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: 13427

The information requested is required by 329 IAC 9. This form should only be

Feditity Contact Change		IDEM Underground Storage Tank program.												
Type of Facility Change	Α													
UST System Modification New UST System(s) New UST System(s) N		Facility Contact Change		UST C	wner C	Change					Owner/Operator Information Change			
New UST System(s) FACILITY NAME / LOCATION		Type of Facility Change		Proper	rty Own	er Char	ige				Facility	Nar	ne / Location Cl	nange
FACILITY NAME / LOCATION PACILITY NAME / LOCATION PACILITY NAME /	\times	UST System Modification		UST C)perato	r Chang	е				Financi	al R	esponsibi l ity Ch	ange
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AUTO Dealership STATE ZIP CODE TYPE OF FACILITY (Check all that apply) Jackson TeleProcee Number Most of the County Mos			Sta	ation									-85.8365	<u> </u>
Crothersville IN 47229 Jackson (805) 304-5516 C	41	417 S Armstrong Rd 36-46-15-101-040.003-016)16			
Auto Dealership Auto Dealership Airport Hydrant System Hospital									n					5516
Hospital	С		1	TYPE	OF FA	CILIT	Y (Ch	eck all th	at apį	ply	<i>'</i>)			
Petroleum Distributor		Auto Dealership	\times	Comm	ercial						Airport	Hyd	rant System	
Trucking or Transport Utilities Unmanned Marina School Other: D PREPARED BY PREFIX FIRST NAME MI LAST NAME SUPPRISED STATE ZIP CODE TELEPHONE NUMBER ADDRESS (Number and Street, no P.O. Box) UST OWNER NAME (If in Individual Capacity) FREFIX FIRST NAME (If in Individual Capacity) FREFIX FIRST NAME MI LAST NAME SUPPRISED STATE ZIP CODE SUST OWNER NAME (If in Individual Capacity) FREFIX FIRST NAME SUPPRISED STATE ADDRESS (Number and Street, no P.O. Box) 417 S ARMSTRONG ST CITY STATE ZIP CODE BUSINESS ID (From the Secretary of State) BUSINESS (Inter 2) ADDRESS (Inter 2) BUSINESS (Inter 2) ADDRESS (Inter 2) BUSINESS (Inter 2) ADDRESS (Inter 2) ADDRESS (Inter 2) ADDRESS (Inter 2) BUSINESS (Inter 2) BUSINE		Hospital	\boxtimes	Gas S	tation						Industri	ial		
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Commercial Dither: Other: Other														
Option 1: UST OWNER NAME (Business Name as registered with the Secretary of State) LLB Food Mart LLC Option 2: UST OWNER NAME (If a Public Agency or other entity) Option 3: UST OWNER NAME (If in Individual Capacity) PREFIX FIRST NAME UST OWNER ADDRESS (Listed in Options 1-3) PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) TELEPHONE NUMBER (805) 304-5516 CONTACT FOR BUSINESS (PUBLIC AGENCY (Listed in Option 1 or 2) PREFIX Jaswinder PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) IN LAST NAME Jaswinder MI LAST NAME SUFFIX JOB TITLE (Option 3 Individual Capacity) JOB TITLE (Option 3 Individual Capacity) LAST NAME SUFFIX STATE Jaswinder PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (line 2) LAST NAME SUFFIX JOB TITLE President TELEPHONE NUMBER LAST NAME SUFFIX JOB TITLE President		Federal Government		Sta	ate Gov	ernmen/	t				City / L	ocal	Government	
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Crothersville IN 47229 President														
telephone number (805) 304-5516 jassibhatti74@yahoo.com														
	TELI	ELEPHONE NUMBER EMAIL ADDRESS												

