

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

Petroleum Branch Facility ID Number: 13938 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. TYPE OF NOTIFICATION Facility Contact Change UST Owner Change Owner/Operator Information Change Type of Facility Change Property Owner Change Facility Name / Location Change UST System Modification **UST Operator Change** Financial Responsibility Change New UST System(s) В **FACILITY NAME / LOCATION** LATITUDE (37.710101 to 41.866773) LONGITUDE (-88.165351 to -84.671035) Kosciusko County Highway Dept. FACILITY ADDRESS (number and street) PARCEL NUMBER 2936 E Old road 30 STATE ZIP CODE TELEPHONE NUMBER COUNTY Warsaw IN 46582 Kosciusko (574) 372-2356 TYPE OF FACILITY (Check all that apply) C Auto Dealership Commercial 1 Airport Hydrant System Hospital Gas Station Industrial Petroleum Distributor Railroad Residential Trucking or Transport Utilities Unmanned Marina School Other: PREPARED BY D FIRST NAME PREFIX LAST NAME SUFFIX Steve Mr. Moriarty ADDRESS STATE ZIP CODE Warsaw 100 W Center Street 46580 IN TELEPHONE NUMBER **EMAIL ADDRESS** (574) 372-2356 Superintendent smoriarty@kosciusko.in.com **UST OWNER** E TYPE OF OWNER Federal Government State Government City / Local Government Commercial Private Other: Option 1: UST OWNER NAME (Business Name as registered with the Secretary of State) BUSINESS ID (From the Secretary of State) Option 2: UST OWNER NAME (If a Public Agency or other entity) Kosciusko County Board of Commissioners 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 RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (line 2) 100 W Center St STATE ZIP CODE EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) Warsaw IN 46580 TELEPHONE NUMBER EMAIL ADDRESS (Option 3 Individual Capacity) JOB TITLE (Option 3 Individual Capacity) (574) 267-4444 CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2) FIRST NAME LAST NAME SUFFIX Mr. Steve Moriarty PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (line 2) 2936 E Old Road 30 STATE ZIP CODE Warsaw 46582 IN Superintendent TELEPHONE NUMBER EMAIL ADDRESS (574) 372-2356 smoriarty@kosciusko.in.gov

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	13938 Kosciusko County Highway Dept.						
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		ct stored. Label stre					
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13938 Kosciusko	County Highway	Dept.					
Complete one column for each tank or compartment. See instructions for compartment identification numbering.							
		NDERGROUND ST					
IDEM UST REGISTRATION NUMBER	4292	4292					
PART OF A COMPARTMENTED UST (Y/N)		NO					
NUMBER OF COMPARTMENTS IN UST	1	1					
COMPARTMENT IDENTIFICATION NUMBER							
(mm/dd/yyyy) DATE INSTALLED	08/14/1991	08/14/1991					
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE	08/14/1991	08/14/1991					
(gallons) ESTIMATED TOTAL CAPACITY	10,000	10,000					
MANIFOLDED (Y/N)	NO	NO					
MANIFOLDED TO COMPARTMENT ID NUMBER							
0 S	TATUS OF UNDER	RGROUND STORA	GE TANKS				
CURRENT STATUS	IN USE	IN USE					
(mm/dd/yyyy) STATUS DATE							
P SUBSTANCES CURF	RENTLY OR LAST	STORED IN UNDE	RGROUND STOR	AGE TANKS			
PETROLEUM	DSL - Diesel	DSL - Diesel					
MAXIMUM ETHANOL %							
MAXIMUM BIOFUEL %				ă .			
(specify) OTHER							
HAZARDOUS SUBSTANCE							
CHEMICAL ABSTRACT SERVICE NUMBER							
MIXTURE OF SUBSTANCES							
PRODUCT IS COMPATIBLE WITH TANK (Y/N)	YES	YES					
Q UNDERGR	OUND STORAGE	TANK CONSTRU	CTION ATTRIBUTE	S			
MANUFACTURER							
MODEL							
MATERIAL OF CONSTRUCTION	Fiberglass	Fiberglass					
SECONDARY CONTAINMENT							
R UNDERG	ROUND STORAGE TANK CORROSION PROTECTION						
CORROSION PROTECTION TYPE	Not Applicable	Not Applicable					
(mm/dd/yyyy) ANODE INSTALLATION DATE							
INTERIOR LINING			н				
(mm/dd/yyyy) LINER INSTALLATION DATE							
(specify) OTHER							
S	PIPING CONSTRU	JCTION AND PRO	TECTION				
MANUFACTURER	Ameron	Ameron					
MODEL							
(mm/dd/yyyy) DATE INSTALLED	08/14/1991	08/14/1991					
MATERIAL	Rigid Fiberglass	Rigid Fiberglass					
SECONDARY CONTAINMENT	Secondary Barrier	Secondary Barrier					
CORROSION PROTECTION TYPE	Not Applicable	Not Applicable					
(mm/dd/yyyy) ANODE INSTALLATION DATE							
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)	A CONTRACTOR OF THE CONTRACTOR	YES					
PRODUCT DELIVERY METHOD	Pressurized	Pressurized					

