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: #25373

	The information request	ted is require			should only be u orage Tank prog		s previously reg	istered with the	
A					OTIFICAT	·			SAN EST
П	Facility Contact Change	ПП	JST Owner C				Owner/Op	erator Information	Change
	Type of Facility Change		roperty Own	er Chan	ge		Facility Name / Location Change		
\boxtimes	UST System Modification		UST Operator Change			T C	Financial Responsibility Change		
	New UST System(s)								
В			FACILIT	YNA	ME / LOC	ATION			
FAC	LITY NAME	***************************************			LATITUDE (37.)	710101 to 41.86	5773) LON	IGITUDE (-88.165351 to -8	4.671035)
	W.T. ADDROGO								
FAC	ILITY ADDRESS (number and street)				PAR	CEL NUMBER			
CITY		STATE	ZIP CODE		COUNTY		TEL	EPHONE NUMBER	
C		(II)	PE OF FA	CILIT	Y (Check a	ll that appl	y)		
	Auto Dealership		Commercial					drant System	
	Hospital		Gas Station				Industrial		
	Petroleum Distributor	F	Railroad] Residentia	ıl	
	Trucking or Transport	ا ا	Jtilities				Unmanne	t	
	Marina		School				Other:		
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					F OWNER				
	Federal Government	[State Gov	ernmen	t			l Government	
Ш	Commercial		Private				Other:		
Opti	on 1: UST OWNER NAME (Business Name as	s registered wit	th the Secretary of S	state)		BUSINES	S ID (From the S	ecretary of State)	
Optio	on 2: UST OWNER NAME (If a Public Agency	or other entity	')			40.11		New State of State State State	
Optio	on 3: UST OWNER NAME (If in Individual Cap FIX	acity)		М	LAST NAME				SUFFIX
	THO THANKS			[""	LAST NAME				301111
	OWNER ADDRESS (Listed in Options 1-3)				_1				
PRIN	ICIPAL OFFICE ADDRESS or PRIMARY RES	SIDENTAL ADI	DRESS (Number an	d Street, no	P.O. Box)	ADDRES	S (line 2)		
CITY			STATE	ZIP CODI	F	EFFECTI	VE DATE OF OW	NERSHIP (MM/DD/YYYY)	
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TEL	EPHONE NUMBER	EMAIL	ADDRESS (Option	3 Individual	Capacity)	JOB TITL	E (Option 3 Indivi	dual Capacity)	
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PRIN	ICIPAL OFFICE ADDRESS OF PRIMARY RES	SIDENTAL ADI	ORESS (Number an	nd Street, no	P.O. Box)	ADDRES	S (line 2)		
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CITY			STATE	ZIP CODI	Ē	JOB TITL	.E		
TEL	EPHONE NUMBER	EMAII	ADDRESS			<u> </u>			
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FACI	штү iD# #25373	FACILITY NAME										
F		FIN	IANCI	AL RESP	PONS	BIL	ITY (Che	ck all	that apply)			
	Federal or State (bility requirements			
	Local Governmer	t owner or opera	ator is m	aintaining	financia	al res	ponsibility	for this	s site		**************************************	
	The UST owner is	maintaining fina	ancial re	sponsibilit	y for thi	s site						
	The UST operato	r is maintaining t	inancial	responsib	ility for	this s	ite					
									9-8) by using one or a comet be checked as well.	bination	of the	
П	Financial Test of			,		Ť	~		/ Trust Fund (State Fund)			
Ħ	Guarantee				Insurance and Risk Retention Group Coverage							
Ħ	Surety Bond		······································			悑			ent Letter			
亓	Letter of Credit					愩	Certificate	e of De	eposit			
同	Trust Fund					一	Standby	Trust F	Fund			
	Local Governmer	t Bond Rating T	est			一	Local Go	vernm	ent Financial Test			
	Local Governmer	t Guarantee					Local Go	vernm	ent Fund			
	If utilizing the ELTF fo	or FR, I acknowledg		irement to m			A TOTAL CONTRACTOR AND A SECURIT		able amount pursuant to 9-8-11(b) and (c)	and	
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	Fadaral Carrage		1	· · · · · · · · · · · · · · · · · · ·			RATOR		City / Land Covernment			
Ц	Federal Governm	ent		State Gov	ernmer	nt			City / Local Governmer	ıt		
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	on 2: UST OPERATOR NAME ON 3: UST OPERATOR NAME FIRST NAME			······································	MI	LAS	T NAME				SUFFIX	
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PRIN	CIPAL OFFICE ADDRESS	or PRIMARY RESIDEN	TAL ADDRI	ESS (Number ar	nd Street, n	10 P.O. I	Зох)	ADDF	RESS (line 2)	•		
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TELE	PHONE NUMBER		EMAIL AD	DRESS								

