THIRTY (30) DAY NOTIFICATION OF INTENT TO CLOSE

State Form 56553 (R5 / 5-23)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
PETROLEUM BRANCH

RETURN COMPLETED FORMS TO:
Indiana Department of Environmental Management
UST Registration@idem.in.gov

Facility ID Number: **005696**

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 PROPOSED CLOSURE *(Check all that apply)*

Tank(s)		Piping		Dispenser(s)	
☒ Removal	☐ In-Place	☒ Removal	☐ In-Place	☒ Removal	
☐ Change-In-Service		☐ Change-In-Service		☐ Replacement	
Number of tanks to be closed: 3		Number of lines to be closed: 3		Number of dispensers to be closed: 5	

Number of regulated tanks on-site before closure: 4

B FACILITY NAME / LOCATION

FACILITY NAME	LATITUDE *(37.710101 to 41.866773)*	LONGITUDE *(-88.165351 to -84.671035)*
Speedway #8333	41.59691	-87.26685

FACILITY ADDRESS *(number and street)*	PARCEL NUMBER(S)
750 South Lake Street	45-09-06-451-019.000-004

CITY	STATE	ZIP CODE	COUNTY	TELEPHONE NUMBER
Gary	IN	46403	Lake	

C PREPARED BY

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Michael		Byrne	

ADDRESS	CITY	STATE	ZIP CODE
500 Speedway Drive	Enon	OH	45323

TELEPHONE NUMBER	JOB TITLE	EMAIL ADDRESS
(937) 863-7667	Regional Environmental Compliance Manager	michael.byrne@7-11.com

D 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)*
Speedway LLC	
Option 2: UST OWNER NAME *(If a Public Agency or other entity)*	

Option 3: UST OWNER NAME *(In Individual Capacity)*

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX

UST OWNER ADDRESS (Listed in Options 1-3)

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS *(Number and Street, no P.O. Box)*	ADDRESS *(line 2)*
500 Speedway Drive	

CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP *(MM/DD/YYYY)*
Enon	OH	45323	04/04/1971

TELEPHONE NUMBER	EMAIL ADDRESS *(Option3IndividualCapacity)*	JOB TITLE *(Option3IndividualCapacity)*
(937) 863-7667		

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

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Michael		Byrne	

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS *(Number and Street, no P.O. Box)*	ADDRESS *(line 2)*
500 Speedway Drive	Attn: Environmental Compliance

CITY	STATE	ZIP CODE	JOB TITLE
Enon	OH	45323	Regional Environmental Compliance Manager

TELEPHONE NUMBER	EMAIL ADDRESS
(937) 863-7667	michael.byrne@7-11.com

FACILITY ID NUMBER	FACILITY NAME
005696	Speedway #8333

E USTOPERATOR

TYPEOFOPERATOR

☐	FederalGovernment	☐	StateGovernment	☐	City/LocalGovernment
☒	Commercial	☐	Private	☐	Other:

Option1:USTOPERATORNAME(*BusinessNameasregisteredwiththeSecretaryofState*)
Speedway LLC

BUSINESSID *(FromtheSecretaryofState)*

Option2:USTOPERATORNAME(*IfaPublicAgencyorotherentity*)

Option 3: UST OPERATORNAME *(IfIndividualCapacity)*

PREFIX	FIRSTNAME	MI	LASTNAME	SUFFIX

UST OPERATORADDRESS *(ListedinOptions1-3)*

PRINCIPALOFFICEADDRESSorPRIMARYRESIDENTALADDRESS *(NumberandStreet,noP.O.Box)*
500 Speedway Drive

ADDRESS(line2)
Attn: Environmental Compliance

CITY	STATE	ZIPCODE	DATEBEGANOPERATING *(MM/DD/YYYY)*
Enon	OH	45323	04/04/1971

TELEPHONENUMBER	EMAIL ADDRESS *(Option3IndividualCapacity)*	JOB TITLE *(Option3IndividualCapacity)*
(937) 863-7667		

CONTACT FORBUSINESS / PUBLICAGENCY *(ListedinOption1 or 2)*

PREFIX	FIRSTNAME	MI	LASTNAME	SUFFIX
	Michael		Byrne	

PRINCIPAL OFFICE ADDRESSor PRIMARY RESIDENTAL ADDRESS*(Number and Street, noP.O. Box)*
500 Speedway Drive

ADDRESS(line2)
Attn: Environmental Compliance

CITY	STATE	ZIPCODE	JOBTITLE
Enon	OH	45323	Regional Environmental Compliance Manager

TELEPHONENUMBER	EMAILADDRESS
(937) 863-7667	michael.byrne@7-11.com

F DEEDEDPROPERTYOWNER

TYPEOFOWNER

☐	FederalGovernment	☐	StateGovernment	☐	City/LocalGovernment
☐	Commercial	☐	Private	☐	Other:

