



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: **15555**

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 checked="" 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 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 Delphi Community School Corporation		LATITUDE (37.710101 to 41.866773) 40.575.99	LONGITUDE (-88.165351 to -84.671035) 86.66876
FACILITY ADDRESS (number and street) 501 Armory Road		PARCEL NUMBER 08-06-32-038-001.000.007	
CITY Delphi	STATE IN	ZIP CODE 46923	COUNTY Carroll
		TELEPHONE NUMBER (765) 501-2100	

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 type="checkbox"/> Utilities	<input type="checkbox"/> Unmanned
<input type="checkbox"/> Marina	<input checked="" type="checkbox"/> School	<input type="checkbox"/> Other:

D PREPARED BY				
PREFIX	FIRST NAME Michele	MI M	LAST NAME Felz	SUFFIX
ADDRESS 501 Armory Road		CITY Delphi	STATE IN	ZIP CODE 46923
TELEPHONE NUMBER (765) 501-2100	JOB TITLE Corp Secretary	EMAIL ADDRESS felzm@delphi.k12.in.us		

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

Option 1: UST OWNER NAME (Business Name as registered with the Secretary of State)	BUSINESS ID (From the Secretary of State)
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Option 2: UST OWNER NAME (If a Public Agency or other entity) Delphi Community School Corporation	
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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) 501 Armory Road	ADDRESS (line 2)

CITY Delphi	STATE IN	ZIP CODE 46923	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 01/01/2024
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TELEPHONE NUMBER (765) 501-2100	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 Chris	MI	LAST NAME Valenta	SUFFIX

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 501 Armory Road		ADDRESS (line 2)
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CITY Delphi	STATE IN	ZIP CODE 46923	JOB TITLE Maintenance Director
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TELEPHONE NUMBER (765) 501-2100	EMAIL ADDRESS valentac@delphi.k12.in.us
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FACILITY ID # 15555		FACILITY NAME Delphi Community School Corporation	
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 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 type="checkbox"/> Financial Test of Self Insurance	<input checked="" type="checkbox"/> Excess Liability Trust Fund (State Fund)		
<input checked="" 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 type="checkbox"/> City / Local Government	
<input type="checkbox"/> Commercial	<input type="checkbox"/> Private	<input checked="" type="checkbox"/> Other: School	
Option 1: UST OPERATOR NAME (Business Name as registered with the Secretary of State)		BUSINESS ID (From the Secretary of State)	
Option 2: UST OPERATOR NAME (If a Public Agency or other entity)			
Delphi Community School Corporation			
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)	
CITY	STATE	ZIP CODE	DATE BEGAN OPERATING (MM/DD/YYYY)
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
	Chris		Valenta
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (line 2)	
501 Armory Road			
CITY	STATE	ZIP CODE	JOB TITLE
Delphi	IN	46923	Maintenance Director
TELEPHONE NUMBER	EMAIL ADDRESS		
(765) 564-2100	valentac@delphi.k12.in.us		
H FACILITY CONTACT			
CONTACT INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	LAST NAME
	Chris		Valenta
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (line 2)	
501 Armory Road			
CITY	STATE	ZIP CODE	JOB TITLE
Delphi	IN	46923	Maintenance Director
TELEPHONE NUMBER	EMAIL ADDRESS		
(765) 564-2100	valentac@delphi.k12.in.us		

FACILITY ID # 15555		FACILITY NAME Delphi Community School Corporation			
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 type="checkbox"/> Private		<input checked="" type="checkbox"/> Other: School	
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)					
Delphi Community School Corporation					
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)	
501 Armory Road					
CITY		STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)	
Delphi		IN	46923	12/08/1967	
TELEPHONE NUMBER		EMAIL ADDRESS (Option 3 Individual Capacity)		JOB TITLE (Option 3 Individual Capacity)	
(765) 501-2100					
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
	Chris		Valenta		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)				ADDRESS (line 2)	
501 Armory Road					
CITY		STATE	ZIP CODE	JOB TITLE	
Delphi		IN	46923	Maintenance Director	
TELEPHONE NUMBER		EMAIL ADDRESS			
(765) 564-2100		valentac@delphi.k12.in.us			
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 # **15555** FACILITY NAME **Delphi Community School Corporation**

