Sales Co.	STORA State Form	R UNDERGROUND YSTEMS 3) nmental Management					RETURN COMPLETED FORMS TO Indiana Department of Environmental Managem USTRegistration@idem.in.gov								
										Numbe		<del></del>			
	The inform	ation requested is r	equir	ed by 32 IDI	29 IAC 9. 1 EM Under	This form ground S	should only be torage Tank p	e used fi rogram.	or faciliti	ies į	previously	/ regis	stered with the	•	
Α					<b>TYPE</b>	OF N	IOTIFICA	10IT/	N						
	Facility Contact Cha	inge	$\boxtimes$	UST C	Owner C	hange				ı	Owner/	Оре	rator Inforr	nation (	Change
	Type of Facility Cha	nge	$\boxtimes$	Prope	rty Own	er Chai	nge		D	◁	Facility	Nan	ne / Locati	on Char	ige
	UST System Modification ST Operator Change						ge				Financi	al R	esponsibili	ty Chan	ge
	New UST System(s	)													
В				F	ACILIT	Y NA	ME / LO								
Sh	ILITY NAME I <b>ell</b>							41.5	2196		73)	LONG	87.2-88.16	5351 to -84. <b>5613</b> 4	
25	DITY ADDRESS (number and a 0 E 10th St.							'ARCEL N		09			025.000		
Hc	, bart		STATE ZIP CODE COUNTY IN 46342 Lake									TELE	PHONE NUMBE (219) 4		76
С			Т	YPE	OF FA	CILIT	Y (Check	all th	at app	ly)	)				
	Auto Dealership			Comm	nercial					╗.	Airport	Hyd	rant Syster	n	
	Hospital		$\boxtimes$	Gas S	tation						Industri	al			
	Petroleum Distributo	or	Railroad								Reside	ntial			
	Trucking or Transport Utilitie				ilities						Unman	ned			
	Marina	Marina School							Other:						
D					F	PREP	ARED BY	Y							
PRE	FIX FIRST NAME					MI	LAST NAME								SUFFIX
ADD	RESS				CITY				ST	ΓΑΤΙ	E		ZIP CODE		
TELI	EPHONE NUMBER	JOB 1	TITLE				EMAIL ADDF	RESS				!			
_						LICT	OWNED								
E							OWNER OF OWNER	>							
П	Federal Governmen	ıt	T	□lst		overnment					City / Lo	ocal	Governme	ent	
_	Commercial				ivate						Other:				
Opti	on 1: UST OWNER NAME (Bus										D (From the Secretary of State)				
	eet Brothers Inc.										202	410	0281835	285	
	on 2: UST OWNER NAME (If a		er entit	y)											
Optio	on 3: UST OWNER NAME (If in	Individual Capacity)				М	LAST NAME								SUFFIX
UST	OWNER ADDRESS (Listed in ICIPAL OFFICE ADDRESS or	Options 1-3) PRIMARY RESIDENT	AL AC	DRESS	(Number an	d Street, n	o P.O. Box)		ADDRES	SS /	(line 2)				
	58 Doubletree [				STATE	ZIP COI						OWN	EDSHID /MM//	IDAVVVI	
Cr	own Point				IN	4630	07		effective date of ownership (MM/DD/YYYY) 05/07/2025						
	EPHONE NUMBER (219) 484-9 ITACT FOR BUSINESS / PUBL				SS (Option	3 Individus	al Capacity)		JOB TIT	LE -	(Option 3 Ir	ndividu	ial Capacity)		
PRE	FIX FIRST NAME Guriqbal		, 000	311 11 ST E)		МІ	Singh								SUFFIX
88	ocipal office address or 58 Doubletree [		AL AE	DDRESS					ADDRE:		(line 2)				
	own Point				STATE	ZIP COI 4630			JOB TIT Pres		lent				
TELI	LEPHONE NUMBER (219) 484-9576						princeghotra@hotmail.com								

