



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: **7680**

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 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 Citgo		LATITUDE (37,712151 to 41,288773) 39.41367		LONGITUDE (-86,165351 to -81,371035) 86.43461	
FACILITY ADDRESS (Number and street) 589 South Morton Avenue			PARCEL NUMBER 55-13-04-363-001.000-021		
CITY Martinsville	STATE IN	ZIP CODE 46151	COUNTY Morgan	TELEPHONE NUMBER (765) 352-1234	
C TYPE OF FACILITY (Check all that apply)					
<input type="checkbox"/>	Auto Dealership	<input checked="" type="checkbox"/>	Commercial	<input type="checkbox"/>	Airport Hydrant System
<input type="checkbox"/>	Hospital	<input 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 Mr.	FIRST NAME Davies	MI	LAST NAME Batterton	SUFFIX	
ADDRESS 1033 E. Freeland Road, Suite B		CITY Greensburg		STATE N	ZIP CODE 47240
TELEPHONE NUMBER (317) 796-6506		JOB TITLE Project Manager		EMAIL ADDRESS davies@capenv.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) Hima, LLC				BUSINESS ID (From the Secretary of State) 2003090500068	
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) 7812 Stonebrair Way				ADDRESS (line 2)	
CITY Indianapolis		STATE IN	ZIP CODE 46259	EFFECTIVE DATE OF OWNERSHIP (YYMMDDYY) 08/13/2007	
TELEPHONE NUMBER (317) 714-7066		EMAIL ADDRESS (Column 2 Individual Capacity) ajrapaj@gmail.com		JOB TITLE (Column 2 Individual Capacity)	
CONTACT FOR BUSINESS TRUST OR AGENCY (Listed in Option 1 or 2)					
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX	
Mr.	Jayesh		Patel		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 7812 Stonebrair Way				ADDRESS (line 2)	
CITY Indianapolis		STATE IN	ZIP CODE 46259	JOB TITLE Member	
TELEPHONE NUMBER (317) 714-7066		EMAIL ADDRESS ajrapaj@gmail.com			

FACILITY ID# 7680		FACILITY NAME Citgo	
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 checked="" 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 checked="" 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	
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 checked="" 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) Diya LLC		BUSINESS ID (From the Secretary of State) 2013090500106	
Option 2: UST OPERATOR NAME (if a Partnership or other entity)			
Option 3: UST OPERATOR NAME (if a Trust or other entity)			
PREFIX	FIRST NAME	MI	LAST NAME
UST OPERATOR ADDRESS (Use in Column 1-2)			
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (1 to 2)	
589 S Morton Avenue			
CITY	STATE	ZIP CODE	DATE BEGAN OPERATING (MM/DD/YYYY)
Martinsville	IN	46151	01/01/2023
TELEPHONE NUMBER	FAX ADDRESS (Optional/Not a part of facility)		JOB TITLE (Optional/Not a part of facility)
(765) 352-1234			
CONTACT FOR BUSINESS (BUSINESS AGENCY) (Use in Option 1 or 2)			
PREFIX	FIRST NAME	MI	LAST NAME
Mr.	Ketankumar		Patel
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (1 to 2)	
5220 Cheever drive			
CITY	STATE	ZIP CODE	JOB TITLE
Indianapolis	IN	46239	Member
TELEPHONE NUMBER	EMAIL ADDRESS		
(765) 352-1234	gkpd123@gmail.com		
H FACILITY CONTACT			
CONTACT INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	LAST NAME
	Mukesh		Patel
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (1 to 2)	
589 S Morton Avenue			
CITY	STATE	ZIP CODE	JOB TITLE
Martinsville	IN	46151	Member
TELEPHONE NUMBER	EMAIL ADDRESS		
(765) 352-1234	gkpd123@gmail.com		

