



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: **25542**

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					
<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 CASEYS GENERAL STORE 3504			LATITUDE (37.710101 to 41.866773)	LONGITUDE (-88.165351 to -84.671035)	
FACILITY ADDRESS (number and street) 2245 MAIN ST.			PARCEL NUMBER		
CITY FERDINAND	STATE IN	ZIP CODE 47532	COUNTY	TELEPHONE NUMBER	
C TYPE OF FACILITY (Check all that apply)					
<input type="checkbox"/>	Auto Dealership	<input 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 SAMANTHA	MI	LAST NAME HUNTER	SUFFIX	
ADDRESS 5060 ARSENAL ST.		CITY ST. LOUIS	STATE MO	ZIP CODE 63139	
TELEPHONE NUMBER (314) 772-4501		JOB TITLE CUSTOMER SERVICE COORDINATOR	EMAIL ADDRESS TESTING@NEUMAYEREQUIPMENT.COM		
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 type="checkbox"/>	Private	<input type="checkbox"/>	Other:
Option 1: UST OWNER NAME (Business Name as registered with the Secretary of State) CASEYS MARKETING CO			BUSINESS ID (From the Secretary of State) 11309		
Option 2: UST OWNER NAME (If a Public Agency or other entity)					
Option 3: UST OWNER NAME (If an Individual/Company)					
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) 3305 SE DELAWARE AVE			ADDRESS (line 2)		
CITY ANKENY	STATE IA	ZIP CODE 50021	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)		
TELEPHONE NUMBER		EMAIL ADDRESS (Option 3 Individual/Company)		JOB TITLE (Option 3 Individual/Company)	
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 # 25542		FACILITY NAME CASEYS GENERAL STORE 3504	
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 type="checkbox"/> 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.			
<input type="checkbox"/> Financial Test of Self Insurance		<input 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 9-8-11(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 type="checkbox"/> Commercial		<input 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)	
Option 2: UST OPERATOR NAME (If a Public Agency or other entity)			
Option 3: UST OPERATOR NAME (If an Individual Operator)			
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)	
CITY	STATE	ZIP CODE	DATE BEGAN OPERATING (MMDD/YYYY)
TELEPHONE NUMBER	EMAIL ADDRESS (00000000000000000000000000000000)		JOB TITLE (00000000000000000000000000000000)
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 FACILITY CONTACT			
CONTACT INDIVIDUAL NAME			
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 # 25542		FACILITY NAME CASEYS GENERAL STORE 3504			
I DEEDED PROPERTY OWNER					
TYPE OF OWNER					
<input type="checkbox"/> Federal Government		<input type="checkbox"/> State Government		<input type="checkbox"/> City / Local Government	
<input type="checkbox"/> Commercial		<input type="checkbox"/> Private		<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 in 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 1 and 2 only)		JOB TITLE (If for Individual Capacity)	
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			
J ACTIVE LAND CONTRACT PROPERTY OWNER (If applicable)					
TYPE OF OWNER					
<input type="checkbox"/> Federal Government		<input type="checkbox"/> State Government		<input type="checkbox"/> City / Local Government	
<input type="checkbox"/> Commercial		<input type="checkbox"/> Private		<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 in 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 # 25542		FACILITY NAME CASEYS GENERAL STORE 3504			
K CONTRACTOR					
<input type="checkbox"/>	INSTALLATION INSPECTED BY A REGISTERED ENGINEER	REGISTRATION ID:	0005785960-001	REGISTRATION DATE <small>(mm/dd/yyyy)</small>	09/01/2023
<input type="checkbox"/>	MANUFACTURER'S INSTALLATION CHECKLISTS HAVE BEEN COMPLETED AND INCLUDED	<input checked="" type="checkbox"/>	INSTALLER CERTIFIED BY TANK AND PIPING MANUFACTURER		
<input type="checkbox"/>	WORK INSPECTED BY INDIANA DEPARTMENT OF HOMELAND SECURITY / DIVISION OF FIRE AND BUILDING SAFETY	INSPECTION DATE <small>(mm/dd/yyyy)</small>	09/30/2025		
CONTRACTOR BUSINESS NAME (Business Name as registered with the Secretary of State) NEUMAYER EQUIPMENT				BUSINESS ID (From the Secretary of State) 43-0432090	
CONTACT INFORMATION FOR CONTRACTOR THAT PERFORMED OR MANAGED WORK ON SITE					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
	PHIL		ELLIOTT		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)				ADDRESS (line 2)	
5060 ARSENAL ST.					
CITY		STATE	ZIP CODE	IDHS CERTIFICATION NUMBER	
ST. LOUIS		MO	63139	UC2020IN13790	
TELEPHONE NUMBER		EMAIL ADDRESS			
(314) 772-4501		TESTING@NEUMAYEREQUIPMENT.COM			
L POTENTIALLY INTERESTED PARTIES					
INTERESTED PARTY NAME			E-MAIL ADDRESS		
INTERESTED PARTY NAME			E-MAIL ADDRESS		
INTERESTED PARTY NAME			E-MAIL ADDRESS		
M FACILITY SITE MAP					
In the space below, sketch the facility (tanks, piping, tank man way 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 ID # 25542	FACILITY NAME CASEYS GENERAL STORE 3504
-------------------------------	---------------------------------------------------

