



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: **19473**

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 Thorntons Store 47		LATITUDE (37.710101 to 41.866773) 38.322335-38.321681	LONGITUDE (-88.165351 to -84.671035) -85.713222--85.712525
FACILITY ADDRESS (number and street) 2980 Highway 62 East		PARCEL NUMBER 10-21-01-201-025.000-009	
CITY Jeffersonville	STATE IN	ZIP CODE 47130	COUNTY Clark
			TELEPHONE NUMBER (812) 284-0795

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 Maggie	MI	LAST NAME Sebaugh	SUFFIX
ADDRESS 2600 James Thornton Way		CITY Louisville	STATE KY	ZIP CODE 40245
TELEPHONE NUMBER (502) 579-3646	JOB TITLE Compliance Coordinator	EMAIL ADDRESS compliancedept@mythorntons.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) Thorntons LLC			BUSINESS ID (From the Secretary of State) 197112243	
Option 2: UST OWNER NAME (If a Public Agency or other entity)				
Option 3: UST OWNER NAME (If in 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) 2600 James Thornton Way			ADDRESS (line 2)	
CITY Louisville	STATE KY	ZIP CODE 40245	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 02/10/1995	
TELEPHONE NUMBER (502) 425-8055	EMAIL ADDRESS (Option 3 Individual Capacity) ComplianceDept@mythorntons.com		JOB TITLE (Option 3 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			

FACILITY ID # 19473		FACILITY NAME Thorntons Store 47	
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 type="checkbox"/> Excess Liability Trust Fund (State Fund)	
<input type="checkbox"/> Guarantee		<input checked="" 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 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)		BUSINESS ID (From the Secretary of State)	
Thorntons LLC			
Option 2: UST OPERATOR NAME (If a Public Agency or other entity)			
Option 3: UST OPERATOR NAME (If in Individual Capacity)			
PREFIX	FIRST NAME	MI	LAST NAME
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)	
2600 James Thornton way			
CITY	STATE	ZIP CODE	DATE BEGAN OPERATING (MM/DD/YYYY)
Louisville	KY	40245	
TELEPHONE NUMBER	EMAIL ADDRESS (Option 3 Individual Capacity)	JOB TITLE (Option 3 Individual Capacity)	
(502) 425-8022	compliancedept@mythorntons.com		
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)			
PREFIX	FIRST NAME	MI	LAST NAME
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
	Class C Operator on Duty		
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		
(812) 284-0795			

FACILITY ID # 19473		FACILITY NAME Thorntons Store 47			
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)				BUSINESS ID (From the Secretary of State)	
Eastmoor Acres Realty Co. Inc.				1994050613	
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)	
P.O. Box 7066					
CITY		STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)	
Louisville		KY	40257-0066		
TELEPHONE NUMBER		EMAIL ADDRESS (Option 3 Individual Capacity)		JOB TITLE (Option 3 Individual Capacity)	
(502) 897-5214					
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 # 19473	FACILITY NAME Thorntons Store 47
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K	CONTRACTOR
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<input type="checkbox"/> INSTALLATION INSPECTED BY A REGISTERED ENGINEER	REGISTRATION ID:	REGISTRATION DATE <i>(mm/dd/yyyy)</i>
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<input type="checkbox"/> MANUFACTURER'S INSTALLATION CHECKLISTS HAVE BEEN COMPLETED AND INCLUDED	<input type="checkbox"/> INSTALLER CERTIFIED BY TANK AND PIPING MANUFACTURER
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<input type="checkbox"/> WORK INSPECTED BY INDIANA DEPARTMENT OF HOMELAND SECURITY / DIVISION OF FIRE AND BUILDING SAFETY	INSPECTION DATE <i>(mm/dd/yyyy)</i>
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CONTRACTOR BUSINESS NAME <i>(Business Name as registered with the Secretary of State)</i>	BUSINESS ID <i>(From the Secretary of State)</i>
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CONTACT INFORMATION FOR CONTRACTOR THAT PERFORMED OR MANAGED WORK ON SITE				
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PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
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PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS <i>(Number and Street, no P.O. Box)</i>	ADDRESS <i>(line 2)</i>
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CITY	STATE	ZIP CODE	IDHS CERTIFICATION NUMBER
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TELEPHONE NUMBER	EMAIL ADDRESS
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L	POTENTIALLY INTERESTED PARTIES
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INTERESTED PARTY NAME	E-MAIL ADDRESS
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INTERESTED PARTY NAME	E-MAIL ADDRESS
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INTERESTED PARTY NAME	E-MAIL ADDRESS
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M	FACILITY SITE MAP
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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 # 19473	FACILITY NAME Thorntons Store 47
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Complete one column for each tank or compartment. See instructions for compartment identification numbering.

