NOTIFICATION FOR UNDERGROUND STORAGE TANK SYSTEMS

RETURN COMPLETED FORMS TO:

Indiana Department of Environmental Management USTRegistration@idem.in.gov

State Form 45223 (R10 / 3-23) Indiana Department of Environmental Management Petroleum Branch Facility ID Number: 8610 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. TYPE OF NOTIFICATION Facility Contact Change UST Owner Change Owner/Operator Information Change Property Owner Change Facility Name / Location Change Type of Facility Change UST System Modification UST Operator Change Financial Responsibility Change New UST System(s) **FACILITY NAME / LOCATION** В LONGITUDE (-88.165351 to -84.671035) FACILITY NAME 41,529691 -87.32609 Gasmart FACILITY ADDRESS (number and street) 45-08-34-252-003.000-004 4899 Georgia St ZIP CODE IN |46409 Lake (219) 484-9576 Gary 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: PREPARED BY D REFIX FIRST NAME SUFFIX ZIP CODE TELEPHONE NUMBER IOB TITLE EMAIL ADDRESS **UST OWNER** TYPE OF OWNER Federal Government State Government City / Local Government Commercial □ Private Other: 202410281835287 DGM Petroleum Inc. Option 2: UST OWNER NAME (If a Public Agency or other entity) Option 3: UST OWNER NAME (If in Individual Capacity)
PREFIX FIRST NAME 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) 4899 Georgia St. EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) Gary IN 46409 05/25/2025 TELEPHONE NUMBER EMAIL ADDRESS JOB TITLE (Option 3 Individual Capacity) (219) 484-9576 FOR BUSINESS / PUBLIC AGENCY (LI PREFIX FIRST NAME LAST NAME SHEELY Singh Guriqbal OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box, DDRESS (line 2) 4899 Georgia St. IN 46409 JOB TITLE Gary President TELEPHONE NUMBER MAIL ADDRES princeghotra@hotmail.com (219) 484-9576

FAC	8610	Gasmart									
F		FIN	ANCIAL	RESP	ONSIE	3IL	TY (Checi	k all that apply)			
	Federal or State G	overnment Enti	ty, which do	es not	fall unde	er fir	ancial resp	onsibility requirements			
	Local Government	t owner or opera	tor is maint	taining f	inancial	res	responsibility for this site				
	The UST owner is	maintaining fina	incial respo	nsibility	for this	site					
	The UST operator	is maintaining fi	inancial res	ponsibi	lity for th	is s	ite		-		
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Ħ	Guarantee					Ħ	Insurance and Risk Retention Group Coverage				
Ħ	Surety Bond						Loan Commitment Letter				
Ħ	Letter of Credit						Certificate of Deposit				
Ħ	Trust Fund						Standby T	<u>'</u>			
Ħ	Local Government	Bond Rating Te	est			Ħ		ernment Financial Test			
片	Local Government					Ħ		ernment Fund			
								applicable amount pursuant to 9-8-11(b) and (c	and		
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П	Federal Governme	ent	∏Sta		ernment			City / Local Government			
岗	Commercial		☑ Pri	vate				Other:			
	on 1: UST OPERATOR NAM GM Petroleu		gistered with the	Secretary	of State)			BUSINESS ID (From the Secretary of State) 202410281835287			
	on 2: UST OPERATOR NAM		other entity)					202410281833287			
		_ (, ,								
Opti	on 3: UST OPERATOR NAM	E (If in Individual Capac	ity)		IMI	II AC	T NAME	!	SUFFIX		
FILE	PINOT NAME				IVII	LAG	INAME		SUFFIX		
UST	OPERATOR ADDRESS (Lis	ted in Options 1-3)									
	ncipal office address of 399 Georgia		AL ADDRESS (Number an	d Street, no .	P.O. I	Box)	ADDRESS (line 2)			
CIT				STATE	ZIP CODE	_		DATE BEGAN OPERATING (MM/DD/YYYY)			
	ary EPHONE NUMBER		EMAIL ADDRES	IN	4640		site it	JOB TITLE (Option 3 Individual Capacity)			
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	NTACT FOR BUSINESS / PU FIX FIRST NAME	BLIC AGENCY (Listed i	n Option 1 or 2)		MI	LAS	TNAME	·	SUFFIX		
	Guriqbal						ngh				
	ncipal office address of 399 Georgia		TAL ADDRESS (Number an	d Street, no	P.O. I	3ox)	ADDRESS (line 2)			
CIT.				STATE	ZIP CODE 4640			ЈОВ ТІТІ.E President			
	ary EPHONE NUMBER		EMAIL ADDRES		14040						
	(219) 484	-9576						a@hotmail.com			
Н				FAC	CILITY	CC	NTACT				
	NTACT INDIVIDUAL NAME FIX FIRST NAME				MI	LAS	TNAME		SUFFIX		
	Guriqbal						ngh				
48	ncipal office address of 399 Georgia		TAL ADDRESS (Number an	d Street, no	P.O. 7	Box)	ADDRESS (line 2)			
G	ary			STATE	2IP CODE 4640			President			
	(219) 484-9576 EMAIL ADDRESS princeghotra@hotmail.com										

