



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

100 N. Senate Avenue • Indianapolis, IN 46204
(800) 451-6027 • (317) 232-8603 • Fax (317) 233-6647 • www.idem.in.gov

Mike Braun
Governor

Clint Woods
Commissioner

VIA ELECTRONIC MAIL

67-02/kblackburn
Balwinder Singh
Spotshine, Inc.
5727 Stonechat Lane
Indianapolis, IN 46237

Emailed: 6/1/2026

Re: ELTF 50% Decommissioning or Replacement Claim
BDS Mart
ELTF Control # 502620123 FID # 3311
Invoice Number: 502620123-1

On April 24, 2026, the Excess Liability Trust Fund (ELTF) Program received your application for reimbursement from the Fund for 50% Cost Reimbursement for Decommissioning or Replacing Qualified Underground Storage Tanks (UST). According to our records, FID #3311 was granted eligibility on September 7, 2023.

Table with 2 columns: Description and Amount. Rows include ELTF Submittal Number (1), # USTs owned by owner at time of claim approval (12), Reimbursement Percentage (50%), Total Amount Previously Reimbursed (\$0.00), 50% of the Total Requested Amount (Claim Amount) (\$377,124.66), and After review, your claim has been reimbursed for (\$376,939.75).

*** Please be aware that while the above amount has been approved by IDEM's ELTF Claims Section, pursuant to IC 5-17-5-1, the State Comptroller may take up to thirty-five days to issue payment.

*** To ensure proper and timely reimbursement processing, new ELTF applicants are required to complete a W-9 form and an Automated Direct Deposit Authorization Agreement, State Form #47551. Completed forms must be sent to purchasing@idem.in.gov and dated within one year from the date of submittal to facilitate appropriate reimbursement.

Visit on.in.gov/survey or scan the QR code to provide feedback.
We appreciate your input!



A breakdown of this determination has been enclosed. You may resubmit an application for those items or portions of items that were disallowed. Resubmittal applications must include a completed application form, a copy of the IDEM decision letter and cost review summary, as well as explicit documentation under 328 IAC 1 addressing the reasons for denial of costs and demonstrating that the costs are reimbursable costs under 328 IAC 1-3-5. IDEM is requiring the resubmittal of disallowed costs to be incorporated into subsequent claims; however, the portion of the claim that was previously submitted must be identified as such and include the dollar value of the original claim [328 IAC 1-5-1(e)], as well as the explicit documentation described above.

Pursuant to IC 13-23-9-4 (or IC 13-14-2-1 after July 1, 2026), you may appeal this determination by filing a written request for review with the Indiana Office of Administrative Law Proceedings (OALP) not later than fifteen (15) days after receiving notice of the determination, plus an additional three (3) days if sent via US Mail. Pursuant to IC 4-21.5-3-7, you may request that the OALP conduct a hearing to review this determination, under IC 4-21.5, in its entirety, or you may limit your request for review to specific portions of the determination. The request for review should be sent to:

Office of Administrative Law Proceedings
100 North Senate Avenue
Government Center North
Suite N802
Indianapolis, IN 46204

Failure to properly file a request for review, before or on the fifteenth day following receipt of this notice, waives your right to administrative review of this determination pursuant to IC 4-21.5-3-7 and your right to judicial review of the determination pursuant to IC 4-21.5-5-4. The request for review must contain the following information:

A statement of facts demonstrating that:

- a. You are the person to whom this determination is specifically directed;
- b. You are aggrieved or adversely affected by this determination; or
- c. You are entitled to review as a matter of law.

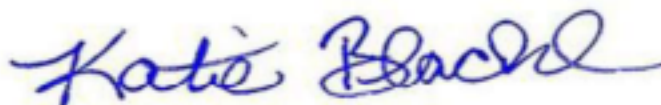
The following information should be included in your request for review in order to expedite review by the Office of Administrative Law Proceedings: identification of the ELTF number and the ELTF submittal number, the specific portions of the determination to be reviewed, and the legal basis for your challenge to this determination. In addition, your request should include the name, address and telephone number of the entity or individual to whom this determination is specifically directed. A copy of this letter should be attached to the request for review.

A copy of the request for review should be sent to the Petroleum Branch Chief, Tim Veatch, at the Indiana Department of Environmental Management, 100 North Senate Avenue, Indianapolis, Indiana 46204.

If you do appeal this determination, you will be notified by the Office of Administrative Law Proceedings regarding your cause number and prehearing date. This determination is based upon the review of the documentation presented to IDEM, as well as documents previously submitted and made available to the reviewer.

