NOTIFICATION FOR UNDERGROUND STORAGE TANK SYSTEMS

State Form 45223 (R / 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: **24616**

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 (37.719191 to 41.856775)	LONGITUDE (-88.763313 to -84.677354)
Sam's Club #8169		

FACILITY ADDRESS (number and street)	PARCEL NUMBER
3819 South Street	

CITY	STATE	ZIP CODE	COUNTY	TELEPHONE NUMBER
Lafayette	IN	47905	Tippecanoe	(765) 449-4309

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
	Eric		Smith	

ADDRESS	CITY	STATE	ZIP CODE
2101 S.E. Simple Savings Drive	Bentonville	AR	72712-0745

TELEPHONE NUMBER	JOB TITLE	EMAIL ADDRESS
(479) 360-2633	Compliance Manager	Eric.Smith0@walmart.com

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)

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

Option 3. UST OWNER NAME (If an Individual or Corporation)

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX

UST OWNER ADDRESS (As listed in Options 1-3)

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	EMAIL ADDRESS (Option 3 if Individual or Corporation)	JOB TITLE (Option 3 if Individual or Corporation)

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

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Eric		Smith	

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, or P.O. Box)	ADDRESS (line 2)
2101 S.E. Simple Savings Drive	

CITY	STATE	ZIP CODE	JOB TITLE
Bentonville	AR	72712-0745	Compliance Manager

TELEPHONE NUMBER	EMAIL ADDRESS
(479) 360-2633	Eric.Smith0@walmart.com

FACILITY ID #	FACILITY NAME
24616	Sam's Club #8169

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 (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)

Option 3 UST OPERATOR NAME (If an individual person)

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX

US OPERATOR ADDRESS (Use in Options 1-3)

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

CITY	STATE	ZIP CODE	DATE BEGAN OPERATING (MM/DD/YYYY)

TELEPHONE NUMBER	EMAIL ADDRESS (Option 3 Individuals Only)	JOB TITLE (Option 3 Individuals Only)

CONTACT FOR BUSINESS / PUBLIC AGENCY (Use in Options 1 or 2)

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Eric		Smith	

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, or P.O. Box)	ADDRESS (Line 2)
2101 S.E. Simple Savings Drive	

CITY	STATE	ZIP CODE	JOB TITLE
Bentonville	AR	72712-0745	Compliance Manager

TELEPHONE NUMBER	EMAIL ADDRESS
(479) 360-2633	Eric.Smith0@walmart.com

H FACILITY CONTACT

CONTACT INDIVIDUAL NAME

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Eric		Smith	

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, or P.O. Box)	ADDRESS (Line 2)
2101 S.E. Simple Savings Drive	

CITY	STATE	ZIP CODE	JOB TITLE
Bentonville	AR	72712-0745	Compliance Manager

TELEPHONE NUMBER	EMAIL ADDRESS
(479) 360-2633	Eric.Smith0@walmart.com

FACILITY #	FACILITY NAME
24616	Sam's Club #8169

I DEEDED PROPERTY OWNER

TYPE OF OWNER

☐ Federal Government	☐ State Government	☐ City / Local Government
☐ Commercial	☐ Private	☐ 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 (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	EMAIL ADDRESS (Option 3 Individual Capacity)	JOB TITLE (Option 3 Individual Capacity)

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

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Eric		Smith	

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)	ADDRESS (Line 2)
2101 S.E. Simple Savings Drive	

CITY	STATE	ZIP CODE	JOB TITLE
Bentonville	AR	72712-0745	Compliance Manager

TELEPHONE NUMBER	EMAIL ADDRESS
(479) 360-2633	Eric.Smith0@walmart.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 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 (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 Capacity)	*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
24616	Sam's Club #8169

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

N IDENTIFICATION OF UNDERGROUND STORAGE TANKS

	1	2	3	
IDENTIFICATION NUMBER				
PART OF A COMPARTMENTED UST (Y/N)	NO	NO	NO	
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	20,000	20,000	20,000	
MANIFOLDED (Y/N)				
MANIFOLDED TO COMPARTMENT ID NUMBER				

O STATUS OF UNDERGROUND STORAGE TANKS

CURRENT STATUS	IN USE	IN USE	IN USE	
(mm/dd/yyyy) STATUS DATE				

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)				

Q UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES

MANUFACTURER				
MODEL				
MATERIAL OF CONSTRUCTION	Fiberglass	Fiberglass	Fiberglass	
SECONDARY CONTAINMENT	Double-walled	Double-walled	Double-walled	

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 #	FACILITY NAME
24616	Sam's Club #8169