FACILITY ID# FACILITY NAME Gasmart							
1	D	EEDED	PRO	PERTY OW	NER		
		Т	YPE O	F OWNER			
Federal Government		State Gove	ernmen	t		City / Local Government	
Commercial		rivate				Other:	
Option 1: PROPERTY OWNER NAME (Business Name as reg DGM Petroleum Inc.			ary of State	·)	BUSÍNE	SS ID (From the Secretary of State) 202410281835287	7
Option 2: PROPERTY OWNER NAME (If a Public Agency or o	other entit	ty)					
Option 3: PROPERTY OWNER NAME (If in Individual Capacit PREFIX IFIRST NAME	'y)		Імі	LAST NAME			SUFFIX
			IVII	LAST NAME			SULLY
PROPERTY OWNER ADDRESS (Listed in Options 1-3) PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL A	ADDRESS	S (Number and	d Street, no	P.O. Box)	ADDRE	SS (line 2)	
4899 Georgia St.							
Gary		STATE	ZIP COD			TIVE DATE OF OWNERSHIP (MM/DD/YYYY) 05/25/2025	
(219) 484-9576	A I L ADDR	RESS (Option :	3 Individual	Capacity)	JOB TIT	"LE (Option 3 Individual Capacity)	
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Op PREFIX FIRST NAME	tion 1 or 2	2)	MI	LAST NAME			SUFFIX
Gurigbal				Singh			0011121
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL A	ADDRESS	S (Number and	d Street, no	P.O. Box)	ADDRE	SS (line 2)	
CITY COLUMN		STATE	ZIP COD		JOB TIT		
Gary TELEPHONE NUMBER IEMA	AL ADDR	IN ESS	464	J9	Pre	sident	
(219) 484-9576			рі	rinceghotr	a@h	otmail.com	
J ACTIVE LA	ND C				WNE	R (If applicable)	
				F OWNER		71.	
Federal Government	_	state Gove	ernmen	t	_	City / Local Government	
Option 1: PROPERTY OWNER NAME (Business Name as reg		rivate	any of State	. \	IRUSINE	Other: SS ID (From the Secretary of State)	
			ary or oldic	• • • • • • • • • • • • • • • • • • • •	BOOME	SOLD (From the desireday or state)	
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Option 3: PROPERTY OWNER NAME (If in Individual Capacit PREFIX FIRST NAME	'y)		М	LAST NAME			SUFFIX
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		o (rambor an					
CITY		STATE	ZIP COD	Ē	EFFECT	TIVE DATE OF OWNERSHIP (MM/DD/YYYY)	
TELEPHONE NUMBER JOB TITLE	EMA I L.	ADDRESS (O	ption 3 Indi	vidual Capacity)	PROPO	SED END DATE (MM/DD/YYYY)	
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Op PREFIX FIRST NAME	tion 1 or 2	2)	MI	LAST NAME			SUFFIX
FREIX FIRST NAME			IVII	LAST NAME			SUFFIX
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СІТУ		STATE	ZIP COD	E	JOB TIT	TLE	
TELEPHONE NUMBER EMA	IL ADDR	ESS	!				