If additional documentation is subsequently provided, IDEM reserves the right to modify or change the determination as the situation may warrant. Please direct further questions to ELTFQuestions@idem.IN.gov.

Sincerely,



Katie Blackburn, Section Chief
UST Operations Section
Petroleum Branch
Office of Land Quality

CC: spotshine01@gmail.com, mhall@iwmconsult.com

Indiana Department of Environmental Management (IDEM)
 Excess Liability Trust Fund (ELTF)
 Cost Review Summary
 Site Name: BDS Mart

ELTF Number: 502620123-1	FAC ID Number: 3311
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Item Number	Resub Claim Number	Vendor	Invoice Number	Amount Requested	Amount Disallowed	Total Approved	Reason
Subsequent Costs Claimed							
1	N/A	J2LR	3/24/2026	\$76,800.00	\$0.00	\$76,800.00	
2	N/A	J2LR	3/24/2026	\$646,825.00	\$0.00	\$646,825.00	
3	N/A	Gordon Clark Arch	3/7/2025	\$3,815.41	\$321.32	\$3,494.09	As noted in 328 IAC 1-3-5, late payment / interest fees are not eligible for reimbursement from the ELTF.
4	N/A	IWM Consulting	33139	\$18,740.51	\$0.00	\$18,740.51	
5	N/A	IWM Consulting	33139	\$566.25	\$0.00	\$566.25	
5-1				\$2,556.25	\$48.50	\$2,507.75	Some costs have been denied due to a discrepancy between the amount of the invoice and the breakdown submitted on the pay request or other backup documentation.
6	N/A	IWM Consulting	33437	\$481.81	\$0.00	\$481.81	
7	N/A	IWM Consulting	33665	\$4,464.08	\$0.00	\$4,464.08	
Total:				\$754,249.31	\$369.82	\$753,879.49	

Claim Amount	\$377,124.66
Total Amount Requested	\$754,249.31
Amount Disallowed	\$369.82
Total Amount Approved	\$753,879.49
Reimbursement Percentage Allowed	50%
Total Amount Reimbursed This Claim	\$376,939.75



**EXCESS LIABILITY TRUST FUND APPLICATION
FOR UST DECOMMISSIONING OR REPLACEMENT
COSTS**

State Form 57322 (R5 / 1-26)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Facility ID Number	3311
TO BE COMPLETED BY IDEM	
ELTF Control Number	502620123-1
Date Submitted	04/24/2026

INSTRUCTIONS: This form must be submitted when applying for a reimbursement request for costs incurred for UST decommissioning and/or replacement. Applications will not be processed that contain incomplete information (all fields on this application must be completed) or do not contain the required forms/pages and supporting documentation as described in the INSTRUCTIONS for completing the application. **Do not include complete social security numbers on any portion of the application, including backup documentation.**

TO BE COMPLETED BY APPLICANT	
SECTION 1 - APPLICANT INFORMATION (OWNER)	
Name of Applicant	<i>Please enter a Tax ID Number or Social Security Number.</i>
Spotshine, Inc.	Tax ID Number: 27-3560938
Mailing Address (Number and Street)	SSN (last 4 digits):
5727 Stonechat Lane	Social Security Number Included in Backup Documents?
Mailing Address (Line 2)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City, State, Zip Code	Owner # of Tanks
Indianapolis, IN 46237	<input checked="" type="checkbox"/> 1 to 12 <input type="checkbox"/> 13-100 <input type="checkbox"/> Over 100
Applicant Contact	Contact Title
Mr. Balwinder Singh	President
Contact E-mail Address	Contact Telephone Number (with Area Code)
spotshine01@gmail.com	(570) 604-3177
SECTION 2 - SITE INFORMATION	
Name of Facility	# of USTs currently on site
BDS Mart	3
Facility Address (Number and Street)	City, State, Zip Code
3301 North Shadeland Avenue	Indianapolis, IN 46226
SECTION 3 - CLAIM PREPARER CONTACT INFORMATION	
Name of Contact Person Concerning Claim Issues	Contact Company Name
Ms. Mandy Hall	IWM Consulting Group LLC
Contact E-mail Address	Contact Telephone Number (with area code)
mhall@iwmconsult.com	(317) 565-1618
SECTION 4 - REIMBURSEMENT REQUESTS	
Identify the Type of Claim Application (Select all that apply.)	
<input checked="" type="checkbox"/> Decommissioning Claim Application o Closure Report must be Approved for these costs to be eligible for reimbursement.	
<input checked="" type="checkbox"/> Reinstallation Claim Application o Closure Report must be Approved for these costs to be eligible for reimbursement. o State Form 45223 or 57335 must be completed to update the tanks in IDEM's database for these costs to be eligible for reimbursement.	
<input type="checkbox"/> Resubmittal of Decommissioning/Reinstallation Costs	
<input type="checkbox"/> Complete Claim Resubmittal	
<input type="checkbox"/> Final Claim	
AUTOPOPULATES FROM INVOICE SUMMARY	
Total Requested Amount from the Attached "Pay Requests" (including resubmitted costs if applicable)	50% of the Total Requested Amount (claim amount)
\$ 754249.31	\$ 377124.66
Total Resubmitted Costs (if applicable)	
\$ 0.00	



