

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 requeste	ed is requi	red by 32	:9 IAC 9. 7 =M Under	This form s	should o		or facili		previously		stered with the	
Α							ICATION						
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Optio	on 1: UST OWNER NAME (Business Name as	registered	with the Se	cretary of S	State)			BUSIN	IESS	ID (From ti	ne Sec	cretary of State)	
Optio	on 2: UST OWNER NAME (If a Public Agency of	or other ent	ity)										
Option PRE	n 3: UST OWNER NAME (If in Individual Capa FIX FIRST NAME	acity)			MI	LAST	NAME						SUFFIX
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	Federal or State G												
	Local Government	owner or opera	tor is m	naintair	ning f	inancial	resp	onsibility fo	or this	site			
	The UST owner is	maintaining fina	ancial re	espons	ibility	for this	site						
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	following mechanis		that app	oly). If	f you	are usi	ing t						
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	If utilizing the ELTF for	FR, I acknowledge						ty to pay the a			oursuant to s	9-8-11(b) and (c) and
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	Federal Governme	ent		State	Gove	ernmen	t			City / L	ocal Gove	rnment	
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Optio	on 2: UST OPERATOR NAMI	E (If a Public Agency or	other entity	y)									
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CITY								STATE	ZIP COD	· _		JOB TITLE	_		
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FAC	ILITY ID #	FACILITY NAME						
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K	INSTALLATION INSPECTE	ED BY A REGISTERED	T		RACTOR		REGISTRATION DATE	
	ENGINEER		REGISTRA				(mm/dd/yyyy)	
	MANUFACTURER'S INSTA INCLUDED	ALLATION CHECKLISTS HA	VE BEEN COMPLE	TED AND	INSTALLER CER	TIFIED BY TANK AN	D PIPING MANUFACTURER	
	WORK INSPECTED BY IN	DIANA DEPARTMENT OF H	OMELAND SECURI	ITY / DIVISIO	ON OF FIRE AND BU	ILDING SAFETY	INSPECTION DATE (mm/dd/yyyy)	
CON	ITRACTOR BUSINESS NAM	IE (Business Name as registe	ered with the Secreta	ary of State)		BUSINESS ID	(From the Secretary of State)	
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FACII	LITY ID # FACILITY NAME				
	Complete one column for each	ch tank or compartment	. See instructions for c	ompartment identification	on numberina.
N	-		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				
0	S	TATUS OF UNDER	RGROUND STORA	GE TANKS	
	CURRENT STATUS				
	(mm/dd/yyyy) STATUS DATE				
Р	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)				
Q	UNDERGR	OUND STORAGE	TANK CONSTRUC	CTION ATTRIBUTE	S
	MANUFACTURER				
	MODEL				
	MATERIAL OF CONSTRUCTION				
	SECONDARY CONTAINMENT				
R	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				
S		PIPING CONSTRU	JCTION AND PRO	TECTION	
	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				

FACI	LITY ID # FACILITY NAME				
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FACII	LITY ID # FACILITY NAME				
	Complete one column for each	ch tank or compartment	. See instructions for c	ompartment identification	on numberina.
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	IDEM UST REGISTRATION NUMBER				
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	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				
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	CURRENT STATUS				
	(mm/dd/yyyy) STATUS DATE				
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	PETROLEUM				
	MAXIMUM ETHANOL %				
	MAXIMUM BIOFUEL %				
	(specify) OTHER				
	HAZARDOUS SUBSTANCE				
	CHEMICAL ABSTRACT SERVICE NUMBER				
	MIXTURE OF SUBSTANCES				
	PRODUCT IS COMPATIBLE WITH TANK (Y/N)				
Q	UNDERGR	OUND STORAGE	TANK CONSTRUC	CTION ATTRIBUTE	S
	MANUFACTURER				
	MODEL				
	MATERIAL OF CONSTRUCTION				
	SECONDARY CONTAINMENT				
R	UNDERG	ROUND STORAG	E TANK CORROS	ION PROTECTION	
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	(mm/dd/yyyy) LINER INSTALLATION DATE				
	(specify) OTHER				
S		PIPING CONSTRU	JCTION AND PRO	TECTION	
	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				