FAC		FACILITY NAME Food Cen	tre- Ma	rath	on St	atio	on			
F	FINANCIAL RESPONSIBILITY (Check all that apply)									
	Federal or State Government Entity, which does not fall under financial responsibility requirements									
	Local Government	owner or opera	tor is maint	taining	financia	l res	ponsibility	for this site		
	The UST owner is	maintaining fina	ncial respo	nsibilit	y for this	site)			
	The UST operator	is maintaining fi	nancial res	ponsib	ility for t	his s	ite			
×	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.									
П	Financial Test of Self Insurance Excess Liability Trust Fund (State Fund)									
Ħ	Guarantee Insurance and Risk Retention Group Coverage									
Ħ	Surety Bond					Ħ	Loan Co	ommitment Letter		
	Letter of Credit						Certificat	te of Deposit		
	Trust Fund						Standby	Trust Fund		
	Local Government	Bond Rating Te	est				Local Go	overnment Financial Test		
	Local Government	Guarantee					Local Go	overnment Fund		
	If utilizing the ELTF for		the requiremability to pro					ne applicable amount pursuant to 9-8-11(b) and (n requested.	c) and	
G				U	ST OF	PER	ATOR			
	ļ						RATOR			
	Federal Governme	nt	Sta	ate Gov	ernmen	t		City / Local Government		
X	Commercial		الكاا	vate				Other:		
Opti	DI 1: UST OPERATOR NAME		gistered with the	Secretary	of State)			BUSINESS ID (From the Secretary of State) 2010081000033		
Opti	on 2: UST OPERATOR NAME	(If a Public Agency or	other entity)							
Onti	Option 3: UST OPERATOR NAME (If in Individual Capacity)									
PRE		: (II III IIIdividual Capaci	<u>(y)</u>		MI	LAS	T NAME		SUFFIX	
UST	OPERATOR ADDRESS (List ICIPAL OFFICE ADDRESS o	ed in Options 1-3) r PRIMARY RESIDENT	AL ADDRESS (Number ar	nd Street, no	P.O.	Вох)	ADDRESS (line 2)		
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CITY	,			STATE	ZIP COD			DATE BEGAN OPERATING (MM/DD/YYYY)		
	othersville	T	EMAIL ADDDE	IN				09/15/2010 JOB TITLE (Option 3 Individual Capacity)		
	(805) 304-	5516		ss (Option	3 muividuai	Сара	спу)	JOB TITLE (Option 3 Individual Capacity)		
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	ITS ARMST		AL ADDRESS (Number ar	nd Street, no	P.O.	Вох)	ADDRESS (line 2)		
CITY		NONG 31		STATE	ZIP COD	E		JOB TITLE		
C	othersville			IN	472			President		
TEL	relephone number Email Address									
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	Jaswinder					BI	hatti		SUFFIX	
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CITY				STATE	ZIP COD			JOB TITLE		
	Othersville	 1	EMAIL ADDRES	IN ss	472	29		President		
1	(805) 304-5516 jassibhatti74@gmail.com									

FACILIT	13427	Food Centr	e- Ma	ratho	on St	tation			
1			DE	EDE	PRO	PERTY OW	/NER		
				-	TYPE C	F OWNER			
□ F	ederal Govern	ment	Sta	te Gov	ernmei	nt		City / Local Government	
図c	ommercial		⊠ Pri	vate				Other:	
		R NAME (Business Name as re NART LLC	egistered with	the Secre	tary of Sta	te)	BUSI	NESS ID (From the Secretary of State) 201008100033	3
Option 2	: PROPERTY OWNE	R NAME (If a Public Agency or	other entity)						
		R NAME (If in Individual Capac	ity)						
PREFIX	FIRST NAME				MI	LAST NAME			SUFFIX
PROPER	RTY OWNER ADDRE	ESS (Listed in Options 1-3) SS or PRIMARY RESIDENTAL	ADDRESS //	Numberer	d Ctroot r	an P.O. Povi	IADDI	RESS (line 2)	<u> </u>
417		TRONG ST	ADDRESS (/					, ,	
Cro	thersville			STATE	ZIP COI 472		EFFE	ECTIVE DATE OF OWNERSHIP (MM/DD/YYY 09/15/2010	Y)
TELEPH	ONE NUMBER (805) 30		IAIL ADDRES	S (Option	3 Individua	al Capacity)	JOB	TITLE (Option 3 Individual Capacity)	
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PREFIX	Jaswind				MI	Bhatti			SUFFIX
		SS OF PRIMARY RESIDENTAL	ADDRESS (I	Number ar	nd Street, r	o P.O. Box)	ADDI	RESS (line 2)	•
CITY Cro	thersville			STATE	ZIP COI 472			TITLE resident	
TELEPH	ONE NUMBER (805) 30		IAIL ADDRES	S		iassibhatti	 i74 <i>@</i>	gmail.com	
J	(000) 00		ND CO	NITD				ER (If applicable)	
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	ederal Govern	ment	□ Sta	te Gov				City / Local Government	
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		R NAME (Business Name as re			tary of Sta	te)	BUSI	NESS ID (From the Secretary of State)	
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		ESS (Listed in Options 1-3)							
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CITY				STATE	ZIP COI	DE	EFFE	ECTIVE DATE OF OWNERSHIP (MM/DD/YYY	Y)
TELEPH	ONE NUMBER	JOB TITLE	EMAIL AD	DRESS (C	Option 3 Inc	dividual Capacity)	PRO	POSED END DATE (MM/DD/YYYY)	
CONTAC PREFIX	FIRST NAME	PUBLIC AGENCY (Listed in O	ption 1 or 2)		MI	LAST NAME			SUFFIX
PRINCIP	PAL OFFICE ADDRE	SS or PRIMARY RESIDENTAL	ADDRESS (I	Number ar	nd Street, r	o P.O. Box)	ADDI	RESS (line 2)	
CITY				STATE	ZIP COI	DE	JOB	TITLE	
TELEPH	ONE NUMBER	EM	IAIL ADDRES	l SS	<u> </u>				
		l							