K CONTRACTOR

INSTALLATION INSPECTED BY A REGISTERED ENGINEER REGISTRATION ID: _____ REGISTRATION DATE (mm/dd/yyyy) _____

MANUFACTURER'S INSTALLATION CHECKLISTS HAVE BEEN COMPLETED AND INCLUDED INSTALLER CERTIFIED BY TANK AND PIPING MANUFACTURER

WORK INSPECTED BY INDIANA DEPARTMENT OF HOMELAND SECURITY / DIVISION OF FIRE AND BUILDING SAFETY INSPECTION DATE (mm/dd/yyyy) _____

CONTRACTOR BUSINESS NAME (Business Name as registered with the Secretary of State) _____ BUSINESS ID (From the Secretary of State) _____

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 (Number and Street, no P.O. Box) _____ ADDRESS (line 2) _____

CITY _____ STATE _____ ZIP CODE _____ IDHS CERTIFICATION NUMBER _____

TELEPHONE NUMBER _____ EMAIL ADDRESS _____

L POTENTIALLY INTERESTED PARTIES

INTERESTED PARTY NAME **Michele Felz** E-MAIL ADDRESS **felzm@delphi.k12.in.us**

INTERESTED PARTY NAME **Laura Stigers** E-MAIL ADDRESS **stigersl@delphi.k12.in.us**

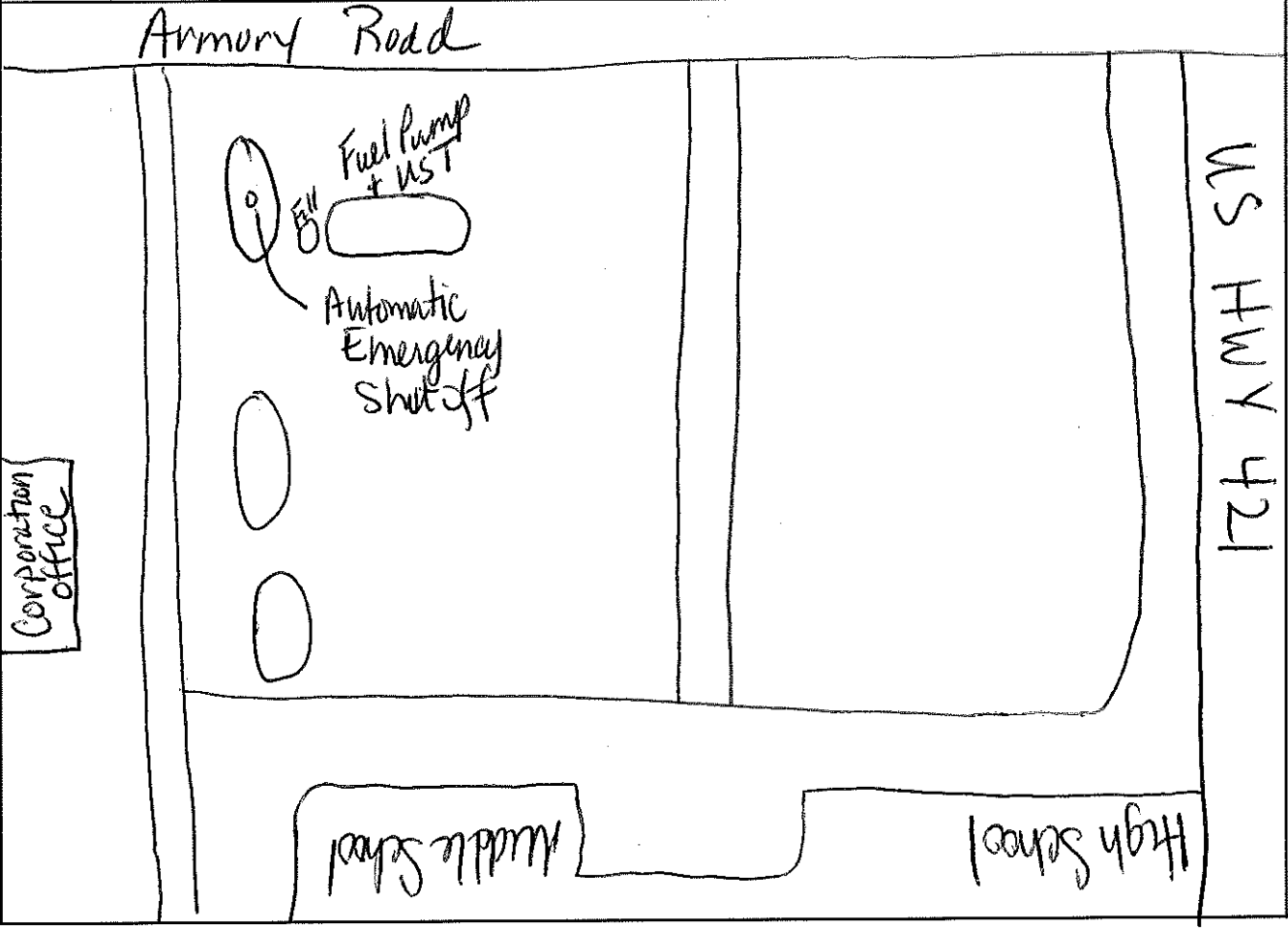
INTERESTED PARTY NAME _____ E-MAIL ADDRESS _____

