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: **2987**

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

☐ Facility Contact Change	☐ UST Owner Change	☐ Owner/Operator Information Change
☐ Type of Facility Change	☐ Property Owner Change	☐ Facility Name / Location Change
☒ UST System Modification	☐ UST Operator Change	☐ Financial Responsibility Change
☐ New UST System(s)		

B FACILITY NAME / LOCATION

FACILITY NAME	LATITUDE [illegible]	LONGITUDE [illegible]
All Star	41.580633	-87.329475

FACILITY ADDRESS (number and street)	PARCEL NUMBER
600 E 21st Ave	45-08-10-382-007.000-004

CITY	STATE	ZIP CODE	COUNTY	TELEPHONE NUMBER
Gary	IN	46407	Lake	(219) 386-5088

C TYPE OF FACILITY *(Check all that apply)*

☐ Auto Dealership	☒ Commercial	☐ Airport Hydrant System
☐ Hospital	☒ Gas Station	☐ Industrial
☐ Petroleum Distributor	☐ Railroad	☐ Residential
☐ Trucking or Transport	☐ Utilities	☐ Unmanned
☐ Marina	☐ School	☐ 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

☐ Federal Government	☐ State Government	☐ City / Local Government
☒ Commercial	☒ Private	☐ Other:

Option 1. UST OWNER NAME (Business Name as registered with the Secretary of State)	BUSINESS ID (From the Secretary of State)
R & S Petro Inc	201804061250482

Option 2. UST OWNER NAME (If a Public Agency, or other entity)

Option 3. UST OWNER NAME (If in Individual Capacity)

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX

UST OWNER ADDRESS (Used in Options 1-3)

PRINCIPAL OFFICE ADDRESS / PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)	ADDRESS (line 2)
6380 Amanda Dr.	

CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)
Portage	IN	46368	06/28/2018

TELEPHONE NUMBER	EMAIL ADDRESS (Option 3 Individual Capacity)	JOB TITLE (Option 3 Individual Capacity)
(219) 386-5088		

CONTACT FOR BUSINESS / PUBLIC AGENCY (Used in Option 1 or 2)

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Narinder		Singh	

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)	ADDRESS (line 2)
6380 Amanda Dr.	

CITY	STATE	ZIP CODE	JOB TITLE
Portage	IN	46368	President

TELEPHONE NUMBER	EMAIL ADDRESS
(219) 386-5088	singhnarinder552@gmail.com

FACILITY ID #	FACILITY NAME
2987	All Star

F FINANCIAL RESPONSIBILITY *(Check all that apply)*

☐	Federal or State Government Entity, which does not fall under financial responsibility requirements		
☐	Local Government owner or operator is maintaining financial responsibility for this site		
☐	The UST owner is maintaining financial responsibility for this site		
☐	The UST operator is maintaining financial responsibility for this site		
☒	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 Liability Trust Fund (State Fund)
☐	Guarantee	☐	Insurance and Risk Retention Group Coverage
☐	Surety Bond	☐	Loan Commitment Letter
☐	Letter of Credit	☐	Certificate of Deposit
☐	Trust Fund	☐	Standby Trust Fund
☐	Local Government Bond Rating Test	☐	Local Government Financial Test
☐	Local Government Guarantee	☐	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

☐	Federal Government	☐	State Government	☐	City / Local Government
☒	Commercial	☒	Private	☐	Other:

Option 1: UST OPERATOR NAME (Last Name, First Name if Individual) (Business Name as registered with the Secretary of State)
R & S Petro Inc

BUSINESS ID (From the Secretary of State)
20180406125048 2

Option 2: UST OPERATOR NAME (If a Public Agency or Municipality)

Option 1: UST OPERATOR NAME (If Individual)

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX

UST OPERATOR ADDRESS (Listed in Option 1 or 2)

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, or P.O. Box)
6380 Amanda Dr.

