



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: **5949**

The information requested is required by 329 IAC 9-7. 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 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 checked="" 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 Sixers #83		LATITUDE (37,712151 to 41,282773) 41.562291	LONGITUDE (-86,163251 to -84,371035) -87.461220
FACILITY ADDRESS (number and street) 8317 Kennedy Ave		PARCEL NUMBER 45-07-21-251-002.000-026	
CITY Highland	STATE IN	ZIP CODE 46322	COUNTY Lake
		TELEPHONE NUMBER (213) 313-3025	

C TYPE OF FACILITY (Check all that apply)		
<input type="checkbox"/> Auto Dealership	<input checked="" 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
ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE NUMBER	JOB TITLE	EMAIL ADDRESS		

E UST 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 checked="" type="checkbox"/> Private	<input type="checkbox"/> Other:		
Option 1: UST OWNER NAME (Business Name as registered with the Secretary of State) Sahib Isher LLC		BUSINESS ID # (File with the Secretary of State) 2013080500162		
Option 2: UST OWNER NAME (If the facility is owned by an other entity)				
Option 3: UST OWNER NAME (If an individual owner)				
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, to P.O. Box)		ADDRESS (line 2)		
7237 Vale Drive				
CITY Schererville	STATE IN	ZIP CODE 46375	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 10/11/2021	
TELEPHONE NUMBER (219) 512-2981	FAMILY ADDRESS (Option 3 Individual Capacity)		JOB TITLE (Option 3 Individual Capacity)	
CONTACT FOR BUSINESS TRUST AGENCY (listed in Option 1 or 2)				
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Manpal		Singh	
PRINCIPAL OFFICE - ADDRESS (or PRIMARY RESIDENTIAL ADDRESS (Number and Street, to P.O. Box)		ADDRESS (line 2)		
7237 Vale Drive				
CITY Schererville	STATE IN	ZIP CODE 46375	JOB TITLE Member	
TELEPHONE NUMBER (219) 512-2981	EMAIL ADDRESS sixers53@gmail.com			

FACILITY ID# 5949		FACILITY NAME Sixers #83	
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 9-3) 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 type="checkbox"/> Financial Test of Self Insurance		<input checked="" 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 9-3-1(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"/> 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)		BUSINESS ID (From the Secretary of State)	
Sahib Isher LLC		2013080500162	
Option 2: UST OPERATOR NAME (If a Partnership or other entity)			
Option 3: UST OPERATOR NAME (If an individual/individual)			
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 (If #2)	
7237 Vale Drive			
CITY	STATE	ZIP CODE	DATE BEGAN OPERATING (MM/DD/YYYY)
Schererville	IN	46375	10/11/2021
TELEPHONE NUMBER	FAX ADDRESS (Optional/Optional)		JOB TITLE (Option 3 Individual/Company)
(219) 512-2981			
CONTACT FOR BUSINESS/PLS. AGENCY (Use one of Options 1-3)			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
	Manpal		Singh
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (If #2)	
7237 Vale Drive			
CITY	STATE	ZIP CODE	JOB TITLE
Schererville	IN	46375	Member
TELEPHONE NUMBER	EMAIL ADDRESS		
(219) 512-2981	sixers53@gmail.com		
H FACILITY CONTACT			
CONTACT INDICIA NAME			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
	Manpal		Singh
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (If #2)	
7237 Vale Drive			
CITY	STATE	ZIP CODE	JOB TITLE
Schererville	IN	46375	10/11/2021
TELEPHONE NUMBER	EMAIL ADDRESS		
(219) 512-2981	sixers53@gmail.com		

