

**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

Facility ID Number:

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

B FACILITY NAME / LOCATION					
FACILITY NAME		LATITUDE (37.710101 to 41.866773)		LONGITUDE (-88.165351 to -84.671035)	
VP Pack LLC		39.9277		86.1459	
FACILITY ADDRESS (number and street)			PARCEL NUMBER		
9601 N College Ave.			29-13-12-304-016.000-018		
CITY	STATE	ZIP CODE	COUNTY	TELEPHONE NUMBER	
Carmel	IN	46280	Hamilton		

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	MI	LAST NAME	SUFFIX	
	Chris		Ogg		
ADDRESS		CITY	STATE	ZIP CODE	
One Civic Square		Carmel	IN	46032	
TELEPHONE NUMBER		JOB TITLE	EMAIL ADDRESS		
(317) 571-2436		Asst. City Engineer	cogg@carmel.in.gov		

E UST OWNER					
TYPE OF OWNER					
<input type="checkbox"/> Federal Government	<input type="checkbox"/> State Government	<input checked="" type="checkbox"/> City / Local Government			
<input type="checkbox"/> Commercial	<input type="checkbox"/> Private	<input type="checkbox"/> Other:			
Option 1: UST OWNER NAME (Business Name as registered with the Secretary of State)			BUSINESS ID (From the Secretary of State)		
Option 2: UST OWNER NAME (If a Public Agency or other entity)					
City of Carmel					
Option 3: UST OWNER NAME (If an individual/ Capacity)					
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX	
UST OWNER ADDRESS (Listed in Options 1-3)					
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)			ADDRESS (line 2)		
One Civic Square					
CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)		
Carmel	IN	46032			
TELEPHONE NUMBER		EMAIL ADDRESS (Option 3 Individual/ Capacity)	JOB TITLE (Option 3 Individual/ Capacity)		
(317) 571-2441					
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)					
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX	
	Jeremy		Kashman		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)			ADDRESS (line 2)		
One Civic Square					
CITY	STATE	ZIP CODE	JOB TITLE		
Carmel	IN	46032	Chief Infrastructure Officer		
TELEPHONE NUMBER		EMAIL ADDRESS			
(317) 571-2438		jkashman@carmel.in.gov			