IDEM UST REGISTRATION NUMBER				
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CATCHMENT BASIN / SPILL BUCKET	_			
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FACILITY ID #	TRANSACTION ID - FOR STATE USE ONLY				
	UST OWI	NER CE	RTIFICATION		
I swear or affirm, under	penalty of perjury as specified by l	C 35-44.1	-2-1 and other penalties specified	by IC 13-30-10 and IC 13-2	23-14-
	and representations in this docume		e, accurate, and complete. I furth	er certify compliance with	the
following requirements	in accordance with 329 IAC 9-2-2(e	e):			
(1) Installation of all tar	nks and piping under 40 CFR 280.20).			
(2) Cathodic protection	of steel tanks and piping under 40	CFR 280.	20.		
1	nder 40 CFR 280 Subpart D.				
(4) Financial responsib					
OWNER'S AUTHORIZED REPR	ESENTATIVE (Print or Type)	Iva	LACTNAME	Ici	LIEED/
PREFIX FIRST NAME		MI	LAST NAME	St	UFFIX
TITLE OF AUTHORIZED REPRE	SENTATIVE	COMPAN	Y NAME (If Individual Leave Blank)		
SIGNATURE				DATE (MM/DD/YYYY)	
	UST OPER	ATOR	CERTIFICATION		
I swear or affirm, under	penalty of perjury as specified by l			by IC 13-30-10 and IC 13-3	23-14-
	and representations in this docume				
	in accordance with 329 IAC 9-2-2(e		, accarac, and compress runin	p	
	nks and piping under 40 CFR 280.20	,			
1	of steel tanks and piping under 40		20.		
l , ,	nder 40 CFR 280 Subpart D.				
(4) Financial responsib					
OPERATOR'S AUTHORIZED RE	•				
PREFIX FIRST NAME		MI	LAST NAME	SL	
					UFFIX
					UFFIX
TITLE OF AUTHORIZED REPRE	SENTATIVE	COMPAN	Y NAME (If Individual Leave Blank)		UFFIX
TITLE OF AUTHORIZED REPRE	SENTATIVE	COMPAN	Y NAME (If Individual Leave Blank)		UFFIX
SIGNATURE	SENTATIVE	COMPAN	Y NAME (If Individual Leave Blank)	DATE (MM/DD/YYYY)	UFFIX
	SENTATIVE	COMPAN	Y NAME (If Individual Leave Blank)	DATE (MM/DD/YYYY)	UFFIX
				DATE (MM/DD/YYYY)	UFFIX
SIGNATURE			Y NAME (If Individual Leave Blank) EERTIFICATION	DATE (MM/DD/YYYY)	UFFIX
SIGNATURE CERTIFIED INDIVIDUAL NAME		TOR C	ERTIFICATION		
SIGNATURE					UFFIX
SIGNATURE CERTIFIED INDIVIDUAL NAME PREFIX FIRST NAME	CONTRAC	CTOR C	ERTIFICATION LAST NAME	St	UFFIX
CERTIFIED INDIVIDUAL NAME PREFIX FIRST NAME OATH: I swear or affirm,	CONTRAC	MI by IC 35-4	LAST NAME 44.1-2-1 and other penalties specifie	d by IC 13-30-10 and IC 13-2	UFFIX
CERTIFIED INDIVIDUAL NAME PREFIX FIRST NAME OATH: I swear or affirm, 2, that work performed of	CONTRAC under penalty of perjury as specified in the UST system complies with meth	MI by IC 35-4	LAST NAME 44.1-2-1 and other penalties specifie	d by IC 13-30-10 and IC 13-2 ubpart C.	UFFIX 23-14-
CERTIFIED INDIVIDUAL NAME PREFIX FIRST NAME OATH: I swear or affirm,	CONTRAC	MI by IC 35-4	LAST NAME 44.1-2-1 and other penalties specifie	d by IC 13-30-10 and IC 13-2	UFFIX 23-14-