FAC	2887	Shell									
F		FIN	ANCIAL	RESF	ONSI	BIL	TY (Chec	k all that apply)			
	Federal or State (	Government Enti	ty, which do	es not	fall und	er fir	nancial resp	ponsibility requirements			
	Local Governmen	it owner or opera	tor is maint	taining t	financia	res	ponsibility f	or this site			
	The UST owner is maintaining financial responsibility for this site										
	The UST operator	r is maintaining f	inancial res	ponsibi	lity for th	าis 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.										
		•	that apply).	If you	are us						
牌	Financial Test of	Self Insurance				K	Excess Liability Trust Fund (State Fund)				
牌	Guarantee					쀼		and Risk Retention Group Coverage			
ዙ	Surety Bond					屵		nmitment Letter			
ዙ	Letter of Credit Trust Fund					₩		of Deposit			
ዙ		t Dand Dating To				₩	Standby T	rust Fund vernment Financial Test			
H	Local Governmen		251			₩		vernment Fund			
۳	Local Governmen		the requirem	ent to m	aintain th	e abil		applicable amount pursuant to 9-8-11(b) and (c	and		
	ir dalizing alo Ezir id	or risk radial outpage					anism when r		, unu		
G	G UST OPERATOR										
				TY	PE OF	OPE	RATOR				
	Federal Governm	ent	Sta	ate Gov	ernmen	t		City / Local Government			
$\boxtimes$	Commercial			vate				Other:			
	et Brothers In		gistered with the	Secretary	of State)			BUSINESS ID (From the Secretary of State) 202410281835285			
	on 2: UST OPERATOR NAM		other entity)					202410201033203			
l.,											
	Option 3: UST OPERATOR NAME (If in Individual Capacity)				М	LAST NAME			SUFFIX		
FILE	PREFIX FIRST NAME			IMI DASI			INAME		SOFFIX		
UST	OPERATOR ADDRESS (Li	isted in Options 1-3)									
	icipal office address 58 Doubletree		"AL ADDRESS (	Number an	d Street, no	P.O. I	Вох)	ADDRESS (line 2)			
CITY		DIIVE IN		STATE	E ZIP CODE			DATE BEGAN OPERATING (MM/DD/YYYY)			
Cr	own Point			IN				05/07/2025			
TELE	PHONE NUMBER		EMAIL ADDRES	SS (Option 3 Individual Capacity)				JOB TITLE (Option 3 Individual Capacity)			
	(219) 484										
PRE	TACT FOR BUSINESS / PU FIX FIRST NAME	JBLIC AGENCY (Listed i	n Option 1 or 2)		MI	LAS	T NAME		SUFFIX		
	Guriqbal				Singh						
	ICIPAL OFFICE ADDRESS		TAL ADDRESS (	Number an	d Street, no	P.O.	Вох)	ADDRESS (line 2)			
CITY	58 Doubletree	Drive N		STATE	ZIP CODI			JOB TITLE			
1 -	own Point			IN	4630			President			
	PHONE NUMBER		EMAIL ADDRES	• • •	1.000	•		roomone			
	(219) 484	-9576				prii	nceghotr	ra@hotmail.com			
Н				FAG	CILITY	CC	NTACT				
CON	TACT INDIVIDUAL NAME FIX FIRST NAME				MI	II AC	T NAME		SUFFIX		
I IXL	Gurigbal					1	ngh		301112		
	ICIPAL OFFICE ADDRESS		TAL ADDRESS (	Number an	d Street, no			ADDRESS (line 2)			
	58 Doubletree	Drive N									
Cr	own Point			STATE	ZIP CODI 4630			JOB TITLE President			
	PHONE NUMBER		EMAIL ADDRES		T-000			I resident			
1	(219) 484	-9576				prii	nceghotr	ra@hotmail.com			
	· · ·										