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.

North

East

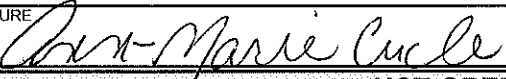



West

South

FACILITY ID # 15555		FACILITY NAME Delphi Community School Corporation		
Complete one column for each tank or compartment. See instructions for compartment identification numbering.				
N	IDENTIFICATION OF UNDERGROUND STORAGE TANKS			
ITEM UST REGISTRATION NUMBER				
PART OF A COMPARTMENTED UST (Y/N)	NO	<input type="checkbox"/>		
NUMBER OF COMPARTMENTS IN UST				
COMPARTMENT IDENTIFICATION NUMBER				
(mm/dd/yyyy) DATE INSTALLED	04/01/1985			
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE	04/01/1985			
(gallons) ESTIMATED TOTAL CAPACITY				
MANIFOLDED (Y/N)	NO	<input type="checkbox"/>		
MANIFOLDED TO COMPARTMENT ID NUMBER				
O	STATUS OF UNDERGROUND STORAGE TANKS			
CURRENT STATUS	IN USE	<input type="checkbox"/>		
(mm/dd/yyyy) STATUS DATE	04/17/2024			
P	SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS			
PETROLEUM	DSL - Diesel	<input type="checkbox"/>		
MAXIMUM ETHANOL %				
MAXIMUM BIOFUEL %				
(specify) OTHER	On Road			
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	Steel	<input type="checkbox"/>		
SECONDARY CONTAINMENT	Not Applicable	<input type="checkbox"/>		
R	UNDERGROUND STORAGE TANK CORROSION PROTECTION			
CORROSION PROTECTION TYPE	Sacrificial Anode	<input type="checkbox"/>		
(mm/dd/yyyy) ANODE INSTALLATION DATE	04/01/1985			
INTERIOR LINING				
(mm/dd/yyyy) LINER INSTALLATION DATE				
(specify) OTHER				
S	PIPING CONSTRUCTION AND PROTECTION			
MANUFACTURER	Ameron			
MODEL	Resistoflex			
(mm/dd/yyyy) DATE INSTALLED	04/01/1985			
MATERIAL				
SECONDARY CONTAINMENT				
CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)	YES	<input type="checkbox"/>		
PRODUCT DELIVERY METHOD	Pressurized	<input type="checkbox"/>		

