



NOTIFICATION FOR UNDERGROUND STORAGE TANK SYSTEMS

State Form 45222 (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: **15663**

The information requested is required by 429 IAC 9. This form should only be used for facilities previously registered with the IDEM Underground Storage Tank program.

A TYPE OF NOTIFICATION		
<input checked="" type="checkbox"/> Facility Contact Change	<input checked="" type="checkbox"/> UST Owner Change	<input checked="" type="checkbox"/> Owner/Operator Information Change
<input type="checkbox"/> Type of Facility Change	<input checked="" type="checkbox"/> Property Owner Change	<input checked="" type="checkbox"/> Facility Name / Location Change
<input type="checkbox"/> UST System Modification	<input checked="" type="checkbox"/> UST Operator Change	<input checked="" type="checkbox"/> Financial Responsibility Change
<input type="checkbox"/> New UST System(s)		

B FACILITY NAME / LOCATION			
FACILITY NAME Keystone Cooperative Noblesville Station		LATITUDE (37,712151 to 41,258773) 40.02971	LONGITUDE (-86,183251 to -84,871055) -86.01310
FACILITY ADDRESS (Number and Street) 16222 Allisonville Rd		PARCEL NUMBER 11-11-07-00-00-003.000	
CITY Noblesville	STATE ZIP CODE IN 46060	COUNTY Hamilton	TELEPHONE NUMBER 8005250272

C TYPE OF FACILITY (Check all that apply)		
<input type="checkbox"/> Auto Dealership	<input type="checkbox"/> Commercial	<input type="checkbox"/> Airport Hydrant System
<input type="checkbox"/> Hospital	<input checked="" type="checkbox"/> Gas Station	<input type="checkbox"/> Industrial
<input type="checkbox"/> Petroleum Distributor	<input type="checkbox"/> Railroad	<input type="checkbox"/> Residential
<input type="checkbox"/> Trucking or Transport	<input type="checkbox"/> Utilities	<input type="checkbox"/> Unmanned
<input type="checkbox"/> Marina	<input type="checkbox"/> School	<input type="checkbox"/> Other:

D PREPARED BY			
PREFIX	FIRST NAME Mark	MI	LAST NAME Ransom
ADDRESS 770 N High School Road		CITY Indianapolis	STATE ZIP CODE IN 46214
TELEPHONE NUMBER (800) 525-0272	JOB TITLE Retail Manager	EMAIL ADDRESS mark.ransom@keystonecoop.com	

E 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:

Op. or 1. UST OWNER NAME (Business Name as registered with the Secretary of State) Keystone Cooperative INC	BUSINESS ID (From the Secretary of State) 2002123100208
Op. or 2. UST OWNER NAME (If a Public Agency, or other entity)	

Op. or 3. UST OWNER NAME (If an Individual Company)			
PREFIX	FIRST NAME	MI	LAST NAME

UST OWNER ADDRESS (Listed in Options 1-3) 770 N High School Road		ADDRESS (If 2)
CITY Indianapolis	STATE ZIP CODE IN 46214	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 03/01/2024
TELEPHONE NUMBER (800) 525-0272	EMAIL ADDRESS (Option 3 Individual Company)	JOB TITLE (Option 3 Individual Company)

CONTACT FOR BUSINESS PUBLIC AGENCY (Listed in Option 1 or 2)			
PREFIX	FIRST NAME Mark	MI	LAST NAME Ransom

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 770 N High School Road		ADDRESS (If 2)
CITY 770 N High School Road	STATE ZIP CODE IN 46214	JOB TITLE Retail Manager
TELEPHONE NUMBER (317) 340-9201	EMAIL ADDRESS mark.ransom@keystonecoop.com	