FACILITY ID# 5949		FACILITY NAME Sixers #83	
I DEEDED PROPERTY OWNER			
TYPE OF OWNER			
<input type="checkbox"/> Federal Government		<input type="checkbox"/> State Government	
<input checked="" type="checkbox"/> Commercial		<input checked="" 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)	
Sahib Isher LLC		2013080500162	
Option 2: PROPERTY OWNER NAME (If a Public Agency or other entity)			
Option 3: PROPERTY OWNER NAME (If an Individual/Company)			
PREFIX	FIRST NAME	MI	LAST NAME
PROPERTY OWNER ADDRESS (Use 1 or Option 2)			
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (line 2)	
7237 Vale Drive			
CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)
Schererville	IN	46375	10/11/2021
TELEPHONE NUMBER	EMAIL ADDRESS (Option 3 Individual/Company)		JOB TITLE (Option 3 Individual/Company)
(219) 512-2981			
CONTACT FOR BUSINESS/PUBLIC AGENCY (Use 1 or Option 1 or 2)			
PREFIX	FIRST NAME	MI	LAST NAME
	Manpal		Singh
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (line 2)	
7237 Vale Drive			
CITY	STATE	ZIP CODE	JOB TITLE
Schererville	IN	46375	Member
TELEPHONE NUMBER	EMAIL ADDRESS		
(219) 512-2981	sixers53@gmail.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"/> 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 (If a Public Agency or other entity)			
Option 3: PROPERTY OWNER NAME (If an Individual/Company)			
PREFIX	FIRST NAME	MI	LAST NAME
PROPERTY OWNER ADDRESS (Use 1 or Option 2)			
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/Company)	PROPOSED EXPIRE DATE (MM/DD/YYYY)
CONTACT FOR BUSINESS/PUBLIC AGENCY (Use 1 or Option 1 or 2)			
PREFIX	FIRST NAME	MI	LAST NAME
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# 5949	FACILITY NAME Sixers #83		
K CONTRACTOR			
<input type="checkbox"/> INSTALLATION INSPECTED BY REGISTERED ENGINEER	REGISTRATION ID#	REGISTRATION TANK (T1000/1000)	
<input type="checkbox"/> MANUFACTURERS INSTALLATION OF LOCKSTITCH HAS BEEN COMPLETED AND INCLUDED	<input type="checkbox"/> INSTALLER CERTIFIED BY TANK AND PIPE MANUFACTURER		
<input type="checkbox"/> WORK INSPECTED BY INDIANA DEPARTMENT OF HOMELAND SECURITY DIVISION OF FIRE AND BUILDING SAFETY	INSPECTION TANK (T1000/1000)		
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 HOME/ARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (Apt #)	
CITY	STATE	ZIP CODE	INSPECTION NUMBER
TELEPHONE NUMBER	FAX ADDRESS		
L POTENTIALLY INTERESTED PARTIES			
INTERESTED PARTY NAME Tanks Data		EMAIL ADDRESS tanksdata@gmail.com, contact@tanksdata.com	
INTERESTED PARTY NAME		EMAIL ADDRESS	
INTERESTED PARTY NAME		EMAIL ADDRESS	
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 # 5949	FACILITY NAME Sixers #83
---------------------------	------------------------------------

Complete one column for each tank or compartment. See instructions for compartment identification numbering.

N	IDENTIFICATION OF UNDERGROUND STORAGE TANKS
----------	--

U.S. UST REGISTRATION NUMBER	1	2		
PART OF A COMPARTMENTED UST (Y/N)	NO <input type="checkbox"/>	NO <input type="checkbox"/>		
NUMBER OF COMPARTMENTS IN UST				
COMPARTMENT IDENTIFICATION NUMBER				
(mm/dd/yyyy) DATE INSTALLED				
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE				
(gallons) ESTIMATED TOTAL CAPACITY	6,000	15,000		
MANFOLDED (Y/N)				
MANFOLDED TO COMPARTMENT ID NUMBER				

O	STATUS OF UNDERGROUND STORAGE TANKS
----------	--

CURRENT STATUS	IN USE <input type="checkbox"/>	IN USE <input type="checkbox"/>		
(mm/dd/yyyy) STATUS DATE	08/02/2024	08/02/2024		

