

**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.govFacility 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 (37.712121 to 41.258773) 40.02971	LONGITUDE (-86.183251 to -84.871035) -86.01310
FACILITY ADDRESS (number and street) 16222 Allisonville Rd		PARCEL NUMBER 11-11-07-00-00-003.000	
CITY Noblesville	STATE IN	ZIP CODE 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 IN
		ZIP CODE 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:	
Option 1: UST OWNER NAME (Business Name as registered with the Secretary of State) Keystone Cooperative INC		BUSINESS ID (From the Secretary of State) 2002123100208	
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
UST OWNER ADDRESS (listed in Options 1-3)			
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 770 N High School Road		ADDRESS (If not 2)	
CITY Indianapolis	STATE IN	ZIP CODE 46214	REGISTRATION DATE OF OWNERSHIP (MM/DD/YYYY) 03/01/2024
TELEPHONE NUMBER (800) 525-0272		EMAIL ADDRESS (Option 3 optional/optional) 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 not 2)	
CITY 770 N High School Road	STATE IN	ZIP CODE 46214	JOB TITLE Retail Manager
TELEPHONE NUMBER (317) 340-9201		EMAIL ADDRESS mark.ransom@keystonecoop.com	

<b>FACILITY ID#</b> <b>24583</b>	<b>FACILITY NAME</b> <b>Keystone Cooperative Noblesville Station</b>		
<b>F FINANCIAL RESPONSIBILITY (Check all that apply)</b>			
<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). <b>If you are using the ELTF it must be checked as well.</b>			
<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	
<b>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.</b>			
<b>G UST OPERATOR</b>			
<b>TYPE OF OPERATOR</b>			
<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)		UST ID# (From the Secretary of State)	
<b>Keystone Cooperative INC</b>		<b>2002123100208</b>	
Option 2: UST OPERATOR NAME (If a Public Agency or other entity)			
Option 3: UST OPERATOR NAME (If an Individual Capacity)			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
UST OPERATOR ADDRESS (Use one of Options 1-3)			
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (line 2)	
<b>770 N High School Road</b>			
CITY	STATE	ZIP CODE	DATE BEGAN OPERATING (MM/DD/YYYY)
<b>Indianapolis</b>	<b>IN</b>	<b>46214</b>	<b>03/01/2024</b>
TELEPHONE NUMBER	EMAIL ADDRESS (Option 3 only/UST ID# only)		JOB TITLE (Option 3 Individual Capacity)
<b>(800) 525-0272</b>			
CONTACT FOR BUSINESS PUBLIC AGENCY (Use one of 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		
<b>H FACILITY CONTACT</b>			
CONTACT INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
	<b>Mark</b>		<b>Ransom</b>
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (line 2)	
<b>770 N High School Road</b>			
CITY	STATE	ZIP CODE	JOB TITLE
<b>Indianapolis</b>	<b>IN</b>	<b>46214</b>	<b>Retail Manager</b>
TELEPHONE NUMBER	EMAIL ADDRESS		
<b>(317) 340-9201</b>	<b>mark.ransom@keystonecoop.com</b>		

