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

	Petroleum Branch	vironme	mtaii ivi	tan agement			Ŀ					
	The left man from a second of		Facility ID Number:									
	The information requested	is requ		y 329 IAC 9. T IDEM Underg					lities	previous	y registered with the	
Α				TYPE	OF NO	TIFICA	TIC	ON				
	Facility Contact Change	\mathbf{x}	UST Owner Change Owner/Operator Information C							Change		
	Type of Facility Change	╗	Pro	perty Owne	er Change	9			Ħ	Facility	Name / Location Char	nge
ॉ	UST System Modification	╅	_	Γ Operator					☱	_	al Responsibility Chan	-
╫	New UST System(s)				ű					, company		
В	, , ,			FACILIT	Y NAMI	=/100	:Δ1	TION				
	LITY NAME			AOILII		ATITUDE (3			86677	73)	LONGITUDE (-88.165351 to -84.	671035)
VΡ	VP Pack LLC 39.9277 86.1459											
	LITY ADDRESS (number and street)					P	ARCE	EL NUMBER				
	01 N College Ave.							2	9-1	3-12-3	304-016.000-018	
CITY			N	ZIP CODE 46280		COUNT		\n			TELE PHONE NUMBER	
	rmel					Han						
C		1	_	E OF FA	CILITY	(Check	all	that ap				
	Auto Dealership		Con	nmercial						Airport	Hydrant System	
	Hospital	\times	Gas	Station						Industri	al	
	Petroleum Distributor		Rail	lroad						Resider	ntial	
	Trucking or Transport		Utili	ties						Unman	ned	
	Marina		Sch	ool						Other:		
D				Р	REPAR	ED BY	′					
PRE						AST NAME						SUFFIX
	Chris				<u>l l'</u>	Ogg						
Ōn	e Civic Square			спу Carm				2	STAT	IN	21P CODE 46032	
TELE		Aşşt.	E EMAIL ADDRESS City Engineer			RESS	Ç	cogg@carmel.in.gov				
Е					UST OV	VNER						
					YPE OF		₹					
	Federal Government		State Government									
	Commercial			Private		Other:						
Optio	n 1: UST OWNER NAME (Business Name as re	gistered	with the	e Secretary of S	tate)			BUSIN	ESS	ID (From th	ne Secretary of State)	
	n 2: UST OWNER NAME (If a Public Agency or a y of Carmel	ather en	lity)									
	n 3: UST OWNER NAME (``r\r':dividua/Caused	12.										
PRE		,,			MI L	AST NAME						SUFFIX
	OWNER ADDRESS (Listed in Options 1-3) CIPAL OFFICE ADDRESS or PRIMARY RESIDE	ENTAL A	NDDRE	SS (Number and	Street, no P.	O. Bax)		ADDR	ESS	(line 2)		
	e Civic Square			,								
CITY				STATE	ZIP CODE			EFFE	CTIVE	DATE OF	OWNERSHIP (MM/DD/YYYY)	
	rmel			IN	46032							
TELE	PHONE NUMBER (317) 571-2441	EMA	VIL ADD	DRESS ¡Derbni	0 ∤nde.4dam/C:	топоцУ		JOB T	JOB TITLE (20/on 3 /reinlichte/Capacity)			
CON	TACT FOR BUSINESS / PUBLIC AGENCY (Liste	ed in Opt	tion 1 o	r 2)								
PRE	TX FIRST NAME			-		AST NAME						SUFFIX
	Jeremy					Kashm	an					
_	cipal office address of primary reside ne Civic Square	ENTAL A	NDDRE	SS (Number and		O. Box)		ADDR	ESS	pine 2)		
ату Са	rmel		STATE ZIP CODE IN 46032				ов тпле Chief Infrastructure Officer					
TELE	EMAIL ADDRESS (317) 571-2438 jkashman@carmel.in.gov											

