

INDIANA ELECTRONIC SUBSCRIBER AGREEMENT

State Form IDEM-R/08-01

Instructions: Complete all sections of the form below and return it to the address listed. Additional information or assistance in completing this form can be found at <http://www.in.gov/idem/5964.htm>.

User Profile Information

Name: Paul Gerken
Title:
E-Mail: paul.gerken@unfi.com

Address:
City:
State:
ZIP:


User Contact Numbers

Phone Number	Type
(317) 865-7140x24115	Business Phone Number 1

Clicking a column title will sort the table by that column.

Access Request

Industrial Storm Water

Service Name	Facility Name	Facility ID	Facility Address	Pending Role(s)	Facility Details
Industrial Storm Water	United Natural Foods Incorporated	13553	655 Commerce Pkwy E Dr Greenwood, IN 46143	Authorized Legal Authority/Responsible Official	

Clicking a column title will sort the table by that column.

User/Applicant Responsibilities

All user applicants, including those seeking signatory authority for the organization identified in this document, requesting access to the IDEM eServices must complete all entries in the section entitled User Attestation below and provide his/her handwritten signature. A separate application must be submitted for each eService application offering. All applicants must mail this document in its entirety to:

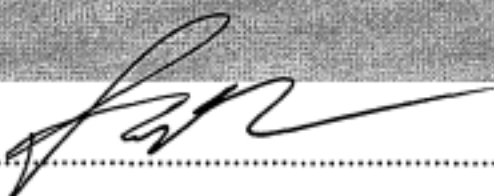
Indiana Department of Environmental Management
Attn: eServices Team
MC50-10i IGCN Room 1340
100 N Senate Avenue
Indianapolis, IN 46204-2251

If you claim signatory authority by delegation, for the organization identified in this document, an authorizing official of the entity (facility, company, etc.) must complete all entries in the section entitled Authorized Legal Authority/Responsible Official Attestation and affix his/her handwritten signature.

Signatory Attestation

I, Paul Gerken, do hereby certify and affirm that in accepting the electronic signature issued by Indiana Department of Environmental Management to sign electronic documents submitted to eServices on behalf of United Natural Foods Incorporated,

1. Agree to protect the signature from use by anyone except me, and to confirm system security with third parties where necessary. Specifically, I agree to:
 - a. maintain the secrecy of my IDEM issued credential;
 - b. not divulge my credential to any other individual;
 - c. not store my credential in any unprotected location;
 - d. not allow my credential to be used in any automated login function.
2. Understand and agree that I will be held as legally bound, obligated and responsible by my use of my electronic signature as I would be using my hand-written signature, and that legal action can be taken against me based on my use of my electronic signature in submitting an electronic document to the Indiana Department of Environmental Management.
3. Agree never to delegate the use of my electronic signature or make my signature available for use by anyone else.
4. Understand that whenever I electronically sign and submit an electronic document to eServices, acknowledgements and a copy of my submission as received will be made available to me.
5. Agree to review the acknowledgments and copies of documents I electronically sign and submit to eServices;
6. Agree to report to Indiana Department of Environmental Management, within twenty-four (24) hours of discovery, any evidence of the loss, theft or other compromise of any component of my electronic signature;
7. Agree to report to Indiana Department of Environmental Management, within twenty-four (24) hours of discovery, any evidence of discrepancy between an electronic document I have signed and submitted and what eServices has received from me;
8. Agree to notify Indiana Department of Environmental Management if I cease to represent United Natural Foods Incorporated as signatory of that organization's electronic submissions to eServices as soon as this change in relationship occurs and to sign a surrender certification at that time.

Signatory Printed Name	Signatory Signature	Date of Signature
Paul Gerken		4/3/2024

I certify that I have read the IESA. I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. You must indicate your understanding of the above by placing a checkmark in the box provided. Your information will be submitted to IDEM when you click the submit button at the bottom of this screen.

Disclaimer

The Indiana Department of Environmental Management (IDEM) will not provide access to the eServices until an original, completed, signed and certified document has been received.

Please mail the Indiana Electronic Subscriber Agreement (IESA) to:

Indiana Department of Environmental Management
Attn: eServices Team
MC50-10i IGCN Room 1340
100 N Senate Avenue
Indianapolis, IN 46204-2251

A representative of the Indiana Department of Environmental Management (IDEM) will contact an official in your organization to verify the information you have supplied in this Agreement.

Authorizations, signatory or otherwise, are not automatically granted, but rather verified during the identity-proofing process by a representative of IDEM with your entity's (facility, company, etc.) authorizing official(s). Authorizations which give you the ability to submit and sign reports are determined by the entity's (facility, company, etc.) authorizing official and must be explicitly communicated to a representative of IDEM via this document and confirmed during the follow-on procedures conducted by an appropriate representative of IDEM.