



**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: **5458**

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 <b>Citgo</b>		LATITUDE (37.710101 to 41.866773) <b>41.597147</b>	LONGITUDE (-88.165351 to -84.671035) <b>-87.183001</b>
FACILITY ADDRESS (number and street) <b>6001 Melton Rd</b>		PARCEL NUMBER <b>64-05-01-351-001.000-016</b>	
CITY <b>Portage</b>	STATE <b>IN</b>	ZIP CODE <b>46368</b>	COUNTY <b>Porter</b>
		TELEPHONE NUMBER <b>(219) 713-0771</b>	

**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 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	MI	LAST NAME	SUFFIX
ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE NUMBER	JOB TITLE	EMAIL ADDRESS		

**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 checked="" type="checkbox"/> Private	<input type="checkbox"/> Other:

Option 1: UST OWNER NAME (Business Name as registered with the Secretary of State) <b>Patiala Petroleum LLC</b>	BUSINESS ID (From the Secretary of State) <b>2008111000257</b>
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Option 2: UST OWNER NAME (If a Public Agency or other entity)	
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**Option 3: UST OWNER NAME (If in Individual Capacity)**

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
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**UST OWNER ADDRESS (Listed in Options 1-3)**

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) <b>6001 Melton Rd</b>		ADDRESS (line 2)	
CITY <b>Portage</b>	STATE <b>IN</b>	ZIP CODE <b>46368</b>	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) <b>08/21/2017</b>
TELEPHONE NUMBER <b>(219) 713-0771</b>	EMAIL ADDRESS (Option 3 Individual Capacity)		JOB TITLE (Option 3 Individual Capacity)

**CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)**

PREFIX	FIRST NAME <b>Kuldip</b>	MI	LAST NAME <b>Singh</b>	SUFFIX
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**PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)**

<b>6001 Melton Rd</b>		ADDRESS (line 2)	
CITY <b>Portage</b>	STATE <b>IN</b>	ZIP CODE <b>46368</b>	JOB TITLE <b>Member</b>
TELEPHONE NUMBER <b>(219) 713-0771</b>	EMAIL ADDRESS <b>singhk1957@yahoo.com</b>		

FACILITY ID # <b>5458</b>		FACILITY NAME <b>Citgo</b>	
<b>F FINANCIAL RESPONSIBILITY (Check all that apply)</b>			
<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 type="checkbox"/> The UST operator is maintaining financial responsibility for this site			
<input checked="" 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). <b>If you are using the ELTF it must be checked as well.</b>			
<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	
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.			
<b>G UST OPERATOR</b>			
TYPE OF OPERATOR			
<input type="checkbox"/> Federal Government		<input type="checkbox"/> State Government	
<input checked="" type="checkbox"/> Commercial		<input checked="" 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) <b>Patiala Petroleum LLC</b>		BUSINESS ID (From the Secretary of State) <b>2008111000257</b>	
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 SUFFIX
UST OPERATOR ADDRESS (Listed in Options 1-3)			
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) <b>6001 Melton Rd</b>		ADDRESS (line 2)	
CITY <b>Portage</b>	STATE <b>IN</b>	ZIP CODE <b>46368</b>	DATE BEGAN OPERATING (MM/DD/YYYY) <b>08/21/2017</b>
TELEPHONE NUMBER <b>(219) 713-0771</b>	EMAIL ADDRESS (Option 3 Individual Capacity)		JOB TITLE (Option 3 Individual Capacity)
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
	<b>Kuldip</b>		<b>Singh</b>
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) <b>6001 Melton Rd</b>		ADDRESS (line 2)	
CITY <b>Portage</b>	STATE <b>IN</b>	ZIP CODE <b>46368</b>	JOB TITLE <b>Member</b>
TELEPHONE NUMBER <b>(219) 713-0771</b>	EMAIL ADDRESS <b>singhk1957@yahoo.com</b>		
<b>H FACILITY CONTACT</b>			
CONTACT INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
	<b>Kuldip</b>		<b>Singh</b>
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) <b>6001 Melton Rd</b>		ADDRESS (line 2)	
CITY <b>Portage</b>	STATE <b>IN</b>	ZIP CODE <b>46368</b>	JOB TITLE <b>Member</b>
TELEPHONE NUMBER <b>(219) 713-0771</b>	EMAIL ADDRESS <b>singhk1957@yahoo.com</b>		