FACILITY ID# FACILITY NAME VP Pack LLC										
F FINANC	CIAL RE	SPO	ONSIBI	LI'	TY (Chec	k all that apply)				
Federal or State Government Entity, when	nich does i	not fa	all under	fina	ancial resp	onsibility requirements				
Local Government owner or operator is		_		_	onsibility fo	or this site				
The UST owner is maintaining financial responsibility for this site										
The UST operator is maintaining finance			-							
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 Lia	ability Trust Fund (State Fund)				
Guarantee Insurance and Risk Retention Group Coverage										
Surety Bond						nmitment Letter				
Letter of Credit						e of Deposit				
Trust Fund					Standby T					
Local Government Bond Rating Test						ernment Financial Test				
Local Government Guarantee						ernment Fund				
					ty to pay the anism when r	applicable amount pursuant to 9-8-11(b) and (c) requested.	and			
G		US	T OPE	R	ATOR					
			PE OF O	PΕ	RATOR					
Federal Government			rnment			City / Local Government				
Commercial	Private					Other:				
Option 1: UST OPERATOR NAME (Business Name as registere	d with the Secr	atary o	State)			BUSINESS ID (From the Secretary of State)				
Option 2: UST OPERATOR NAME (If a Public Agency or other e	entity)									
City of Carmel										
Option 3: UST OPERATOR NAME (thir the Viewer Neterly) PREHX THRST NAME			MI I	LAS	NAME		SUFFIX			
UST OPERATOR ADDRESS (Listed in Options 1-3) PRINCIPAL OFFICE ADDRESS of PRIMARY RESIDENTAL AD	TDLSS (March	0.5 0.5 0	Stead no U	71.1	Da W	ADDRESS (Ine 2)				
One Civic Square	iuness įvailo	er ariu	30001, 110 F.	.0. 2	ux)	, ,				
Carmel	SIA I	N	46032							
	ADDRESS (C	200 1 5	nd vides Co	0 050	79	JOB TITLE (Oxfor 5 FdVxtis/Cspsc/)				
(317) 571-2441 CONTACT FOR BUSINESS 7 PUBLIC AGENCY (Listed in Option	n 1 or 2)									
PREFIX FIRST NAME	11 101 2)				NAME		SUFFIX			
Jeremy					shman					
One Civic Square	DRESS (Numb	er and	St eet, no P.	.O. E	lax)	ADDRESS (Ine 2)				
Carran	SIA		ZIPCODE			Object Information Office of				
Carmel TELEPHONE NUMBER TEMATI	ADDRESS	N	46032			Chief Infrastructure Officer				
TELEPHONE NUMBER	ADDRESS									
н	F	AC	ILITY (co	NTACT					
CONTACT INDIVIDUAL NAME PREHX FIRST NAME							STILLIV			
PREFIX PIRST NAME			imi .	LAS	NAME		SUFFIX			
PRINCIPAL OFFICE ADDRESS OF PRIMARY RESIDENTAL AD	DRESS (Numb	er and	St eet, no P.	O. E	lax)	ADDRESS (Ine 2)				
СПҮ	STA	TE	ZIP CODE			JOBTITLE				
TELEPHONE NUMBER EMAIL	ADDRESS									
EWIL										