FACILITY ID #	FACILITY NAME VP Pack LLC		
F	FINANCIAL RESPONSIBILITY <i>(Check all that apply)</i>		
<input type="checkbox"/>	Federal or State Government Entity, which does not fall under financial responsibility requirements		
<input checked="" 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 checked="" type="checkbox"/>	The UST operator is maintaining financial responsibility for this site		
<input 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: <i>(check all that apply)</i> . If you are using the ELTF it must be checked as well.		
<input type="checkbox"/>	Financial Test of Self Insurance	<input type="checkbox"/>	Excess Liability Trust Fund (State Fund)
<input type="checkbox"/>	Guarantee	<input 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 checked="" 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)		BUSINESS ID (From the Secretary of State)	
Option 2: UST OPERATOR NAME (If a Public Agency or other entity)			
City of Carmel			
Option 3: UST OPERATOR NAME (If an Individual Operator)			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
UST OPERATOR ADDRESS (Listed in Options 1-3)			
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (line 2)	
One Civic Square			
CITY	STATE	ZIP CODE	DATE BEGAN OPERATING (MMDD/YYYY)
Carmel	IN	46032	06/01/2024
TELEPHONE NUMBER	EMAIL ADDRESS (00000-5555555555)		JOB TITLE (00000-5555555555)
(317) 571-2441			
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
	Jeremy		Kashman
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (line 2)	
One Civic Square			
CITY	STATE	ZIP CODE	JOB TITLE
Carmel	IN	46032	Chief Infrastructure Officer
TELEPHONE NUMBER	EMAIL ADDRESS		
H	FACILITY CONTACT		
CONTACT INDIVIDUAL NAME			
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 #		FACILITY NAME VP Pack LLC			
I DEEDED PROPERTY OWNER					
TYPE OF OWNER					
<input type="checkbox"/> Federal Government		<input type="checkbox"/> State Government		<input type="checkbox"/> City / Local Government	
<input checked="" 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) VP Pack LLC				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 Owner)					
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, no P.O. Box) 4981 Franklin Rd. N				ADDRESS (line 2)	
CITY Indianapolis		STATE IN	ZIP CODE 46226	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 11/21/2020	
TELEPHONE NUMBER		EMAIL ADDRESS (For Option 1 Individual Owners)		JOB TITLE (For Option 1 Individuals/Consultants)	
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed 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			
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 an Individual Owner)					
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, 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 Owners)		PROPOSED END DATE (MM/DD/YYYY)	
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed 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 #	FACILITY NAME VP Pack LLC		
K	CONTRACTOR		
<input type="checkbox"/>	INSTALLATION INSPECTED BY A REGISTERED ENGINEER	REGISTRATION ID:	REGISTRATION DATE <small>(mm/dd/yyyy)</small>
<input type="checkbox"/>	MANUFACTURER'S INSTALLATION CHECKLISTS HAVE BEEN COMPLETED AND INCLUDED	<input type="checkbox"/>	INSTALLER 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 <small>(mm/dd/yyyy)</small>	
CONTRACTOR BUSINESS NAME <small>(Business Name as registered with the Secretary of State)</small>		BUSINESS ID <small>(From the Secretary of State)</small>	
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 <small>(Number and Street, no P.O. Box)</small>		ADDRESS <small>(line 2)</small>	
CITY	STATE	ZIP CODE	IDHS CERTIFICATION NUMBER
TELEPHONE NUMBER	EMAIL ADDRESS		
L	POTENTIALLY INTERESTED PARTIES		
INTERESTED PARTY NAME		E-MAIL ADDRESS	
INTERESTED PARTY NAME		E-MAIL ADDRESS	
INTERESTED PARTY NAME		E-MAIL ADDRESS	
M	FACILITY SITE MAP		
<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; margin-top: 10px;"></div>			

FACILITY ID #		FACILITY NAME VP Pack LLC			
Complete one column for each tank or compartment. See instructions for compartment identification numbering.					
N	IDENTIFICATION OF UNDERGROUND STORAGE TANKS				
IDEMUST 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	1	1	1	1	
O	STATUS OF UNDERGROUND STORAGE TANKS				
CURRENT STATUS					
(mm/dd/yyyy) STATUS DATE					
P	SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE 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	UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES				
MANUFACTURER	1	1	1	1	
MODEL	1	1	1	1	
MATERIAL OF CONSTRUCTION					
SECONDARY CONTAINMENT					
R	UNDERGROUND STORAGE TANK CORROSION PROTECTION				
CORROSION PROTECTION TYPE	Sacrificial Anodes (I	Sacrificial Anodes (I	Sacrificial Anodes (I	Sacrificial Anodes (I	
(mm/dd/yyyy) ANODE INSTALLATION DATE					
INTERIOR LINING					
(mm/dd/yyyy) LINER INSTALLATION DATE					
(specify) OTHER	1	1	1	1	
S	PIPING CONSTRUCTION AND PROTECTION				
MANUFACTURER	1	1	1	1	
MODEL	1	1	1	1	
(mm/dd/yyyy) DATE INSTALLED					
MATERIAL	None	None	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 LLC			
IDEMUST REGISTRATION NUMBER		1		1	
COMPARTMENT IDENTIFICATION NUMBER		1		1	
T	UNDERGROUND STORAGE TANK RELEASE DETECTION				
PRIMARY UST RELEASE DETECTION		Groundwater Monit	Groundwater Monit	Groundwater Monit	Groundwater Monit
MANUFACTURER		1	1	1	1
MODEL		1	1	1	1
SECONDARY UST RELEASE DETECTION		Groundwater Monit	Groundwater Monit	Groundwater Monit	Groundwater Monit
MANUFACTURER		1	1	1	1
MODEL		1	1	1	1
U	UNDERGROUND PIPING RELEASE DETECTION				
PRIMARY PIPING RELEASE DETECTION		0.2gph/0.1gph ELLI	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	SPILL AND OVERFILL PREVENTION EQUIPMENT				
CATCHMENT BASIN / SPILL BUCKET		Doublewall Spill Bu	Doublewall Spill Bu	Doublewall Spill Bu	Doublewall Spill Bu
(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					

