FACILITY NAME
Roop, Inc.

H 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	Guriqbal		Singh	

TITLE OF OPERATOR'S AUTHORIZED REPRESENTATIVE	COMPANY NAME *(If Individual Leave Blank)*
Owner	ROOP INC

SIGNATURE	DATE *(MM/DD/YYYY)*
Jagat Singh	11-12-24

I 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)*
PROPERTY OWNER NAME *(If a Public Agency or other entity)*	

CONTACT NAME/INDIVIDUAL

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	EFFECTIVE DATE OF OWNERSHIP *(MM/DD/YYYY)*

TELEPHONE NUMBER	EMAIL ADDRESS	JOB TITLE

J DEEDED PROPERTY OWNER CERTIFICATION

PROPERTY OWNER'S AUTHORIZED REPRESENTATIVE *(Print or Type)*

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX

TITLE OF PROPERTY OWNER'S AUTHORIZED REPRESENTATIVE	COMPANY NAME *(If Individual Leave Blank)*

SIGNATURE	DATE *(MM/DD/YYYY)*

K 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)*
PROPERTY OWNER NAME *(If a Public Agency or other entity)*	

CONTACT NAME/INDIVIDUAL

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	EFFECTIVE DATE OF OWNERSHIP *(MM/DD/YYYY)*

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