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 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)*
Food Centre- Marathon Station	38.791501	-85.836501

FACILITY ADDRESS (number and street)	PARCEL NUMBER
417 S Armstrong Rd	36-46-15-101-040.003-016

CITY	STATE	ZIP CODE	COUNTY	TELEPHONE NUMBER
Crothersville	IN	47229	Jackson	(805) 304-5516

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)*
LLB Food Mart LLC	2010081000033
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)*
417 S ARMSTRONG ST	

CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP *(MM/DD/YYYY)*
Crothersville	IN	47229	09/15/2010

TELEPHONE NUMBER	EMAIL ADDRESS *(Option 3 Individual Capacity)*	JOB TITLE *(Option 3 Individual Capacity)*
(805) 304-5516		

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

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Jaswinder		Singh	

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS *(Number and Street, no P.O. Box)*	ADDRESS *(line 2)*
417 S Armstrong St	

CITY	STATE	ZIP CODE	JOB TITLE
Crothersville	IN	47229	President

TELEPHONE NUMBER	EMAIL ADDRESS
(805) 304-5516	jassibhatti74@yahoo.com

FACILITY ID #	FACILITY NAME
13427	Food Centre- Marathon Station

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)*
LLB FOOD MART LLC	2010081000033
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)*		
417 S ARMSTRONG ST			
CITY	STATE	ZIP CODE	DATE BEGAN OPERATING *(MM/DD/YYYY)*
Crothersville	IN	47229	09/15/2010
TELEPHONE NUMBER	EMAIL ADDRESS *(Option 3 Individual Capacity)*		JOB TITLE *(Option 3 Individual Capacity)*
(805) 304-5516			

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

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Jaswinder		Bhatti	

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS *(Number and Street, no P.O. Box)*	ADDRESS *(line 2)*		
417 S ARMSTRONG ST			
CITY	STATE	ZIP CODE	JOB TITLE
Crothersville	IN	47229	President
TELEPHONE NUMBER	EMAIL ADDRESS		
(805) 304-5516	jassibhatti74@gmail.com		

H FACILITY CONTACT

CONTACT INDIVIDUAL NAME

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Jaswinder		Bhatti	

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS *(Number and Street, no P.O. Box)*	ADDRESS *(line 2)*		
417 S ARMSTRONG ST			
CITY	STATE	ZIP CODE	JOB TITLE
Crothersville	IN	47229	President
TELEPHONE NUMBER	EMAIL ADDRESS		
(805) 304-5516	jassibhatti74@gmail.com		

FACILITY ID #	FACILITY NAME
13427	Food Centre- Marathon Station

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*)
LLB FOOD MART LLC

BUSINESS ID *(From the Secretary of State)*
2010081000033

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)*
417 S ARMSTRONG ST

ADDRESS *(line 2)*

CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP *(MM/DD/YYYY)*
Crothersville	IN	47229	09/15/2010

TELEPHONE NUMBER	EMAIL ADDRESS *(Option 3 Individual Capacity)*	JOB TITLE *(Option 3 Individual Capacity)*
(805) 304-5516		

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

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Jaswinder		Bhatti	

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS *(Number and Street, no P.O. Box)*
417 S ARMSTRONG ST

ADDRESS *(line 2)*

CITY	STATE	ZIP CODE	JOB TITLE
Crothersville	IN	47229	President

TELEPHONE NUMBER	EMAIL ADDRESS
(805) 304-5516	jassibhatti74@gmail.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
13427	Food Centre- Marathon Station

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 RESIDENTAL 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
Tanks Data	tanksdata@gmail.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
13427	Food Centre- Marathon Station

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

N IDENTIFICATION OF UNDERGROUND STORAGE TANKS

	1	2	3	
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	09/15/2010	09/15/2010	09/15/2010	
(gallons) ESTIMATED TOTAL CAPACITY	10,000	10,000	10,000	
MANIFOLDED (Y/N)				
MANIFOLDED TO COMPARTMENT ID NUMBER				

O STATUS OF UNDERGROUND STORAGE TANKS

CURRENT STATUS	IN USE	IN USE	IN USE	
(mm/dd/yyyy) STATUS DATE	09/30/2025	09/30/2025	09/30/2025	

P SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS

PETROLEUM	GSL - Gasoline	GSL - Gasoline	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	YES	

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
13427	Food Centre- Marathon Station

IDEM UST REGISTRATION NUMBER	1	2	3	
COMPARTMENT IDENTIFICATION NUMBER				
T	**UNDERGROUND STORAGE TANK RELEASE DETECTION**			
PRIMARY UST RELEASE DETECTION	ATG CSLD	ATG CSLD	ATG CSLD	
MANUFACTURER				
MODEL				
SECONDARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				
U	**UNDERGROUND PIPING RELEASE DETECTION**			
PRIMARY PIPING RELEASE DETECTION	Annual Line Tigh	Annual Line Tigh	Annual Line Tigh	
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	Auto Shutoff / Fla	Auto Shutoff / Fla	Auto Shutoff / Fla	
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
% ULLAGE SET POINT	90	90	90	
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
13427	Food Centre- Marathon Station

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
13427	Food Centre- Marathon Station

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
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)*

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Jaswinder		Bhatti	

TITLE OF AUTHORIZED REPRESENTATIVE	COMPANY NAME *(If Individual Leave Blank)*
President	LLB FOOD MART LLC

SIGNATURE	DATE *(MM/DD/YYYY)*
Jaswind	09/30/2015

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
	Jaswinder		Bhatti	

TITLE OF AUTHORIZED REPRESENTATIVE	COMPANY NAME *(If Individual Leave Blank)*
President	LLB FOOD MART LLC

SIGNATURE	DATE *(MM/DD/YYYY)*
Jaswind	09/30/2025

CONTRACTOR CERTIFICATION

CERTIFIED INDIVIDUAL NAME

PREFIX	FIRST NAME	MI	LAST 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)*