FACILITY ID # FACILITY NAME 2887 Shell									
I DEEDED PROPERTY OWNER									
			7	TYPE C	F OWNER				
Federal Government	Federal Government State Government						City / Local Government		
Commercial							Other:		
Option 1: PROPERTY OWNER NAME (Business Name a Meet Brothers Inc.	-		e Secrei	tary of Sta	(e)	BUSINES	BUSINESS ID (From the Secretary of State) 202410281835285		
Option 2: PROPERTY OWNER NAME (If a Public Agency	Option 2: PROPERTY OWNER NAME (If a Public Agency or other entity)								
Option 3: PROPERTY OWNER NAME (If in Individual Cap PREFIX FIRST NAME					LAST NAME	•		SUFFIX	
PROPERTY OWNER ADDRESS (Listed in Options 1-3)									
PROPERTY OWNER ADDRESS (Islaed in Options 1-3) PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box)  ADDRESS (line 2)  8858 Doubletree Drive N									
Crown Point		S*	TATE IN		ZIP CODE EFFECTIVE DATE OF OWNERSHIP (MM/DD/) 46307 05/07/2025			)	
TELEPHONE NUMBER	EMA <b>I</b> L AD	DRESS	(Option	3 Individue	l Capacity)	JOB TITI			
(219) 484-9576 CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in	Ontion 1	or 2)							
PREFIX FIRST NAME Gurigbal	горион	U1 2)		М	LAST NAME Singh		SUFFIX		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENT	AL ADDRI	ESS (Nur	nber an	d Street, n		ADDRESS (line 2)			
8858 Doubletree Drive N		10	TATE	ZIP COI	NF.	JOB TITI	-		
Crown Point	Crown Point IN				)7		ident		
(219) 484-9576	TELEPHONE NUMBER EMAIL ADDRESS (219) 484-9576					tra@ho	otmail.com		
J ACTIVE L	AND	CON				OWNE	R (If applicable)		
					F OWNER				
Federal Government	$ \square$	_		vernment			City / Local Government		
Commercial	$\Box$	Priva		atana at State \			Other:  BUSINESS ID (From the Secretary of State)		
Option 1: PROPERTY OWNER NAME (Business Name a	is registere	a with the	e Secrei	ary of Sta	θ)	BUSINE	ss ID (From the Secretary or State)		
Option 2: PROPERTY OWNER NAME (If a Public Agency	y or other e	entity)							
Option 3: PROPERTY OWNER NAME (If in Individual Ca, PREFIX FIRST NAME	pacity)			М	LAST NAME			SUFFIX	
PROPERTY OWNER ADDRESS (Listed in Options 1-3) PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENT	AL ADDRE	ESS (Nur	nber an	d Street, n	o P.O. Box)	ADDRES	S (line 2)		
				E ZIP CODE			EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)		
ату		s.	TATE	ZIF COL		EFFECT	TEDATE OF OWNERONII (MINISOSTYTY	)	
CITY TELEPHONE NUMBER JOB TITLE	EMA				lividual Capacity)		SED END DATE (MM/DD/YYYY)	)	
		IL ADDR						SUFFIX	
TELEPHONE NUMBER JOB TITLE  CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in PREFIX FIRST NAME	n Option 1	or 2)	ESS (C	ption 3 Inc	LAST NAME	PROPOS	SED END DATE (MM/DD/YYYY)		
TELEPHONE NUMBER JOB TITLE  CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in	n Option 1	or 2)	ESS (C	ption 3 Inc	LAST NAME	PROPOS			
TELEPHONE NUMBER JOB TITLE  CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in PREFIX FIRST NAME	n Option 1	or 2) ESS (Nur	ESS (C	ption 3 Inc	LAST NAME  O P.O. Box)	PROPOS	SED END DATE (MM/DD/YYYY)		
TELEPHONE NUMBER JOB TITLE  CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in PREFIX FIRST NAME  PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENT	n Option 1	or 2) ESS (Nur	RESS (C	MI d Street, ri	LAST NAME  O P.O. Box)	PROPOS	SED END DATE (MM/DD/YYYY)		

FACILITY ID #	FACILITY NAME					
2887	Shell					
К	CONTRACTOR					
ENGINEER	CCTED BY A REGISTERED REGISTRATION ID: REGISTRATION DATE (mm/dd/yyyy)					
MANUFACTURER'S INST	ISTALLATION CHECKLISTS HAVE BEEN COMPLETED AND INSTALLER CERTIFIED BY TANK AND PIPING MANUFACTURER					
	Y INDIANA DEPARTMENT OF HOMELAND SECURITY / DIVISION OF FIRE AND BUILDING SAFETY  (mm/dd/yyyy)					
CONTRACTOR BUSINESS NA	NAME (Business Name as registered with the Secretary of State)  BUSINESS ID (From the Secretary of State)					
CONTACT INFORMATION FOR	FOR CONTRACTOR THAT PERFORMED OR MANAGED WORK ON SITE					
PREFIX FIRST NAME	ON CONTRACTOR THAT PERFORMED OR MANAGED WORK ON SITE  MI LAST NAME	SUFFIX				
PRINCIPAL OFFICE ADDRESS	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 Tanks Data	E-MAIL ADDRESS tanksdata@gmail.com,contact@tanksda	ta com				
INTERESTED PARTY NAME		ia.com				
	and the state of t					
INTERESTED PARTY NAME	E-MAIL ADDRESS	E-MAIL ADDRESS				
М	FACILITY SITE MAP					

