



THIRTY (30) DAY NOTIFICATION OF INTENT TO CLOSE

State Form 56553 (R5 / 5-21)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
PETROLEUM BRANCH

RETURN COMPLETED FORMS TO:

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

Facility ID Number: **18572**

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 PROPOSED CLOSURE (Check all that apply)									
Tank(s)			Piping			Dispenser(s)			
<input checked="" type="checkbox"/> Removal	<input type="checkbox"/> In-Place		<input checked="" type="checkbox"/> Removal	<input type="checkbox"/> In-Place		<input type="checkbox"/> Removal			
<input type="checkbox"/> Change-In-Service			<input type="checkbox"/> Change-In-Service			<input type="checkbox"/> Replacement			
Number of tanks to be closed: 3			Number of lines to be closed: 3			Number of dispensers to be closed:			
Number of regulated tanks on-site before closure: 3									
B FACILITY NAME / LOCATION									
FACILITY NAME Frontier Communication Data Center					LATITUDE (37.710101 to 41.866773) 41.139214		LONGITUDE (-88.185351 to -84.671035) -85.13902		
FACILITY ADDRESS (number and street) 6430 Oakbrook Parkway					PARCEL NUMBER(S) 02-07-14-427-002.000-073				
CITY Fort Wayne			STATE IN	ZIP CODE 46825	COUNTY Allen		TELEPHONE NUMBER		
C PREPARED BY									
PREFIX	FIRST NAME Sean			MI	LAST NAME Hofherr			SUFFIX	
ADDRESS 3807 Transportation Drive				CITY Fort Wayne		STATE IN	ZIP CODE 46818		
TELEPHONE NUMBER (260) 497-7645			JOB TITLE Senior PM		EMAIL ADDRESS s.hofherr@sesadvantage.com				
D UST OWNER									
TYPE OF OWNER									
<input type="checkbox"/> Federal Government	<input type="checkbox"/> State Government			<input type="checkbox"/> City / Local Government					
<input type="checkbox"/> Commercial	<input checked="" type="checkbox"/> Private			<input type="checkbox"/> Other:					
Option 1: UST OWNER NAME (Business Name as registered with the Secretary of State) FRONTIER COMMUNICATIONS CORPORATE SERVICES INC.					BUSINESS ID (From the Secretary of State) 2010032300244				
Option 2: UST OWNER NAME (If a Public Agency or other entity)									
Option 3: UST OWNER NAME (If an Individual/Company)									
PREFIX	FIRST NAME			MI	LAST NAME			SUFFIX	
UST OWNER ADDRESS (Number and Street, no P.O. Box)									
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 401 Merritt 7					ADDRESS (line 2)				
CITY Norwalk			STATE CT	ZIP CODE 06851	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 07/01/2010				
TELEPHONE NUMBER			EMAIL ADDRESS (Option 3 Individual/Company)			JOB TITLE (Option 3 Individual/Company)			
CONTACT FOR BUSINESS / PUBLIC AGENCY (If not an Option 1 UST)									
PREFIX	FIRST NAME Randy			MI	LAST NAME Robertson			SUFFIX	
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)									
1919 McKinney Ave					ADDRESS (line 2)				
CITY Dallas			STATE TX	ZIP CODE 75201	JOB TITLE Manager - Central Region, EHS				
TELEPHONE NUMBER (945) 261-5087			EMAIL ADDRESS randy.robertson@ftr.com						

FACILITY NUMBER 18572		FACILITY NAME Frontier Communication Data Center			
E		UST OPERATOR			
TYPE OF OPERATOR					
<input type="checkbox"/> Federal Government		<input type="checkbox"/> State Government		<input type="checkbox"/> City / Local Government	
<input type="checkbox"/> Commercial		<input type="checkbox"/> Private		<input type="checkbox"/> Other:	
Option 1: UST OPERATOR NAME (Business Name as registered with the Secretary of State) FRONTIER COMMUNICATIONS CORPORATE SERVICES INC.				BUSINESS ID (From the Secretary of State) 2010032300244	
Option 2: UST OPERATOR NAME (For Public Agency or other entity)					
Option 3: UST OPERATOR NAME (For Individual/Capacity)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
UST OPERATOR ADDRESS (Listed in Option 1 or 2)					
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 401 Merritt 7				ADDRESS (line 2)	
CITY Norwalk		STATE CT	ZIP CODE 06851	EFFECTIVE DATE OF OPERATING (MM/DD/YYYY) 07/01/2010	
TELEPHONE NUMBER		EMAIL ADDRESS (Option 3 Individual/Capacity)		JOB TITLE (Option 2 Individual/Capacity)	
CONTACT FOR BUSINESS (PUBLIC AGENCY) (Listed in Option 1 or 2)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
	Randy		Robertson		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 1919 McKinney Ave				ADDRESS (line 2)	
CITY Dallas		STATE TX	ZIP CODE 75201	JOB TITLE Manager - Central Region , EHS	
TELEPHONE NUMBER (945) 261-5087		EMAIL ADDRESS randy.robertson@ftr.com			
F		DEEDED PROPERTY OWNER			
TYPE OF OWNER					
<input type="checkbox"/> Federal Government		<input type="checkbox"/> State Government		<input type="checkbox"/> City / Local Government	
<input type="checkbox"/> Commercial		<input checked="" type="checkbox"/> Private		<input type="checkbox"/> Other:	
Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State) 6430 Oakbrook Park LLC, c/o Fiduciary Counselors Inc.				BUSINESS ID (From the Secretary of State) 2011062000228	
Option 2: PROPERTY OWNER NAME (For Public Agency or other entity)					
Option 3: PROPERTY OWNER NAME (For Individual/Capacity)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
PROPERTY OWNER ADDRESS (Listed in Option 1 or 2)					
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 700 12th Street				ADDRESS (line 2) NW Suite 700	
CITY Washington		STATE DC	ZIP CODE 20005	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 09/09/2011	
TELEPHONE NUMBER		EMAIL ADDRESS (Option 3 Individual/Capacity)		JOB TITLE (Option 2 Individual/Capacity)	
CONTACT FOR BUSINESS (PUBLIC AGENCY) (Listed in Option 1 or 2)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
	Randy		Robertson		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 1919 McKinney Ave				ADDRESS (line 2)	
CITY Dallas		STATE TX	ZIP CODE 75201	JOB TITLE Manager - Central Region , EHS	
TELEPHONE NUMBER (945) 261-5087		EMAIL ADDRESS randy.robertson@ftr.com			

