



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: **15249**

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 Hallador Power Company LLC Merom Generating Station		LATITUDE (37 740101 to 41 866773)	LONGITUDE (-88.165351 to -84.671035)
FACILITY ADDRESS (number and street) 5500 West Old 54		PARCEL NUMBER	
CITY Sullivan	STATE IN	ZIP CODE 47882	TELEPHONE NUMBER (812) 356-4291

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 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 checked="" 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 Darrell	MI W	LAST NAME Bayless	SUFFIX
ADDRESS 5500 West Old 54		CITY Sullivan	STATE IN	ZIP CODE 47882
TELEPHONE NUMBER (812) 356-5201	JOB TITLE Data Quality Leader	EMAIL ADDRESS dbayless@camsops.com		

E UST OWNER

TYPE OF OWNER		
<input type="checkbox"/> Federal Government	<input type="checkbox"/> State Government	<input type="checkbox"/> City / Local Government
<input 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) Hallador Power Company LLC	BUSINESS ID (From the Secretary of State) 202206061597874
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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

UST OWNER ADDRESS (Listed in Options 1-3)	
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 1183 E Canvasback Drive	ADDRESS (line 2)

CITY Terre Haute	STATE IN	ZIP CODE 47802	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 10/22/2022
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TELEPHONE NUMBER	EMAIL ADDRESS (Option 3 Individual Capacity)	JOB TITLE (Option 3 Individual Capacity)
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CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)				
PREFIX	FIRST NAME Scott	MI	LAST NAME McGuire	SUFFIX

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 1183 E Canvasback Drive		ADDRESS (line 2)
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CITY Terre Haute	STATE IN	ZIP CODE 47802	JOB TITLE Director of Engineering and Environmental
TELEPHONE NUMBER (812) 299-8100	EMAIL ADDRESS JSMcGuire@halladorenergy.com		

FACILITY ID # 15249		FACILITY NAME Hallador Power Company LLC Merom Generating Station			
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 checked="" 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). If you are using the ELTF it must be checked as well.					
<input checked="" 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.					
G UST OPERATOR					
TYPE OF OPERATOR					
<input type="checkbox"/> Federal Government		<input type="checkbox"/> State Government		<input type="checkbox"/> City / Local Government	
<input type="checkbox"/> Commercial		<input checked="" type="checkbox"/> Private		<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)		
Hallador Power Company LLC			202206061597874		
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)				ADDRESS (line 2)	
1183 E Canvasback Drive					
CITY		STATE	ZIP CODE	DATE BEGAN OPERATING (MM/DD/YYYY)	
Terre Haute		IN	47802		
TELEPHONE NUMBER		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
	Matt		Deal		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)				ADDRESS (line 2)	
5500 West Old 54					
CITY		STATE	ZIP CODE	JOB TITLE	
Sullivan		IN	47882	Material Handling Supervisor	
TELEPHONE NUMBER		EMAIL ADDRESS			
(812) 356-4291		mdeal@camsops.com			
H FACILITY CONTACT					
CONTACT INDIVIDUAL NAME					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
	Matt		Deal		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)				ADDRESS (line 2)	
5500 West Old 54					
CITY		STATE	ZIP CODE	JOB TITLE	
Sullivan		IN	47882	Material Handling Supervisor	
TELEPHONE NUMBER		EMAIL ADDRESS			
(812) 356-4291		mdeal@camsops.com			

FACILITY ID # 15249		FACILITY NAME Hallador Power Company LLC Merom Generating Station					
I DEEDED PROPERTY OWNER							
TYPE OF OWNER							
<input type="checkbox"/> Federal Government		<input type="checkbox"/> State Government			<input type="checkbox"/> City / Local Government		
<input 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) Hallador Power Company LLC					BUSINESS ID (From the Secretary of State) 202206061597874		
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) 1183 E Canvasback Drive					ADDRESS (line 2)		
CITY Terre Haute		STATE IN	ZIP CODE 47802		EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 10/22/2022		
TELEPHONE NUMBER		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	
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 # 15249	FACILITY NAME Hallador Power Company LLC Merom Generating Station
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K CONTRACTOR

<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> Allied Ott Petroleum Equipment, LLC	BUSINESS ID <i>(From the Secretary of State)</i> 2009102800524
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CONTACT INFORMATION FOR CONTRACTOR THAT PERFORMED OR MANAGED WORK ON SITE