FACILITY ID# FACILITY NAME #25373								
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		٦	YPE C	F OWNER				
Federal Government	∏ S ^t	tate Gov	ernmer	nt	I	City / Local Government		
Commercial	l Private					Other:		
Option 1: PROPERTY OWNER NAME (Business Name as re	gistered wi	ith the Secret	ary of Stat	e)	BUSINE	SS ID (From the Secretary of State)		
Option 2: PROPERTY OWNER NAME (If a Public Agency or	other entity	V)						
Option 3: PROPERTY OWNER NAME (If in Individual Capaci	ity)							
PREFIX FIRST NAME			MI	LAST NAME			SUFFIX	
PROPERTY OWNER ADDRESS (Listed in Options 1-3)								
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL.	ADDRESS	(Number an	d Street, n	o P.O. Box)	ADDRES	SS (line 2)		
CITY		STATE	ZIP COD	E	EFFECT	IVE DATE OF OWNERSHIP (MM/DD/Y	YYY)	
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J ACTIVE LA	ND C				OWNE	R (If applicable)		
		-	TYPE C	F OWNER				
Federal Government		tate Gov	ernmer	nt		City / Local Government		
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Option 1: PROPERTY OWNER NAME (Business Name as re	gistered w	ith the Secre	lary of Stat	e)	BUSINE	SS ID (From the Secretary of State)		
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TELEPHONE NUMBER JOB TITLE	EMAIL (ADDRESS (C	Intion 3 Inc	lividual Capacity)	PROPOS	SED END DATE (MM/DD/YYYY)		
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FACILITY	ID#	FACILITY NAME						
;	#25373							
ĸ				CONT	RACTOR			
INS.	TALLATION INSPECTE	D BY A REGISTERED	REGIST	RATION ID:		Т	REGISTRATION DATE	
	GINEER NUFACTURER'S INSTA	LLATION CHECKLISTS	- 1		1	ELED BY TANK	(mm/dd/yyyy)	
LINC	LUDED	 					AND PIPING MANUFACTI	
		DIANA DEPARTMENT OF			N OF FIRE AND BUILD		(mm/dd/yyyy)	
CONTRA	CTOR BUSINESS NAM	E (Business Name as reg	gistered with the Sec	retary of State)		BUSINESS II	O (From the Secretary of S	state)
CONTAC	T INFORMATION FOR	CONTRACTOR THAT PE	REORMED OR MA	NAGED WORK	ON SITE			
PREFIX	FIRST NAME			MI	LAST NAME			SUFFIX
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FACILITY ID#	373								
Co	mplete one column for eac				on numbering.				
N IDENTIFICATION OF UNDERGROUND STORAGE TANKS									
	IDEM UST REGISTRATION NUMBER	1	2	3	4				
PAR	T OF A COMPARTMENTED UST (Y/N)	NO	NO	NO	NO				
N	UMBER OF COMPARTMENTS IN UST								
сомр	ARTMENT IDENTIFICATION NUMBER		÷						
	(mm/dd/yyyy) DATE INSTALLED								
(mm/dd/yy)	y) DATE FIRST BROUGHT INTO USE								
(ga	lions) ESTIMATED TOTAL CAPACITY								
	MANIFOLDED (Y/N)								
MANIFOLI	DED TO COMPARTMENT ID NUMBER								
0		TATUS OF UNDER	RGROUND STORA	GE TANKS					
	CURRENT STATUS								
	(mm/dd/yyyy) STATUS DATE								
Р ;	SUBSTANCES CURR	ENTLY OR LAST	STORED IN UNDE	RGROUND STOR	AGE TANKS				
	PETROLEUM	GSL - Gasoline	DSL - Diesel	GSL - Gasoline	GSL - Gasolin				
	MAXIMUM ETHANOL %								
	MAXIMUM BIOFUEL %								
	(specify) OTHER								
	HAZARDOUS SUBSTANCE	**************************************							
CHEN	MICAL ABSTRACT SERVICE NUMBER								
	MIXTURE OF SUBSTANCES								
PRODUC	CT IS COMPATIBLE WITH TANK (Y/N)	YES	YES	YES	YES				
Q UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTI									
	MANUFACTURER								
	MODEL								
	MATERIAL OF CONSTRUCTION								
l ·	SECONDARY CONTAINMENT								
R	LINDERG	ROLIND STORAG	F TANK CORROS	ION PROTECTION					
	······				T				
/mm/de	CORROSION PROTECTION TYPE	Not Applicable	Not Applicable	Not Applicable	Not Applicable				
l (mirac	INTERIOR LINING								
(mm/c	Id/yyyy) LINER INSTALLATION DATE								
Į (mino	(specify) OTHER								
s		DIDING CONSTRI	JCTION AND PRO	TECTION					
3					T 4				
	MANUFACTURER	1	1	1	1				
	MODEL	1	1 !	1	1				
	(mm/dd/yyyy) DATE INSTALLED		Flands Co	Elevible Covers	Flaville 0-				
The state of the s	MATERIAL	1 TOXIDIO COMPONIC	Flexible Composite	Flexible Composite	Flexible Comp				
	SECONDARY CONTAINMENT	Double-walled	Double-walled	Double-walled	Double-walled				
1	CORROSION PROTECTION TYPE	 	Not Applicable	Not Applicable	Galvanic CP				
	d/yyyy) ANODE INSTALLATION DATE								
PRODUC	T IS COMPATIBLE WITH PIPING (Y/N)		YES	YES	YES				
	PRODUCT DELIVERY METHOD	Pressurized	Pressurized	Pressurized	Pressurized				