EXCESS LIABILITY TRUST FUND APPLICATION FOR UST DECOMMISSIONING OR REPLACEMENT COSTS

State Form 57322 (R5 / 1-23)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

TO BE COMPLETED BY APPLICANT (continued)

SECTION 5 - UNDERGROUND STORAGE TANK DECOMMISSIONING

UST Number	Number of Compartments	Total UST Capacity (including all compartments)	Date Installed	Date Closed	Closure Type
1	1	12000	1/1/1978	5/21/2025	Removal
2	1	10000	1/1/1978	5/21/2025	Removal
3	1	10000	1/1/1978	5/21/2025	Removal

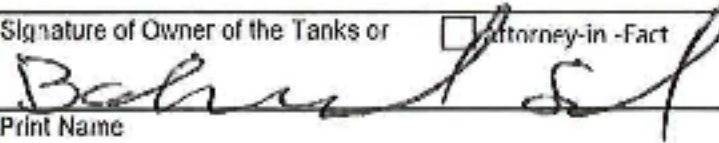
SECTION 6 - REGULATED STORAGE TANK INSTALLATION

Were tanks installed in a different location than the tanks decommissioned? Yes No
 Installation done prior to decommissioning? Yes No
 If you answered yes to either of these questions, please include a reasonable and cost-effective justification with each claim submittal.

Tank Number	Number of Compartments	Total Tank Capacity (including all compartments)	Construction Material	Date Installed	Date Brought into Use
1	1	12000	DW Fiberglass	8/7/2025	3/19/2026
2/3	2	12000	DW Fiberglass	8/7/2025	3/19/2026

SECTION 7 - SIGNATURE OF OWNER OF THE TANK(S) OR ATTORNEY IN FACT

I swear or affirm to the best of my knowledge and belief that the costs presented herein represent the reimbursable costs actually incurred in the performance of UST decommissioning or replacement related to this site during the period of time indicated on this application. I swear or affirm that all charges presented as part of this application were necessary to the performance of UST decommissioning or replacement. I also swear that I have not altered the calculations in this electronic form. I understand that pursuant to Indiana Code 13-23-9-6, I may be subject to criminal prosecution for submitting false and/or inaccurate information on this application. I also understand that all submitted information will be retained in the Virtual File Cabinet as a public record. Please check the box below and submit proper documentation if signing under a Power of Attorney for the owner.

Signature of Owner of the Tanks or <input checked="" type="checkbox"/> Attorney-in-Fact	Date Signed (month/day/year)
	4/21/26
Print Name	Title
Balwinder Singh	President
	Company
	Spotshine, Inc.

SUBMITTAL INSTRUCTIONS: Submit ELTF claim applications electronically via e-mail to ELTFQuestions@idem.IN.gov. Please submit one PDF copy and one Excel file in XLSX format. The e-mail/documents should be labeled as follows:
 Subject line: ELTF Claim: FID# XXXXX
 Save Document: ELTF_(insert Fac ID#)_ (yyyymmdd)