FACILITY ID# FACILITY NAME Kosciusko	County Highway	Dept.	
IDEM UST REGISTRATION NUMBER	T	4292	
COMPARTMENT IDENTIFICATION NUMBER			
T UNDE	RGROUND STORA	AGE TANK RELEA	SE DETECTION
PRIMARY UST RELEASE DETECTION			
MANUFACTURER		AutoStik	
MODEL		Jr	
SECONDARY UST RELEASE DETECTION	ATG CSLD	ATG CSLD	
MANUFACTURER		AutoStik	
MODEL	Jr	Jr	
U	NDERGROUND P	IPING RELEASE D	ETECTION
PRIMARY PIPING RELEASE DETECTION			
MANUFACTURER		Accurite	
MODEL			
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)	MLLD	MLLD	
MANUFACTURER		Franklin Fueling	
MODEL		STP-MLD-D	
TERTIARY PIPING RELEASE DETECTION			
MANUFACTURER			
MODEL			
V SF	ILL AND OVERFIL	L PREVENTION E	QUIPMENT
CATCHMENT BASIN / SPILL BUCKET			
(mm/dd/yyyy) DATE INSTALLED		08/14/1991	
MANUFACTURER	Universal	Universal	
MODEL	NA	NA	
FILL LATITUDE			
FILL LONGITUDE			
PRIMARY OVERFILL PREVENTION EQUIPMENT	Auto Shutoff / Flapp	Auto Shutoff / Flapp	
(mm/dd/yyyy) DATE INSTALLED	• •		
MANUFACTURER	EMCO Wheaton	EMCO Wheaton	
MODEL	A1100	A1100	
% ULLAGE SET POINT	90	90	
SECONDARY OVERFILL PREVENTION EQUIPMENT			
(mm/dd/yyyy) DATE INSTALLED			
MANUFACTURER			
MODEL			
% ULLAGE SET POINT			
UNDER DISPENSER CONTAINMENT PRESENT	NO	NO	
MANUFACTURER			
(mm/dd/yyyy) DATE INSTALLED			
SUBMERSIBLE TURBINE SUMP PRESENT	YES - Not Testable	YES - Not Testable	
MANUFACTURER			
(mm/dd/yyyy) DATE INSTALLED			