FACI	LITY ID # #25373	FACILITY NAME				
	IDEM UST REG	ISTRATION NUMBER	1	2	3	4
. , .	COMPARTMENT IDENTIFICATION NUMBER					
T		UNDEF	RGROUND STORA	GE TANK RELEA	SE DETECTION	
	PRIMARY UST R	ELEASE DETECTION				
		MANUFACTURER				
		MODEL	 			
	SECONDARY UST R	ELEASE DETECTION				
		MANUFACTURER				
		MODEL				
U		U	NDERGROUND PI	PING RELEASE D	ETECTION	
	PRIMARY PIPING R	ELEASE DETECTION	Interstitial Monitorin	Interstitial Monitorin	Interstitial Monitorin	Interstitial Monitorin
		MANUFACTURER				
		MODEL				
(L	SECONDARY PIPING R EAK DETECTOR REQUIRED FOR		ALLD w/Annual Tes	ALLD w/Annual Tes	ALLD w/Annual Tes	ALLD w/Annual Tes
•		MANUFACTURER	veeder root	veeder root	veeder root	veeder root
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	TERTIARY PIPING R	ELEASE DETECTION				
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٧		SP	ILL AND OVERFIL	L PREVENTION E	QUIPMENT	
	CATCHMENT BA	SIN / SPILL BUCKET				
	(mm/dd/yyy	y) DATE INSTALLED				
		MANUFACTURER		¥		
	s te	MODEL				
		FILL LATITUDE				
		FILL LONGITUDE				
	PRIMARY OVERFILL PREV	ENTION EQUIPMENT				
	(mm/dd/yyy	y) DATE INSTALLED				
,		MANUFACTURER				
		MODEL				
	%	ULLAGE SET POINT				
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	(mm/dd/yyy	y) DATE INSTALLED				
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,		ULLAGE SET POINT				4.1
	UNDER DISPENSER CONT	TAINMENT PRESENT				
· .		MANUFACTURER				
\$17.00	(mm/dd/yyy	y) DATE INSTALLED				
	SUBMERSIBLE TURB	INE SUMP PRESENT	:			
		MANUFACTURER				
	(mm/dd/yyy	y) DATE INSTALLED				

#25373	ACILITY NAME		·		
Complete one of	column for eac	h tank or compartment	. See instructions for o	compartment identification	on numbering.
N - A - A - A - A - A - A - A - A - A -	IDENT	TFICATION OF UN	IDERGROUND ST	ORAGE TANKS	
IDEM UST REGIS	TRATION NUMBER				
PART OF A COMPART	MENTED UST (Y/N)				
NUMBER OF COMP.	ARTMENTS IN UST				
COMPARTMENT IDENTIF	FICATION NUMBER				
(mm/dd/yyyy)	DATE INSTALLED				
(mm/dd/yyyy) DATE FIRST BF	ROUGHT INTO USE				
(gallons) ESTIMATED	TOTAL CAPACITY				
!	MANIFOLDED (Y/N)				
MANIFOLDED TO COMPART	MENT ID NUMBER				
0	S.	TATUS OF UNDER	RGROUND STORA	GE TANKS	
•	CURRENT STATUS				
	yyy) STATUS DATE				
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	PETROLEUM				
МАХ	MUM ETHANOL %				
МА	XIMUM BIOFUEL %				
	(specify) OTHER				
HAZARI	OOUS SUBSTANCE				
CHEMICAL ABSTRACT	SERVICE NUMBER				
MIXTURE	OF SUBSTANCES				
PRODUCT IS COMPATIBLE					
	UNDERGR	OUND STORAGE	TANK CONSTRU	CTION ATTRIBUTE	S Here have
	MANUFACTURER				
	MODEL				
MATERIAL O	F CONSTRUCTION				
SECONDA	RY CONTAINMENT				
R	UNDERG	ROUND STORAG	E TANK CORROS	ION PROTECTION	
CORROSION P	PROTECTION TYPE				
(mm/dd/yyyy) ANODE INS	STALLATION DATE				
• •	INTERIOR LINING				
(mm/dd/yyyy) LINER INS	STALLATION DATE				
- 46/F- 1) -	(specify) OTHER				
Standard		PIPING CONSTRU	JCTION AND PRO	TECTION	
	MANUFACTURER				
Pri Complex (1)	MODEL				
(mm/dd/yyyy)	DATE INSTALLED				
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SECONDA	RY CONTAINMENT	:			
CORROSION P	PROTECTION TYPE	,			
(mm/dd/yyyy) ANODE INS	STALLATION DATE				4
PRODUCT IS COMPATIBLE	WITH PIPING (Y/N)				***************************************
PRODUCT DELIVERY METHOD					