FACILITY	13427	Food Centre- Marat	hon Sta	ation			
K			CONTR	RACTOR			
INS	STALLATION INSPECTE GINEER	ED BY A REGISTERED REGISTR	T			REGISTRATION DATE (mm/dd/yyyy)	
MA	NUFACTURER'S INST	ALLATION CHECKLISTS HAVE BEEN COMPLE	TED AND	INSTALLER CERTIF	FIED BY TANK AN	D PIPING MANUFACTURER	
	CLUDED ORK INSPECTED BY IN	DIANA DEPARTMENT OF HOMELAND SECUR	RITY / DIVISION	I OF FIRE AND BUILD	ING SAFFTY	INSPECTION DATE	
—		ME (Business Name as registered with the Secret		TOT TINE / THE BOILE		(mm/dd/yyyy) From the Secretary of State)	
		CONTRACTOR THAT PERFORMED OR MANA					Louisely
PREFIX	FIRST NAME		MI	LAST NAME			SUFFIX
PRINCIP	AL OFFICE ADDRESS	or PRIMARY RESIDENTAL ADDRESS (Numbe	r and Street, no	P.O. Box)	ADDRESS (line	2)	
CITY		STAT	E ZIP CODE	Ξ	IDHS CERTIFIC	ATION NUMBER	
TELEPH	ONE NUMBER	EMAIL ADDRESS					
L	TED DADTY NAME	POTENTIA	LLY INT	ERESTED F	PARTIES		
	sted party NAME ks Data			^{ɒɒʀɛss} sdata@gı	mail com	า	
	STED PARTY NAME		E-MAIL A		nan.con	<u> </u>	
INTERES	STED PARTY NAME		E-MAIL A	DDRESS			
М		F	ACILITY	SITE MAP			

FACIL	13427 FACILITY NAME FOOD Cen	tre- Maratho	n S	Station			
	Complete one column for each	h tank or compartn	nent	. See instructions	for c	ompartment identifica	tion numbering.
Ν	IDENT	IFICATION OF	UN	IDERGROUND	ST	ORAGE TANKS	
	IDEM UST REGISTRATION NUMBER	1		2		3	
	PART OF A COMPARTMENTED UST (Y/N)				\blacksquare	•	
	NUMBER OF COMPARTMENTS IN UST						
	COMPARTMENT IDENTIFICATION NUMBER						
	(mm/dd/yyyy) DATE INSTALLED						
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE	09/15/2010		09/15/2010		09/15/2010	
	(gallons) ESTIMATED TOTAL CAPACITY	10,000		10,000		10,000	
	MANIFOLDED (Y/N)				lacksquare	•	
	MANIFOLDED TO COMPARTMENT ID NUMBER						
0	S ⁻	TATUS OF UND	DEF	RGROUND STO	RA	GE TANKS	
	CURRENT STATUS	IN USE		IN USE	lacksquare	IN USE	
	(mm/dd/yyyy) STATUS DATE			09/30/2025		09/30/2025	
Р	SUBSTANCES CURR	ENTLY OR LA	ST	STORED IN UN	NDE	RGROUND STO	RAGE TANKS
	PETROLEUM	GSL - Gasoline	\blacksquare	GSL - Gasoline	\blacksquare	DSL - Diesel	
	MAXIMUM ETHANOL %						
	MAXIMUM BIOFUEL %						
	(specify) OTHER						
	HAZARDOUS SUBSTANCE						
	CHEMICAL ABSTRACT SERVICE NUMBER						
	MIXTURE OF SUBSTANCES		_		_		
	PRODUCT IS COMPATIBLE WITH TANK (Y/N)			YES		YES 🔽	
Q		OUND STORA	<u>GE</u>	TANK CONST	RU	CTION ATTRIBUT	ES
	MANUFACTURER						
	MODEL		_		_	_	
	MATERIAL OF CONSTRUCTION		✓				
	SECONDARY CONTAINMENT	DOLLNID OTOD		5 TANK 0000		L L	
R		ROUND STOR		E TANK CORR		ION PROTECTIO	
	CORROSION PROTECTION TYPE						
	(mm/dd/yyyy) ANODE INSTALLATION DATE					_	
	INTERIOR LINING		▼			_	
	(mm/dd/yyyy) LINER INSTALLATION DATE (specify) OTHER						
s		PIPING CONST	ГОІ	ICTION AND D	DΩ	TECTION	
3		PIPING CONST	IKU	CHON AND P	KU	IECTION	T
	MANUFACTURER MODEL						
	(mm/dd/yyyy) DATE INSTALLED						
	MATERIAL		V		V	<u> </u>	
	SECONDARY CONTAINMENT					<u> </u>	- =
	CORROSION PROTECTION TYPE					Į	
	(mm/dd/yyyy) ANODE INSTALLATION DATE						
			_	 		_	1 -
	PRODUCT IS COMPATIBLE WITH PIPING (Y/N)		$ \mathbf{v} $		 	_	' ▼