ADDRESS (line 2)

CITY	STATE	ZIP CODE	DATE BEGAN OPERATING (MM/DD/YYYY)
Portage	IN	46368	06/28/2018

TELEPHONE NUMBER	EMAIL ADDRESS (Optional / Preferred Contact)	JOB TITLE (Optional / Preferred Contact)
(219) 386-5088		

CONTACT FOR BUSINESS OR PUBLIC AGENCY (Listed in Option 1 or 2)

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Narinder		Singh	

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, or P.O. Box)
6380 Amanda Dr.

ADDRESS (line 2)

CITY	STATE	ZIP CODE	JOB TITLE
Portage	IN	46368	President

TELEPHONE NUMBER	EMAIL ADDRESS
(219) 386-5088	singhnarinder552@gmail.com

H FACILITY CONTACT

CONTACT INDIVIDUAL NAME

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Narinder		Singh	

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, or P.O. Box)
6380 Amanda Dr.

ADDRESS (line 2)

CITY	STATE	ZIP CODE	JOB TITLE
Portage	IN	46368	President

TELEPHONE NUMBER	EMAIL ADDRESS
(219) 386-5088	singhnarinder552@gmail.com

FACILITY I.D. #	FACILITY NAME
2987	All Star

I DEEDED PROPERTY OWNER

TYPE OF OWNER

☐ Federal Government	☐ State Government	☐ City / Local Government
☒ Commercial	☒ Private	☐ Other:

Option 1: PROPERTY OWNER'S NAME (Business must be registered with the Secretary of State)	BUSINESS ID (From the Secretary of State)
R & S Petro Inc	201804061250482
Option 2: PROPERTY OWNER'S NAME (If an Individual, Agency, or not registered)	

Option 3: PROPERTY OWNER'S NAME (If an Individual/Trust)

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX

PROPERTY OWNER'S ADDRESS (Used in Options 1&2)

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, or P.O. Box)	ADDRESS (line 2)
6380 Amanda Dr.	

CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)
Portage	IN	46368	06/28/2018

TELEPHONE NUMBER	EMAIL ADDRESS (Option 3 if Individual/Trust only)	JOB TITLE (Option 3 if Individual/Trust only)
(219) 386-5088		

CONTACT FOR BUSINESS (If LLC, LLP, or AGENCY (Used in Option 1 or 2))

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Narinder		Singh	

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, or P.O. Box)	ADDRESS (line 2)
6380 Amanda Dr.	

CITY	STATE	ZIP CODE	JOB TITLE
Portage	IN	46368	President

TELEPHONE NUMBER	EMAIL ADDRESS
(219) 386-5088	singhnarinder552@gmail.com

J ACTIVE LAND CONTRACT PROPERTY OWNER *(If applicable)*

TYPE OF OWNER

☐ Federal Government	☐ State Government	☐ City / Local Government
☐ Commercial	☐ Private	☐ Other:

Option 1: PROPERTY OWNER'S NAME (Business must be registered with the Secretary of State)	BUSINESS ID (From the Secretary of State)
Option 2: PROPERTY OWNER'S NAME (If an Individual, Agency, or not registered)	

Option 3: PROPERTY OWNER'S NAME (If an Individual/Trust)

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX

PROPERTY OWNER'S ADDRESS (Used in Options 1&2)

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, or 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 if Individual/Trust only)	PROPOSED END DATE (MM/DD/YYYY)

CONTACT FOR BUSINESS (If LLC, LLP, or AGENCY (Used in Option 1 or 2))

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, or P.O. Box)	ADDRESS (line 2)

CITY	STATE	ZIP CODE	JOB TITLE

TELEPHONE NUMBER	EMAIL ADDRESS

FACILITY ID #	FACILITY NAME
2987	All Star

K CONTRACTOR

☐	INSTALLATION INSPECTED BY A REGISTERED ENGINEER	REGISTRATION ID:		REGISTRATION DATE (mm/dd/yyyy):
☐	MANUFACTURER'S INSTALLATION CHECKLISTS HAVE BEEN COMPLETED AND INCLUDED	☐	INSTALLER CERTIFIED BY TANK AND PIPING MANUFACTURER	
☐	WORK INSPECTED BY INDIANA DEPARTMENT OF HOMELAND SECURITY, DIVISION OF FIRE AND BUILDING SAFETY		INSPECTION DATE (mm/dd/yyyy):	