FACII.I	#25373	FACILITY NAME				
IDEM UST REGISTRATION NUMBER						
	COMPARTMENT IDENTIFICATION NUMBER			; s ; s		
\T <		UNDEF	RGROUND STORA	GE TANK RELEA	SE DETECTION	
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		MANUFACTURER				
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		MODEL				
	TERTIARY PIPING I	RELEASE DETECTION				
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	,	MANUFACTURER				
142 1.		MODEL				
-20 4 F		% ULLAGE SET POINT		·		
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		MODEL		k		results of the
		% ULLAGE SET POINT				
	UNDER DISPENSER COI	NTAINMENT PRESENT	971	The second secon		
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	(mm/dd/v	yyy) DATE INSTALLED				
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		MANUFACTURER				
	(mm/dd/y	yyy) DATE INSTALLED				
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FACILITY ID#	TRANSACTION ID - FOR STATE	USE ONLY	· · · · · · · · · · · · · · · · · · ·		
#25373	į		engalas sauja saas		
	Maria de la composición del composición de la co	ST OWNER C	ERTIFICATION		
				es specified by IC 13-30-10 a	
			ie, accurate, and comp	olete. I further certify complia	ance with the
following requireme	ents in accordance with 329 l	AC 9-2-2(e):			
(1) Installation of all	tanks and piping under 40 C	FR 280.20.			
	ion of steel tanks and piping).20.		
	n under 40 CFR 280 Subpart	D.			
\ /	sibility under 329 IAC 9-8.				
OWNER'S AUTHORIZED R PREFIX FIRST NAME	EPRESENTATIVE (Print or Type)	IMI	ILAST NAME		SUFFIX
PREFIX PIRST NAME		IWII	LAST NAME		SUPPIX
			1		
TITLE OF AUTHORIZED RE	EPRESENTATIVE	COMPA	NY NAME (If Individual Leave Bl	lank)	
SIGNATURE				DATE (MM/DD/Y)	YYY)
	1107	ODEDATOD	CERTIFICATION		Nacional de la Company
					110 10 00 11
				ies specified by IC 13-30-10 a plete. I further certify complia	
(2) Cathodic protect (3) Release detection	tanks and piping under 40 C tion of steel tanks and piping n under 40 CFR 280 Subpart sibility under 329 IAC 9-8.	under 40 CFR 280	0.20.		
	D REPRESENTATIVE (Print or Type)				
PREFIX FIRST NAME	DICENCENTATIVE (Fine of Type)	MI	LAST NAME		SUFFIX
TITLE OF AUTHORIZED RE	PRESENTATIVE	COMPA	NY NAME (If Individual Leave BI	(ank)	
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SIGNATURE				DATE (MM/DD/Y)	VVVI
SIGNATORE				BATE (IIIII)	, , , ,
				1	
	CO	NTRACTOR (CERTIFICATION		
CERTIFIED INDIVIDUAL NA	AME				
PREFIX FIRST NAME		MI	LAST NAME		SUFFIX
		ì			
OATH: I swear or affi	rm, under penalty of perjury as	specified by IC 35	44.1-2-1 and other pena	Ities specified by IC 13-30-10 a	ind IC 13-23-14
	ed on the UST system complies		•		
SIGNATURE	EMAII	L ADDRESS	<u> </u>	DATE	(MM/DD/YYYY)

Kreegar, Cynthia

From: Clay Bayne <CBayne@unitedpetro.com>

Sent: Tuesday, June 18, 2024 2:34 PM

To: IDEM USTregistration

Cc: michaelm@mach1stores.net; John Eschbacher

Subject:Site #25373Attachments:UST.pdf

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

Here is the form you requested. Please let me know if anything else is needed. Clay Bayne

Clay Bayne

UNITED PETROLEUM SERVICE

M: (314) 948-6036 O: (314) 241-3767

E: cbayne@unitedpetro.com

United Petroleum Service

128 Millwell Drive Maryland Heights, MO 63043