FACILITY ID # FACILITY NAME				
VP Pack				
1	DEED	ED PROPERTY O	OWNER	
		TYPE OF OWNER		
Federal Government	State G	Sovernment	City / Local Gover	nment
∠ Commercial	Private		Other:	
ption 1: PROPTATY OWNER NAME (Business A /P Pack LLC	varne as registered with the S	ecretary of State)	BUSINESS ID (From the Secretary of S	Itate)
ption 2: PROPERTY OWNER NAME (If a Public)	Agency or other entity)			
ption 3: PROPERTY OWNER NAME (* in ha va REHX - FIRST NAME	ual Ganadiy)	MI LAST NAME		SUFFIX
P(IFERTY OWNER ADDRESS (Listed in Options RINCIPAL OFFICE ADDRESS OF PRIMARY RES		er and St eet, no P.O. Box)	ADDRESS (Ine 2)	
981 Franklin Rd. N	, , , , , , , , , , , , , , , , , , , ,		,,	
IIY	SIA		EFFECTIVE DATE OF OWNERSHIP (
ndianapolis CEPHONE NUMBER	_	N 46226	11/21/20	
LEPHONE NUMBER	EWAIL ADDRESS (IV.	Xio 1 N Prof Vidus PC Session ()	JOB HILLE (Output N Individual Canac	V.,
ON FACT FOR BUSINESS / PUBLIC AGENCY (L	sted in Option 1 or 2)			
REHX FIRST NAME		MI LAST NAME		SUFFIX
RINCIPAL OFFICE ADDRESS OF PRIMARY RES	IDENIAL ADDRESS (Number	er and Steet, no P.O. Box)	ADDRESS (Ine 2)	
TY	SIA	IE ZIP CODE	JOR TITLE	
LEPHONE NUMBER	EMAIL ADDRESS			
J ACTIV	E LAND CONT	RACT PROPERT	Y OWNER (If applicable)	
		TYPE OF OWNER		
Federal Government		Sovernment	City / Local Govern	nment
Commercial pton 1: PRIDP-RTY OWNER NAME (Busness N	Private		Other: BUSINESS ID (From the Secretary of S	Clata
BOIL I. I-FIJIHIT OWNER HAME (BUSINESS A	wante as registered with the S	eciesary or State y	Business in (Front the Secretary of C	rane)
otion 2: PPOP-KTY OWNER NAME (If a Public A	Agency or other entity)			
ption 3: PROPERTY OWNER NAME (Fin http://s REHX FIRST NAME	w.! Samety)	MI LAST NAME		SUFFIX
OFERTY OWNER ADDRESS (Listed in Options RINCIPAL OFFICE ADDRESS or PRIMARY RES		er and St eet, no P.O. Box)	ADDRESS (Ine 2)	
ΙΥ	SIA	IE ZIPCODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)
LEPHONE NUMBER DOB TITLE	EMAIL ADDRES	S (Osfon 3 (элкійыл, Сарлаку,	PROPOSED END DATE (MM/DD/YYY	y1
	ENVIE ADDITE	as just of the first only they		,
ONTACT FOR BUSINESS / PUBLIC AGENCY (L	sted in Option 1 or 2)	MI LASTNAME		SUFFIX
ETA PROTRAME		DISTRACT		SUPPL
RINCIPAL OFFICE ADDRESS OF PRIMARY RES	IDENTAL ADDRESS (Number	er and St eet, no P.O. Box)	ADDRESS (Ine 2)	
ПҮ	SIA	IE ZIP CODE	JOR TITLE	
LEPHONE NUMBER	EMAIL ADDRESS			

