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: **16225**

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)*
Amoco	41.6565	-86.26653

FACILITY ADDRESS (number and street)	PARCEL NUMBER
1643 Prairie Ave	71-08-14-330-019.000-026

CITY	STATE	ZIP CODE	COUNTY	TELEPHONE NUMBER
South Bend	IN	46613	St. Joesph	(574) 310-9068

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)*
Prairie Avenue Properties LLC	202011191437913
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 RESIDENTAL ADDRESS *(Number and Street, no P.O. Box)*	ADDRESS *(line 2)*
6520 Lake Crest Cr.	

CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP *(MM/DD/YYYY)*
South Bend	IN	46625	10/08/2021

TELEPHONE NUMBER	EMAIL ADDRESS *(Option 3 Individual Capacity)*	JOB TITLE *(Option 3 Individual Capacity)*
(574) 310-9068		

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

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Priya		Lakshmi	

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

CITY	STATE	ZIP CODE	JOB TITLE
South Bend	IN	46625	Member

TELEPHONE NUMBER	EMAIL ADDRESS
(574) 310-9068	priya9818@ymail.com

FACILITY ID #	FACILITY NAME
16225	Amoco

F 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.

G 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*)	BUSINESS ID *(From the Secretary of State)*
PL Expo Prairie Inc	202407091806004
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

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)*
1643 Prairie Ave	

CITY	STATE	ZIP CODE	DATE BEGAN OPERATING *(MM/DD/YYYY)*
South Bend	IN	46613	02/01/2025

TELEPHONE NUMBER	EMAIL ADDRESS *(Option 3 Individual Capacity)*	JOB TITLE *(Option 3 Individual Capacity)*
(574) 310-9068		

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

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)*
1643 Prairie Ave	

CITY	STATE	ZIP CODE	JOB TITLE
South Bend	IN	46613	CEO

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

H 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)*
1643 Prairie Ave	

CITY	STATE	ZIP CODE	JOB TITLE
South Bend	IN	46613	CEO

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

FACILITY ID #	FACILITY NAME
16225	Amoco

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)*
Prairie Avenue Properties LLC	202011191437913
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)*
6520 Lake Crest Cr.	

CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP *(MM/DD/YYYY)*
South Bend	IN	46625	10/08/2021

TELEPHONE NUMBER	EMAIL ADDRESS *(Option 3 Individual Capacity)*	JOB TITLE *(Option 3 Individual Capacity)*
(574) 310-9068		

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

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Priya		Lakshmi	

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

CITY	STATE	ZIP CODE	JOB TITLE
South Bend	IN	46625	Member

TELEPHONE NUMBER	EMAIL ADDRESS
(574) 310-9068	priya9818@ymail.com

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 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 ID #	FACILITY NAME
16225	Amoco

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)*
A&J Petroleum Contractors	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

L POTENTIALLY INTERESTED PARTIES

INTERESTED PARTY NAME	E-MAIL ADDRESS
Tanks Data	tanksdata@gmail.com, contact@tanksdata.com

M 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.

FACILITY ID #	FACILITY NAME
16225	Amoco

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

N	IDENTIFICATION OF UNDERGROUND STORAGE TANKS			
IDEM UST REGISTRATION NUMBER	1	2		
PART OF A COMPARTMENTED UST (Y/N)	YES	YES		
NUMBER OF COMPARTMENTS IN UST	2	2		
COMPARTMENT IDENTIFICATION NUMBER	C1	C2		
(mm/dd/yyyy) DATE INSTALLED	06/16/2024	06/16/2024		
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE	01/10/2025	01/10/2025		
(gallons) ESTIMATED TOTAL CAPACITY	12,000	4,000		
MANIFOLDED (Y/N)	NO	NO		
MANIFOLDED TO COMPARTMENT ID NUMBER				
O	**STATUS OF UNDERGROUND STORAGE TANKS**			
CURRENT STATUS	IN USE	IN USE		
(mm/dd/yyyy) STATUS DATE	04/04/2025	04/04/2025		
P	**SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS**			
PETROLEUM	GSL - Gasoline	GSL - Gasoline		
MAXIMUM ETHANOL %	10	10		
MAXIMUM BIOFUEL %				
(specify) OTHER				
HAZARDOUS SUBSTANCE				
CHEMICAL ABSTRACT SERVICE NUMBER				
MIXTURE OF SUBSTANCES				
PRODUCT IS COMPATIBLE WITH TANK (Y/N)	YES	YES		
Q	**UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES**			
MANUFACTURER	Modern Welding	Modern Welding		
MODEL	Glassteel II	Glassteel II		
MATERIAL OF CONSTRUCTION	FRP Clad Steel	FRP Clad Steel		
SECONDARY CONTAINMENT	Double-walled	Double-walled		
R	**UNDERGROUND STORAGE TANK CORROSION PROTECTION**			
CORROSION PROTECTION TYPE	Not Applicable	Not Applicable		
(mm/dd/yyyy) ANODE INSTALLATION DATE				
INTERIOR LINING	NO	NO		
(mm/dd/yyyy) LINER INSTALLATION DATE				
(specify) OTHER				
S	**PIPING CONSTRUCTION AND PROTECTION**			
MANUFACTURER	OPW	OPW		
MODEL	Flexworks	Flexworks		
(mm/dd/yyyy) DATE INSTALLED	06/16/2024	06/16/2024		
MATERIAL	Flexible Composi	Flexible Composi		
SECONDARY CONTAINMENT	Double-walled	Double-walled		
CORROSION PROTECTION TYPE	Not Applicable	Not Applicable		
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)	YES	YES		
PRODUCT DELIVERY METHOD	Pressurized	Pressurized		