CONTRACTOR'S BUSINESS NAME (Business name 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, or P.O. Box)

ADDRESS (Line 2)

CITY	STATE	ZIP CODE	CERTIFICATION NUMBER

TELEPHONE NUMBER	EMAIL ADDRESS

L POTENTIALLY INTERESTED PARTIES

INTERESTED PARTY NAME	EMAIL ADDRESS
Tanks Data	tanksdata@gmail.com
Tanks Data	contact@tanksdata.com

N 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 #	FACILITY NAME
2987	All Star

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

N IDENTIFICATION OF UNDERGROUND STORAGE TANKS

	1	2	3	
UST REGISTRATION NUMBER	1	2	3	
PART OF A COMPARTMENTED UST (Y/N)	NO	NO	NO	
NUMBER OF COMPARTMENTS IN UST				
COMPARTMENT IDENTIFICATION NUMBER				
(mm/dd/yyyy) DATE INSTALLED	01/01/1973	01/01/1973	01/01/1973	
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE				
(gallons) ESTIMATED TOTAL CAPACITY	6,000	6,000	6,000	
MANIFOLDED (Y/N)				
MANIFOLDED TO COMPARTMENT ID NUMBER				

O STATUS OF UNDERGROUND STORAGE TANKS

CURRENT STATUS	IN USE	IN USE	TEMP CLOSED	
(mm/dd/yyyy) STATUS DATE	08/06/2024	08/06/2024	11/15/2020	

P SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS

PETROLEUM	GSL - Gasoline	GSL - Gasoline	GSL - Gasoline	
MAXIMUM ETHANOL %				
MAXIMUM BIOFUEL %				
(specify) OTHER				
HAZARDOUS SUBSTANCE				
CHEMICAL ABSTRACT SERVICE NUMBER				
MIXTURE OF SUBSTANCES				
PRODUCT IS COMPATIBLE WITH TANK (Y/N)	YES	YES		

Q UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES

MANUFACTURER				
MODEL				
MATERIAL OF CONSTRUCTION	Steel	Steel	Steel	
SECONDARY CONTAINMENT				

R UNDERGROUND STORAGE TANK CORROSION PROTECTION

CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
INTERIOR LINING	YES	YES	YES	
(mm/dd/yyyy) LINER INSTALLATION DATE	10/14/1999	10/14/1999	10/14/1999	
(specify) OTHER				

S PIPING CONSTRUCTION AND PROTECTION

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

FACILITY #	FACILITY NAME
2987	All Star

IDENTIFICATION NUMBER	1	2	3	
COMPARTMENT IDENTIFICATION NUMBER				
T	**UNDERGROUND STORAGE TANK RELEASE DETECTION**			
PRIMARY UST RELEASE DETECTION	ATG 0.2gph mon	ATG 0.2gph mon	ATG 0.2gph mon	
MANUFACTURER	Veeder Root	Veeder Root	Veeder Root	
MODEL	TLS 300	TLS 300	TLS 300	
SECONDARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				
U	**UNDERGROUND PIPING RELEASE DETECTION**			
PRIMARY PIPING RELEASE DETECTION	Annual Line Tigh	Annual Line Tigh	Annual Line Tigh	
MANUFACTURER				
MODEL				
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)	ALLD w/Annual T	ALLD w/Annual T	ALLD w/Annual T	
MANUFACTURER				
MODEL				
TERTIARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				
V	**SPILL AND OVERFILL PREVENTION EQUIPMENT**			
CATCHMENT BASIN / SPILL BUCKET	Standard Spill Bu	Standard Spill Bu	Standard Spill Bu	
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
FILL LATITUDE				
FILL LONGITUDE				
PRIMARY OVERFILL PREVENTION EQUIPMENT	Auto Shutoff / Fla	Auto Shutoff / Fla	Auto Shutoff / Fla	
(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 #	FACILITY NAME
2987	All Star