FACILITY ID# FACILITY Shell					
Complete one colum	n for each	n tank or compartment	. See instructions for o	compartment identificati	on numbering.
N	IDENTI	FICATION OF UN	IDERGROUND ST	ORAGE TANKS	
IDEM UST REGISTRATIO	ON NUMBER				
PART OF A COMPARTMENTE	D UST (Y/N)	▼	▼	▼	▼
NUMBER OF COMPARTME	NTS IN UST				
COMPARTMENT IDENTIFICATION	ON NUMBER				
(mm/dd/yyyy) DATE	INSTALLED				
(mm/dd/yyyy) DATE FIRST BROUGH	IT INTO USE				
(gallons) ESTIMATED TOTAL	L CAPACITY				
MANIFO	OLDED (Y/N)	▼	▼	▼	▼
MANIFOLDED TO COMPARTMENT	ID NUMBER				
0	ST	ATUS OF UNDER	RGROUND STORA	GE TANKS	
CURRE	NT STATUS	▼	▼	▼	▼
(mm/dd/yyyy) ST	ATUS DATE				
P SUBSTANCES	CURRE	ENTLY OR LAST	STORED IN UNDE	RGROUND STOR	AGE TANKS
Р	ETROLEUM	▼	▼	▼	₹
MAXIMUM E	ETHANOL %				
MAXIMUM	BIOFUEL %				
(spec	cify) OTHER				
HAZARDOUS S	SUBSTANCE				
CHEMICAL ABSTRACT SERVICE	CE NUMBER				
MIXTURE OF SU	JBSTANCES				
PRODUCT IS COMPATIBLE WITH	TANK (Y/N)	▼	▼	<b>~</b>	▼
Q UND	DERGRO	OUND STORAGE	TANK CONSTRU	CTION ATTRIBUTE	S
MANU	JFACTURER				
	MODEL				
MATERIAL OF CONS	STRUCTION	▼	▼	~	▼
SECONDARY COM	NTAINMENT	▼	▼	<b>~</b>	▼
R UN	NDERG	ROUND STORAG	E TANK CORROS	ION PROTECTION	
CORROSION PROTEC	CTION TYPE	▼	▼	▼	▼
(mm/dd/yyyy) ANODE INSTALLA	ATION DATE				
INTER	RIOR LINING	▼	~	▼	▼
(mm/dd/yyyy) LINER INSTALLA	ATION DATE				
(spec	cify) OTHER				
S	F	PIPING CONSTRU	JCTION AND PRO	TECTION	
MANU	JFACTURER				
	MODEL				
(mm/dd/yyyy) DATE	INSTALLED				
	MATERIAL	▼	▼	▼	▼
SECONDARY COM	NTAINMENT	▼	~	▼	▼
CORROSION PROTEC	CTION TYPE	▼	▼	<b>▼</b>	▼
(mm/dd/yyyy) ANODE INSTALLA	ATION DATE				
PRODUCT IS COMPATIBLE WITH F	PIPING (Y/N)	▼	~	▼	▼
PRODUCT DELIVER	RY METHOD	▼	▼	▼	▼