FACILITY ID#	FACILITY NAME
8610	Gasmart
K INSTALLATION INSPE	CONTRACTOR CTED BY A REGISTERED REGISTRATION DATE REGISTRATION DATE
ENGINEER	REGISTATION ID: (mm/dd/yyyy)
INCLUDED	INSTALLER CERTIFIED BY TAINK AND FIFTING WANDERS
	INDIANA DEPARTMENT OF HOMELAND SECURITY / DIVISION OF FIRE AND BUILDING SAFETY (mm/dd/yyyy)
CONTRACTOR BUSINESS	AME (Business Name as registered with the Secretary of State) BUSINESS ID (From the Secretary of State)
CONTACT INFORMATION F	OR CONTRACTOR THAT PERFORMED OR MANAGED WORK ON SITE
PREFIX FIRST NAME	MI LAST NAME SUFFIX
PRINCIPAL OFFICE ADDRE	SS 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, contact@tanksdata.com
INTERESTED PARTY NAME	E-WAL ADDRESS
INTERESTED PARTY NAME	E-MAIL ADDRESS
M	FACILITY SITE MAP sketch the facility (tanks, piping, tank manway locations, vents, pump islands, buildings, etc.). Include tank

FACILITY ID #	FACILITY NAME				
8610	Gasmart				
Complete one	e column for eac	th tank or compartment	. See instructions for c	ompartment identificati	on numbering.
N	IDENT	IFICATION OF UN	IDERGROUND ST	ORAGE TANKS	
IDEM UST REG	GISTRATION NUMBER				
PART OF A COMPA	RTMENTED UST (Y/N)				
NUMBER OF CO	MPARTMENTS IN UST				
COMPARTMENT IDEN	NTIFICATION NUMBER				
(mm/dd/yy	yyy) DATE INSTALLED				
(mm/dd/yyyy) DATE FIRST	BROUGHT INTO USE				
(gallons) ESTIMAT	ED TOTAL CAPACITY				
MANIFOLDED (Y/N)					
MANIFOLDED TO COMPA	ARTMENT ID NUMBER				
ol	S.	TATUS OF UNDER	RGROUND STORA	GE TANKS	
	CURRENT STATUS	▼	▼		
(mm/de	d/yyyy) STATUS DATE				
P SUBSTA	NCES CURR	PENTLY OR LAST	STORED IN LINDS	RGROUND STOR	AGE TANKS
1 000012	PETROLEUM	₹	T T	l	AGE TAINE
	MAXIMUM ETHANOL %				
	MAXIMUM BIOFUEL %				
	(specify) OTHER				
нат	ARDOUS SUBSTANCE				
	CT SERVICE NUMBER				
	JRE OF SUBSTANCES				
PRODUCT IS COMPATI		▼	▼		
				TION ATTRIBUTE	-6
Q		OUND STORAGE	TANK CONSTRUC	I ION ATTRIBUTE	3
	MANUFACTURER				
	MODEL		_		
	L OF CONSTRUCTION	▼	▼		
	IDARY CONTAINMENT				
R		ROUND STORAG	E TANK CORROS	ION PROTECTION	
CORROSIO	N 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/y)	yyy) DATE INSTALLED				
	MATERIAL	▼	▼		
SECON	IDARY CONTAINMENT	▼	▼		
corrosio	N PROTECTION TYPE				
(mm/dd/yyyy) ANODE	INSTALLATION DATE				
PRODUCT IS COMPATIE	BLE WITH PIPING (Y/N)	▼	▼		
PRODUC	T DELIVERY METHOD	▼	▼		