FAGI	13938 Kosciusko County Highway Dept.						
_	Complete one column for each tank or compartment. See instructions for compartment identification numbering.						
N		NTIFICATION OF U					
	IDEM UST REGISTRATION NUMBER	ER					
	PART OF A COMPARTMENTED UST ((N)					
	NUMBER OF COMPARTMENTS IN U	ST					
	COMPARTMENT IDENTIFICATION NUME	ER					
	(mm/dd/yyyy) DATE INSTALI	ED					
(mm/dd/yyyy) DATE FIRST BROUGHT INTO L	SE					
	(gallons) ESTIMATED TOTAL CAPAC	тү					
	MANIFOLDED (Y	/N)					
	MANIFOLDED TO COMPARTMENT ID NUME	ER					
0		STATUS OF UNDE	RGROUND STORA	AGE TANKS			
	CURRENT STAT	us					
	(mm/dd/yyyy) STATUS DA	TE					
Р	SUBSTANCES CUF	RENTLY OR LAST	STORED IN UNDE	RGROUND STOR	AGE TANKS		
	PETROLE	JM					
	MAXIMUM ETHANO	. %					
	MAXIMUM BIOFUE	. %					
	(specify) OTH	ER					
	HAZARDOUS SUBSTAN	CE					
	CHEMICAL ABSTRACT SERVICE NUMB	ER					
	MIXTURE OF SUBSTANC	ES					
	PRODUCT IS COMPATIBLE WITH TANK (Y	1					
Q	UNDERG	ROUND STORAGE	TANK CONSTRU	CTION ATTRIBUTE	ES		
	MANUFACTUR	ER					
	MOD	EL					
	MATERIAL OF CONSTRUCTI	ИС					
	SECONDARY CONTAINME	NT					
R	UNDER	GROUND STORAG	E TANK CORROS	ION PROTECTION			
	CORROSION PROTECTION TY	PE					
	(mm/dd/yyyy) ANODE INSTALLATION DA	ГЕ					
	INTERIOR LINI	lG					
	(mm/dd/yyyy) LINER INSTALLATION DA	TE					
	(specify) OTH						
S		PIPING CONSTRU	UCTION AND PRO	TECTION			
	MANUFACTUR	ER .					
	MOD	EL					
	(mm/dd/yyyy) DATE INSTALL	ED					
	MATERI						
	SECONDARY CONTAINME						
	CORROSION PROTECTION TY				<u> </u>		
	(mm/dd/yyyy) ANODE INSTALLATION DA						
	PRODUCT IS COMPATIBLE WITH PIPING (Y.	<u> </u>					
	PRODUCT DELIVERY METHO	D					

13938	Kosciusko	County Highway	Dept.				
IDEM UST REG	SISTRATION NUMBER						
COMPARTMENT IDEN	TIFICATION NUMBER						
T	UNDE	RGROUND STORA	AGE TANK RELEA	SE DETECTION			
PRIMARY UST R	RELEASE DETECTION						
	MANUFACTURER						
	MODEL						
SECONDARY UST R	RELEASE DETECTION						
	MANUFACTURER						
	MODEL						
U	U	NDERGROUND P	IPING RELEASE D	ETECTION			
PRIMARY PIPING R	ELEASE DETECTION						
	MANUFACTURER						
	MODEL						
SECONDARY PIPING R (LEAK DETECTOR REQUIRED FO							
W 100 100 100 100 100 100 100 100 100 10	MANUFACTURER						
	MODEL						
TERTIARY PIPING R	ELEASE DETECTION						
	MANUFACTURER						
	MODEL						
V	SF	PILL AND OVERFILL PREVENTION EQUIPMENT					
CATCHMENT BA	ASIN / SPILL BUCKET						
(mm/dd/yyy	yy) DATE INSTALLED						
	MANUFACTURER						
	MODEL						
	FILL LATITUDE						
	FILL LONGITUDE						
PRIMARY OVERFILL PREV	ENTION EQUIPMENT						
(mm/dd/yyy	y) DATE INSTALLED						
	MANUFACTURER						
	MODEL						
%	ULLAGE SET POINT						
SECONDARY OVERFILL PREV	ENTION EQUIPMENT						
(mm/dd/yyy	(mm/dd/yyyy) DATE INSTALLED						
MANUFACTURER							
MODEL							
% ULLAGE SET POINT							
UNDER DISPENSER CONTAINMENT PRESENT							
MANUFACTURER							
(mm/dd/yyy	y) DATE INSTALLED						
SUBMERSIBLE TURB							
	MANUFACTURER						
(mm/dd/yyy	y) DATE INSTALLED						