FACILITY NUMBER 18572		FACILITY NAME Frontier Communication Data Center	
G ACTIVE LAND CONTRACT PROPERTY OWNER (if applicable)			
TYPE OF OWNER			
<input type="checkbox"/> Federal Government		<input type="checkbox"/> State Government	
<input type="checkbox"/> Commercial		<input type="checkbox"/> Private	
		<input type="checkbox"/> City / Local Government	
		<input type="checkbox"/> 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 (No Public Agency or other entity)			
Option 3: PROPERTY OWNER NAME (If an 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, PO, P.O. Box)		ADDRESS (line 2)	
CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)
TELEPHONE NUMBER	JOB TITLE	EMAIL ADDRESS (Optional - Individual Capacity)	PROPOSED END DATE (MM/DD/YYYY)
IMPORTANT FOR BUSINESS (PUBLIC AGENCY) (Used in Option 1 or 2)			
PREFIX	FIRST NAME	MI	LAST NAME
			SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, PO, P.O. Box)		ADDRESS (line 2)	
CITY	STATE	ZIP CODE	JOB TITLE
TELEPHONE NUMBER	EMAIL ADDRESS		
H PROPOSED CONTRACTOR			
CONTRACTOR BUSINESS NAME (Business Name as registered with the Secretary of State)		BUSINESS ID (From the Secretary of State)	
Gasoline Equipment		201704101190245	
CERTIFIED INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	LAST NAME
	Brandon		Shisler
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, PO, P.O. Box)		ADDRESS (line 2)	
4422 EARTH DRIVE			
CITY	STATE	ZIP CODE	IDIS CERTIFICATION NUMBER
Fort Wayne	IN	46809	UC2012OH9353
TELEPHONE NUMBER	EMAIL ADDRESS		
(260) 747-5088	brandon@gasequip.net		
I POTENTIALLY INTERESTED PARTIES			
INTERESTED PARTY NAME		EMAIL ADDRESS	
INTERESTED PARTY NAME		EMAIL ADDRESS	
INTERESTED PARTY NAME		EMAIL ADDRESS	
J LUST INCIDENT INFORMATION			
LUST INCIDENT NUMBER (if applicable)		DATE INCIDENT REPORTED (MM/DD/YYYY)	
199010500		10/02/1990	
LUST INCIDENT NUMBER (if applicable)		DATE INCIDENT REPORTED (MM/DD/YYYY)	
LUST INCIDENT NUMBER (if applicable)		DATE INCIDENT REPORTED (MM/DD/YYYY)	

FACILITY ID NUMBER 18572		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	MI	LAST NAME SUFFIX
	Randy		Robertson
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank)	
Manager - Central Region , EHS		FRONTIER COMMUNICATIONS CORPORATE SERVICES INC.	
SIGNATURE		Digitally signed by Randy Robertson Date: 2024.07.10 14:26:25 -05'00'	DATE (MM/DD/YYYY) 07/10/2024
Randy Robertson			
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
	Randy		Robertson
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank)	
Manager - Central Region , EHS		FRONTIER COMMUNICATIONS CORPORATE SERVICES INC.	
SIGNATURE		Digitally signed by Randy Robertson Date: 2024.07.10 14:26:58 -05'00'	DATE (MM/DD/YYYY) 07/10/2024
Randy Robertson			
CONTRACTOR CERTIFICATION			
CERTIFIED INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
	Brandon	I	Shisler
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)
Brandon Shisler <small>Digitally signed by Brandon Shisler Date: 2024.07.11 06:48:58 -04'00'</small>		brandon@gasequip.net	07/11/2024

Jordan, Sherry

From: Sean Hofherr <S.Hofherr@sesadvantage.com>
Sent: Monday, July 15, 2024 9:44 AM
To: IDEM USTregistration
Cc: Brandon Shisler
Subject: FID 18572 30 Day Intent to Close Notification
Attachments: FID 18572 30 Day Notification 7-15-24.pdf

****** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ******

Please find attached the signed 30 Day Intent to Close Notification for FID 18572, Frontier Communications, 6430 Oakbrook Parkway in Ft. Wayne, Indiana. Please confirm receipt of this email and let me know if you have any questions. Thanks!

Sean

Sean Hofherr

Senior Project Consultant

3807 Transportation Drive, Fort Wayne, IN 46818

+1 260.497.7645 (office) | +1 260.452.4374 (mobile)

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