FACI	.ITY ID#	VP Pack LL	C						
K			-	С	ONTR	ACTOR			
Ä	INSTALLATION INSPECTE ENGINEER	D BY A REGISTERED	REG	SISTRATIO				REGISTRATION DATE	
H	MANUFACTURERS INSTA	LLATION CHECKLISTS	S HAVE BEEN CO	MPLETED	AND	INSTALLER CERTIFI	ED BY TANK ANI	(mm/dd/yyyy) D PIPING MANUFACTURER	
片	INCLUDED WORK INSPECTED BY IND	DIANA DEPARTMENT	OF HOMELAND S	ECURITY	/ DIVISION			INSPECTION DATE	
CON	TRACTOR BUSINESS NAM	E (Business Name as n	egistered with the S	Secretary o	f State)		BUSINESS ID ((mm/dd/yyyy) From the Secretary of State)	
	IX FIRST NAME	CONTRACTOR THAT	PERFORMED OR	MANAGEL	MI WORK O	LAST NAME			SUFFIX
L									
PRIN	CIPAL OFFICE ADDRESS (OF PRIMARY RESIDEN	TAL ADDRESS (N	umber and	St eet, no	P. O. Bax)	ADDRESS (Ine	2)	
CITY			-	STATE	ZIP CODE		IDHS CERTIFIC	CATION NUMBER	
TELE	PHONE NUMBER		EMAIL ADDRESS	5					
			DOTEN	T.A	VINIT		ADTIES		
L NTE	RESTED PARTY NAME		POTEN	IIALL	Y INT	ERESTED P	AKIIES		
INTE	RESTED PARTY NAME				E-MAIL AL	DURESS			
INTE	RESTED PARTY NAME				E-MAIL AL	IIDESS			
1412	NESTED PARTY NAME				E-INVIE AL	JUNESS			
М				FΔC	II ITY	SITE MAP			
	ne space below, ske	tch the facility (t	anks, piping,				pump island:	s, buildings, etc.). Include	tank
size	s and type of produ	ct stored. Label	streets or oth	her land	lmarks.	Show North if d	irection kno	wn.	
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1									
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VP Pack LLC	3			
Complete one column for eac	h tank or compartment.	. See instructions for co	ompartment identification	n numbering.
N IDENT	IFICATION OF UN	DERGROUND STO	ORAGE TANKS	
IDEM UST REGISTRATION NUMBER	1	1	1	1
PART OF A COMPARTMENTED UST (Y/N)				
NUMBER OF COMPARTMENTS IN UST				
COMPARTMENT IDENTIFICATION NUMBER	1	1	1	1
(mm/dd/yyyy) DATE INSTALLED				
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE				
(gallons) ESTIMATED TOTAL CAPACITY	1	1	1	1
MANIFOLDED (Y/N)				
MANIFOLDED TO COMPARTMENT ID NUMBER	ı	1	1	1
0 S	TATUS OF UNDER	GROUND STORA	GE TANKS	
CURRENT STATUS				
[mm/dd/yyyy) STATUS DATE				
P SUBSTANCES CURR	ENTLY OR LAST	STORED IN UNDE	RGROUND STORA	AGE TANKS
PETROLEUM	VGL - Virgin Oil	VGL - Virgin Oil	VGL - Virgin Oil	VGL - Virgin Oil
MAXIMUM ETHANOL %	1	1	1	1
MAXIMUM BIOFUEL %	1	1	1	1
(specify) OTHER	1	1	1	1
HAZARDOUS SUBSTANCE	1	1	1	1
CHEMICAL ABSTRACT SERVICE NUMBER	1	1	1	1
MIXTURE OF SUBSTANCES	1	1	1	1
PRODUCT IS COMPATIBLE WITH TANK (Y/N)				
Q UNDERGR	OUND STORAGE	TANK CONSTRUC	CTION ATTRIBUTE	S
MANUFACTURER	1	1	1	1
MODEL	1	1	1	1
MATERIAL OF CONSTRUCTION				
SECONDARY CONTAINMENT				
R UNDERG	ROUND STORAGE	E TANK CORROSI	ON PROTECTION	
CORROSION PROTECTION TYPE	Sacrificial Anodes (I	Sacrificial Anodes (I	Sacrificial Anodes (I	Sacrificial Anodes (
(mm/dd/yyyy) ANODE INSTALLATION DATE				
INTERIOR LINING				
(mm/dd/yyyy) LINER INSTALLATION DAIL				
(specify)OTHER	1	1	1	1
S	PIPING CONSTRU	ICTION AND PRO	TECTION	
MANUFACTURER	1	1	1	1
MODEL	1	1	1	1
(mm/dd/yyyy) DATE INSTALLED				
MATERIAL	None	Nane	None	None
SECONDARY CONTAINMENT				
CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)				
PRODUCT DELIVERY METHOD				