FACILITY ID #		FACILITY NAME	
15555		Delphi Community School Corporation	
IDEM UST REGISTRATION NUMBER			
COMPARTMENT IDENTIFICATION NUMBER			
T UNDERGROUND STORAGE TANK RELEASE DETECTION			
PRIMARY UST RELEASE DETECTION		ATG Interstitial M	
MANUFACTURER			
MODEL		VeederRoot TLS 300	
SECONDARY UST RELEASE DETECTION			
MANUFACTURER			
MODEL			
U UNDERGROUND PIPING RELEASE DETECTION			
PRIMARY PIPING RELEASE DETECTION			
MANUFACTURER			
MODEL		VeederRoot	
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)		Annual Line Tight	
MANUFACTURER			
MODEL			
TERTIARY PIPING RELEASE DETECTION			
MANUFACTURER			
MODEL			
V SPILL AND OVERFILL PREVENTION EQUIPMENT			
CATCHMENT BASIN / SPILL BUCKET		Standard Spill Bu	
(mm/dd/yyyy) DATE INSTALLED		04/01/1985	
MANUFACTURER		OPW	
MODEL		2100	
FILL LATITUDE			
FILL LONGITUDE			
PRIMARY OVERFILL PREVENTION EQUIPMENT		Flow Restrictor /	
(mm/dd/yyyy) DATE INSTALLED		04/01/1985	
MANUFACTURER		OPW	
MODEL		2100	
% ULLAGE SET POINT			
SECONDARY OVERFILL PREVENTION EQUIPMENT		Overfill Alarm	
(mm/dd/yyyy) DATE INSTALLED		04/01/1985	
MANUFACTURER			
MODEL			
% ULLAGE SET POINT		90	
UNDER DISPENSER CONTAINMENT PRESENT		YES - Not Testat	
MANUFACTURER			
(mm/dd/yyyy) DATE INSTALLED		04/01/1985	
SUBMERSIBLE TURBINE SUMP PRESENT		NO	
MANUFACTURER			
(mm/dd/yyyy) DATE INSTALLED		04/01/1985	

FACILITY ID # 15555		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 <i>(Print or Type)</i>			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
	Ann Marie		Circle
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME <i>(If Individual Leave Blank)</i>	
Superintendent		Delphi Community School Corporation	
SIGNATURE			DATE (MM/DD/YYYY)
			05/02/2024
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 <i>(Print or Type)</i>			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
	Chris		Valenta
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME <i>(If Individual Leave Blank)</i>	
Maintenance Director		Delphi Community School Corporation	
SIGNATURE			DATE (MM/DD/YYYY)
			05/02/2024
CONTRACTOR CERTIFICATION			
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)



Indiana Department of Environmental Management
Underground Storage Tank Program
 Operator Training Certification

100 North Senate Ave
 Indianapolis, Indiana, 46204
 (800) 451-6027 . (317) 232-8603
 www.idem.in.gov

Certification of Completion

Awarded to:
Christopher Valenta

For completion of "C" Operator Training in accordance with 329 IAC 9.

Certification is applicable to the following location: Training Authorized by: Chris Valenta License #(S): A - 23803

Company Name: Delphi Community School Corporation Class A or B Operator Signature: [Signature]

Address: 501 Armory Rd Training Provided by: Christopher Valenta

City: Delphi, IN 46923 Trainer Signature: [Signature]

Facility ID#: _____

UST Facility ID#: _____

Issue Date: 5/6/24 Expiration Date*: _____

*Certification expires three (3) years from the date of issuance.

IDEM may require operator retraining if a UST System managed by the operator has documented deficiencies per 329 IAC 9.