FACILITY ID# 24583		FACILITY NAME# Keystone Cooperative Noblesville Station	
F FINANCIAL RESPONSIBILITY (Check all that apply)			
<input type="checkbox"/> Federal or State Government Entity, which does not fall under financial responsibility requirements			
<input type="checkbox"/> Local Government owner or operator is maintaining financial responsibility for this site			
<input type="checkbox"/> The UST owner is maintaining financial responsibility for this site			
<input type="checkbox"/> The UST operator is maintaining financial responsibility for this site			
<input checked="" type="checkbox"/> 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.			
<input checked="" type="checkbox"/> Financial Test of Self Insurance		<input checked="" type="checkbox"/> Excess Liability Trust Fund (State Fund)	
<input type="checkbox"/> Guarantee		<input checked="" type="checkbox"/> Insurance and Risk Retention Group Coverage	
<input type="checkbox"/> Surety Bond		<input type="checkbox"/> Loan Commitment Letter	
<input type="checkbox"/> Letter of Credit		<input type="checkbox"/> Certificate of Deposit	
<input type="checkbox"/> Trust Fund		<input type="checkbox"/> Standby Trust Fund	
<input type="checkbox"/> Local Government Bond Rating Test		<input type="checkbox"/> Local Government Financial Test	
<input type="checkbox"/> Local Government Guarantee		<input type="checkbox"/> 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			
<input type="checkbox"/> Federal Government		<input type="checkbox"/> State Government	
<input type="checkbox"/> Commercial		<input checked="" type="checkbox"/> Private	
<input type="checkbox"/> City / Local Government		<input type="checkbox"/> Other:	
Option 1: UST OPERATOR NAME (business Name as registered with the Secretary of State) Keystone Cooperative INC		UST ID# (from the Secretary of State) 2002123100208	
Option 2: UST OPERATOR NAME (if a Public Agency or other entity)			
Option 3: UST OPERATOR NAME (if Individual Capacity)			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
UST OPERATOR ADDRESS (Use one of Options 1-3)			
PRINCIPAL OFFICE ADDRESS or TERTIARY RESIDENTIAL ADDRESS (Number and Street, or P.O. Box)		ADDRESS (line 2)	
770 N High School Road			
CITY	STATE	ZIP CODE	DATE BEGAN OPERATING (MM/DD/YYYY)
Indianapolis	IN	46214	03/01/2024
TELEPHONE NUMBER	EMAIL ADDRESS (Option 3: Individual Capacity)		JOB TITLE (Option 3: Individual Capacity)
(800) 525-0272			
CONTACT FOR BUSINESS RESPONSIBILITY (Lead in Oct or 1 or 2)			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
PRINCIPAL OFFICE ADDRESS or TERTIARY RESIDENTIAL ADDRESS (Number and Street, or P.O. Box)		ADDRESS (line 2)	
CITY	STATE	ZIP CODE	JOB TITLE
TELEPHONE NUMBER	EMAIL ADDRESS		
H FACILITY CONTACT			
CONTACT INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
	Mark		Ransom
PRINCIPAL OFFICE ADDRESS or TERTIARY RESIDENTIAL ADDRESS (Number and Street, or P.O. Box)		ADDRESS (line 2)	
770 N High School Road			
CITY	STATE	ZIP CODE	JOB TITLE
Indianapolis	IN	46214	Retail Manager
TELEPHONE NUMBER	EMAIL ADDRESS		
(317) 340-9201	mark.ransom@keystonecoop.com		