FACILITY ID #	FACILITY NAME
16225	Amoco

IDEM UST REGISTRATION NUMBER	1	2		
COMPARTMENT IDENTIFICATION NUMBER	C1	C2		
T	**UNDERGROUND STORAGE TANK RELEASE DETECTION**			
PRIMARY UST RELEASE DETECTION	ATG Interstitial M	ATG Interstitial M		
MANUFACTURER	Veeder Root	Veeder Root		
MODEL	TLS 350	TLS 350		
SECONDARY UST RELEASE DETECTION	ATG CSLD	ATG CSLD		
MANUFACTURER	Veeder Root	Veeder Root		
MODEL	TLS 350	TLS 350		
U	**UNDERGROUND PIPING RELEASE DETECTION**			
PRIMARY PIPING RELEASE DETECTION	Interstitial Monito	Interstitial Monito		
MANUFACTURER	Veeder Root	Veeder Root		
MODEL	TLS 350	TLS 350		
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)	ALLD w/Annual T	ALLD w/Annual T		
MANUFACTURER	Vaporless	Vaporless		
MODEL				
TERTIARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				
V	**SPILL AND OVERFILL PREVENTION EQUIPMENT**			
CATCHMENT BASIN / SPILL BUCKET	Doublewall Spill B	Doublewall Spill B		
(mm/dd/yyyy) DATE INSTALLED	06/16/2024	06/16/2024		
MANUFACTURER	OPW	OPW		
MODEL	EDGE	EDGE		
FILL LATITUDE				
FILL LONGITUDE				
PRIMARY OVERFILL PREVENTION EQUIPMENT	Auto Shutoff / Fla	Auto Shutoff / Fla		
(mm/dd/yyyy) DATE INSTALLED	06/16/2024	06/16/2024		
MANUFACTURER	OPW	OPW		
MODEL	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		
MANUFACTURER	OPW	OPW		
(mm/dd/yyyy) DATE INSTALLED	06/16/2024	06/16/2024		
SUBMERSIBLE TURBINE SUMP PRESENT	YES - Testable	YES - Testable		
MANUFACTURER	OPW	OPW		
(mm/dd/yyyy) DATE INSTALLED	06/16/2024	06/16/2024		

FACILITY ID #	FACILITY NAME
16225	Amoco

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
16225	Amoco

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
16225	

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
	Priya		Lakshmi	

TITLE OF AUTHORIZED REPRESENTATIVE	COMPANY NAME *(If Individual Leave Blank)*
Member	Prairie Avenue Properties LLC

SIGNATURE	DATE *(MM/DD/YYYY)*
Priya Lakshmi (Apr 4, 2025 17:05 EDT)	04/04/2025

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
	Mandeep		Singh	

TITLE OF AUTHORIZED REPRESENTATIVE	COMPANY NAME *(If Individual Leave Blank)*
CEO	PL Expo Prairie Inc

SIGNATURE	DATE *(MM/DD/YYYY)*
Mandeep Singh (Apr 4, 2025 15:58 CDT)	04/04/2025

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)*
John Ellett (Apr 4, 2025 16:35 EDT)	ellettaustin@gmail.com	04/04/2025

FID-16225-NF-04.04.2025

Final Audit Report 2025-04-04

Created:	2025-04-04
By:	Tanks Data (tanksdata01@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAve6b9ZfpbHh0MqboFfTfQKHKJhFG1f2G

"FID-16225-NF-04.04.2025" History

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