

**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:

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)
FACILITY ADDRESS (number and street)				PARCEL NUMBER	
CITY	STATE	ZIP CODE	COUNTY	TELEPHONE NUMBER	

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)	
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 RESIDENTIAL 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 (Option 3 Individual Capacity)		JOB TITLE (Option 3 Individual Capacity)	
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)					
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX	
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL 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		
F	FINANCIAL RESPONSIBILITY <i>(Check all that apply)</i>		
	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: <i>(check all that apply)</i> . 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.			
G	UST OPERATOR		
TYPE OF OPERATOR			
	Federal Government	State Government	City / Local Government
	Commercial	Private	Other:
Option 1: UST OPERATOR NAME <i>(Business Name as registered with the Secretary of State)</i>		BUSINESS ID <i>(From the Secretary of State)</i>	
Option 2: UST OPERATOR NAME <i>(If a Public Agency or other entity)</i>			
Option 3: UST OPERATOR NAME <i>(If in Individual Capacity)</i>			
PREFIX	FIRST NAME	MI	SUFFIX
LAST NAME			
UST OPERATOR ADDRESS <i>(Listed in Options 1-3)</i>			
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS <i>(Number and Street, no P.O. Box)</i>		ADDRESS <i>(line 2)</i>	
CITY	STATE	ZIP CODE	DATE BEGAN OPERATING <i>(MM/DD/YYYY)</i>
TELEPHONE NUMBER	EMAIL ADDRESS <i>(Option 3 Individual Capacity)</i>		JOB TITLE <i>(Option 3 Individual Capacity)</i>
CONTACT FOR BUSINESS / PUBLIC AGENCY <i>(Listed in Option 1 or 2)</i>			
PREFIX	FIRST NAME	MI	SUFFIX
LAST NAME			
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS <i>(Number and Street, no P.O. Box)</i>		ADDRESS <i>(line 2)</i>	
CITY	STATE	ZIP CODE	JOB TITLE
TELEPHONE NUMBER	EMAIL ADDRESS		
H	FACILITY CONTACT		
CONTACT INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	SUFFIX
LAST NAME			
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS <i>(Number and Street, no P.O. Box)</i>		ADDRESS <i>(line 2)</i>	
CITY	STATE	ZIP CODE	JOB TITLE
TELEPHONE NUMBER	EMAIL ADDRESS		

FACILITY ID #		FACILITY NAME			
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)	
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 RESIDENTIAL 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 (Option 3 Individual Capacity)		JOB TITLE (Option 3 Individual Capacity)	
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL 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)	
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 RESIDENTIAL 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 RESIDENTIAL 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			
K	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)	
CONTACT INFORMATION FOR CONTRACTOR THAT PERFORMED OR MANAGED WORK ON SITE					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)				ADDRESS (line 2)	
CITY		STATE	ZIP CODE	IDHS CERTIFICATION NUMBER	
TELEPHONE NUMBER		EMAIL ADDRESS			
L	POTENTIALLY INTERESTED PARTIES				
INTERESTED PARTY NAME			E-MAIL ADDRESS		
INTERESTED PARTY NAME			E-MAIL ADDRESS		
INTERESTED PARTY NAME			E-MAIL ADDRESS		
M	FACILITY SITE MAP				
<i>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.</i>					

FACILITY ID #		FACILITY NAME			
Complete one column for each tank or compartment. See instructions for compartment identification numbering.					
N	IDENTIFICATION OF UNDERGROUND STORAGE TANKS				
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					
O	STATUS OF UNDERGROUND STORAGE TANKS				
CURRENT STATUS					
(mm/dd/yyyy) STATUS DATE					
P	SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS				
PETROLEUM					
MAXIMUM ETHANOL %					
MAXIMUM BIOFUEL %					
(specify) OTHER					
HAZARDOUS SUBSTANCE					
CHEMICAL ABSTRACT SERVICE NUMBER					
MIXTURE OF SUBSTANCES					
PRODUCT IS COMPATIBLE WITH TANK (Y/N)					
Q	UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES				
MANUFACTURER					
MODEL					
MATERIAL OF CONSTRUCTION					
SECONDARY CONTAINMENT					
R	UNDERGROUND STORAGE TANK CORROSION PROTECTION				
CORROSION PROTECTION TYPE					
(mm/dd/yyyy) ANODE INSTALLATION DATE					
INTERIOR LINING					
(mm/dd/yyyy) LINER INSTALLATION DATE					
(specify) OTHER					
S	PIPING CONSTRUCTION AND PROTECTION				
MANUFACTURER					
MODEL					
(mm/dd/yyyy) DATE INSTALLED					
MATERIAL					
SECONDARY CONTAINMENT					
CORROSION PROTECTION TYPE					
(mm/dd/yyyy) ANODE INSTALLATION DATE					
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)					
PRODUCT DELIVERY METHOD					