Option 1: PROPERTYOWNERNAME *(BusinessName asregisteredwith the Secretaryof State)*
Speedway LLC

BUSINESSID *(FromtheSecretaryofState)*

Option 2: PROPERTYOWNERNAME *(If a PublicAgencyor otherentity)*

Option 3: PROPERTY OWNERNAME *(IfIndividualCapacity)*

PREFIX	FIRSTNAME	MI	LASTNAME	SUFFIX

PROPERTY OWNERADDRESS *(ListedinOptions1-3)*

PRINCIPAL OFFICE ADDRESSor PRIMARY RESIDENTAL ADDRESS*(Number and Street, noP.O. Box)*

ADDRESS(line2)

CITY	STATE	ZIPCODE	EFFECTIVEDATEOFOWNERSHIP *(MM/DD/YYYY)*

TELEPHONENUMBER	EMAIL ADDRESS *(Option3IndividualCapacity)*	JOB TITLE *(Option3IndividualCapacity)*

CONTACT FORBUSINESS / PUBLICAGENCY *(ListedinOption1 or 2)*

PREFIX	FIRSTNAME	MI	LASTNAME	SUFFIX
	Michael		Byrne	

PRINCIPAL OFFICE ADDRESSor PRIMARY RESIDENTAL ADDRESS*(Number and Street, noP.O. Box)*
500 Speedway Drive

ADDRESS(line2)

CITY	STATE	ZIPCODE	JOBTITLE
Enon	OH	45323	Regional Environmental Compliance Manager

TELEPHONENUMBER	EMAILADDRESS
(937) 863-7667	michael.byrne@7-11.com

FACILITY ID NUMBER	FACILITY NAME
005696	Speedway #8333

G 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 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

H PROPOSED CONTRACTOR

CONTRACTOR BUSINESS NAME *(Business Name as registered with the Secretary of State)*	BUSINESS ID *(From the Secretary of State)*
Northern Indiana Mechanical, Inc.	35-1541256

CERTIFIED INDIVIDUAL NAME

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Robert		Kiest	

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS *(Number and Street, no P.O. Box)*

ADDRESS *(line 2)*

CITY	STATE	ZIP CODE	IDRS CERTIFICATION NUMBER
Gary	IN	46304	UC201712108C

TELEPHONE NUMBER	EMAIL ADDRESS
(219) 963-1640	Bob@northernindianamechanical.com

I POTENTIALLY INTERESTED PARTIES

INTERESTED PARTY NAME	E-MAIL ADDRESS
Jenny Roether, Atlas Technical Consultants LLC	jenny.roether@oneatlas.com
Andrew Rice, 7-Eleven, Inc	andrew.rice@7-11.com

J LUST INCIDENT INFORMATION

LUST INCIDENT NUMBER *(IF APPLICABLE)*	DATE INCIDENT REPORTED *(mm/dd/yyyy)*
199405538	05/20/1994
199412518	12/15/1994
201805527	05/29/2018

FACILITY ID NUMBER	FACILITY NAME
005696	Speedway #8333

K USTINFORMATION

For all tanksthat will be closed, list the requested infobelow and donot leave any space blank. Attach anadditional sheet ifneeded.

USTSubstance

GSL-Gasoline **DSL** -Diesel **DSB** -DieselContaining >20%Biodiesel **VGL** -VirginOil **UOL** -UsedOil **KER** -Kerosene

E85 -E85 GasolineBlend **E15** -E15 GasolineBlend **RCF** -Racing Fuel(leaded) **AVG** -AVGas (leaded) **MXT**-MixtureofSubstances *(ListSubstances)* **OTH** -Other *(specify)*

USTConstructionMaterial

STL-Steel **FRP** -Fiberglass **STC**-SteelClad **STJ**-SteelJacketed **DBW**-Double-walled **OTH** -Other

USTClosureType

RMV -Removed **IPC** -In-PlaceClosure **CIS** -Change-in-Service

UST#	Compart#	Capacityin Gallons	Substance (Lastused,past)	Construction Material	InstallDate *(mm/dd/yyyy)*	DateLastUsed *(mm/dd/yyyy)*	Proposed ClosureDate *(mm/dd/yyyy)*	Proposed ClosureType
5		6000	KER	STL	06/01/1987		09/16/2024	RMV
6		8000	GSL	STL	05/23/1995		09/16/2024	RMV
7		12000	GSL	STL	05/23/1995		09/16/2024	RMV

PleasejustifyIn-PlaceClosure:

In-Placeclosureapprovalletterfrom IndianaDepartmentofHomelandSecurityattached: ☐ Yes ☒ No

In-Placeclosuresiteassessmentworkplanandsitemapwithproposedboringlocationsattached: ☐ Yes ☒ No

FACILITY ID NUMBER	FACILITY NAME
005696	Speedway #8333

L PIPING INFORMATION

If more than one piping line is present, then all lines shall be numbered. For all product lines closed, list the piping number, piping length (in feet based upon field measurements between tanks and dispensers, as well as, between dispenser islands), identify the product distributed through each line, and identify piping material and type. List all Piping Materials that apply. All piping numbers should also be included on the Facility Site Map. Attach an additional sheet if necessary.