FACILITY ID# FACILITY NAME VP Pack LL(<u> </u>			
IDEM UST REGISTRATION NUMBER	1	1	1	1
COMPARTMENT IDENTIFICATION NUMBER	1	1	1	1
T UNDER	RGROUND STORA	GE TANK RELEA	SE DETECTION	
PRIMARY UST RELEASE DETECTION	Groundwater Monito	Groundwater Monito	Groundwater Monito	Groundwater Monito
MANUFACTURER	1	1	1	1
MODEL	1	1	1	1
SECONDARY UST RELEASE DETECTION	Groundwater Monito	Groundwater Monito	Groundwater Monito	Groundwater Monito
MANUFACTURER	1	1	1	1
MODEL	1	1	1	1
U	NDERGROUND PI	PING RELEASE D	ETECTION	
PRIMARY PIPING RELEASE DETECTION	0.2gph/0.1gph ELL(0.2gph/0.1gph ELLI	0.2gph/0.1gph ELLI	0.2gph/0.1gph ELLI
MANUFACTURER	1	1	1	1
MODEL	1	1	1	1
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)	ELLD w/Annual Tes	ELLD w/Annual Tes	ELLD w/Annual Tes	ELLD w/Annual Tes
MANUFACTURER	1	1	1	1
MODEL	1	1	1	1
TERTIARY PIPING RELEASE DETECTION	ELLD w/Annual Tes	ELLD w/Annual Tes	ELLD w/Annual Tes	ELLD w/Annual Tes
MANUFACTURER	1	1	1	1
MODEL	1	1	1	1
V SP	ILL AND OVERFIL	L PREVENTION E	QUIPMENT	
CATCHMENT BASIN / SPILL BUCKET	Doublewall Spill Bur	Doublewall Spill Bud	Doublewall Spill Bur	Doublewall Spill Bud
(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	N/A	N/A	N/A	N/A
(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				

VP Pack LLC	3			
Complete one column for eac	h tank or compartment.	See instructions for co	ompartment identification	n numbering.
N IDENT	IFICATION OF UN	DERGROUND STO	DRAGE TANKS	
IDEM UST REGISTRATION NUMBER	1	1	1	1
PART OF A COMPARTMENTED UST (Y/N)				
NUMBER OF COMPARTMENTS IN UST				
COMPARTMENT IDENTIFICATION NUMBER	1	1	1	1
(mm/dd/yyyy) DATE INSTALLED				
[mm/dd/yyyy) DATE FIRST BROUGHT INTO USE				
(gallons) EST IMATED TOTAL CAPACITY	1	1	1	1
MANIFOLDED (Y/N)				
MANIFOLDED TO COMPARTMENT ID NUMBER	'	1	1	1
0 S	TATUS OF UNDER	GROUND STORA	GE TANKS	
CURRENT STATUS				
(mm/dd/yyyy) STATUS DATE				
P SUBSTANCES CURR	ENTLY OR LAST	STORED IN UNDE	RGROUND STORA	AGE TANKS
PETROLEUM	VGL - Virgin Oil	VGL - Virgin Oil	VGL - Virgin Oil	VGL - Virgin Oil
MAXIMUM ETHANOL %	1	1	1	1
MAXIMUM BIOFUEL %	1	1	1	1
(specify) OTHER	1	1	1	1
HAZARDOUS SUBSTANCE	1	1	1	1
CHEMICAL ABSTRACT SERVICE NUMBER	1	1	1	1
MIXTURE OF SUBSTANCES	1	1	1	1
PRODUCT IS COMPATIBLE WITH TANK (Y/N)				
	OUND STORAGE	TANK CONSTRUC	TION ATTRIBUTE	S
MANUFACTURER	1	1	1	1
MODEL	1	1	1	1
MATERIAL OF CONSTRUCTION				
SECONDARY CONTAINMENT				
_		E TANK CORROSI		
CORROSION PROTECTION TYPE		Impressed Current	Impressed Current	Impressed Current
(mm/dd/yyyy) ANO DE INSTALLATION DATE				
INTERIOR LINING				
(mm/dd/yyyy) LINER INSTALLATION DATE				
(specify) OTHER	1	1	1	1
		ICTION AND PRO	IECTION	
MANUFACTURER	1	1	1	1
MODEL	1	1	1	1
(mm/dd/yyyy) DATE INSTALLED	N	NI.	N	None
MATERIAL SECONDARY CONTAINMENT	None	None	None	None
CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)				
PRODUCT DELIVERY METHOD				
FRODUCT DELIVERT METHOD				