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

N IDENTIFICATION OF UNDERGROUND STORAGE TANKS

IDEMUST REGISTRATION NUMBER	1			
PART OF A COMPARTMENTED UST (Y/N)	NO			
NUMBER OF COMPARTMENTS IN UST				
COMPARTMENT IDENTIFICATION NUMBER	1C1			
(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	IN USE			
(mm/dd/yyyy) STATUS DATE	01/27/2025			

P SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS

PETROLEUM	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				
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 #		FACILITY NAME	
25542		CASEYS GENERAL STORE 3504	
IDEMUST REGISTRATION NUMBER		1	
COMPARTMENT IDENTIFICATION NUMBER		1C1	
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)		ELLD w/Annual Tes	
MANUFACTURER		VEEDER ROOT	
MODEL		848480-001	
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 # 25542	FACILITY NAME CASEYS GENERAL STORE 3504
-------------------------------	---------------------------------------------------

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

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

DEMUST 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 ID #		FACILITY NAME	
25542		CASEYS GENERAL STORE 3504	
IDEMUST REGISTRATION 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 # 25542		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	MI	LAST NAME	SUFFIX	
TITLE OF AUTHORIZED REPRESENTATIVE			COMPANY NAME (If Individual Leave Blank)		
SIGNATURE				DATE (MM/DD/YYYY)	
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	
	Trevor		Olson		
TITLE OF AUTHORIZED REPRESENTATIVE			COMPANY NAME (If Individual Leave Blank)		
Manager - Environmental Compliance			Caseys		
SIGNATURE				DATE (MM/DD/YYYY)	
Trevor Olson				01/27/2025	
				Digitally signed by Trevor Olson Date: 2025.01.27 15:33:32 -08'00'	
CONTRACTOR CERTIFICATION					
CERTIFIED INDIVIDUAL NAME					
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX	
	PHILL		ELLIOTT		
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)	
PHILLIP ELLIOTT		TESTING@NEUMAYEREQUIPMENT.COM		01/27/2025	
				Digitally signed by PHILLIP ELLIOTT Date: 2025.01.27 15:47:48 -08'00'	

Payton, Jessica

From: Testing <Testing@Neumayerequipment.com>
Sent: Monday, February 3, 2025 9:17 AM
To: IDEM USTregistration
Subject: RE: Administratively Denied for wrong FID #
Attachments: PHIL SIG.pdf

EXTERNAL EMAIL: This email was sent from outside your organization. Exercise caution when clicking links, opening attachments or taking further action, before validating its authenticity.

Good morning,

This error is now corrected. Please let me know if there is anything else you need.

Thank you,

Samantha E. Hunter

Customer Service Coordinator

office 314.772.4501

test 314.772.4062

fax 314.772.2311



Serving the Midwest

800.843.4563 | WWW.NEUMAYEREQUIPMENT.COM



From: IDEM USTregistration <USTregistration@idem.IN.gov>

Sent: Monday, February 3, 2025 8:08 AM

To: Testing <Testing@Neumayerequipment.com>

Subject: Administratively Denied for wrong FID #

Good morning,

The notification form submitted on 1/27/2025 will be **administratively denied** due to not adhering to our submittal guidelines. Therefore, the form **will not** be processed in our system.

Reasons for Administrative Denial:

- The FID #111665 does not match our records. The facility addresses on the submitted notification form are linked to FID #25542 in our system. To resolve this, please submit a new form with the correct FID # on all pages.

Please fill out a new notification form addressing the corrections mentioned above, including the UST details from the previous NF. **(Do not send it directly to me.)** Submit form to the USTRegistration@idem.IN.gov. State Form 45223 Notification Form & the instructions can be found on the IDEM website.

Thank you,



Jessica Payton
Environmental Manager 2 | UST Operations
Petroleum Branch | Office of Land Quality
Indiana Department of Environmental Management

(317) 234-0343 • J.Payton@idem.IN.gov

     | www.idem.IN.gov

From: Testing <Testing@Neumayerequipment.com>
Sent: Monday, January 27, 2025 4:55 PM
To: IDEM USTregistration <USTregistration@idem.IN.gov>
Subject: NOTIFICATION FD #111665

EXTERNAL EMAIL: This email was sent from outside your organization. Exercise caution when clicking links, opening attachments or taking further action, before validating its authenticity.

Good afternoon
Please find the attached notification for Caseys FD# 111665

Samantha Hunter
Service
office 314.772.4501
5060 ARSENAL STREET | SAINT LOUIS, MISSOURI 63139
800.843.4563 | WWW.NEUMAYEREQUIPMENT.COM