Piping Substance

GSL - Gasoline
DSL - Diesel
DSB - Diesel Containing >20% Biodiesel
VGL - Virgin Oil
UOL - Used Oil
KER - Kerosene
E85 - E85 Gasoline Blend
E15 - E15 Gasoline Blend
RCF - Racing Fuel (leaded)
AVG - AV Gas (leaded)
MXT - Mixture of Substances *(List Substances)*
OTH - Other *(specify)*

Piping Construction Material

FRP - Fiberglass Reinforced Plastic
FXP - Fiberglass Composite / Plastic
AHP - Airport Hydrant Piping
CP - Copper
STL - Steel
OTH - Other

Piping Closure Type

RMV - Removed
IPC - In-Place Closure
CIS - Change-in-Service

Piping #	Piping Run Length (feet)	Substance (Last used, past)	Construction Material	Install Date (mm/dd/yyyy)	Date Last Used (mm/dd/yyyy)	Closure Date (mm/dd/yyyy)	Closure Type	UST #	Compartment #
	60	GSL	OTH	05/01/1995		09/16/2024	RMV	5	
	60	GSL	OTH	05/01/1995		09/16/2024	RMV	6	
	30	KER	OTH	06/01/1987		09/16/2024	RMV	7	

Overall number of elbows and connectors:

Please justify In-Place Closure:

FACILITY ID NUMBER	FACILITY NAME
005696	Speedway #8333

M DISPENSER INFORMATION *(If Applicable)*

For all dispensers to be closed, list the dispenser number, product(s) dispensed, and date last used. Attach an additional sheet if necessary.

Product Dispensed

GSL -Gasoline | **DSL** -Diesel | **DSB** -Diesel Containing >20% Biodiesel | **VGL** -Virgin Oil | **UOL** -Used Oil | **KER** -Kerosene

E85 -E85 Gasoline Blend | **E15** -E15 Gasoline Blend | **RCF** -Racing Fuel (leaded) | **AVG** -AVGas (leaded) | **MXT** -Mixture of Substances *(List Substances)* | **OTH** -Other *(specify)*

Dispenser Closure Type

RMV -Removed | **IPC** -In-Place Closure | **CIS** -Change-in-Service

Dispenser Number	Products Dispensed	Install Date *(mm/dd/yyyy)*	Date Last Used *(mm/dd/yyyy)*	Proposed Removal Date *(mm/dd/yyyy)*	Proposed Replacement Date *(mm/dd/yyyy)*	Proposed Closure Type
1	GSL	05/23/1995		09/16/2024		RMV
2	GSL	05/23/1995		09/16/2024		RMV
3	GSL	05/23/1995		09/16/2024		RMV
4	GSL	05/23/1995		09/16/2024		RMV
5	KER	06/01/1987		09/16/2024		RMV

FACILITY ID NUMBER	TRANSACTION ID - FOR STATE USE ONLY
005696	

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
	Michael		Byrne	

TITLE OF AUTHORIZED REPRESENTATIVE	COMPANY NAME *(If Individual Leave Blank)*
Regional Environmental Compliance Manager	Speedway LLC

SIGNATURE	DATE *(MM/DD/YYYY)*
Michael Byrne	08/13/2024

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
	Michael		Byrne	

TITLE OF AUTHORIZED REPRESENTATIVE	COMPANY NAME *(If Individual Leave Blank)*
Regional Environmental Compliance Manager	Speedway LLC

SIGNATURE	DATE *(MM/DD/YYYY)*
Michael Byrne	08/13/2024

CONTRACTOR CERTIFICATION

CERTIFIED INDIVIDUAL NAME

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Robert		Kiest	

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)*
Robert Kiest	Bob@northernindianamechanical.com	08/13/2024

Jordan, Sherry

From: Jason Conant <Jason.Conant@oneatlas.com>
Sent: Wednesday, August 14, 2024 2:42 PM
To: IDEM USTregistration
Cc: Jason Conant
Subject: Intent to Close: FID #005696
Attachments: ITC_FID005696_08132024.pdf

Categories: Orange category

Attached is a Thirty (30) Day Notification of Intent to Close (State Form 56553) for Speedway #8333 (FID #005696). Please feel free to contact me with any questions or if I can provide you with any additional information.

Thanks,
Jason

Jason L. Conant
Division Manager

2650 Horizon Drive, SE, Suite 110
Grand Rapids, MI 49546
O: 616.265.3009 | **C:** 616.638.3553
OneAtlas.com I LinkedIn I Facebook I Twitter

Think Safe | Work Safe | Live Safe