FACILITY ID# 2887	Shell									
IDEM UST REG	ISTRATION NUMBER									
COMPARTMENT IDEN	TIFICATION NUMBER									
Т	UNDF	RGROUND STORA	GF TANK RELEA	SE DETECTION						
	RELEASE DETECTION	<u>₹</u>	<b>-</b>	<u> </u>	√					
	MANUFACTURER			_						
	MODEL									
SECONDARY UST R	RELEASE DETECTION	▼	<b>*</b>	<b>-</b>	<b>-</b>					
	MANUFACTURER									
	MODEL									
U										
PRIMARY PIPING F	ELEASE DETECTION	▼	<b>*</b>	<b>*</b>	▼					
	MANUFACTURER				,					
	MODEL									
SECONDARY PIPING F	RELEASE DETECTION	▼	<b>~</b>	<b>~</b>	▼					
(EDIT DE LOTOT TEGORIED TO	MANUFACTURER									
	MODEL									
TERTIARY PIPING F	ELEASE DETECTION	▼	▼	<b>*</b>	▼					
	MANUFACTURER									
	MODEL									
V	SP	ILL AND OVERFIL	L PREVENTION E	QUIPMENT						
CATCHMENT B	ASIN / SPILL BUCKET	▼	▼	▼	▼					
(mm/dd/yy	yy) DATE INSTALLED									
	MANUFACTURER									
	MODEL									
	FILL LATITUDE									
	FILL LONGITUDE									
PRIMARY OVERFILL PREV	ENTION EQUIPMENT	▼	<b>*</b>	▼	▼					
(mm/dd/yy	yy) DATE INSTALLED									
	MANUFACTURER									
	MODEL									
	ULLAGE SET POINT									
SECONDARY OVERFILL PREV		▼	•	▼	▼					
(mm/dd/yy	yy) DATE INSTALLED									
	MANUFACTURER									
	MODEL									
	ULLAGE SET POINT									
UNDER DISPENSER CON		▼	▼	▼	▼					
	MANUFACTURER									
	yy) DATE INSTALLED									
SUBMERSIBLE TURI	SINE SUMP PRESENT	▼	~	_						
,	MANUFACTURER									
(mm/dd/yy	yy) DATE INSTALLED			I						

FACILITY ID# FACILITY NAME  2887 Shell							
Complete one column for each	th tank or compartment	. See instructions for c	ompartment identificati	on numbering.			
N IDENT	<b>IFICATION OF UN</b>	DERGROUND ST	ORAGE TANKS				
IDEM UST REGISTRATION NUMBER							
PART OF A COMPARTMENTED UST (Y/N)	▼	<b>*</b>	▼	<b>V</b>			
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 CURR	PENTLY OR LAST	STORED IN LINDS	RGROUND STOR	AGE TANKS			
PETROLEUM	TT TT	STORED IN ONDE	NGKOOND STOK	AGE TANKS			
MAXIMUM ETHANOL %							
MAXIMUM BIOFUEL %							
(specify) OTHER							
HAZARDOUS SUBSTANCE							
CHEMICAL ABSTRACT SERVICE NUMBER							
MIXTURE OF SUBSTANCES							
PRODUCT IS COMPATIBLE WITH TANK (Y/N)	V	▼	▼	▼			
Q UNDERGR	OUND STORAGE	TANK CONSTRUC	CTION ATTRIBUTE	S			
MANUFACTURER				_			
MODEL							
MATERIAL OF CONSTRUCTION	₹	▼	₹	₹			
SECONDARY CONTAINMENT	▼	▼	▼	▼			
R UNDERG	ROUND STORAG	E TANK CORROS	ION PROTECTION				
CORROSION 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/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 NA Shell	ME								
IDEM UST REGISTRATION N	UMBER								
COMPARTMENT IDENTIFICATION N	UMBER								
T U	NDERGROUND STOR	AGE TANK RELEA	SE DETECTION						
PRIMARY UST RELEASE DET		1 -	<b>□</b>	√					
MANUFAC			_						
	MODEL								
SECONDARY UST RELEASE DET	ECTION		<b>-</b>	-					
MANUFAC		_	_						
	MODEL								
U UNDERGROUND PIPING RELEASE DETECTION									
PRIMARY PIPING RELEASE DET	ECTION	· -	<b>-</b>	▼					
MANUFAC	TURER								
	MODEL								
SECONDARY PIPING RELEASE DET (LEAK DETECTOR REQUIRED FOR PRESSURIZE)	ECTION	▼	<b>~</b>	▼					
MANUFAC									
	MODEL								
TERTIARY PIPING RELEASE DET	ECTION		V	▼					
MANUFAC	TURER								
	MODEL								
V	SPILL AND OVERF	LL PREVENTION I	QUIPMENT						
CATCHMENT BASIN / SPILL E		-	▼	▼					
(mm/dd/yyyy) DATE INS	ralled		_						
MANUFAC	TURER								
	MODEL								
FILL LA	TITUDE								
FILL LON	GITUDE								
PRIMARY OVERFILL PREVENTION EQU	IPMENT -	· V	▼	▼					
(mm/dd/yyyy) DATE INS	FALLED								
MANUFAC	TURER								
	MODEL								
% ULLAGE SE	F POINT								
SECONDARY OVERFILL PREVENTION EQU	IPMENT	▼	~	▼					
(mm/dd/yyyy) DATE INS	TALLED								
MANUFAC	TURER								
	MODEL								
% ULLAGE SE	F POINT								
UNDER DISPENSER CONTAINMENT PI	RESENT	·	<b>~</b>	▼					
MANUFAC	TURER								
(mm/dd/yyyy) DATE INS	TALLED								
SUBMERSIBLE TURBINE SUMP PE		▼	▼	▼					
MANUFAC									
(mm/dd/yyyy) DATE INS	TALLED								