FACILITY ID# 7680		FACILITY NAME Citgo			
I DEEDED PROPERTY 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: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State) Hima LLC				BUSINESS ID (From the Secretary of State) 2003090500068	
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 (Use in Option 1 or 2)					
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 7812 Stonebrair Way				ADDRESS (If a 2)	
CITY Indianapolis		STATE IN	ZIP CODE 46259		EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 08/13/2007
TELEPHONE NUMBER (317) 714-7066		EMAIL ADDRESS (Option 3 / Individual Capacity) ajrapaj@gmail.com		JOB TITLE (Option 3 / Individual Capacity) Member	
CONTACT FOR BUSINESS/PUBLIC AGENCY (Use in Option 1 or 2)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
Mr.	Jayesh		Patel		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 7812 Stonebrair Way					
CITY Indianapolis		STATE IN	ZIP CODE 46259		JOB TITLE Member
TELEPHONE NUMBER (317) 714-7066		EMAIL ADDRESS ajrapaj@gmail.com			
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 an Individual Capacity)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
PROPERTY OWNER ADDRESS (Use in Option 1 or 2)					
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)				ADDRESS (If a 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 (Use 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)					
CITY		STATE	ZIP CODE		JOB TITLE
TELEPHONE NUMBER		EMAIL ADDRESS			

FACILITY ID# 7680		FACILITY NAME Citgo	
K CONTRACTOR			
<input type="checkbox"/>	INSTALLATION INSPECTED BY A REGISTERED ENGINEER	REGISTRATION ID	REGISTRATION DATE <i>(month/year)</i>
<input type="checkbox"/>	MANUFACTURERS INSTALLATION OF TANKS SHALL BE COMPLETED AND INCLUDED	<input 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 <i>(month/year)</i>	
CONTRACTOR BUSINESS NAME (Business Name as registered with the Secretary of State)		BUSINESS ID (from the Secretary of State)	
CONTACT INFORMATION FOR CONTRACTOR THAT PERFORMED OR MANAGED WORK ON SITE			
PRE-FX	FIRST NAME	MI	LAST NAME SUFFIX
PRINCIPAL OFFICE ADDRESS or HOME/PRIMARY RESIDENTIAL ADDRESS (number and street, no P.O. Box)		CITY ADDRESS (if not)	
CITY	STATE	ZIP CODE	PHS CERTIFICATION NUMBER
TELEPHONE NUMBER	FAX NUMBER		
L POTENTIALLY INTERESTED PARTIES			
POTENTIALLY INTERESTED PARTY NAME Davies Batterton		EMAIL ADDRESS davies@capenv.com	
POTENTIALLY INTERESTED PARTY NAME		EMAIL ADDRESS	
POTENTIALLY INTERESTED PARTY NAME		EMAIL ADDRESS	
M FACILITY SITE MAP			
In the space below, sketch the facility (tanks, piping, tank manway locations, vents, pump islands, buildings, etc.). Include tank sizes and type of product stored. Label streets or other landmarks. Show North if direction known.			

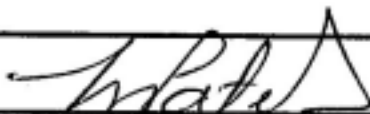
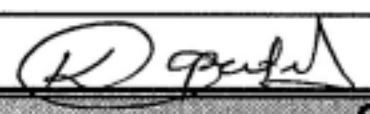
FACILITY ID# 7680		FACILITY NAME Citgo		
Complete one column for each tank or compartment. See instructions for compartment identification numbering.				
N	IDENTIFICATION OF UNDERGROUND STORAGE TANKS			
UST REGISTRATION NUMBER	1	2	3	
PART OF A COMPARTMENTED UST (Y/N)	NO	NO	NO	
NUMBER OF COMPARTMENTS IN UST	1	1	1	
COMPARTMENT IDENTIFICATION NUMBER				
(mm/dd/yyyy) DATE INSTALLED	01/01/1978	01/01/1978	01/01/1978	
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE				
(gallons) ESTIMATED TOTAL CAPACITY	10,000	10,000	10,000	
MANFOLDED (Y/N)	YES	YES	NO	
MANFOLDED 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 BIFUEL %				
(specify) OTHER				
HAZARDOUS SUBSTANCE				
CHEMICAL ABSTRACT SERVICE NUMBER				
MIXTURE OF SUBSTANCES				
PRODUCT IS COMPATIBLE WITH TANK (Y/N)	YES	YES	YES	
Q	UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES			
MANUFACTURER				
MODEL				
MATERIAL OF CONSTRUCTION	Steel	Steel	Steel	
SECONDARY CONTAINMENT				
R	UNDERGROUND STORAGE TANK CORROSION PROTECTION			
CORROSION PROTECTION TYPE	Not Applicable	Not Applicable	Not Applicable	
(mm/dd/yyyy) ANODE INSTALLATION DATE				
INTERIOR LINING	YES	YES	YES	
(mm/dd/yyyy) LINER INSTALLATION DATE	07/22/1995	07/22/1995	07/22/1995	
(specify) OTHER				
S	PIPING CONSTRUCTION AND PROTECTION			
MANUFACTURER				
MODEL				
(mm/dd/yyyy) DATE INSTALLED				
MATERIAL	Flexible Composite	Flexible Composite	Flexible Composite	
SECONDARY CONTAINMENT				
CORROSION PROTECTION TYPE	Not Applicable	Not Applicable	Not Applicable	
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)	YES	YES	YES	
PRODUCT DELIVERY METHOD	Pressurized	Pressurized	Pressurized	