FACILITY ID #		FACILITY NAME VP Pack LLC			
Complete one column for each tank or compartment. See instructions for compartment identification numbering.					
N	IDENTIFICATION OF UNDERGROUND STORAGE TANKS				
IDEMUST 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	1	1	1	1	
O	STATUS OF UNDERGROUND STORAGE TANKS				
CURRENT STATUS					
(mm/dd/yyyy) STATUS DATE					
P	SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE 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	UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES				
MANUFACTURER	1	1	1	1	
MODEL	1	1	1	1	
MATERIAL OF CONSTRUCTION					
SECONDARY CONTAINMENT					
R	UNDERGROUND STORAGE TANK CORROSION PROTECTION				
CORROSION PROTECTION TYPE	Impressed Current	Impressed Current	Impressed Current	Impressed Current	
(mm/dd/yyyy) ANODE INSTALLATION DATE					
INTERIOR LINING					
(mm/dd/yyyy) LINER INSTALLATION DATE					
(specify) OTHER	1	1	1	1	
S	PIPING CONSTRUCTION AND PROTECTION				
MANUFACTURER	1	1	1	1	
MODEL	1	1	1	1	
(mm/dd/yyyy) DATE INSTALLED					
MATERIAL	None	None	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 LLC			
IDEMUST REGISTRATION NUMBER		1		1	
COMPARTMENT IDENTIFICATION NUMBER		1		1	
T	UNDERGROUND STORAGE TANK RELEASE DETECTION				
PRIMARY UST RELEASE DETECTION		Groundwater Monit	Groundwater Monit	Groundwater Monit	Groundwater Monit
MANUFACTURER		1	1	1	1
MODEL		1	1	1	1
SECONDARY UST RELEASE DETECTION		Groundwater Monit	Groundwater Monit	Groundwater Monit	Groundwater Monit
MANUFACTURER		1	1	1	1
MODEL		1	1	1	1
U	UNDERGROUND PIPING RELEASE DETECTION				
PRIMARY PIPING RELEASE DETECTION		0.2gph/0.1gph ELLI	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	SPILL AND OVERFILL PREVENTION EQUIPMENT				
CATCHMENT BASIN / SPILL BUCKET		Doublewall Spill Bu	Doublewall Spill Bu	Doublewall Spill Bu	Doublewall Spill Bu
(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					

FACILITY ID #		TRANSACTION ID - FOR STATE USE ONLY			
UST OWNER CERTIFICATION					
<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.</p> <p>(2) Cathodic protection of steel tanks and piping under 40 CFR 280.20.</p> <p>(3) Release detection under 40 CFR 280 Subpart D.</p> <p>(4) Financial responsibility under 329 IAC 9-8.</p>					
OWNER'S AUTHORIZED REPRESENTATIVE (Print or Type)					
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX	
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank)			
SIGNATURE					DATE (MM/DD/YYYY)
UST OPERATOR CERTIFICATION					
<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.</p> <p>(2) Cathodic protection of steel tanks and piping under 40 CFR 280.20.</p> <p>(3) Release detection under 40 CFR 280 Subpart D.</p> <p>(4) Financial responsibility under 329 IAC 9-8.</p>					
OPERATOR'S AUTHORIZED REPRESENTATIVE (Print or Type)					
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX	
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank)			
SIGNATURE					DATE (MM/DD/YYYY)
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)

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,

Rita

*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,

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

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.

Chris Ogg, PE

Assistant City Engineer

[Carmel Engineering Department](#)

One Civic Square

Carmel IN, 46032

O: 317.571.2436

cogg@carmel.in.gov