N	IDENTIFICATION OF UNDERGROUND STORAGE TANKS			
	1	2	3	4
IDEM UST REGISTRATION NUMBER				
PART OF A COMPARTMENTED UST (Y/N)	NO	NO	NO	NO
NUMBER OF COMPARTMENTS IN UST	0	0	0	0
COMPARTMENT IDENTIFICATION NUMBER	n/a	n/a	n/a	n/a
(mm/dd/yyyy) DATE INSTALLED	02/10/1995	02/10/1995	02/10/1995	02/10/1995
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE				
(gallons) ESTIMATED TOTAL CAPACITY	12,000	12,000	12,000	6,000
MANIFOLDED (Y/N)	NO	NO	NO	NO
MANIFOLDED TO COMPARTMENT ID NUMBER				

O	STATUS OF UNDERGROUND STORAGE TANKS			
CURRENT STATUS	TEMP CLOSED	TEMP CLOSED	TEMP CLOSED	TEMP CLOSED
(mm/dd/yyyy) STATUS DATE	06/14/2024	06/14/2024	06/14/2024	06/14/2024

P	SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS			
PETROLEUM	GSL - Gasoline	GSL - Gasoline	GSL - Gasoline	DSL - Diesel
MAXIMUM ETHANOL %				
MAXIMUM BIOFUEL %				
(specify) OTHER				
HAZARDOUS SUBSTANCE				
CHEMICAL ABSTRACT SERVICE NUMBER				
MIXTURE OF SUBSTANCES				
PRODUCT IS COMPATIBLE WITH TANK (Y/N)	YES	YES	YES	YES

Q	UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES			
MANUFACTURER	Cont. Solutions	Cont. Solutions	Cont. Solutions	Cont. Solutions
MODEL				
MATERIAL OF CONSTRUCTION	Fiberglass	Fiberglass	Fiberglass	Fiberglass
SECONDARY CONTAINMENT				

R	UNDERGROUND STORAGE TANK CORROSION PROTECTION			
CORROSION PROTECTION TYPE	Not Applicable	Not Applicable	Not Applicable	Not Applicable
(mm/dd/yyyy) ANODE INSTALLATION DATE				
INTERIOR LINING				
(mm/dd/yyyy) LINER INSTALLATION DATE				
(specify) OTHER				

S	PIPING CONSTRUCTION AND PROTECTION			
MANUFACTURER	Ameron	Ameron	Ameron	Ameron
MODEL				
(mm/dd/yyyy) DATE INSTALLED	02/10/1995	02/10/1995	02/10/1995	02/10/1995
MATERIAL	Rigid Fiberglass	Rigid Fiberglass	Rigid Fiberglass	Rigid Fiberglass
SECONDARY CONTAINMENT	Not Applicable	Not Applicable	Not Applicable	Not Applicable
CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)	YES	YES	YES	YES
PRODUCT DELIVERY METHOD	Pressurized	Pressurized	Pressurized	Pressurized

FACILITY ID # 19473		FACILITY NAME Thorntons Store 47			
IDEM UST REGISTRATION NUMBER		1	2	3	4
COMPARTMENT IDENTIFICATION NUMBER		n/a	n/a	n/a	n/a
T	UNDERGROUND STORAGE TANK RELEASE DETECTION				
PRIMARY UST RELEASE DETECTION		ATG CSLD	ATG CSLD	ATG CSLD	ATG CSLD
MANUFACTURER					
MODEL					
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	0.2gph/0.1gph ELLI
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		Doublewall Spill Bu	Standard Spill Buck	Doublewall Spill Bu	Standard Spill Buck
(mm/dd/yyyy) DATE INSTALLED		02/10/1995	02/10/1995	02/10/1995	02/10/1995
MANUFACTURER					
MODEL					
FILL LATITUDE					
FILL LONGITUDE					
PRIMARY OVERFILL PREVENTION EQUIPMENT		Auto Shutoff / Flapp	Auto Shutoff / Flapp	Auto Shutoff / Flapp	Auto Shutoff / Flapp
(mm/dd/yyyy) DATE INSTALLED		02/10/1995	02/10/1995	02/10/1995	02/10/1995
MANUFACTURER					
MODEL					
% ULLAGE SET POINT		95	95	95	95
SECONDARY OVERFILL PREVENTION EQUIPMENT					
(mm/dd/yyyy) DATE INSTALLED					
MANUFACTURER					
MODEL					
% ULLAGE SET POINT					
UNDER DISPENSER CONTAINMENT PRESENT		NO	NO	NO	NO
MANUFACTURER					
(mm/dd/yyyy) DATE INSTALLED					
SUBMERSIBLE TURBINE SUMP PRESENT		YES - Not Testable	YES - Not Testable	YES - Not Testable	YES - Not Testable
MANUFACTURER					
(mm/dd/yyyy) DATE INSTALLED					