PREFIX	FIRST NAME Robert	MI	LAST NAME Hughes	SUFFIX
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PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS <i>(Number and Street, no P.O. Box)</i> 517 Herriman Court	ADDRESS <i>(line 2)</i>
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CITY Noblesville	STATE IN	ZIP CODE 46060	IDHS CERTIFICATION NUMBER UC20139819
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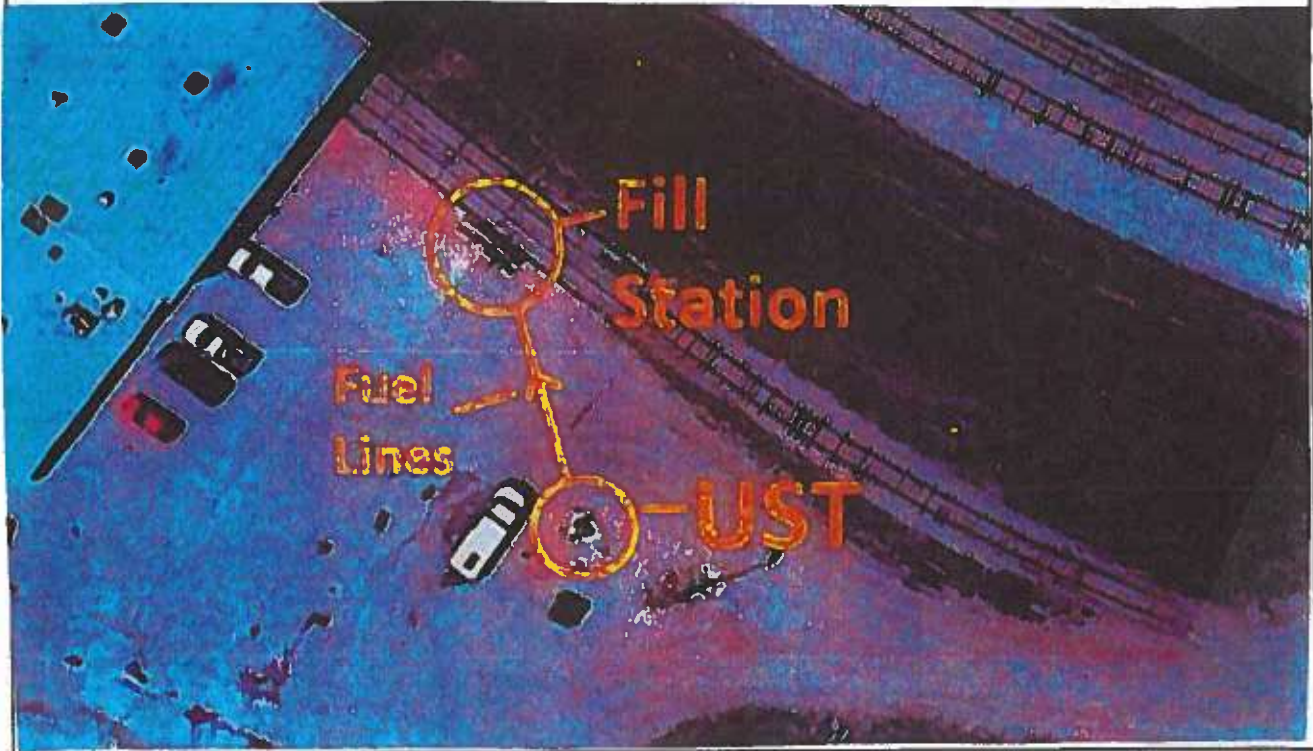
TELEPHONE NUMBER (317) 634-8810	EMAIL ADDRESS robert@alliedott.com
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L POTENTIALLY INTERESTED PARTIES

INTERESTED PARTY NAME	E-MAIL ADDRESS
INTERESTED PARTY NAME	E-MAIL ADDRESS
INTERESTED PARTY NAME	E-MAIL ADDRESS


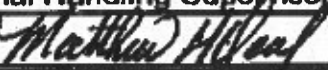
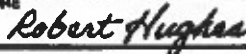
M FACILITY SITE MAP

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 #		FACILITY NAME	
15249		Hallador Power Company LLC Merom Generating Station	
Complete one column for each tank or compartment. See instructions for compartment identification numbering.			
N	IDENTIFICATION OF UNDERGROUND STORAGE TANKS		
IDEM UST REGISTRATION NUMBER	1		
PART OF A COMPARTMENTED UST (Y/N)	YES <input type="checkbox"/>		
NUMBER OF COMPARTMENTS IN UST	1		
COMPARTMENT IDENTIFICATION NUMBER	C-1		
(mm/dd/yyyy) DATE INSTALLED	07/03/1981		
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE			
(gallons) ESTIMATED TOTAL CAPACITY	15,000		
MANIFOLDED (Y/N)	NO		
MANIFOLDED TO COMPARTMENT ID NUMBER			
O	STATUS OF UNDERGROUND STORAGE TANKS		
CURRENT STATUS	IN USE <input type="checkbox"/>		
(mm/dd/yyyy) STATUS DATE	06/18/2024		
P	SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS		
PETROLEUM	DSL - Diesel <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"/>		
Q	UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES		
MANUFACTURER			
MODEL			
MATERIAL OF CONSTRUCTION	Fiberglass <input type="checkbox"/>		
SECONDARY CONTAINMENT			
R	UNDERGROUND STORAGE TANK CORROSION PROTECTION		
CORROSION PROTECTION TYPE	Not Applicable <input type="checkbox"/>		
(mm/dd/yyyy) ANODE INSTALLATION DATE			
INTERIOR LINING	YES		
(mm/dd/yyyy) LINER INSTALLATION DATE			
(specify) OTHER	SW Fiberglass		
S	PIPING CONSTRUCTION AND PROTECTION		
MANUFACTURER	Environ Geo-flex		
MODEL			
(mm/dd/yyyy) DATE INSTALLED			
MATERIAL	Flexible Composite		
SECONDARY CONTAINMENT			
CORROSION PROTECTION TYPE	Not Applicable <input type="checkbox"/>		
(mm/dd/yyyy) ANODE INSTALLATION DATE			
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)	YES <input type="checkbox"/>		
PRODUCT DELIVERY METHOD			

