

**THIRTY (30) DAY NOTIFICATION OF INTENT TO CLOSE**

State Form 56553 (R5 / 5-23)

INDIANADEPARTMENTOFENVIRONMENTALMANAGEMENT
PETROLEUMBRANCH**RETURN COMPLETED FORMS TO:**Indiana Department of Environmental Management
USTRegistration@idem.in.govFacility 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.

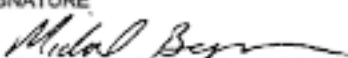
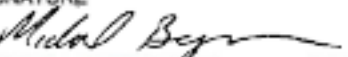
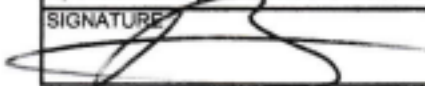
A TYPE OF PROPOSED CLOSURE (Check all that apply)					
Tank(s)		Piping		Dispenser(s)	
☒ Removal	☐ In-Place	☒ Removal	☐ In-Place	☒ Removal	
☐ Change-In-Service		☐ Change-In-Service		☐ Replacement	
Number of tanks to be closed: 3		Number of lines to be closed: 3		Number of dispensers to be closed: 5	
Number 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 (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)		
500 Speedway Drive					
CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)		
Enon	OH	45323	04/04/1971		
TELEPHONE NUMBER		EMAIL ADDRESS (Option 3 Individual/Capacity)		JOB TITLE (Option 3 Individual/Capacity)	
(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 RESIDENTIAL 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 005696		FACILITY NAME Speedway #8333	
E UST OPERATOR			
TYPE OF OPERATOR			
☐ Federal Government		☐ State Government	
☒ Commercial		☐ Private	
		☐ City/Local Government	
		☐ Other:	
Option 1: UST OPERATOR NAME (Business Name as registered with the Secretary of State)		BUSINESS ID (From the Secretary of State)	
Speedway LLC			
Option 2: UST OPERATOR NAME (If a Public Agency or other entity)			
Option 3: UST OPERATOR NAME (If an Individual Capacity)			
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)	
500 Speedway Drive		Attn: Environmental Compliance	
CITY	STATE	ZIP CODE	DATE BEGAN OPERATING (MM/DD/YYYY)
Enon	OH	45323	04/04/1971
TELEPHONE NUMBER	EMAIL ADDRESS (Option 3 Individual Capacity)		JOB TITLE (Option 3 Individual Capacity)
(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 RESIDENTIAL 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		
F DEEDED PROPERTY OWNER			
TYPE OF OWNER			
☐ Federal Government		☐ State Government	
☐ Commercial		☐ Private	
		☐ City/Local Government	
		☐ Other:	
Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State)		BUSINESS ID (From the Secretary of State)	
Speedway LLC			
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
	Michael		Byrne
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (line 2)	
500 Speedway Drive			
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 005696		FACILITY NAME 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 otherwise)			
Option 3: PROPERTY OWNER NAME (An Individual Capacity)			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
PROPERTY OWNER ADDRESS (Listed in Option 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)	
3311 E. 15th Avenue			
CITY	STATE	ZIP CODE	ID 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	
INTERESTED PARTY NAME		E-MAIL ADDRESS	
Andrew Rice, 7-Eleven, Inc		andrew.rice@7-11.com	
INTERESTED PARTY NAME		E-MAIL ADDRESS	
J LUST INCIDENT INFORMATION			
LUST INCIDENT NUMBER (If Applicable)		DATE INCIDENT REPORTED (mm/dd/yyyy)	
199405538		05/20/1994	
LUST INCIDENT NUMBER (If Applicable)		DATE INCIDENT REPORTED (mm/dd/yyyy)	
199412518		12/15/1994	
LUST INCIDENT NUMBER (If Applicable)		DATE INCIDENT REPORTED (mm/dd/yyyy)	
201805527		05/29/2018	

[illegible]

FACILITY ID NUMBER 005696		FACILITY NAME Speedway #8333				
M	DISPENSER INFORMATION <i>(If Applicable)</i>					
<i>For all dispensers to be closed, list the dispenser number, product(s) dispensed, and date last used. Attach an additional sheet if necessary.</i>						
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 <i>(List Substances)</i>	OTH -Other <i>(specify)</i>	
Dispenser Closure Type						
RMV -Removed		IPC -In-Place Closure		CIS -Change-in-Service		
Dispenser Number	Products Dispensed	Install Date <i>(mm/dd/yyyy)</i>	Date Last Used <i>(mm/dd/yyyy)</i>	Proposed Removal Date <i>(mm/dd/yyyy)</i>	Proposed Replacement Date <i>(mm/dd/yyyy)</i>	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 005696		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 (Print or Type)			
PREFIX	FIRST NAME Michael	MI	LAST NAME Byrne
TITLE OF AUTHORIZED REPRESENTATIVE Regional Environmental Compliance Manager		COMPANY NAME (If Individual Leave Blank) Speedway LLC	
SIGNATURE 			DATE (MM/DD/YYYY) 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 Michael	MI	LAST NAME Byrne
TITLE OF AUTHORIZED REPRESENTATIVE Regional Environmental Compliance Manager		COMPANY NAME (If Individual Leave Blank) Speedway LLC	
SIGNATURE 			DATE (MM/DD/YYYY) 08/13/2024
CONTRACTOR CERTIFICATION			
CERTIFIED INDIVIDUAL NAME			
PREFIX	FIRST NAME Robert	MI	LAST NAME 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 Bob@northernindianamechanical.com	DATE (MM/DD/YYYY) 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

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

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 | [LinkedIn](#) | [Facebook](#) | [Twitter](#)



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