FACILITY ID # <b>5458</b>		FACILITY NAME <b>Citgo</b>			
<b>I DEEDED PROPERTY OWNER</b>					
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 checked="" type="checkbox"/> Private		<input type="checkbox"/> Other:	
Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State) <b>Patiala Petroleum LLC</b>				BUSINESS ID (From the Secretary of State) <b>2008111000257</b>	
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) <b>6001 Melton Rd</b>				ADDRESS (line 2)	
CITY <b>Portage</b>		STATE <b>IN</b>	ZIP CODE <b>46368</b>	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) <b>08/21/2017</b>	
TELEPHONE NUMBER <b>(219) 713-0771</b>		EMAIL ADDRESS (Option 3 Individual Capacity)		JOB TITLE (Option 3 Individual Capacity)	
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
	<b>Kuldip</b>		<b>Singh</b>		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) <b>6001 Melton Rd</b>				ADDRESS (line 2)	
CITY <b>Portage</b>		STATE <b>IN</b>	ZIP CODE <b>46368</b>	JOB TITLE <b>Member</b>	
TELEPHONE NUMBER <b>(219) 713-0771</b>		EMAIL ADDRESS <b>singhk1957@yahoo.com</b>			
<b>J ACTIVE LAND CONTRACT PROPERTY OWNER (If applicable)</b>					
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 # <b>5458</b>		FACILITY NAME <b>Citgo</b>	
<b>K CONTRACTOR</b>			
<input type="checkbox"/>	INSTALLATION INSPECTED BY A REGISTERED ENGINEER	REGISTRATION ID:	REGISTRATION DATE <i>(mm/dd/yyyy)</i>
<input type="checkbox"/>	MANUFACTURER'S INSTALLATION CHECKLISTS HAVE BEEN 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>(mm/dd/yyyy)</i>	
CONTRACTOR BUSINESS NAME <i>(Business Name as registered with the Secretary of State)</i>		BUSINESS ID <i>(From the Secretary of State)</i>	
CONTACT INFORMATION FOR CONTRACTOR THAT PERFORMED OR MANAGED WORK ON SITE			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS <i>(Number and Street, no P.O. Box)</i>		ADDRESS <i>(line 2)</i>	
CITY	STATE	ZIP CODE	IDHS CERTIFICATION NUMBER
TELEPHONE NUMBER		EMAIL ADDRESS	
<b>L POTENTIALLY INTERESTED PARTIES</b>			
INTERESTED PARTY NAME <b>Tanks Data</b>		E-MAIL ADDRESS <b>tanksdata@gmail.com</b>	
INTERESTED PARTY NAME <b>Tanks Data</b>		E-MAIL ADDRESS <b>contact@tanksdata.com</b>	
INTERESTED PARTY NAME		E-MAIL ADDRESS	
<b>M FACILITY SITE MAP</b>			
<p><i>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.</i></p>			

FACILITY ID # <b>5458</b>	FACILITY NAME <b>Citgo</b>
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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		
IDEM UST REGISTRATION NUMBER				
PART OF A COMPARTMENTED UST (Y/N)	NO <input type="checkbox"/>	NO <input type="checkbox"/>		
NUMBER OF COMPARTMENTS IN UST				
COMPARTMENT IDENTIFICATION NUMBER				
(mm/dd/yyyy) DATE INSTALLED	07/15/1996	07/15/1996		
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE				
(gallons) ESTIMATED TOTAL CAPACITY	12,000	8,000		
MANIFOLDED (Y/N)				
MANIFOLDED TO COMPARTMENT ID NUMBER				

