF SHOWN, ARE APPROXIMATE. THE CLIENT MUST FIELD VERIFY UTILITY LOCATIONS WITH THE RESPECTIVE UTILITY COMPANY. THIS LAND SURVEYOR ASSUMES NO LIABILITY FOR THE ACCURACY OF THE LOCATIONS OR SIZE OF EXISTING UTILITIES OR THE EXISTENCE OR NONEXISTENCE OF ADDITIONAL UNDERGROUND UTILITIES OR STRUCTURES.

NO IMPROVEMENTS SHOULD BE MADE ON THE BASIS OF THIS PLAT ALONE. FIELD MONUMENTATION OF CRITICAL POINTS SHOULD BE ESTABLISHED PRIOR TO COMMENCEMENT OF ANY AND ALL CONSTRUCTION. FOR BUILDING LINES, EASEMENTS AND OTHER RESTRICTIONS NOT SHOWN HEREON REFER TO YOUR DEED, ABSTRACT, TITLE POLICY, CONTRACTS AND LOCAL BUILDING, ZONING AND SUBDIVISION ORDINANCES.

UNLESS SPECIFICALLY SHOWN HEREON, THIS SURVEY DOES NOT PURPORT TO INDICATE THE PRESENCE OR ABSENCE OF WETLANDS AND HAZARDOUS OR ENVIRONMENTALLY INJURIOUS MATERIALS. THE SURVEYOR EXPRESSLY DISCLAIMS ANY RESPONSIBILITY OR LIABILITY FOR THE SAME.

[illegible]

[illegible]

EXISTING LEGEND

[illegible]

STRUCTURE CHART

[illegible]

TEMPORARY BENCHMARK INFORMATION
VERTICAL DATUM ESTABLISHED BY [illegible] OBSERVATIONS (NAVD88)

T.B.M. 1 SET SPIKE IN NORTH SIDE OF A POWER POLE LOCATED ALONG THE EAST LINE OF WALNUT STREET, ELEVATION = 719.12

T.B.M. 2 SET SPIKE IN THE SOUTH SIDE OF A POWER POLE LOCATED ALONG THE SOUTH LINE OF SAMPLE ST. ELEVATION = 718.60

"I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT UNLESS REQUIRED BY LAW."
BEN L. HARNER

SURVEYORS & ENGINEERS:

DANCH, HARNER & ASSOCIATES, INC.
1643 COMMERCE DRIVE
SOUTH BEND, IN 46628
(574) 234-4003
ATTN: MICHAEL DANCH

DATE	DRAWN BY	REVISIONS		
6/3/21	SMM	DATE	BY	
SCALE 1" = 20'	CHECKED BY M.J.D			
FILE # 210147	PROJ. MANAGER SMM			

Danch, Harner & Associates, Inc.
Land Surveyors • Professional Engineers
Landscape Architects • Land Planners

SHEET 2 of 2

FACILITY NAME

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

M IDENTIFICATION OF UNDERGROUND STORAGE TANKS

	1	2	3	4
IDEM UST REGISTRATION NUMBER				
PART OF A COMPARTMENTED UST (Y/N)	YES	YES	YES	YES
NUMBER OF COMPARTMENTS IN UST	2	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	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	YES
MANIFOLDED TO COMPARTMENT ID NUMBER	2			1

N STATUS OF UNDERGROUND STORAGE TANKS

CURRENT STATUS	IN USE	IN USE	IN USE	IN USE
(mm/dd/yyyy) STATUS DATE				

O SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS

PETROLEUM	GSL - Gasoline	GSL - Gasoline	DSL - Diesel	GSL - Gasoline
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)	YES	YES	YES	

P UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES

MANUFACTURER	Modern Welding	Modern Welding	Modern Welding	Modern Welding
MODEL	Glassteel II	Glassteel II	Glassteel II	Glassteel II
MATERIAL OF CONSTRUCTION	FRP Clad Steel	FRP Clad Steel	FRP Clad Steel	FRP Clad Steel
SECONDARY CONTAINMENT	Double-walled	Double-walled	Double-walled	Double-walled

Q UNDERGROUND STORAGE TANK CORROSION PROTECTION

CORROSION PROTECTION TYPE	Not Applicable	Not Applicable	Not Applicable	Not Applicable
(mm/dd/yyyy) ANODE INSTALLATION DATE				
INTERIOR LINING	NO	NO	NO	NO
(mm/dd/yyyy) LINER INSTALLATION DATE				
(specify) OTHER				

R PIPING CONSTRUCTION AND PROTECTION

MANUFACTURER	OPW	OPW	OPW	
MODEL	Flexworks	Flexworks	Flexworks	
(mm/dd/yyyy) DATE INSTALLED	10/10/2023	10/10/2023	10/10/2023	
MATERIAL	Flexible Composite	Flexible Composite	Flexible Composite	
SECONDARY CONTAINMENT	Double-walled	Double-walled	Double-walled	
CORROSION PROTECTION TYPE	Not Applicable	Not Applicable	Not Applicable	
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)	YES	YES	YES	
PRODUCT DELIVERY METHOD	Pressurized	Pressurized	Pressurized	

FACILITY NAME				
IDEM UST REGISTRATION NUMBER	1	2	3	4
COMPARTMENT IDENTIFICATION NUMBER	1	3	4	2
S	**UNDERGROUND STORAGE TANK RELEASE DETECTION**			
PRIMARY UST RELEASE DETECTION	ATG Interstitial Mon	ATG Interstitial Mor	ATG Interstitial Mor	ATG Interstitial Mor
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	**UNDERGROUND PIPING RELEASE DETECTION**			
PRIMARY PIPING RELEASE DETECTION	Interstitial Monitorin	Interstitial Monitorin	Interstitial Monitorin	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)	ALLD w/Annual Tes	ALLD w/Annual Tes	ALLD w/Annual Tes	N/A
MANUFACTURER	Vaporless	Vaporless	Vaporless	
MODEL				
TERTIARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				
U	**SPILL AND OVERFILL PREVENTION EQUIPMENT**			
CATCHMENT BASIN / SPILL BUCKET	Doublewall Spill Buc	Doublewall Spill Buc	Doublewall Spill Buc	Doublewall Spill Buc
(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 / Flapp	Auto Shutoff / Flapp	Auto Shutoff / Flapp	Auto Shutoff / Flapp
(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	

FACILITY ID #	TRANSACTION ID - FOR STATE USE ONLY

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
Mr.	Mandeep		Singh	

TITLE OF AUTHORIZED REPRESENTATIVE	COMPANY NAME *(If Individual Leave Blank)*
President	Sample St. Property, LLC

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
Mr.	Mandeep		Singh	

TITLE OF AUTHORIZED REPRESENTATIVE	COMPANY NAME *(If Individual Leave Blank)*
President	Sample Street Expo, Inc.

SIGNATURE	DATE *(MM/DD/YYYY)*

CONTRACTOR CERTIFICATION

CERTIFIED INDIVIDUAL NAME

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	John		Ellett	

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)*
	ellettaustin@gmail.com	