FACILITY ID # 19473		FACILITY NAME Thorntons Store 47		
Complete one column for each tank or compartment. See instructions for compartment identification numbering.				
N	IDENTIFICATION OF UNDERGROUND STORAGE TANKS			
ITEM UST REGISTRATION NUMBER	5			
PART OF A COMPARTMENTED UST (Y/N)	NO			
NUMBER OF COMPARTMENTS IN UST	0			
COMPARTMENT IDENTIFICATION NUMBER	n/a			
(mm/dd/yyyy) DATE INSTALLED	02/10/1995			
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE				
(gallons) ESTIMATED TOTAL CAPACITY	6000			
MANIFOLDED (Y/N)	NO			
MANIFOLDED TO COMPARTMENT ID NUMBER				
O	STATUS OF UNDERGROUND STORAGE TANKS			
CURRENT STATUS	TEMP CLOSED			
(mm/dd/yyyy) STATUS DATE	06/14/2024			
P	SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS			
PETROLEUM	KER - Kerosene			
MAXIMUM ETHANOL %				
MAXIMUM BIOFUEL %				
(specify) OTHER				
HAZARDOUS SUBSTANCE	Kerosene			
CHEMICAL ABSTRACT SERVICE NUMBER	8008-20-6			
MIXTURE OF SUBSTANCES				
PRODUCT IS COMPATIBLE WITH TANK (Y/N)	YES			
Q	UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES			
MANUFACTURER	Cont. Solutions			
MODEL				
MATERIAL OF CONSTRUCTION	Fiberglass			
SECONDARY CONTAINMENT	Not Applicable			
R	UNDERGROUND STORAGE TANK CORROSION PROTECTION			
CORROSION PROTECTION TYPE	Not Applicable			
(mm/dd/yyyy) ANODE INSTALLATION DATE				
INTERIOR LINING				
(mm/dd/yyyy) LINER INSTALLATION DATE				
(specify) OTHER				
S	PIPING CONSTRUCTION AND PROTECTION			
MANUFACTURER	Ameron			
MODEL				
(mm/dd/yyyy) DATE INSTALLED	02/10/1995			
MATERIAL	Rigid Fiberglass			
SECONDARY CONTAINMENT	Not Applicable			
CORROSION PROTECTION TYPE	Not Applicable			
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)	YES			
PRODUCT DELIVERY METHOD	Pressurized			

FACILITY ID #		FACILITY NAME Thorntons Store 47		
IDEM UST REGISTRATION NUMBER		5		
COMPARTMENT IDENTIFICATION NUMBER		n/a		
T	UNDERGROUND STORAGE TANK RELEASE DETECTION			
PRIMARY UST RELEASE DETECTION		ATG CSLD		
MANUFACTURER				
MODEL				
SECONDARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				
U	UNDERGROUND PIPING RELEASE DETECTION			
PRIMARY PIPING RELEASE DETECTION		0.2gph/0.1gph ELLI		
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		Standard Spill Buck		
(mm/dd/yyyy) DATE INSTALLED		02/10/1995		
MANUFACTURER				
MODEL				
FILL LATITUDE				
FILL LONGITUDE				
PRIMARY OVERFILL PREVENTION EQUIPMENT		Auto Shutoff / Flap		
(mm/dd/yyyy) DATE INSTALLED		02/10/1995		
MANUFACTURER				
MODEL				
% ULLAGE SET POINT		95		
SECONDARY OVERFILL PREVENTION EQUIPMENT		N/A		
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
% ULLAGE SET POINT				
UNDER DISPENSER CONTAINMENT PRESENT		NO		
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				
SUBMERSIBLE TURBINE SUMP PRESENT		YES - Not Testable		
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				

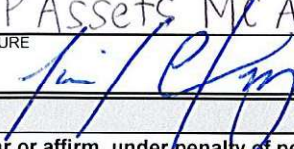
FACILITY ID # 19473	TRANSACTION ID - FOR STATE USE ONLY
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UST OWNER CERTIFICATION

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 Timothy	MI	LAST NAME Cooksey	SUFFIX
TITLE OF AUTHORIZED REPRESENTATIVE VP Assets Mgmt America		COMPANY NAME (If Individual Leave Blank) Thorntons LLC		
SIGNATURE 				DATE (MM/DD/YYYY) 6/12/2024

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 Maggie	MI	LAST NAME Sebaugh	SUFFIX
TITLE OF AUTHORIZED REPRESENTATIVE Compliance Coordinator		COMPANY NAME (If Individual Leave Blank) Thorntons LLC		
SIGNATURE 				DATE (MM/DD/YYYY) 06/12/2024

CONTRACTOR CERTIFICATION

CERTIFIED INDIVIDUAL NAME

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
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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)
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Kreegar, Cynthia

From: IDEM USTCompliance (USTcompliance)
Sent: Tuesday, June 18, 2024 11:39 AM
To: IDEM USTRegistration
Subject: FW: Facility ID 19473 Temporary Closure Form | Thorntons Store 47
Attachments: Store 47 Temporary Closure Permit 2024.pdf

From: Sebaugh, Maggie <maggie.sebaugh@bp.com>
Sent: Wednesday, June 12, 2024 4:34 PM
To: IDEM USTCompliance (USTcompliance) <USTCompliance@idem.IN.gov>
Cc: Salmon, Jeff <jeff.salmon@bp.com>
Subject: Facility ID 19473 Temporary Closure Form | Thorntons Store 47

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

Hello, please see attached notification form to inform the state that we will be putting all tanks at this site in temporary closure. Thank you!

Kind Regards,

Maggie Sebaugh

Compliance Coordinator
Thorntons LLC | (502)579-3646
2600 James Thornton Way
Louisville KY 40245