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

<b>FACILITY ID#</b> <b>24583</b>	<b>FACILITY NAME#</b> <b>Keystone Cooperative Noblesville Station</b>		
<b>K CONTRACTOR</b>			
<input type="checkbox"/> <b>INSTALLATION INSPECTED BY A REGISTERED ENGINEER</b>	<b>REGISTRATION ID#</b>	<b>REGISTRATION DATE</b> (mm/dd/yyyy)	
<input type="checkbox"/> <b>HAND ACTORS/REINSTALLATION OF LOCKETS HAVE BEEN COMPLETED AND INCLUDED</b>	<input type="checkbox"/> <b>NETA I FR CERTIFIED BY TANK AND PIPING MAINTENANCE</b>		
<input type="checkbox"/> <b>WORK INSPECTED BY INDIANA DEPARTMENT OF HOMELAND SECURITY DIVISION OF FIRE AND BUILDING SAFETY</b>	<b>INSPECTION DATE</b> (mm/dd/yyyy)		
<b>CONTRACTOR BUSINESS NAME (Business Name as registered with the Secretary of State)</b>		<b>BUSINESS ID (from the Secretary of State)</b>	
<b>CONTACT INFORMATION FOR CONTRACTOR THAT PERFORMED OR MANAGED WORK ON SITE</b>			
<b>PREFIX</b>	<b>FIRST NAME</b>	<b>MI</b>	<b>LAST NAME</b>
<b>PRINCIPAL OFFICE ADDRESS OR PRIMARY RESIDENTIAL ADDRESS (number and street, to P.O. Box)</b>		<b>ADDRESS (line 2)</b>	
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>PHS CERTIFICATION NUMBER</b>
<b>TELEPHONE NUMBER</b>		<b>FAX NUMBER</b>	
<b>L POTENTIALLY INTERESTED PARTIES</b>			
<b>INTERESTED PARTY NAME</b> Shawn Lambert		<b>EMAIL ADDRESS</b> shawn.lambert@keystonecoop.com	
<b>INTERESTED PARTY NAME</b> Julie Lamberson		<b>EMAIL ADDRESS</b> julie.lamberson@keystonecoop.com	
<b>INTERESTED PARTY NAME</b> Elizabeth South		<b>EMAIL ADDRESS</b> elizabeth.south@keystonecoop.com	
<b>M FACILITY SITE MAP</b>			
<p><i>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.</i></p> <div style="height: 400px; border: 1px solid black;"></div>			

FACILITY ID #		TRANSACTION ID - FOR STATE USE ONLY		
<b>UST OWNER CERTIFICATION</b>				
<p>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):</p> <p>(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.</p>				
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
<b>UST OPERATOR CERTIFICATION</b>				
<p>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):</p> <p>(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.</p>				
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
<b>CONTRACTOR CERTIFICATION</b>				
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

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

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**From:** Megan Cabaniss <[Megan.Cabaniss@keystonecoop.com](mailto:Megan.Cabaniss@keystonecoop.com)>  
**Sent:** Monday, July 15, 2024 1:46 PM  
**To:** STEIFF, ROBERTA <[RSTEIFF@idem.IN.gov](mailto:RSTEIFF@idem.IN.gov)>; Mark Ransom <[Mark.Ransom@keystonecoop.com](mailto:Mark.Ransom@keystonecoop.com)>  
**Cc:** Payton, Jessica <[JPayton@idem.IN.gov](mailto:JPayton@idem.IN.gov)>; Browne, Rita <[RBrowne@idem.IN.gov](mailto:RBrowne@idem.IN.gov)>; Mccarthy, Michael <[MMccarth@idem.IN.gov](mailto:MMccarth@idem.IN.gov)>; Blackburn, Katie <[KBlackbu@idem.IN.gov](mailto: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](mailto:Megan.Cabaniss@keystonecoop.com) | [www.keystonecoop.com](http://www.keystonecoop.com)



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



<[MMccarth@idem.IN.gov](mailto:MMccarth@idem.IN.gov)>; Blackburn, Katie <[KBlackbu@idem.IN.gov](mailto: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:  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	
<b>FACILITY NAME / LOCATION</b>			
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			
<b>UST OWNER</b>			

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/
Bill Cycle: <input type="text"/>	UST Owner Certified: Ch

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

City/State: Terre Haute IN

Zip/County: 47803- Vigo

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](mailto:rsteiff@idem.IN.gov)

Protecting Hoosiers and Our Environment



[www.idem.IN.gov](http://www.idem.IN.gov)

Help us improve!

IDEM values your feedback



From: Megan Cabaniss <[Megan.Cabaniss@keystonecoop.com](mailto:Megan.Cabaniss@keystonecoop.com)>

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

**To:** STEIFF, ROBERTA <[RSTEIFF@idem.IN.gov](mailto:RSTEIFF@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](mailto:Megan.Cabaniss@keystonecoop.com) | [www.keystonecoop.com](http://www.keystonecoop.com)



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**From:** Megan Cabaniss

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

**To:** STEIFF, ROBERTA <[RSTEIFF@idem.IN.gov](mailto:RSTEIFF@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