**O STATUS OF UNDERGROUND STORAGE TANKS**

CURRENT STATUS	IN USE <input type="checkbox"/>	IN USE <input type="checkbox"/>		
(mm/dd/yyyy) STATUS DATE	06/14/2024	06/14/2024		

**P SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS**

PETROLEUM	GSL - Gasoline <input type="checkbox"/>	GSL - Gasoline <input type="checkbox"/>		
MAXIMUM ETHANOL %				
MAXIMUM BIOFUEL %				
(specify) OTHER				
HAZARDOUS SUBSTANCE				
CHEMICAL ABSTRACT SERVICE NUMBER				
MIXTURE OF SUBSTANCES				
PRODUCT IS COMPATIBLE WITH TANK (Y/N)	YES <input type="checkbox"/>	YES <input type="checkbox"/>		

**Q UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES**

MANUFACTURER				
MODEL				
MATERIAL OF CONSTRUCTION	Fiberglass <input type="checkbox"/>	Fiberglass <input type="checkbox"/>		
SECONDARY CONTAINMENT	Double-walled <input type="checkbox"/>	Double-walled <input type="checkbox"/>		

**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	04/02/2024	04/02/2024		
MATERIAL	Rigid Fiberglass <input type="checkbox"/>	Rigid Fiberglass <input type="checkbox"/>		
SECONDARY CONTAINMENT	Double-walled <input type="checkbox"/>	Double-walled <input type="checkbox"/>		
CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)				
PRODUCT DELIVERY METHOD	Pressurized <input type="checkbox"/>	Pressurized <input type="checkbox"/>		

FACILITY ID # <b>5458</b>		FACILITY NAME <b>Citgo</b>			
IDEM UST REGISTRATION NUMBER		<b>1</b>		<b>2</b>	
COMPARTMENT IDENTIFICATION NUMBER					
<b>T</b>	<b>UNDERGROUND STORAGE TANK RELEASE DETECTION</b>				
PRIMARY UST RELEASE DETECTION	ATG 0.2gph mon <input type="checkbox"/>		ATG 0.2gph mon <input type="checkbox"/>		
MANUFACTURER					
MODEL					
SECONDARY UST RELEASE DETECTION					
MANUFACTURER					
MODEL					
<b>U</b>	<b>UNDERGROUND PIPING RELEASE DETECTION</b>				
PRIMARY PIPING RELEASE DETECTION	0.2gph/0.1gph El <input type="checkbox"/>		0.2gph/0.1gph El <input type="checkbox"/>		
MANUFACTURER					
MODEL					
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)	Annual Line Tigh <input type="checkbox"/>		Annual Line Tigh <input type="checkbox"/>		
MANUFACTURER					
MODEL					
TERTIARY PIPING RELEASE DETECTION					
MANUFACTURER					
MODEL					
<b>V</b>	<b>SPILL AND OVERFILL PREVENTION EQUIPMENT</b>				
CATCHMENT BASIN / SPILL BUCKET	Standard Spill Bu <input type="checkbox"/>		Standard Spill Bu <input type="checkbox"/>		
(mm/dd/yyyy) DATE INSTALLED					
MANUFACTURER					
MODEL					
FILL LATITUDE					
FILL LONGITUDE					
PRIMARY OVERFILL PREVENTION EQUIPMENT	Auto Shutoff / Fla <input type="checkbox"/>		Auto Shutoff / Fla <input type="checkbox"/>		
(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	YES - Testable <input type="checkbox"/>		YES - Testable <input type="checkbox"/>		
MANUFACTURER					
(mm/dd/yyyy) DATE INSTALLED	04/02/2024		04/02/2024		
SUBMERSIBLE TURBINE SUMP PRESENT	YES - Testable <input type="checkbox"/>		YES - Testable <input type="checkbox"/>		
MANUFACTURER					
(mm/dd/yyyy) DATE INSTALLED	04/02/2024		04/02/2024		

FACILITY ID # <b>5458</b>	FACILITY NAME <b>Citgo</b>
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Complete one column for each tank or compartment. See instructions for compartment identification numbering.

