

 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: 2887	
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 Shell	LATITUDE (37.710101 to 41.866773) 41.52196	LONGITUDE (-88.165351 to -84.671035) -87.256134
FACILITY ADDRESS (number and street) 250 E 10th St.	PARCEL NUMBER 45-09-32-362-025.000-018	
CITY Hobart	STATE IN	ZIP CODE 46342
	COUNTY Lake	TELEPHONE NUMBER (219) 484-9576
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
ADDRESS		SUFFIX
CITY		STATE
TELEPHONE NUMBER		ZIP CODE
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)
Meet Brothers Inc.		202410281835285
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
UST OWNER ADDRESS (Listed in Options 1-3)		SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (line 2)
8858 Doubletree Drive N		
CITY Crown Point	STATE IN	ZIP CODE 46307
TELEPHONE NUMBER (219) 484-9576	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 05/07/2025	JOB TITLE (Option 3 Individual Capacity)
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)		
PREFIX	FIRST NAME	MI
		LAST NAME
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		SUFFIX
8858 Doubletree Drive N		
CITY Crown Point	STATE IN	ZIP CODE 46307
TELEPHONE NUMBER (219) 484-9576	JOB TITLE President	EMAIL ADDRESS princeghotra@hotmail.com

FACILITY ID # 2887		FACILITY NAME Shell	
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	
☒ Commercial		☐ City / Local Government	
☒ Private		☐ Other:	
Option 1: UST OPERATOR NAME (Business Name as registered with the Secretary of State) Meet Brothers Inc.		BUSINESS ID (From the Secretary of State) 202410281835285	
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 RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 8858 Doubletree Drive N		ADDRESS (line 2)	
CITY Crown Point	STATE IN	ZIP CODE 46307	DATE BEGAN OPERATING (MM/DD/YYYY) 05/07/2025
TELEPHONE NUMBER (219) 484-9576	EMAIL ADDRESS (Option 3 Individual Capacity)		JOB TITLE (Option 3 Individual Capacity)
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
	Guriqbal		Singh
PRINCIPAL OFFICE ADDRESS OR PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 8858 Doubletree Drive N		ADDRESS (line 2)	
CITY Crown Point	STATE IN	ZIP CODE 46307	JOB TITLE President
TELEPHONE NUMBER (219) 484-9576	EMAIL ADDRESS princeghotra@hotmail.com		
H FACILITY CONTACT			
CONTACT INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
	Guriqbal		Singh
PRINCIPAL OFFICE ADDRESS OR PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 8858 Doubletree Drive N		ADDRESS (line 2)	
CITY Crown Point	STATE IN	ZIP CODE 46307	JOB TITLE President
TELEPHONE NUMBER (219) 484-9576	EMAIL ADDRESS princeghotra@hotmail.com		

FACILITY ID # 2887		FACILITY NAME Shell	
I DEEDED PROPERTY OWNER			
TYPE OF OWNER			
☐ Federal Government		☐ State Government	
☒ Commercial		☒ Private	
		☐ City / Local Government	
		☐ Other:	
Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State) Meet Brothers Inc.		BUSINESS ID (From the Secretary of State) 202410281835285	
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 RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 8858 Doubletree Drive N		ADDRESS (line 2)	
CITY Crown Point	STATE IN	ZIP CODE 46307	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 05/07/2025
TELEPHONE NUMBER (219) 484-9576	EMAIL ADDRESS (Option 3 Individual Capacity)		JOB TITLE (Option 3 Individual Capacity)
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)			
PREFIX	FIRST NAME	MI	LAST NAME
	Guribhal		Singh
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 8858 Doubletree Drive N		ADDRESS (line 2)	
CITY Crown Point	STATE IN	ZIP CODE 46307	JOB TITLE President
TELEPHONE NUMBER (219) 484-9576	EMAIL ADDRESS princeghotra@hotmail.com		
J ACTIVE LAND CONTRACT PROPERTY OWNER (If applicable)			
TYPE OF OWNER			
☐ Federal Government		☐ State Government	
☐ Commercial		☐ Private	
		☐ City / Local Government	
		☐ 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 RESIDENTIAL 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 RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (line 2)	
CITY	STATE	ZIP CODE	JOB TITLE
TELEPHONE NUMBER	EMAIL ADDRESS		