FACILITY ID# FACILITY NAME VP Pack LLC	٦			
	,			
IDEM UST REGISTRATION NUMBER COMPARTMENT IDENTIFICATION NUMBER	1	1	1	1
	C DOUBLE STOP	OF TANK BELEA	OF DETECTION	
		GE TANK RELEA		0
PRIMARY UST RELEASE DETECTION MANUFACTURER	Groundwater Monito	Groundwater Monito	Groundwater Monito	Groundwater Monito
MANUFACTURER	1	1	1	1
	^	^	^	7
SECONDARY UST RELEASE DETECTION	Groundwater Monito	Groundwater Monito	Groundwater Monito	Groundwater Monito
MANUFACTURER MODEL	1	1	1	1
	IDEBODOUND DI	DINO DEL EACE D	ETECTION	
		PING RELEASE DI		O Cambio Amb Elli
PRIMARY PIPING RELEASE DETECTION MANUFACTURER	u.zgpn/u.1gpn ELLt	o.zgpn/o.1gpn ELLt	o.zgpn/o.1gpn ELLI	o.zgpn/o.1gpn ELLL
MANUFACTURER	1	1	1	1
SECONDARY PIPING RELEASE DETECTION	FILD	FU Dl	FILD with a second To-	FILE
(LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING) MANUFACTURER	ELLU W/Annual Tes	ELLD w/Annual Tes	ELLU W/Annual Tes	ELLU W/Annual Tes
MANUFACTURER	1	1	1	4
		FU D - D T		FU B - D I T
TERTIARY PIPING RELEASE DETECTION MANUFACTURER	ELLU W/Annual Tes	ELLU W/Annual Tes	ELLU WARRINGALTES	ELLD WAnnual Tes
MODEL	1	1	1	1
	II I AND OVEREII	L PREVENTION E	OHIDMENT	
				Daublawall Paill Bu
CATCHMENT BASIN / SPILL BUCKET (mm/dd/yyyy) DATE INSTALLED	ропрієман 26ін впі	Doublewall Spill But	Doublewall Spill But	Doublewall Spill But
MANUFACTURER				
MODEL				
FILL LATITUDE				
FILL LONGITUDE				
PRIMARY OVERFILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
%ULLAGE SET POINT				
SECONDARY OVERFILL PREVENTION EQUIPMENT	N/A	N/A	N/A	N/A
(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				