FACILITY ID#	TRANSACTION ID - FOR STATE USE ONLY				
2887					
	UST OV	VNER C	ERTIFICATION		
I swear or affirm, un	der penalty of perjury as specified by	y IC 35-44.	1-2-1 and other penalties	specified by IC 13-30-10 and IC 13-23-	14
2, that the statemen	ts and representations in this docum	nent are tru	ie, accurate, and comple	te. I further certify compliance with the	е
following requireme	ents in accordance with 329 IAC 9-2-2	?(e):			
(1) Installation of all	tanks and piping under 40 CFR 280.	20.			
(2) Cathodic protect	ion of steel tanks and piping under 4	0 CFR 280	.20.		
	n under 40 CFR 280 Subpart D.				
	sibility under 329 IAC 9-8.				
OWNER'S AUTHORIZED RI PREFIX FIRST NAME	EPRESENTATIVE (Print or Type)	IMI	LAST NAME	SUFFI	_
		mı		SUFFI	^
Guriqbal			Singh		
TITLE OF AUTHORIZED RE	PRESENTATIVE		NY NAME (If Individual Leave Blank	0	
President		Mee	t Brothers Inc.		
SIGNATURE				10/07/2025	
Gurighal Singh (Oct 7, 2025 12:0	06-38 CDT)			10/07/2025	
	UST OPE	RATOR	CERTIFICATION		
swear or affirm, un				specified by IC 13-30-10 and IC 13-23-	14
				te. I further certify compliance with the	
	ents in accordance with 329 IAC 9-2-2		,,	,	
	tanks and piping under 40 CFR 280.				
(2) Cathodic protect	ion of steel tanks and piping under 4	0 CFR 280	.20.		
(3) Release detectio	n under 40 CFR 280 Subpart D.				
(4) Financial respon	sibility under 329 IAC 9-8.				
	D REPRESENTATIVE (Print or Type)				Ξ
PREFIX FIRST NAME		MI	LAST NAME	SUFFI	.x
Guriqbal			Singh		
TITLE OF AUTHORIZED RE	PRESENTATIVE		NY NAME (If Individual Leave Blank	•	
President		Meet	t Brothers Inc.	10/07/2025	
SIGNATURE				DATE (MM/DD/YYYY)	_
Guriqbal Singh (Oct 7, 2025 12:06:	38 CDT)			110/07/2025	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CONTRA	CTOR	CERTIFICATION		
CERTIFIED INDIVIDUAL NA		CION	CERTIFICATION		_
PREFIX FIRST NAME	WILL	MI	LAST NAME	SUFFI	X
OATH: I swear or affi	rm under penalty of perjury as specific	d by IC 35	44 1-2-1 and other penaltic	es specified by IC 13-30-10 and IC 13-23-1	14.
	ed on the UST system complies with me				
SIGNATURE	EMAIL ADDRESS			DATE (MM/DD/YYYY)	_
I				l '	

## FID-2887-NF (2)

Final Audit Report 2025-10-07

Created: 2025-10-07

By: Tanks Data (tanksdata01@gmail.com)

Status: Signed

Transaction ID: CBJCHBCAABAARAglAaZikRNzYjqM-KrjOx7C5wcQvJPf

## "FID-2887-NF (2)" History

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