FACILITY ID # 2887		FACILITY NAME Shell	
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 RESIDENTIAL 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 Tanks Data		E-MAIL ADDRESS tanksdata@gmail.com,contact@tanksdata.com	
INTERESTED PARTY NAME		E-MAIL ADDRESS	
INTERESTED PARTY NAME		E-MAIL ADDRESS	
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 # 2887		FACILITY NAME Shell	
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)	v	v	v
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)	v	v	v
MANIFOLDED TO COMPARTMENT ID NUMBER			
O	STATUS OF UNDERGROUND STORAGE TANKS		
CURRENT STATUS	v	v	v
(mm/dd/yyyy) STATUS DATE			
P	SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS		
PETROLEUM	v	v	v
MAXIMUM ETHANOL %			
MAXIMUM BIOFUEL %			
(specify) OTHER			
HAZARDOUS SUBSTANCE			
CHEMICAL ABSTRACT SERVICE NUMBER			
MIXTURE OF SUBSTANCES			
PRODUCT IS COMPATIBLE WITH TANK (Y/N)	v	v	v
Q	UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES		
MANUFACTURER			
MODEL			
MATERIAL OF CONSTRUCTION	v	v	v
SECONDARY CONTAINMENT	v	v	v
R	UNDERGROUND STORAGE TANK CORROSION PROTECTION		
CORROSION PROTECTION TYPE	v	v	v
(mm/dd/yyyy) ANODE INSTALLATION DATE			
INTERIOR LINING	v	v	v
(mm/dd/yyyy) LINER INSTALLATION DATE			
(specify) OTHER			
S	PIPING CONSTRUCTION AND PROTECTION		
MANUFACTURER			
MODEL			
(mm/dd/yyyy) DATE INSTALLED			
MATERIAL	v	v	v
SECONDARY CONTAINMENT	v	v	v
CORROSION PROTECTION TYPE	v	v	v
(mm/dd/yyyy) ANODE INSTALLATION DATE			
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)	v	v	v
PRODUCT DELIVERY METHOD	v	v	v

FACILITY ID # 2887		FACILITY NAME Shell			
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 # 2887		FACILITY NAME Shell			
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 # 2887		FACILITY NAME Shell			
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 # 2887		TRANSACTION ID - FOR STATE USE ONLY	
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 Guriqbal	MI	LAST NAME Singh
TITLE OF AUTHORIZED REPRESENTATIVE President		COMPANY NAME (If Individual Leave Blank) Meet Brothers Inc.	
SIGNATURE  Guriqbal Singh (Oct 7, 2025 12:05:10 CDT)			DATE (MM/DD/YYYY) 10/07/2025
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 Guriqbal	MI	LAST NAME Singh
TITLE OF AUTHORIZED REPRESENTATIVE President		COMPANY NAME (If Individual Leave Blank) Meet Brothers Inc.	
SIGNATURE  Guriqbal Singh (Oct 7, 2025 12:06:38 CDT)			DATE (MM/DD/YYYY) 10/07/2025
CONTRACTOR CERTIFICATION			
CERTIFIED INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	LAST 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.			
SIGNATURE		EMAIL ADDRESS	DATE (MM/DD/YYYY)

FID-2887-NF (2)

Final Audit Report

2025-10-07

Created:	2025-10-07
By:	Tanks Data (tanksdata01@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAARAgIAaZikRNzYjqM-KrjOx7C5wcQvJPf

"FID-2887-NF (2)" History

-  Document created by Tanks Data (tanksdata01@gmail.com)
2025-10-07 - 5:00:01 PM GMT
-  Document emailed to Guriqbal Singh (princeghotra@hotmail.com) for signature
2025-10-07 - 5:00:08 PM GMT
-  Email viewed by Guriqbal Singh (princeghotra@hotmail.com)
2025-10-07 - 5:03:18 PM GMT
-  Document e-signed by Guriqbal Singh (princeghotra@hotmail.com)
Signature Date: 2025-10-07 - 5:06:38 PM GMT - Time Source: server
-  Agreement completed.
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