FACILITY ID #		FACILITY NAME		
15249		Hallador Power Company LLC Merom Generating Station		
IDEM UST REGISTRATION NUMBER		1		
COMPARTMENT IDENTIFICATION NUMBER		C-1		
T	UNDERGROUND STORAGE TANK RELEASE DETECTION			
PRIMARY UST RELEASE DETECTION		ATG CITLDS		
MANUFACTURER		Franklin Fueling		
MODEL		EVO 200		
SECONDARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				
U	UNDERGROUND PIPING RELEASE DETECTION			
PRIMARY PIPING RELEASE DETECTION		Annual Line Tightne		
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				
MANUFACTURER		OPW		
MODEL		1-2100		
FILL LATITUDE				
FILL LONGITUDE				
PRIMARY OVERFILL PREVENTION EQUIPMENT		Auto Shutoff / Fla <input type="checkbox"/>		
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER		Emco		
MODEL		A1100EVR		
% 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		YES - Testable <input type="checkbox"/>		
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				

FACILITY ID 15249		TRANSACTION ID - FOR STATE USE ONLY	
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 (PHI or Type)			
PREFIX	FIRST NAME	LAST NAME	SUFFIX
	Scott	McGuire	
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank)	
Director of Engineering and Environmental		Hallador Power Company LLC	
SIGNATURE			DATE (MM/DD/YYYY)
			6-18-2024
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.			
OWNER'S AUTHORIZED REPRESENTATIVE (PHI or Type)			
PREFIX	FIRST NAME	LAST NAME	SUFFIX
	Matt	Deal	
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank)	
Material Handling Supervisor		Hallador Power Company LLC	
SIGNATURE			DATE (MM/DD/YYYY)
			6-18-2024
CONTRACTOR CERTIFICATION			
CERTIFIED INDIVIDUAL NAME			
PREFIX	FIRST NAME	LAST NAME	SUFFIX
	Robert	Hughes	
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)
		robert@alliedott.com	06/14/2024



Merom Generating Station
5500 West Old Hwy 54
Sullivan, IN 47882
Tel: 812-356-4291
halladorenergy.com

June 19, 2024

Mr. Jordan Ware
Indiana Department of Environmental Management
Office of Land Quality, UST Compliance Section
100 North Senate Ave.
Mail Code 61-53 IGCN 1003
Indianapolis, Indiana 46204-2251

RE: Merom Generating Station UST Facility ID# 15249
Submitted via email to USTCompliance@idem.in.gov

Dear Mr. Ware:

Attached is the information as requested in your violation letter dated June 5, 2024 for the Hallador Power Company Merom Generating Station, Underground Storage Tank.

If you have any questions or require any additional information, please call me at (812) 356-5201.

Sincerely,

A handwritten signature in black ink that reads 'Darrell Bayless'.

Darrell Bayless
Data Quality Leader
Hallador Power

Attachments: State Form 45223 UST Notification Form (7 pages)

Cc: Merom Files
Matt Deal
Scott McGuire
Tony Weitekamp
Patrick Blanchard



Kreegar, Cynthia

From: Ware, Jordan M
Sent: Wednesday, June 19, 2024 2:51 PM
To: IDEM USTregistration
Subject: FW: Updated Form 45223 for 15249
Attachments: IDEM UST Violation Response 6-19-24 Signed.pdf; Form 45223 as sent to IDEM 6-19-24.pdf

Good afternoon,

Please see the notification form that was submitted for FID 15249 in response to a violation letter. All requested 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: Darrell Bayless <dbayless@camsops.com>
Sent: Wednesday, June 19, 2024 11:42 AM
To: IDEM USTCompliance (USTcompliance) <USTCompliance@idem.IN.gov>
Cc: Scott McGuire <jsmcguire@halladorenergy.com>; Matthew Deal <mdeal@camsops.com>; Thomas Weitekamp <tweitekamp@camsops.com>; Patrick Blanchard <pblanchard@camstex.com>
Subject: Updated Form 45223 for 15249

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

Please find attached the updated Form 45223 for the Merom Generating Station Facility ID # 15249. This is being submitted in response to the violation letter dated June 5, 2024 indicating that form 45223 required updating.

Darrell Bayless

Data Quality Leader

Merom Generating Station
5500 West Old 54
Sullivan, IN 47882
Phone: 812-356-4291 ext. 3227
Cell: 812-239-9190