FACTORY ID# 24583		FACTORY NAME Keystone Cooperative Noblesville Station			
I 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)			BUSINESS ID (from the Secretary of State)		
Keystone Cooperative INC			2002123100208		
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 (See Section 1-3)					
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)			ADDRESS (line 2)		
770 N High School Road					
CITY		STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)	
Indianapolis		IN	46214	03/01/2024	
TELEPHONE NUMBER	EMAIL ADDRESS (Option 3 Individual Capacity)		JOB TITLE (Option 3 Individual Capacity)		
(800) 525-0272					
CONTACT FOR BUSINESS / PUBLIC AGENCY (Used in Option 1 or 2)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
	Mark		Ransom		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)			ADDRESS (line 2)		
770 N High School Road					
CITY		STATE	ZIP CODE	JOB TITLE	
Indianapolis		IN	46214	Retail Manager	
TELEPHONE NUMBER	EMAIL ADDRESS				
(317) 340-9201	mark.ransom@keystonecoop.com				
J ACTIVE LAND CONTRACT PROPERTY OWNER (If applicable)					
TYPE OF OWNER					
<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: 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 (See Section 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)		PROVIDES END DATE (MM/DD/YYYY)	
CONTACT 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, no P.O. Box)			ADDRESS (line 2)		
CITY		STATE	ZIP CODE	JOB TITLE	
TELEPHONE NUMBER	EMAIL ADDRESS				

FACILITY ID# 24583		FACILITY NAME Keystone Cooperative Noblesville Station	
K CONTRACTOR			
<input type="checkbox"/>	INSTALLATION INSPECTED BY REGISTERED ENGINEER	REGISTRATION ID	REGISTRATION DATE <i>(mm/dd/yyyy)</i>
<input type="checkbox"/>	MANUFACTURERS INSTALLATION OF EXCEPTS HAVE BEEN COMPLETED AND INCLUDED	<input type="checkbox"/>	NETA 1 FR CERTIFIED BY TANK AND PIPING MANUFACTURER
<input type="checkbox"/>	WORK INSPECTED BY INDIANA DEPARTMENT OF HOMELAND SECURITY DIVISION OF FIRE AND BUILDING SAFETY	INSPECTION DATE <i>(mm/dd/yyyy)</i>	
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, to 110, 5th)		ADDRESS (line 2)	
CITY	STATE	ZIP CODE	PHS CERTIFICATION NUMBER
TELEPHONE NUMBER	FAX NUMBER		
L POTENTIALLY INTERESTED PARTIES			
INTERESTED PARTY NAME		EMAIL ADDRESS	
Shawn Lambert		shawn.lambert@keystonecoop.com	
INTERESTED PARTY NAME		EMAIL ADDRESS	
Julie Lamberson		julie.lamberson@keystonecoop.com	
INTERESTED PARTY NAME		EMAIL ADDRESS	
Elizabeth South		elizabeth.south@keystonecoop.com	
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 #		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	
	Mark		Ransom		
TITLE OF AUTHORIZED REPRESENTATIVE			COMPANY NAME (If Individual Leave Blank)		
Retail Manager			Keystone Cooperative, Inc		
SIGNATURE				DATE (MM/DD/YYYY)	
<i>Mark Ransom</i>				05/20/2024	
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	
	Mark		Ransom		
TITLE OF AUTHORIZED REPRESENTATIVE			COMPANY NAME (If Individual Leave Blank)		
Retail Manager			Keystone Cooperative, Inc		
SIGNATURE				DATE (MM/DD/YYYY)	
<i>Mark Ransom</i>				05/20/2024	
CONTRACTOR CERTIFICATION					
CERTIFIED INDIVIDUAL NAME					
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX	
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)	
		mark.ransom@keystonecoop.com		05/20/2024	

State of Indiana
Office of the Secretary of State

CERTIFICATE OF MERGER
of
CO-ALLIANCE COOPERATIVE, INC.

I, DIEGO MORALES, Secretary of State, hereby certify that an Articles of Merger of the above Domestic Agricultural Coop have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

The following non-surviving entity(s):

CERES SOLUTIONS COOPERATIVE, INC.

a(n) Domestic Agricultural Coop

merged with and into the surviving entity(s):

CO-ALLIANCE COOPERATIVE, INC.

NOW, THEREFORE, with this document I certify that said transaction will become effective Thursday, February 29, 2024.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, March 04, 2024

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

2002123100208 /10240256

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>

State of Indiana
Office of the Secretary of State

Certificate of Amendment
of
CO-ALLIANCE COOPERATIVE, INC.