FACILITY ID # 8610	Gasmart					
IDEM UST REGISTRATION NUMBER					ı	
	NTIFICATION NUMBER					
T		RGROUND STORAGE TANK RELEASE DETECTION				
PRIMARY UST	RELEASE DETECTION					
	MANUFACTURER					
	MODEL					
SECONDARY UST	RELEASE DETECTION					
	MANUFACTURER					
	MODEL					
U	U	NDERGROUND P	PING RELEASE D	ETECTION		
PRIMARY PIPING	RELEASE DETECTION					
	MANUFACTURER					
	MODEL					
SECONDARY PIPING (LEAK DETECTOR REQUIRED F	RELEASE DETECTION OR PRESSURIZED PIPING)					
	MANUFACTURER					
	MODEL					
TERTIARY PIPING	RELEASE DETECTION					
	MANUFACTURER					
	MODEL					
V	SP	ILL AND OVERFIL	I PREVENTION F	QUIPMENT		
•		/ U.D. U.L.U. II				
CATCHMENT E	BASIN / SPILL BUCKET		•			
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	BASIN / SPILL BUCKET yyy) DATE INSTALLED					
	BASIN / SPILL BUCKET yyy) DATE INSTALLED MANUFACTURER					
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8610	Gasmart				
		h tank or compartment	. See instructions for c	omnartment identificati	on numbering
N			IDERGROUND ST		on numbering.
_	GISTRATION NUMBER				
PART OF A COMPA	RTMENTED UST (Y/N)				
NUMBER OF CO	MPARTMENTS IN UST				
COMPARTMENT IDE	NTIFICATION NUMBER				
(mm/dd/y	yyy) DATE INSTALLED				
(mm/dd/yyyy) DATE FIRS	F BROUGHT INTO USE				
(gallons) ESTIMATED TOTAL CAPACITY					
	MANIFOLDED (Y/N)				
MANIFOLDED TO COMP.	ARTMENT ID NUMBER				
0	S.	TATUS OF UNDER	RGROUND STORA	GE TANKS	
	CURRENT STATUS				
(mm/d	d/yyyy) STATUS DATE				
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	PETROLEUM				
,	MAXIMUM ETHANOL %				
	MAXIMUM BIOFUEL %				
	(specify) OTHER				
HAZ	ARDOUS SUBSTANCE				
CHEMICAL ABSTRA	CT SERVICE NUMBER				
міхт	URE OF SUBSTANCES				
PRODUCT IS COMPAT	IBLE WITH TANK (Y/N)				
Q	UNDERGR	OUND STORAGE	TANK CONSTRUC	CTION ATTRIBUTE	S
	MANUFACTURER				
	MODEL				
MATERIA	L OF CONSTRUCTION				
SECON	IDARY CONTAINMENT				
R	UNDERG	ROUND STORAG	E TANK CORROS	ION PROTECTION	
CORROSIC	N PROTECTION TYPE				
(mm/dd/yyyy) ANODE	INSTALLATION DATE				
	INTERIOR LINING				
(mm/dd/yyyy) LINER	INSTALLATION DATE				
	(specify) OTHER				
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	MANUFACTURER				
	MODEL				
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	MATERIAL				
	IDARY CONTAINMENT				
	IN PROTECTION TYPE				
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8610	FACILITY NAME Gasmart					
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COMPARTMENT IDEN						
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	MANUFACTURER					
	MODEL					
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UNDERGROUND PIPING RELEASE DETECTION						
PRIMARY PIPING F	RELEASE DETECTION					
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	MODEL					
SECONDARY PIPING F (LEAK DETECTOR REQUIRED FO	RELEASE DETECTION OR PRESSURIZED PIPING)					
	MANUFACTURER					
	MODEL					
TERTIARY PIPING R	RELEASE DETECTION					
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CATCHMENT B	ASIN / SPILL BUCKET					
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(mm/dd/yy	FILL LONGITUDE /ENTION EQUIPMENT yy) DATE INSTALLED MANUFACTURER MODEL 6 ULLAGE SET POINT					
(mm/dd/yy % SECONDARY OVERFILL PREV	FILL LONGITUDE /ENTION EQUIPMENT yy) DATE INSTALLED MANUFACTURER MODEL 6 ULLAGE SET POINT					
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(mm/dd/yy SECONDARY OVERFILL PREV (mm/dd/yy UNDER DISPENSER CON (mm/dd/yy	FILL LONGITUDE VENTION EQUIPMENT VYY) DATE INSTALLED MANUFACTURER MODEL VELLAGE SET POINT MANUFACTURER MODEL SULLAGE SET POINT ITAINMENT PRESENT MANUFACTURER MANUFACTURER MODEL SULLAGE SET POINT MANUFACTURER MANUFACTURER MODEL MANUFACTURER					

RANSACTION ID - FOR STATE USE ONLY 8610 **UST OWNER CERTIFICATION** 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. NER'S AUTHORIZED REPRESENTATIVE (Print or Type SUFFIX Guriqbal Singh DGM Petroleum Inc. President 07/11/2025 **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 AST NAME Gurigbal Singh AUTHORIZED REPRESENTATIVE President DGM Petroleum Inc. ĥ 07/11/2025 CONTRACTOR CERTIFICATION CERTIFIED INDIVIDUAL NAME 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. EMAIL ADDRESS DATE (MM/DD/YYYY

FID-8610-NF

Final Audit Report 2025-07-11

Created: 2025-07-11

By: Tanks Data (tanksdata01@gmail.com)

Status: Signed

Transaction ID: CBJCHBCAABAACQSjq9duEE5Owd-Z0y9qjtE81t2KM1Uj

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