PAGILITY ID#	IRANSACTION ID - FOR STA	ITE USE ONLY			
		UST OWNER O	ERTIFICATION		
2, that the stateme	inder penalty of perjury as s ints and representations in t ients in accordance with 329	his document are tr			
(1) Installation of a	ll tanks and piping under 40	O CFR 280.20.			
(2) Cathodic prote	ction of steel tanks and pipi	ng under 40 CFR 280	0.20.		
, ,	on under 40 CFR 280 Subpa	art D.			
, ,	nsibility under 329 IAC 9-8.				
PREFIX FIRST NAME	REPRESENTATIVE (Print or Type)	M	LAST NAME		SUFFD
THE ST THE			Eriot Hrine		53.15
TITLE OF AUTHORIZED	DEDDESENTATIVE	coup	NIVALANE OF FRANCISCO II COM	o Clark	
TITLE OF AUTHORIZED	REFRESENTATIVE	COMP	NY NAME (If Individual Leav	e zvank)	
SIGNATURE				TIA I E	(MM/DD/YYYY)
SIGNATURE				DATE	MMIDDETTTY
	U	ST OPERATOR	CERTIFICATIO	N	
Iswear or affirm, u	ınder penalty of perjury as s	pecified by IC 35-44.	1-2-1 and other pena	Ities specified by IC 13-3	30-10 and IC 13-23-14
2, that the stateme	nts and representations in t	this document are tr	ue, accurate, and cor	mplete. I further certify o	compliance with the
following requiren	ents in accordance with 32	9 IAC 9-2-2(e):			
(1) Installation of a	ll tanks and piping under 40	0 CFR 280.20.			
	ction of steel tanks and pipi	-	0.20.		
, ,	on under 40 CFR 280 Subpa	art D.			
4 .	nsibility under 329 IAC 9-8.				
PREFIX FIRST NAME	ED REPRESENTATIVE (Print or Type)) MI	LAST NAME		SUFFD
					00.10
TITLE OF AUTHORIZED	DEDDESENTATIVE	COMP	NNY NAME (If Individual Leav	a Blanki	
TITLE OF AUTHORIZED	REPRESENTATIVE	COMP	en i name ji vidriddar Lear	e brank)	
CICALATUDE				FATE	718180536767
SIGNATURE				DATE	(MM/DD/YYYY)
		CONTRACTOR	CERTIFICATIO	N	
CERTIFIED INDIVIDUAL	NAME				
PREFIX FIRST NAME		MI	LAST NAME		SUFFIX
OATH: I swear or at	firm, under penalty of perjury	as specified by IC 35	5-44.1-2-1 and other pe	enalties specified by IC 13	3-30-10 and IC 13-23-1
	ned on the UST system comp	•	cified in 329 IAC 9 an	d 40 CFR 280, Subpart C.	
SIGNATURE	Е	MAIL ADDRESS			DATE (MM/DD/YYYY)
					_ _

Kreegar, Cynthia

From: Browne, Rita

Sent: Wednesday, July 10, 2024 7:00 AM

To: IDEM USTregistration

Subject: FW: Former Village Pantry Parcel - 96th & College - Carmel, INRita,

Attachments: State Form 45223 fill-in Version R10.pdf

This form was sent to me despite being sent the instructions for submittal and telling them where it needed to be sent in the email.

Please admin deny. The form is not signed, dates of the change of ownership have not been provided and no backup was provided.

Thank you,

Rlta

Rita Browne
Senior Environmental Manager 1/ UST Operations
Petroleum Branch, OLQ
Indiana Department of Environmental Management
317-234-3606
RBrowne@idem.IN.gov

From: Ogg, Chris <cogg@carmel.in.gov>
Sent: Tuesday, July 9, 2024 8:20 AM
To: Browne, Rita <RBrowne@idem.IN.gov>

Cc: Kashman, Jeremy M < jkashman@carmel.in.gov>; Pease, Bradley < bpease@carmel.in.gov>; Slick, Laurie

<lslick@carmel.in.gov>; Thomas, John G <jthomas@carmel.in.gov>
Subject: Former Village Pantry Parcel - 96th & College - Carmel, INRita,

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Rita,

I did a little research into this property and the City's ownership status. The property is still deeded to VP Pack LLC. Carmel has sued this owner via Indiana public domain laws for ownership. The current deeded owner has vacated the property and Carmel has property rights to the parcel in accordance with a court order. However, at this time, Carmel does not have a deed on this property because ownership is still working its way through the court.

Carmel's intent is to reconstruct the intersection at 96th & College and use the VP Pack LLC parcel. The current plan is to demo the building and remove the USTs this fall. The contractor will be obligated to follow INDOT specifications and Indiana legal and regulatory requirements.

I have filled out the attached UST form the best I could given what I stated above. Let me know if you have any questions.

Thanks.

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