**N IDENTIFICATION OF UNDERGROUND STORAGE TANKS**

IDEM 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				
MANIFOLDED (Y/N)				
MANIFOLDED 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 BIOFUEL %				
(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 # <b>5458</b>		FACILITY NAME <b>Citgo</b>			
IDEM UST REGISTRATION NUMBER					
COMPARTMENT IDENTIFICATION NUMBER					
<b>T</b>	<b>UNDERGROUND STORAGE TANK RELEASE DETECTION</b>				
PRIMARY UST RELEASE DETECTION					
MANUFACTURER					
MODEL					
SECONDARY UST RELEASE DETECTION					
MANUFACTURER					
MODEL					
<b>U</b>	<b>UNDERGROUND PIPING RELEASE DETECTION</b>				
PRIMARY PIPING RELEASE DETECTION					
MANUFACTURER					
MODEL					
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)					
MANUFACTURER					
MODEL					
TERTIARY PIPING RELEASE DETECTION					
MANUFACTURER					
MODEL					
<b>V</b>	<b>SPILL AND OVERFILL PREVENTION EQUIPMENT</b>				
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 # <b>5458</b>		TRANSACTION ID - FOR STATE USE ONLY	
<b>UST OWNER CERTIFICATION</b>			
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 <i>(Print or Type)</i>			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
	Kuldip		Singh
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME <i>(If Individual Leave Blank)</i>	
Member		Patiala Petroleum LLC	
SIGNATURE  <a href="#">Kuldip Singh (Jun 15, 2024 09:20 CDT)</a>			DATE (MM/DD/YYYY) 15/06/2024
<b>UST OPERATOR CERTIFICATION</b>			
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 <i>(Print or Type)</i>			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
	Kuldip		Singh
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME <i>(If Individual Leave Blank)</i>	
Member		Patiala Petroleum LLC	
SIGNATURE  <a href="#">Kuldip Singh (Jun 15, 2024 09:20 CDT)</a>			DATE (MM/DD/YYYY) 15/06/2024
<b>CONTRACTOR CERTIFICATION</b>			
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)

# FID-5458-NF-06.14.2024

Final Audit Report

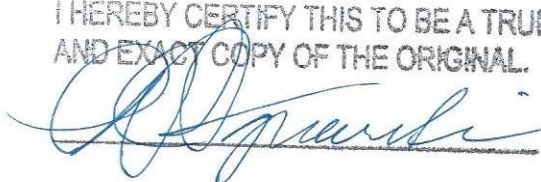
2024-06-15

Created:	2024-06-14
By:	Tanks Data (tanksdata01@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAA1W0CDxwBowEcoTihQL1XRedC_HD9PxqV

## "FID-5458-NF-06.14.2024" History

-  Document created by Tanks Data (tanksdata01@gmail.com)  
2024-06-14 - 6:02:30 PM GMT
-  Document emailed to Kuldip Singh (singhk1957@yahoo.com) for signature  
2024-06-14 - 6:02:39 PM GMT
-  Email viewed by Kuldip Singh (singhk1957@yahoo.com)  
2024-06-15 - 2:19:13 PM GMT
-  Document e-signed by Kuldip Singh (singhk1957@yahoo.com)  
Signature Date: 2024-06-15 - 2:20:03 PM GMT - Time Source: server
-  Agreement completed.  
2024-06-15 - 2:20:03 PM GMT

I HEREBY CERTIFY THIS TO BE A TRUE  
AND EXACT COPY OF THE ORIGINAL.



Tax ID No.

64-05-01-351-001.000-016

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**WARRANTY DEED**

**THIS INDENTURE WITNESSETH THAT**

**Shamsher Singh**

**CONVEY(S) AND WARRANT(S) TO**

**Patiala Petroleum LLC**, for Ten Dollars and other valuable consideration the receipt whereof is hereby acknowledged, the following described REAL ESTATE in Porter County, in the State of Indiana, to wit:

**SEE ATTACHED EXHIBIT "A"**

Subject to Real Estate taxes now due and payable and thereafter.