P	SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS
----------	---

PETROLEUM	GSL - Gasoline <input type="checkbox"/>	GSL - Gasoline <input type="checkbox"/>		
MAXIMUM ETHANOL %				
MAXIMUM BI-FUEL %				
(specify) OTHER				
HAZARDOUS SUBSTANCE				
CHEMICAL ABSTRACT SERVICE NUMBER				
MIXTURE OF SUBSTANCES				
PRODUCT IS COMPATIBLE WITH TANK (Y/N)				

Q	UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES
----------	---

MANUFACTURER				
MODEL				
MATERIAL OF CONSTRUCTION				
SECONDARY CONTAINMENT				

R	UNDERGROUND STORAGE TANK CORROSION PROTECTION
----------	--

CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
INTERIOR LINING				
(mm/dd/yyyy) LINER INSTALLATION DATE				
(specify) OTHER				

S	PIPING CONSTRUCTION AND PROTECTION
----------	---

MANUFACTURER				
MODEL				
(mm/dd/yyyy) DATE INSTALLED				
MATERIAL				
SECONDARY CONTAINMENT				
CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)				
PRODUCT DELIVERY METHOD				

FACILITY ID# 5949		FACILITY NAME Sixers #83			
IDEM UST REGISTRATION NUMBER		1	2		
COMPARTMENT IDENTIFICATION NUMBER					
T	UNDERGROUND STORAGE TANK RELEASE DETECTION				
PRIMARY UST RELEASE DETECTION					
MANUFACTURER					
MODEL					
SECONDARY UST RELEASE DETECTION					
MANUFACTURER					
MODEL					
U	UNDERGROUND PIPING RELEASE DETECTION				
PRIMARY PIPING RELEASE DETECTION		Annual Line Tight <input type="checkbox"/>	Annual Line Tight <input type="checkbox"/>		
MANUFACTURER					
MODEL					
SECONDARY PIPING RELEASE DETECTION LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING					
MANUFACTURER					
MODEL					
TERTIARY PIPING RELEASE DETECTION					
MANUFACTURER					
MODEL					
V	SPILL AND OVERFILL PREVENTION EQUIPMENT				
CATCHMENT BASIN / SPILL BUCKET					
(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					
(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 # 5949		FACILITY NAME Sixers #83	
Complete one column for each tank or compartment. See instructions for compartment identification numbering.			
N	IDENTIFICATION OF UNDERGROUND STORAGE TANKS		
UST REGISTRATION NUMBER			
PART OF A COMPARTMENTED UST (Y/N)			
NUMBER OF COMPARTMENTS IN UST			
COMPARTMENT IDENTIFICATION NUMBER			
(mm/dd/yyyy) DATE INSTALLED			
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE			
(gallons) ESTIMATED TOTAL CAPACITY			
MANFOLDED (Y/N)			
MANFOLDED TO COMPARTMENT ID NUMBER			
O	STATUS OF UNDERGROUND STORAGE TANKS		
CURRENT STATUS			
(mm/dd/yyyy) STATUS DATE			
P	SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS		
PETROLEUM			
MAXIMUM ETHANOL %			
MAXIMUM BIODEFUEL %			
(specify) OTHER			
HAZARDOUS SUBSTANCE			
CHEMICAL ABSTRACT SERVICE NUMBER			
MIXTURE OF SUBSTANCES			
PRODUCT IS COMPATIBLE WITH TANK (Y/N)			
Q	UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES		
MANUFACTURER			
MODEL			
MATERIAL OF CONSTRUCTION			
SECONDARY CONTAINMENT			
R	UNDERGROUND STORAGE TANK CORROSION PROTECTION		
CORROSION PROTECTION TYPE			
(mm/dd/yyyy) ANODE INSTALLATION DATE			
INTERIOR LINING			
(mm/dd/yyyy) LINER INSTALLATION DATE			
(specify) OTHER			
S	PIPING CONSTRUCTION AND PROTECTION		
MANUFACTURER			
MODEL			
(mm/dd/yyyy) DATE INSTALLED			
MATERIAL			
SECONDARY CONTAINMENT			
CORROSION PROTECTION TYPE			
(mm/dd/yyyy) ANODE INSTALLATION DATE			
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)			
PRODUCT DELIVERY METHOD			