FACI	13427 Food Centre- Marathon Station							
	IDEM UST REG	ISTRATION NUMBER	1	2	3			
	COMPARTMENT IDENT	FIFICATION NUMBER						
Т		UNDE	RGROUND STORA	GE TANK RELEA	SE DETECTION			
	PRIMARY UST R	ELEASE DETECTION	ATG CSLD 🔽	ATG CSLD 🔽	ATG CSLD 🔽	✓		
		MANUFACTURER						
		MODEL						
	SECONDARY UST R	ELEASE DETECTION	▼	▼	▼	▼		
		MANUFACTURER						
		MODEL						
U		U	NDERGROUND PI	PING RELEASE D	ETECTION			
	PRIMARY PIPING R	ELEASE DETECTION	Annual Line Tigh ⊡	Annual Line Tigh ⊡	Annual Line Tigh ⊡	▶		
		MANUFACTURER						
		MODEL						
(L	SECONDARY PIPING R EAK DETECTOR REQUIRED FOI		✓	▼	▼	✓		
		MANUFACTURER						
		MODEL						
	TERTIARY PIPING R	ELEASE DETECTION	V	▼	▼			
		MANUFACTURER						
		MODEL						
٧		SP	ILL AND OVERFIL	L PREVENTION E	QUIPMENT			
	CATCHMENT BA	SIN / SPILL BUCKET	V	▼	▼			
	(mm/dd/yyy	y) DATE INSTALLED						
		MANUFACTURER						
		MODEL						
		FILL LATITUDE						
		FILL LONGITUDE						
	PRIMARY OVERFILL PREV	ENTION EQUIPMENT	Auto Shutoff / Fla	Auto Shutoff / Fla	Auto Shutoff / Fla	▼		
	(mm/dd/yyy	y) DATE INSTALLED						
		MANUFACTURER						
		MODEL						
	%	ULLAGE SET POINT	90	90	90			
SEC	ONDARY OVERFILL PREV	ENTION EQUIPMENT	▼	▼	▼	▼		
	(mm/dd/yyy	y) DATE INSTALLED						
		MANUFACTURER						
		MODEL						
		ULLAGE SET POINT						
	UNDER DISPENSER CON		▼	▼	▼	✓		
	MANUFACTURER							
		y) DATE INSTALLED						
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	العالم المستمور) العالم العالم المستمور)	MANUFACTURER						
	(mm/ad/yy)	y) DATE INSTALLED						