FACILITY		TRANSACTION ID - FOR STATE USE ONLY							
	13938								
	UST OWNER CERTIFICATION								
l 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 a	nd representations in this document	are true	e, accurate, and complete. I further c	ertify compliance with the				
followi	following requirements in accordance with 329 IAC 9-2-2(e):								
(1) Inst	allation of all tan	ks and piping under 40 CFR 280.20.							
1	(2) Cathodic protection of steel tanks and piping under 40 CFR 280.20.								
	(3) Release detection under 40 CFR 280 Subpart D.								
		lity under 329 IAC 9-8.							
OWNER'S PREFIX	AUTHORIZED REPRE	SENTATIVE (Print or Type)	MI	LAST NAME	SUFFIX				
					SOFFIX				
5-500-500-500-500-500-500-500-500-500-5	AUTHORIZED REPRES	CCNITATING.	- 25, 253	Moriarty					
55		SENTATIVE	15000	Y NAME (If Individual Leave Blank)	. m. f				
Supe	erintendent		Nosc	iusko County Highway De					
SIGNATUR	Lanhou A	Moriarty			DATE (MM/DD/YYYY) 06/11/2024				
00	epinen XV.	moracy			00/11/2024				
		UST OPERA	TOR (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-				
				e, accurate, and complete. I further c					
following	ng requirements	in accordance with 329 IAC 9-2-2(e):							
(1) Insta	allation of all tan	ks and piping under 40 CFR 280.20.							
		of steel tanks and piping under 40 C	FR 280.	20.					
10.00		ider 40 CFR 280 Subpart D.							
		lity under 329 IAC 9-8.							
	R'S AUTHORIZED REF	PRESENTATIVE (Print or Type)	IMI	ILAST NAME	SUFFIX				
Carried States	Steve		A	Moriarty	OGITIA				
	AUTHORIZED REPRES	SENITATIVE	F 15	Y NAME (If Individual Leave Blank)					
100000000000000000000000000000000000000	rintendent	SENTATIVE		iusko County Highway De	nt				
SIGNATUR	milendent		NUSU	lusko County Highway De	DATE (MM/DD/YYYY)				
SIGNATOR	Stanhon A	1 Mariantu			06/11/2024				
CONTRACTOR CERTIFICATION									
	FIRST NAME		MI	LAST NAME	SUFFIX				
Mr.	Jim		"" E	Rattie	SR				
		inder nenalty of perium as exocified by		4.1-2-1 and other penalties specified by	. Nellogitus-i				
				fied in 329 IAC 9 and 40 CFR 280, Subp					
SIGNATUR	OF /	EMAIL ADDRESS	p.30.		DATE (MM/DD/YYYY)				
(far	jim@gased	uip.n	et	06/11/2024				
7	Jim@gasoquip.not 00/11/2024								

Kreegar, Cynthia

From: Ware, Jordan M

Sent: Tuesday, June 18, 2024 12:28 PM

To: **IDEM USTregistration**

FW: Notification Form FID 13938 **Subject:**

Attachments: Form 45223.pdf

Good afternoon,

Please see the attached notification form that was submitted for FID 13938 on 6/11/24 in response to violation letter. All request information was provided.

Please let me know if you have any questions.

Thank you,



Jordan Ware

Compliance Manager | UST Compliance Section Petroleum Branch | Office of Land Quality Indiana Department of Environmental Management

(317) 232-2045 | jmware@idem.in.gov









From: Blystone, Brandon <BBlyston@idem.IN.gov>

Sent: Tuesday, June 18, 2024 11:32 AM To: Ware, Jordan M < JMWare@idem.IN.gov>

Subject: FW: Notification Form



Indiana Department of **Environmental Management**

Brandon Blystone

Environmental Manager, UST Compliance Section

• (463) 271-5699 • <u>Bblyston@idem.IN.gov</u>

Protecting Hoosiers and Our Environment





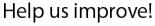








www.idem.IN.gov







From: Steve Moriarty < smoriarty@kosciusko.in.gov>

Sent: Tuesday, June 11, 2024 11:41 AM

To: Blystone, Brandon < BBlyston@idem.IN.gov>

Cc: smoriarty@kcgov.com; Angie Arnett <aarnett@kosciusko.in.gov>; Highway Highway <highway@kosciusko.in.gov>;

Troy Kintzel < tkintzel@kosciusko.in.gov >; jim@gasequips.net

Subject: Re: Notification Form

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

Brandon,

Thank you very much for all the help. I have attached the quote for fixing the spill buckets that will be fixed in the next month. Please see all the attached documents that you have asked for. Please let me know if you have any other questions or concerns.

On Tue, Jun 11, 2024 at 9:30 AM Blystone, Brandon <BBlyston@idem.in.gov> wrote:

Please fill out and return to me or USTcompliance@idem.in.gov



Indiana Department of Environmental Management

Brandon Blystone

Environmental Manager, UST Compliance Section

• (463) 271-5699 • <u>Bblyston@idem.IN.gov</u>

Protecting Hoosiers and Our Environment











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Help us improve!

IDEM values your feedback



Steve Moriarty Superintendent

Kosciusko County Highway Department



Work: 574-372-2356 Fax: 574-372-2357 Cellular: 574-551-5387

Email: smoriarty@kcgov.com