FACILITY # 5949		FACILITY NAME Sixers #83	
IDEN UST REGISTRATION NUMBER			
CDMPARTMENT IDENTIFICATION NUMBER			
T	UNDERGROUND STORAGE TANK RELEASE DETECTION		
PRIMARY UST RELEASE DETECTION			
MANUFACTURER			
MODEL			
SECONDARY UST RELEASE DETECTION			
MANUFACTURER			
MODEL			
U	UNDERGROUND PIPING RELEASE DETECTION		
PRIMARY PIPING RELEASE DETECTION			
MANUFACTURER			
MODEL			
SECONDARY PIPING RELEASE DETECTION LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING			
MANUFACTURER			
MODEL			
TERTIARY PIPING RELEASE DETECTION			
MANUFACTURER			
MODEL			
V	SPILL AND OVERFILL PREVENTION EQUIPMENT		
CATCHMENT BASIN / SPILL BUCKET			
(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			
(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# 5949	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 (Required)			
PREFIX	FIRST NAME	MI	LAST NAME
	Manpal		Singh
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If individual, leave blank)	
Member		Sahib Isher LLC	
SIGNATURE  Manpal Singh (Lic. # 20241364-CD1)			DATE (MM/DD/YYYY) 08/01/24

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 (Required)			
PREFIX	FIRST NAME	MI	LAST NAME
	Manpal		Singh
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If individual, leave blank)	
Member		Sahib Isher LLC	
SIGNATURE  Manpal Singh (Lic. # 20241364-CD1)			DATE (MM/DD/YYYY) 08/01/24

CONTRACTOR CERTIFICATION

CERTIFIED CONTRACTOR NAME			
PREFIX	FIRST NAME	MI	LAST NAME
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)






FID 5949 NF- 08.02.2024

Final Audit Report

2024-08-01

Created:	2024-08-01
By:	Tanks Data (tanksdata01@gmail.com)
Status:	Signed
Transaction ID:	CBJCIIBC4ABAAnXMuimzgjwGIIYh8qC_pdnrdRZ_2J-dr

"FID 5949 NF- 08.02.2024" History

-  Document created by Tanks Data (tanksdata01@gmail.com)
2024-08-01 - 7:44:44 PM GMT
-  Document emailed to Manpal Singh (sixers53@gmail.com) for signature
2024-08-01 - 7:47:58 PM GMT
-  Email viewed by Manpal Singh (sixers53@gmail.com)
2024-08-01 - 8:01:15 PM GMT
-  Document e-signed by Manpal Singh (sixers53@gmail.com)
Signature Date: 2024-08-01 - 8:04:48 PM GMT - Time Source: server
-  Agreement completed.
2024-08-01 - 8:07:48 PM GMT

Kreegar, Cynthia

From: TanksData <Tanksdata@gmail.com>
Sent: Thursday, August 1, 2024 4:22 PM
To: IDEM USTregistration; IDEM USTCompliance (USTcompliance)
Cc: Satwinder Satta
Subject: UST Facility ID #5949 - Violation - 07.30.2024
Attachments: FID 5949 NF- 08.02.2024.pdf

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

Hello,
I hope you're doing well.

Please find attached herewith updated Notification Form for the subject mentioned FID.

The owner/operator has been copied on this email.
Please let me know if you have any questions.

Thanks,

Team

Tanks Data

317.645.0215

317.300.6065



<https://tanksdata.com/>

THE CONTENTS OF THIS EMAIL ARE CONFIDENTIAL. IT IS INTENDED FOR THE RECIPIENT ONLY. IT IS FORBIDDEN TO COPY, FORWARD OR IN ANY WAY REVEAL THE INFORMATION TO ANY ONE. PLEASE DELETE THE EMAIL IMMEDIATELY IF YOU RECEIVE IT BY MISTAKE.