FACIL	13427 Food Cen	tre- Marathon S	Station					
	Complete one column for eac	h tank or compartment	. See instructions for o	ompartment identification	on numbering.			
N	IDENT	IFICATION OF UN	DERGROUND ST	ORAGE TANKS				
	IDEM UST REGISTRATION NUMBER							
	PART OF A COMPARTMENTED UST (Y/N)	T	▼	▼	T			
	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		TATUS OF UNDER	RGROUND STORA					
	CURRENT STATUS	_	✓	▼	_			
	(mm/dd/yyyy) STATUS DATE				105 711110			
Р	SUBSTANCES CURR		STORED IN UNDE					
	PETROLEUM	▼	▼	_	▼			
	MAXIMUM ETHANOL %							
	MAXIMUM BIOFUEL %							
	(specify) OTHER							
	HAZARDOUS SUBSTANCE							
	CHEMICAL ABSTRACT SERVICE NUMBER MIXTURE OF SUBSTANCES							
	PRODUCT IS COMPATIBLE WITH TANK (Y/N)	▼	Ī	 	▼			
Q	• 1	DUND STORAGE TANK CONSTRUCTION ATTRIBUTES						
ωį	MANUFACTURER	OOND OTONAGE	TANK CONCINC					
	MODEL							
	MATERIAL OF CONSTRUCTION	—	▼	Ī	₹			
	SECONDARY CONTAINMENT		<u> </u>	<u> </u>				
R	UNDERG	ROUND STORAG	E TANK CORROS	ION PROTECTION				
	CORROSION PROTECTION TYPE	▼	▼	Ī	✓			
	(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	13427	Food Cen	tre- Marathon S	Station						
	IDEM UST REG	ISTRATION NUMBER								
COMPARTMENT IDENTIFICATION NUMBER										
Т		LINDE	RGROUND STORAGE TANK RELEASE DETECTION							
•	PRIMARY UST R	RELEASE DETECTION	T	▼	▼	▼				
		MANUFACTURER								
		MODEL								
	SECONDARY UST R	RELEASE DETECTION	✓	▼	▼	V				
		MANUFACTURER								
		MODEL								
U		U	NDERGROUND PIPING RELEASE DETECTION							
	PRIMARY PIPING R	RELEASE DETECTION	✓	▼	▼					
		MANUFACTURER								
		MODEL								
ſL	SECONDARY PIPING REAK DETECTOR REQUIRED FO		▼	▼	▼	▼				
,_		MANUFACTURER								
		MODEL								
	TERTIARY PIPING R	RELEASE DETECTION	V	▼	▼	V				
MANUFACTURER										
		MODEL								
٧		SP	ILL AND OVERFIL	L PREVENTION E	QUIPMENT					
	CATCHMENT BA	ASIN / SPILL BUCKET	V	▼	▼	▼				
	(mm/dd/yy	yy) DATE INSTALLED								
		MANUFACTURER								
		MODEL								
		FILL LATITUDE								
		FILL LONGITUDE								
	PRIMARY OVERFILL PREV	/ENTION EQUIPMENT	▼	▼	▼	▼				
	(mm/dd/yy	yy) DATE INSTALLED								
		MANUFACTURER								
		MODEL								
		6 ULLAGE SET POINT								
SEC	CONDARY OVERFILL PREV		▼	▼	▼	▼				
	(mm/dd/yy	yy) DATE INSTALLED								
		MANUFACTURER MODEL								
	9/	WODEL ULLAGE SET POINT								
	UNDER DISPENSER CON		▼	√		▼				
	UNDER DISPENSER CON	MANUFACTURER			▼					
	(mm/dd/yw	yy) DATE INSTALLED								
		BINE SUMP PRESENT	▼	▼	▼	▼				
		MANUFACTURER								
	(mm/dd/yy	yy) DATE INSTALLED								
(IIIIII/GG/yyyy) DATE INSTALLED										

FRANSACTION ID - FOR STATE USE ONLY 13427 **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) FIRST NAME LAST NAME SUFFIX Jaswinder Bhatti COMPANY NAME (If Individual Leave Blank) LLB FOOD MART LLC President DATE (MM/DD/YYYY SIGNATURE 09/30/2015 aswind **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. RATOR'S AUTHORIZED REPRESENTATIVE (Print or Type) LAST NAME SUFFIX FIRST NAME Bhatti Jaswinder TITLE OF AUTHORIZED REPRESENTATIVE COMPANY NAME (If Individual Leave Blank) LLB FOOD MART LLC President SIGNATURE DATE (MM/DD/YYYY) 09/30/2025 المانلاهم **CONTRACTOR CERTIFICATION** CERTIFIED INDIVIDUAL NAME LAST NAME PREFIX FIRST NAME 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)