FACILITY ID #		FACILITY NAME			
IDEM UST REGISTRATION NUMBER					
COMPARTMENT IDENTIFICATION NUMBER					
T	UNDERGROUND STORAGE TANK RELEASE DETECTION				
PRIMARY UST RELEASE DETECTION					
MANUFACTURER					
MODEL					
SECONDARY UST RELEASE DETECTION					
MANUFACTURER					
MODEL					
U	UNDERGROUND PIPING RELEASE DETECTION				
PRIMARY PIPING RELEASE DETECTION					
MANUFACTURER					
MODEL					
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)					
MANUFACTURER					
MODEL					
TERTIARY PIPING RELEASE DETECTION					
MANUFACTURER					
MODEL					
V	SPILL AND OVERFILL PREVENTION EQUIPMENT				
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 #		FACILITY NAME			
Complete one column for each tank or compartment. See instructions for compartment identification numbering.					
N	IDENTIFICATION OF UNDERGROUND STORAGE TANKS				
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					
O	STATUS OF UNDERGROUND STORAGE TANKS				
CURRENT STATUS					
(mm/dd/yyyy) STATUS DATE					
P	SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS				
PETROLEUM					
MAXIMUM ETHANOL %					
MAXIMUM BIOFUEL %					
(specify) OTHER					
HAZARDOUS SUBSTANCE					
CHEMICAL ABSTRACT SERVICE NUMBER					
MIXTURE OF SUBSTANCES					
PRODUCT IS COMPATIBLE WITH TANK (Y/N)					
Q	UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES				
MANUFACTURER					
MODEL					
MATERIAL OF CONSTRUCTION					
SECONDARY CONTAINMENT					
R	UNDERGROUND STORAGE TANK CORROSION PROTECTION				
CORROSION PROTECTION TYPE					
(mm/dd/yyyy) ANODE INSTALLATION DATE					
INTERIOR LINING					
(mm/dd/yyyy) LINER INSTALLATION DATE					
(specify) OTHER					
S	PIPING CONSTRUCTION AND PROTECTION				
MANUFACTURER					
MODEL					
(mm/dd/yyyy) DATE INSTALLED					
MATERIAL					
SECONDARY CONTAINMENT					
CORROSION PROTECTION TYPE					
(mm/dd/yyyy) ANODE INSTALLATION DATE					
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)					
PRODUCT DELIVERY METHOD					

FACILITY ID #		FACILITY NAME			
IDEM UST REGISTRATION NUMBER					
COMPARTMENT IDENTIFICATION NUMBER					
T	UNDERGROUND STORAGE TANK RELEASE DETECTION				
PRIMARY UST RELEASE DETECTION					
MANUFACTURER					
MODEL					
SECONDARY UST RELEASE DETECTION					
MANUFACTURER					
MODEL					
U	UNDERGROUND PIPING RELEASE DETECTION				
PRIMARY PIPING RELEASE DETECTION					
MANUFACTURER					
MODEL					
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)					
MANUFACTURER					
MODEL					
TERTIARY PIPING RELEASE DETECTION					
MANUFACTURER					
MODEL					
V	SPILL AND OVERFILL PREVENTION EQUIPMENT				
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 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	SUFFIX
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank)	
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	SUFFIX
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank)	
SIGNATURE			DATE (MM/DD/YYYY)
CONTRACTOR CERTIFICATION			
CERTIFIED INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	SUFFIX
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)