I, DIEGO MORALES, Secretary of State, hereby certify that Articles of Amendment of the above Domestic Agricultural Coop have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

The name following said transaction will be:

KEYSTONE COOPERATIVE, INC.

NOW, THEREFORE, with this document I certify that said transaction will become effective Friday, March 01, 2024.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, December 06, 2023

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

2002123100208 / 10126986

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>

Stewart, Angela

Subject: RE: FIDs 7155, 24970, 5968, 22467, & 50098 Need Tank Corrections & FIDs 22902, 24559, & 25351 have facility address discrepancies Originally: Name Change list

From: Megan Cabaniss <Megan.Cabaniss@keystonecoop.com>
Sent: Monday, July 15, 2024 1:46 PM
To: STEIFF, ROBERTA <RSTEIFF@idem.IN.gov>; Mark Ransom <Mark.Ransom@keystonecoop.com>
Cc: Payton, Jessica <JPayton@idem.IN.gov>; Browne, Rita <RBrowne@idem.IN.gov>; Mccarthy, Michael <MMccarth@idem.IN.gov>; Blackburn, Katie <KBlackbu@idem.IN.gov>
Subject: Re: FIDs 7155, 24970, 5968, 22467, & 50098 Need Tank Corrections & FIDs 22902, 24559, & 25351 have facility address discrepancies Originally: Name Change list

Bobbi,

Please update our emails to keystonecoop.com.

We do not have a 24559- was this supposed to be the 25459?
FID 25459 Mentone address is correct (we may be off be a (.) after the directions)
FID 25351 Terre Haute should read - E. Bill Farr Drive
FID 22902 Goshen should be- 17173 E Kercher Road (due to the rezoning!)

We are looking into the FID's for tank corrections.

Thank you!
Megan



Megan Cabaniss

Administrative Assistant

Keystone Cooperative, Inc.

770 N High School Rd, Indianapolis, IN 46214-3756

Phone: 317-218-4717

Megan.Cabaniss@keystonecoop.com | www.keystonecoop.com



From: STEIFF, ROBERTA <RSTEIFF@idem.IN.gov>
Sent: Wednesday, July 10, 2024 2:07 PM
To: Megan Cabaniss <Megan.Cabaniss@keystonecoop.com>; Mark Ransom <Mark.Ransom@keystonecoop.com>
Cc: Payton, Jessica <JPayton@idem.IN.gov>; Browne, Rita <RBrowne@idem.IN.gov>; Mccarthy, Michael

<MMccarth@idem.IN.gov>, Blackburn, Katie <KBlackbu@idem.IN.gov>

Subject: RE: FIDs 7155, 24970, 5968, 22467, & 50098 Need Tank Corrections & FIDs 22902, 24559, & 25351 have facility address discrepancies Originally: Name Change list

Good afternoon, Megan,

IDEM staff completed an initial triage of the list you provided. Our next step is to update your company name for each facility and send an acknowledgement letter / COFA, if we do not need tank corrections or facility address confirmation. **Additionally, do we need to update your emails? I noticed yours is different now. It would be easiest to make those updates at the same time.**

FIDs 7155, 24970, 5968, 22467, & 50098 Need Tank Corrections

IDEM staff will update to Keystone Cooperative, Inc., but not send an acknowledgement / COFA until a notification is received with corrected tank information. Let me know if you have questions.

FIDs 22902, 24559, & 25351 have facility address discrepancies. **Please, verify or confirm the facility addresses below:**

FID 22902 need confirmation of current address:

DB address

UST Facility #22902

UST Facility ID: 22902 OSFM ID:

[EPA ID: INS000019136](#) OSFM Date:

Received: 01/23/2018 Date Certified: 07/23/2014

Bill Cycle: UST Owner Certified: Chuck Croy

Tanks Location Contacts Property Owner UST Owner Op

EPA ID: INS000019136 UTM E:

Name: Ceres Solutions Cooperative, Inc Lat:

Address: 2427 East Kercher Road Lat Desc:

City/State: Goshen IN Long Desc:

Zip/County: 46526- Elkhart Comment:

UST Compliance address & the Facility address we received on your Excel spreadsheet:



Eric J. Holcomb
Governor

(800) 451-6027 • (317) 232-8603 • www.idem.IN.gov

Brian C. Rockensuess
Commissioner

January 14, 2022

Ceres Solutions Cooperative Inc
Attn: Jeffrey Troike, Registered Agent
2112 Indianapolis Rd
Crawfordsville, IN 47933

Ceres Solutions Cooperative Inc
Attn: Chuck Croy
Via email: ccroy@ceres.coop

Re: Violation Letter
North Central Cooperative
17171 CR 38
Goshen, Elkhart County
UST Facility ID # 22902

UST FAC ID: **22902**

Inspection Type: Initial

FACILITY NAME / LOCATION				
FACILITY NAME North Central Cooperative		FACILITY ADDRESS (number and street) 17171 CR 38		
ADDRESS (line 2)	CITY Goshen	STATE IN	ZIP CODE 46526	COUNTY Elkhart
UST OWNER				

FID 25459 confirmation of IDEM's database address:
DB address & Compliance Docs

UST Facility #25459

UST Facility ID: 25459 OSFM ID:

EPA ID: [INS000106861](#) OSFM Date:

Received: 01/23/2018 Date Certified: 10/1/2018

Bill Cycle: UST Owner Certified:

Tanks Location Contacts Property Owner UST

EPA ID: INS000106861

Name: North Central Co Op

Address: **4640 S 900 W**

City/State: **Mentone** IN

Zip/County: 46539- Kosciusko

FID 25351 confirmation of IDEM's database address:
DB address & Compliance Doc

UST Facility #25351

UST Facility ID: 25351 OSFM ID:

EPA ID: [INS000106570](#) OSFM Date: 12/12/21

Received: 01/26/2018 Date Certified: 12/12/21

Bill Cycle: UST Owner Certified: Chuck R

Tanks Location Contacts Property Owner UST Own

EPA ID: INS000106570

Name: Ceres Solutions Cooperative Incorporated

Address: 5061 **E Bill Farr Dr** Lat

City/State: Terre Haute IN Long

Zip/County: 47803- Vigo Con

Historically, the facility address can change over time. (Washington St. in Indianapolis, but US 40 east or west of the city...) For some older facilities, the initial facility address was completed as the corporate office or administrative office. The facility address should be the address where the tanks are located.

Let me know if you have questions.

Bobbi



Indiana Department of
Environmental Management

Bobbi Steiff

Petroleum Branch Specialist

UST Operations Section

• (317) 234-0935 • rsteiff@idem.IN.gov

Protecting Hoosiers and Our Environment

 |  |  |  |  | www.idem.IN.gov

Help us improve!

IDEM values your feedback



From: Megan Cabaniss <Megan.Cabaniss@keystonecoop.com>

Sent: Tuesday, July 9, 2024 11:57 AM

To: STEFF, ROBERTA <RSTEFF@idem.IN.gov>

Subject: Re: Name Change list

Hi Bobbi!

Hope you've enjoyed a long weekend!

Do you happen to have an update on this for us?

Thanks,

Megan



Megan Cabaniss

Administrative Assistant

Keystone Cooperative, Inc.

770 N High School Rd, Indianapolis, IN 46214-3756

Phone: 317-218-4717

Megan.Cabaniss@keystonecoop.com | www.keystonecoop.com



From: Megan Cabaniss

Sent: Monday, June 24, 2024 1:35 PM

To: STEFF, ROBERTA <RSTEFF@idem.IN.gov>

Subject: Name Change list

Bobbi,

Please find attached our list of locations for name changes. We've included the Cert. of Mergers, Insurance, and also the last page of the 45223(signed). I believe we've included all the necessary information, but please let me know if we've missed anything.

Have a great week!

Thanks,

Megan