Subject to covenants, restrictions and easements of record.

The Grantor executing this deed represents and certifies that the terms of the unrecorded Land Contract entered into between the Grantor and Grantee herein have been fulfilled to completion.

TRANSFER FOR NO FURTHER CONSIDERATION

IN WITNESS WHEREOF, the Grantor has executed this Deed this 21st day of August, 2017.

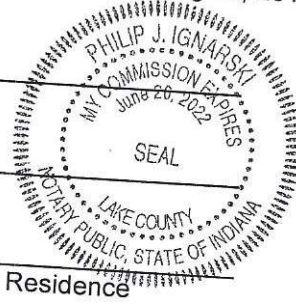
  
**Shamsher Singh**

State of Indiana, County of Lake ss:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named **Shamsher Singh** who acknowledged the execution of the foregoing Deed and who, having been duly sworn, stated that the representations therein contained are true.

WITNESS, my hand and Seal this 21st day of August, 2017.

My Commission Expires: \_\_\_\_\_



Printed Name of Notary Public \_\_\_\_\_

Notary Public County and State of Residence \_\_\_\_\_

*Philip J. Ignariski*  
Signature of Notary Public

**This instrument was prepared by:**

Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602  
202 S. Michigan Street, Ste. 300, South Bend, IN 46601

**Property Address:**

6001 Melton Road  
Portage, IN 46368

**Grantee's Address and Mail Tax Statements To:**

6001 Melton Road  
Portage, IN 46368

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law. Debra A, Guy

## EXHIBIT A

Part of the Southwest Quarter of Section 1, Township 36 North, Range 7 West of the Second Principal Meridian, described as follows: Beginning at a point on the West line of the Southwest Quarter of the Southwest Quarter of said Section 1, 80.6 feet South of the Northwest corner thereof, said point being the intersection of the South property line of U.S. Highway No. 20 and the West line of said Section 1; thence Northeasterly, along the South property line of U.S. Highway No. 20 and along a curve to the right with a radius of 2814.93 feet, a distance of 230 feet, said point being 203.69 feet East and 23.41 feet North of the Northwest corner of the Southwest Quarter, of the Southwest Quarter of said Section 1; thence South  $0^{\circ} 46' 00''$  West and parallel with the West line of the Southwest Quarter of said Section 1, a distance of 304.01 feet; thence South  $90^{\circ} 00' 00''$  West and parallel with the North line of the Southwest Quarter of the Southwest Quarter of said Section 1, a distance of 203.69 feet to the West line of the Southwest Quarter of the Southwest Quarter of said Section 1; thence North  $0^{\circ} 46' 00''$  East along the West line of the Southwest Quarter of the Southwest Quarter of said Section 1, a distance of 200 feet to the point of beginning, in the City of Portage, Porter County, Indiana.

## Kreegar, Cynthia

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**From:** IDEM USTCompliance (USTcompliance)  
**Sent:** Tuesday, June 18, 2024 2:32 PM  
**To:** IDEM USTRegistration  
**Subject:** FW: UST Facility ID #5458  
**Attachments:** FID-5458-NF-06.14.2024 - signed.pdf; FID-5458-Warranty Deed-08.21.2017.pdf

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**From:** TanksData <Tanksdata@gmail.com>  
**Sent:** Monday, June 17, 2024 9:16 AM  
**To:** IDEM USTRegistration <USTRegistration@idem.IN.gov>  
**Cc:** Maniet, Carrie <CManiet@idem.IN.gov>  
**Subject:** UST Facility ID #5458

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

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Hello,

I Hope you are doing well.

Pls find attached herewith updated Notification Form & Warranty deed for ownership backup for the subject mentioned FID.

Owner/Operator has been copied on this email.

Please let me know if you have any questions.

Thanks,

Team

**Tanks Data**

317.645.0215

317.300.6065



<https://tanksdata.com/>

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