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

N IDENTIFICATION OF UNDERGROUND STORAGE TANKS

IDEM 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				
MANIFOLDED (Y/N)				
MANIFOLDED 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 BIOFUEL %				
(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 #	FACILITY NAME
2987	All Star

IDENTIFICATION NUMBER				
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				
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 #	TRANSACTION ID - FOR STATE USE ONLY
2987	

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
	Narinder		Singh	

TITLE OF AUTHORIZED REPRESENTATIVE	COMPANY NAME (If Individual Leave Blank)
President	R & S Petro Inc

SIGNATURE	DATE (MM/DD/YYYY)
	06/08/2024

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
	Narinder		Singh	

TITLE OF AUTHORIZED REPRESENTATIVE	COMPANY NAME (If Individual Leave Blank)
President	R & S Petro Inc

SIGNATURE	DATE (MM/DD/YYYY)
	06/08/2024

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)

FID-2987-NF-08.06.2024

Final Audit Report 2024-08-06

Created:	2024-08-06
By:	Tanks Data (tanksdata01@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAYc7thZiCcy7zm7ZkLgn7dPvzJRNrEWoX

"FID-2987-NF-08.06.2024" History

Document created by Tanks Data (tanksdata01@gmail.com)
2024-08-06 - 6:11:42 PM GMT

Document emailed to Narinder Singh (singhnarinder552@gmail.com) for signature
2024-08-06 - 6:11:56 PM GMT

Email viewed by Narinder Singh (singhnarinder552@gmail.com)
2024-08-06 - 6:12:26 PM GMT

Document e-signed by Narinder Singh (singhnarinder552@gmail.com)
Signature Date: 2024-08-06 - 6:13:02 PM GMT - Time Source: server

Agreement completed.
2024-08-06 - 6:13:02 PM GMT

Adobe Acrobat Sign

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2018 JUL 19 AM 10: 07

MICHAEL B. BROWN
RECORDER

(Grantee) 2018 045734

Mail tax bills to:
NARINDER SINGH
6380 AMANDA DR.
PORTAGE, IN 46368

Parcel No. 45-08-10-382-007.000-004
45-08-10-382-008.000-004

WARRANTY DEED

THIS INDENTURE WITNESSETH, that BALRAJ SINGH as Grantor, CONVEYS AND WARRANTS to R & S Petro, Inc., an Indiana corporation, in consideration of Ten Dollars ($10.00) and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate in Lake County, in the State of Indiana:

LOTS 6, 7 AND 8 IN BLOCK 7 IN JOHN GUNZENHAUSER'S SECOND SUBDIVISION, IN THE CITY OF GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 17, PAGE 4, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 600 East 21st Avenue, Gary, IN 46407

Subject to 2017 payable 2018 real estate taxes; easements, covenants, and restrictions contained in prior instruments of record; all building and zoning laws, ordinances, legal drains, right-of-way, and other matters which would be disclosed by an accurate survey of the premises.

Dated this 28th day of JUNE, 2018.

Balraj Singh

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 28th day of JUNE, 2018, personally appeared Balraj Singh and acknowledged the execution of the foregoing deed.

JACALYN L SMITH
Seal
Notary Public - State of Indiana
Lake County
My Commission Expires Jan 10, 2024

, Notary Public

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in the attached document, unless required by law.

PATRICK A. SCHUSTER

This instrument prepared by: Patrick A. Schuster, Attorney at Law, 1201 N. Main St., Crown Point, IN 46307; I.D. No. 1651-45

DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

JUL 19 2018

003365

JOHN E. PETALAS
LAKE COUNTY AUDITOR

26583 #25

Kreegar, Cynthia

From: TanksData <Tanksdata@gmail.com>
Sent: Tuesday, August 6, 2024 2:21 PM
To: IDEM USTregistration
Cc: Narinder Singh
Subject: UST Facility ID #2987
Attachments: FID-2987-Warranty deed-06.28.2018.pdf; FID-2987-NF-08.06.2024 - signed.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 are doing well.
Pls find attached herewith updated Notification Form & warranty deed for the subject mentioned FID.
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/

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