2601 North Sherman Drive
 Indianapolis, Indiana 46218
 Phone: 317.426.5093
 Fax: 317.426.5110

Invoice

Date: 3/24/26

Bill To: Spot Shine Inc
 5727 Stonechat Ln
 Indianapolis, IN 46237

Ship To: Spot Shine Inc
 3301 N. Shadeland Ave
 Indianapolis, IN 46226

<u>TANKS:</u>	12,000gal and 12,000, 6x6 split	\$ 119,000.00
<u>TANK EQUIPMENT:</u>	3 manways, 3 submersible pumps, top of tank Equipment, vent piping, malleable fittings, Monitoring well	\$ 58,540.00
<u>PIPING:</u>	NUPI double wall direct burial flexible pipe, NUPI Sumps, sump islands, NUPI fittings	\$ 57,500.00
<u>ELECTRICAL:</u>	wiring, conduits,, E Stop System	\$ 7 1,630.00
<u>ATG PARTS:</u>	Probe, sensors, bases, etc.	\$ 2,250.00
<u>LABOUR HORS:</u>	<i>\$47,541 of these hours is for concrete resurfacing of the overexcavated area and is being submitted under the 100% claim for reimbursement.</i>	\$ 259,326.00 <i>\$211,785</i>
<u>CONCRETE:</u>	205 yards	\$ 60,300.00
<u>BACKFILL:</u>	600 Tons	\$ 35,800.00
<u>EQUIPMENT COSTS & SHORING:</u>		\$ 30,020.00
<u>3 TANKS REMOVAL AND DISPOSAL:</u>	<i>5BOL EJTQPIBNEPDTJDDMEFE</i>	\$ 38,800.00
<u>CONCRETE TEAR OUT AND DISPOSAL:</u>	<i>Concrete hauling tickets included There are no disposal documents for concrete b/c it is not contaminated.</i>	\$ 38,000.00
TOTAL:		\$ 771,166.00

SUBSEQUENT PAY REQUEST # 3

INSTRUCTIONS:

Complete this form for all costs incurred for UST decommissioning or replacement. **Only list costs associated with one invoice on each pay request. Do not include social security numbers on any supporting backup documentation.** Select the date range for the costs incurred. In the DESCRIPTION column, select the item from the dropdown list for which you are seeking reimbursement (ex. mileage). In the TASK PERFORMED column please describe the activity for which the item was used (ex. Excavation). Only list one item and one task per line.

Facility ID Number <p style="text-align: center;">3311</p>								
Select Date: 1/1/25 to 5/31/25		Select the date range for the costs incurred.						
Invoice Number 3/7/2025		Name of Applicant Spotshine, Inc.			Name of Vendor Gordon Clark Architect AIA			
TO BE COMPLETED BY APPLICANT							TO BE COMPLETED BY IDEM	
DESCRIPTION	TASK PERFORMED	UNITS	TYPE	UNIT COST	% MARK-UP	AMOUNT REQUESTED	AMOUNT DISALLOWED	REF
Other -No Markup	labor to design and draw specifications for the UST replacement including securing a State Plan Release and City Permit	1.00	Lump	\$3,815.41	XXXX	\$3,815.41	321.32	3
SUBTOTAL						\$3,815.41	\$0.00	
GRAND TOTAL FOR THIS PAY REQUEST						\$3,815.41	\$0.00	
Additional Notes:		Past due interest fees are not eligible for reimbursement.						

4820 Buttonwood Crescent ■
Indianapolis, Indiana 46228 ■
Telephone 317 431-7164 ■
GClark4820@aol.com ■

INVOICE

DATE: March 7, 2025 **THIRD REMINDER INVOICE:** November 19, 2025

Late Fees and Interest are not reimbursable costs

TO: Spot Shine, Inc.
Balwinder Singh

PROJECT: Replace Fuel Tanks
3301 Shadeland
Indianapolis, IN

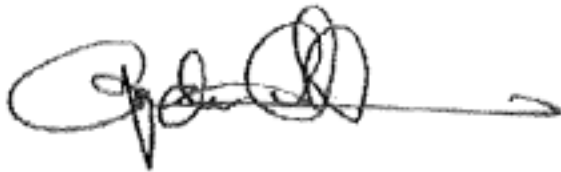
STATEMENT: WE NEED TO GET THIS WORKED OUT
Charges for preparation of Design, Contract Drawings and Specifications for the gasoline tank replacement at the above referenced project, including securing a State Plan Release (CDR) and negotiating a successful City Permit are as follows:

Professional Fees: \$ 3,250.00
State Permit filling fees (receipts attached): \$ 244.09

TOTAL DUE THIS BILLING: \$ 3,494.09
Interest (6%) × \$ 209.64 not eligible cost
Total Due: \$ 3,704.28

New Interest 3% × \$ 111.13 not eligible cost
Total Now Due: \$ 3,815.41

Thank you,



Gordon Clark
Architect AIA

Payment is due upon receipt of invoice. Past due accounts are subject to a one and one half percent (1.5%) monthly service charge (18% APR).