DEN UST REGISTRATION NUMBER	1	2	3	
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	Interstitial Monitorin	Interstitial Monitorin	Interstitial Monitorin	
MANUFACTURER				
MODEL				
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)	ALLD w/Annual Tes	ALLD w/Annual Tes	ALLD w/Annual Tes	
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
24616	

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
	Eric		Smith	

TITLE OF AUTHORIZED REPRESENTATIVE	COMPANY NAME (If Individual, Leave Blank)
Compliance Manager	Wal-Mart Stores East, LP

SIGNATURE	DATE (MM/DD/YYYY)
Eric Smith	8/1/24

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 (Print or Type)

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Eric		Smith	

TITLE OF AUTHORIZED REPRESENTATIVE	COMPANY NAME (If Individual, Leave Blank)
Compliance Manager	Wal-Mart Stores East, LP

SIGNATURE	DATE (MM/DD/YYYY)
Eric Smith	8/1/24

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: Ware, Jordan M
Sent: Thursday, August 1, 2024 9:28 AM
To: IDEM USTregistration
Subject: FW: Violation Letter - UST Facility ID #24616 (Sam's Club #8169 Lafayette, IN)
Attachments: #8169 Lafayette - Amended Notification Form 8.1.24.pdf

Good morning,

Please see the attached notification form for FID 24616. It was submitted in response to a violation letter. All requested information was provided.

Please let me know if you have any questions.

Thank you,

Jordan Ware
Compliance Manager | UST Compliance Section
Petroleum Branch | Office of Land Quality
Indiana Department of Environmental Management

(317) 232-2045 | jmware@idem.in.gov

From: Eric Smith <Eric.Smith0@walmart.com>
Sent: Thursday, August 1, 2024 9:18 AM
To: Ware, Jordan M <JMWare@idem.IN.gov>
Subject: RE: Violation Letter - UST Facility ID #24616 (Sam's Club #8169 Lafayette, IN)

Sorry about that, Jordan.
Please see attached.
Please let me know if you need anything else.

Thank you.

Eric Smith
Senior Manager - Fuel Compliance
Environmental, Health & Safety Compliance
479-360-2633 / Eric.Smith0@walmart.com
2101 S.E. Simple Savings Drive
Bentonville, AR 72716-7360

Walmart Global Ethics & Compliance

From: Ware, Jordan M <JMWare@idem.IN.gov>
Sent: Thursday, August 1, 2024 6:49 AM
To: Eric Smith <Eric.Smith0@walmart.com>
Subject: EXT: RE: Violation Letter - UST Facility ID #24616 (Sam's Club #8169 Lafayette, IN)

EXTERNAL: Report suspicious emails to **Email Abuse.**

Good morning, Eric,

After review of the submitted documentation below is the last item needed for a possible return to compliance:

1) Updated Notification – In addition to the information provided on the submitted notification form, Tank 1 needs to be indicated as fiberglass double-walled in section 'Q'

Please let me know if you have any questions.

Thank you,

Jordan Ware
Compliance Manager | UST Compliance Section
Petroleum Branch | Office of Land Quality
Indiana Department of Environmental Management

(317) 232-2045 | jmware@idem.in.gov

From: Eric Smith <Eric.Smith0@walmart.com>
Sent: Monday, July 29, 2024 2:56 PM
To: IDEM USTCompliance (USTcompliance) <USTCompliance@idem.IN.gov>
Cc: Ware, Jordan M <JMWare@idem.IN.gov>
Subject: Violation Letter - UST Facility ID #24616 (Sam's Club #8169 Lafayette, IN)

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

Good afternoon.

In response to the Violation Letter dated July 15th, 2024, please see the attached Amended Notification form and additional requested documentation.

Please let me know if you have any questions or if any further information is needed.

Thank you for your help.

Eric Smith
Senior Manager - Fuel Compliance

Environmental, Health & Safety Compliance
479-360-2633 / Eric.Smith0@walmart.com
2101 S.E. Simple Savings Drive
Bentonville, AR 72716-0745

Walmart Global Ethics & Compliance

From: IDEM USTCompliance (USTcompliance) <USTCompliance@idem.IN.gov>
Sent: Monday, July 15, 2024 7:33 AM
To: Eric Smith <Eric.Smith0@walmart.com>
Cc: Ware, Jordan M <JMWare@idem.IN.gov>
Subject: EXT: Violation Letter, FID 24616

EXTERNAL: Report suspicious emails to **Email Abuse.**

See attached UST correspondence.

UST Compliance Section
Petroleum Branch | Office of Land Quality
Indiana Department of Environmental Management