FACILITY ID# 7680		FACILITY NAME Citgo			
UEN UST REGISTRATION NUMBER		1	2	3	
COMPARTMENT IDENTIFICATION NUMBER					
T	UNDERGROUND STORAGE TANK RELEASE DETECTION				
PRIMARY UST RELEASE DETECTION	ATG CSLD	ATG CSLD	ATG CSLD		
MANUFACTURER	Veeder Root	Veeder Root	Veeder Root		
MODEL	TLS 350	TLS 350	TLS 350		
SECONDARY UST RELEASE DETECTION					
MANUFACTURER					
MODEL					
U	UNDERGROUND PIPING RELEASE DETECTION				
PRIMARY PIPING RELEASE DETECTION	0.2gph/0.1gph ELLI	0.2gph/0.1gph ELLI	0.2gph/0.1gph ELLI		
MANUFACTURER					
MODEL					
SECONDARY PIPING RELEASE DETECTION <small>(LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)</small>	3 Year Line Tightne	3 Year Line Tightne	3 Year Line Tightne		
MANUFACTURER					
MODEL					
TERTIARY PIPING RELEASE DETECTION	ATG CITLDS	ATG CITLDS	ATG CITLDS		
MANUFACTURER					
MODEL					
V	SPILL AND OVERFILL PREVENTION EQUIPMENT				
CATCHMENT BASIN / SPILL BUCKET	Standard Spill Buck	Standard Spill Buck	Standard Spill Buck		
(mm/dd/yyyy) DATE INSTALLED					
MANUFACTURER	OPW	OPW	OPW		
MODEL					
FILL LATITUDE					
FILL LONGITUDE					
PRIMARY OVERFILL PREVENTION EQUIPMENT	Auto Shutoff / Flapp	Auto Shutoff / Flapp	Auto Shutoff / Flapp		
(mm/dd/yyyy) DATE INSTALLED					
MANUFACTURER	OPW	OPW	OPW		
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# 7680		FACILITY NAME Citgo	
Complete one column for each tank or compartment. See instructions for compartment identification numbering.			
N	IDENTIFICATION OF UNDERGROUND STORAGE TANKS		
UST 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			
MANFOLDED (Y/N)			
MANFOLDED 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 BIFUEL %			
(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# 7680		FACILITY NAME Citgo	
IDEN UST 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 <small>LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING</small>			
MANUFACTURER			
MODEL			
TERTIARY PIPING RELEASE DETECTION			
MANUFACTURER			
MODEL			
V	SPILL AND OVERFILL PREVENTION EQUIPMENT		
CATCHMENT BASIN / SPILL BUCKET			
<small>(mm/dd/yyyy)</small> DATE INSTALLED			
MANUFACTURER			
MODEL			
FILL LATITUDE			
FILL LONGITUDE			
PRIMARY OVERFILL PREVENTION EQUIPMENT			
<small>(mm/dd/yyyy)</small> DATE INSTALLED			
MANUFACTURER			
MODEL			
% ULLAGE SET POINT			
SECONDARY OVERFILL PREVENTION EQUIPMENT			
<small>(mm/dd/yyyy)</small> DATE INSTALLED			
MANUFACTURER			
MODEL			
% ULLAGE SET POINT			
UNDER DISPENSER CONTAINMENT PRESENT			
MANUFACTURER			
<small>(mm/dd/yyyy)</small> DATE INSTALLED			
SUBMERSIBLE TURBINE SUMP PRESENT			
MANUFACTURER			
<small>(mm/dd/yyyy)</small> DATE INSTALLED			

