



**ELTF ELIGIBILITY APPLICATION FOR
UST DECOMMISSIONING/REPLACEMENT**
State Form XXXXX (R0 / DRAFT)

Facility ID
8610

INSTRUCTIONS: Submit this form when applying for an eligibility determination. **SUBMITTAL INSTRUCTIONS:**
E-mail completed form and any additional information (optional) to the following: ELTFEligibility@idem.IN.gov

SECTION 1 - APPLICANT INFORMATION (OWNER)

Name of Applicant DGM Petroleum Inc.	Owner # of Tanks (as billed) ☒ 1 to 12 ☐ 13-100 ☐ Over 100
Mailing Address (Number and Street) 8858 Doubletree Dr North	
Mailing Address (Line 2)	City, State, Zip Code Crown Point, IN, 46307
Applicant Contact (219) 484-9576	Contact Title President
Contact E-mail Address princeghotra@hotmail.com	Contact Telephone Number (with Area Code) (219) 484-9576

SECTION 2 - SITE INFORMATION

Name of Facility Gas Mart	# of USTs currently on site 2
Facility Address (Number and Street) 4899 Georgia St	City, State, ZIP Code Gary, IN, 46409

SECTION 3 - PROPOSED USTS FOR DECOMMISSIONING

UST#	Install Date	Capacity	Substance	Lined Steel	First Generation Fiberglass	> 30 years	Other
1	1/1/1978	10,000	GSL	☒	☐	☒	☐
2	1/1/1978	8,000	GSL	☒	☐	☒	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

SECTION 4 - PROPOSED REINSTALLATION OF USTS

UST #	Compartment 1 Capacity	Compartment 2 Capacity	Compartment 3 Capacity	Compartment 4 Capacity
1	12,000	5,000		
2				
3				
4				
5				

SECTION 5 - SIGNATURE OF OWNER OF THE TANK(S) OR ATTORNEY-IN-FACT

I understand that pursuant to Indiana Code 13-23-9-6, I may be subject to criminal prosecution for submitting false and/or inaccurate information on this application. Please check the box below and submit proper documentation if signing under a Power of Attorney for the owner.

Signature of Owner of the Tanks or ☐ Attorney-in-Fact 		Date Signed (mm/dd/yyyy) 08/14/2025
Mr./Ms.	Print Name Guribbal Singh	Title President
		Company DGM Petroleum Inc.

FID-8610-ELTF

Final Audit Report

2025-08-14

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