SUBSEQUENT PAY REQUEST # 5

INSTRUCTIONS:

Complete this form for all costs incurred for UST decommissioning or replacement. **Only list costs associated with one invoice on each pay request. Do not include social security numbers on any supporting backup documentation.** Select the date range for the costs incurred. In the DESCRIPTION column, select the item from the dropdown list for which you are seeking reimbursement (ex. mileage). In the TASK PERFORMED column please describe the activity for which the item was used (ex. Excavation). Only list one item and one task per line.

Facility ID Number 3311								
Select Date:	6/1/25 to 12/31/25	Select the date range for the costs incurred.						
Invoice Number 33139		Name of Applicant Spotshine, Inc.			Name of Vendor IWM Consulting Group LLC			
TO BE COMPLETED BY APPLICANT							TO BE COMPLETED BY IDEM	
DESCRIPTION	TASK PERFORMED	UNITS	TYPE	UNIT COST	% MARK-UP	AMOUNT REQUESTED	AMOUNT DISALLOWED	REF
NPD-Tank Install Plan/Prep	UST Install planning and prep	1.00	Lump	\$2,556.25	XXXX	\$2,556.25	48.50	5-1
Tech	ELTF Claim Prep for UST Decommissioning and Reinstall	7.50	Hours	\$75.50	XXXX	\$566.25		
SUBTOTAL						\$3,122.50	\$0.00	
GRAND TOTAL FOR THIS PAY REQUEST						\$3,122.50	\$0.00	
Additional Notes:		ELTF cannot reimburse more than the invoiced amount for any item.						



IWM Consulting Group
 7428 Rockville Road, Indianapolis, IN 46214
 1015 Production Road, Fort Wayne, IN 46808
 317-347-1111 & 260-497-9620

Spotshine, Inc.
 727 South Wabash Street
 Wabash, IN 46992

Invoice number 33139
 Date 09/18/2025

Project **IN23079 3301 N. Shadeland Avenue - FID #3311**

01 UST Closure Field Activities

Professional Fees

	Date	Hours	Rate	Billed Amount
Staff Project Person				
Garrett Page				
	04/09/2025	4.50	110.00	495.00
<i>Waste Characterization sample, taking to Pace</i>				
	05/29/2025	3.25	110.00	357.50
<i>UST Closure sampling</i>				
Mandy Hall				
	05/22/2025	11.50	110.00	1,265.00
<i>Oversight and confirmation sampling during UST Closure</i>				
	05/23/2025	4.00	110.00	440.00
<i>Tank Closure Oversight and collect Confirmation soil samples</i>				
	Subtotal	23.25		2,557.50

Expenses

	Date	Units	Rate	Billed Amount
IN Company Vehicle Mileage				
	04/09/2025	50.00	0.70	35.00
	05/22/2025	50.00	0.70	35.00
	05/23/2025	50.00	0.70	35.00
	05/29/2025	50.00	0.70	35.00
	Subtotal			140.00
IN PID				
	05/22/2025	1.00	90.00	90.00
	05/23/2025	1.00	90.00	90.00
	Subtotal			180.00
IN Sampling Supplies				
	05/22/2025	29.00	5.00	145.00
	05/23/2025	8.00	5.00	40.00

01 UST Closure Field Activities

Expenses

	Date	Units	Rate	Billed Amount
	Subtotal			185.00
Subcontractor				
				Billed Amount
Pace Analytical				
	04/15/2025			235.95
\$214.50				
	06/02/2025			6,314.33
\$5,740.30				
	06/03/2025			938.52
\$853.20				
	06/05/2025			669.90
\$609.00				
	Subtotal			8,158.70
SCS Environmental Contracting, Inc				
	07/17/2025			1,174.31
\$1,067.55				
Strata Environmental Contractors, LLC				
	05/09/2025			1,650.00
\$1,500.00				
	Phase subtotal			14,045.51

Description	Current Billed
02 Tank Closure PPF	1,717.00
03 UST Closure Report	2,978.00
04 Tank Install PPF <i>requesting more than invoiced amount</i>	2,507.75 (5-1)
05 UST Closure ELTF Claim Prep	566.25
Total	
	7,769.00

Invoice total **21,814.51**

Please Remit Check Payments To:

IWM Consulting Group
 7428 Rockville Road
 Indianapolis, IN 46214

Credit card payments can be accepted with an additional 3.5% processing fee applied to the invoice amount. Please email Admin@iwmconsult.com if you wish to pay via credit card!