FACILITY ID # 7680		FACILITY NAME Citgo	
IDEM UST 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 # 7680		TRANSACTION ID - FOR STATE USE ONLY	
UST OWNER CERTIFICATION			
<p>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):</p> <p>(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.</p>			
OWNER'S AUTHORIZED REPRESENTATIVE (Print or Type)			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
	Jayeshkumar		Patel
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank)	
Member		Hima LLC	
SIGNATURE			DATE (MM/DD/YYYY)
			05/13/2026
UST OPERATOR CERTIFICATION			
<p>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):</p> <p>(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.</p>			
OPERATOR'S AUTHORIZED REPRESENTATIVE (Print or Type)			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
	Ketan		Patel
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank)	
President		Diya llc	
SIGNATURE			DATE (MM/DD/YYYY)
			05/13/2026
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)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/12/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Exceed Insurance 5462 E 82nd St Indianapolis IN 46250	CONTACT NAME: Tania Gurdasani PHONE (A/C, No, Ext): (855) 539-2333 FAX (A/C, No): E-MAIL ADDRESS: Tania@exceedinsurance.com													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Hartford Mutual Ins Co</td> <td></td> </tr> <tr> <td>INSURER B: TECHNOLOGY INS CO INC</td> <td>+2376</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Hartford Mutual Ins Co		INSURER B: TECHNOLOGY INS CO INC	+2376	INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A: Hartford Mutual Ins Co														
INSURER B: TECHNOLOGY INS CO INC	+2376													
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
INSURED Diga LLC 189 Mount Airy Marionville IN 46151														

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> AUTO-MADE <input checked="" type="checkbox"/> OCCUR CFM AGGREGATE LIMIT APP EN PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PER-JECT <input checked="" type="checkbox"/> LOSS OTHER:			MP11455102	01/01/2026	01/01/2027	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ex occurrence)	\$ 100,000
							VEH EXP (Per person)	\$ 5,000
							PERSONAL & ADVERTISERY	\$ Business
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS & COMPOUND ACC	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Per accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS/DEF <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
U	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS (90A)		N/A	TWC4713991	01/01/2026	01/01/2027	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> UTIL EX	
							EACH ACCIDENT	\$ 100,000
							E.DISEASE - EA EMPLOYEE	\$ 100,000
							E.DISEASE - POLICY LIMIT	\$ 500,000
A	Property Coverage Deductible \$3,500			MP11455302	01/01/2026	01/01/2027	Building	\$925,000
							Business Personal Proper	\$55,000

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Pollutant clean up coverage is \$25K

CERTIFICATE HOLDER IDFM	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Tania Gurdasani
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RE: 7680

From: Pisula, Jodi <JPisula@idem.IN.gov>

Date: Thu 5/14/2026 9:53 AM

To: IDEM USTRegistration <USTRegistration@idem.IN.gov>

Cc: Rozycki, John M <JRozycki@idem.IN.gov>

 2 attachments (1 MB)

NF_7680_14052026.pdf; FID 7680 COI ACORD 1751 (2016-03).pdf;

This was sent to me by the consultant. This site is in enforcement and is assigned to me.

Thanks,
Jodi



Jodi Pisula

Senior Environmental Manager | Enforcement Section
Compliance Branch | Office of Land Quality
Indiana Department of Environmental Management

(317) 234-5208 | jpisula@idem.IN.gov