CERTIFICATION VERIFICATION

May 1, 2024

Delphi School Corporation
501 Armory Road
Delphi, IN 46923

Testing Date: 5/1/2024
Delphi School Corporation
Location of Test: 501 Armory Road
Delphi, IN 46923
Site FID#: 15555
Service Technician: 0
Certified Technician: JOHN LANNOM

Midwest ECS has completed the following tests/inspections at the above noted location:

Cathodic Protection - sacrificial	X
Cathodic Protection - impressed current	

I, JOHN LANNOM, the certified technician, was present throughout the duration of the testing and/or inspection performed by Midwest ECS at the above address on the above date. I affirm that the testing was done in accordance with Rule 329 IAC 9 and 40CFR Part 80, is accurate based upon the results received and that these forms accurately reflects the results of the testing and/or inspection.

Technician Signature: 

Technician Printed Name: JOHN LANNOM

Date & Time: 5/1/2024



INDIANA HOMELAND SECURITY



Underground Storage Tank

JOHN FRANCIS LANNOM
4400
W CR 350 S
MUNCIE, INDIANA

STATE/PERMIT #	ISSUE	EFFECTIVE	EXPIRATION
UC20129333C	08/31/2020	08/24/2022	08/17/2024

DISCIPLINES

- Installation or Retrofitting
- Cathodic Protection
- Testing
- Decommissioning Closure
- Decommissioning Removal



CATHODIC PROTECTION

TEST DATE: 5/1/2024
 LOCATION NAME: Delphi School Corporation
 LOCATION ADDRESS: 501 Armory Road
 LOCATION CITY/STATE: Delphi, IN 46923
 LOCATION PHONE: 0
 LOCATION CONTACT: Michelle Felz

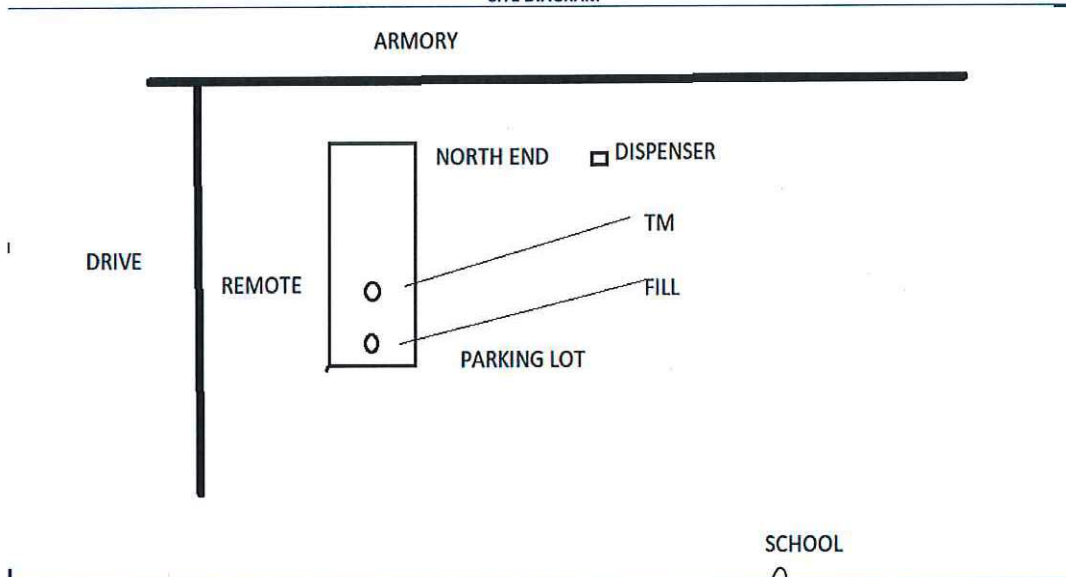
OWNER NAME: Delphi School Corporation
 OWNER ADDRESS: 501 Armory Road
 OWNER CITY/STATE/ZIP: Delphi, IN 46923
 LOCATION FID#: 15555
 WORK ORDER NO: NW-1366

SYSTEM TYPE: GALVANIC
 TEMPERATURE: 75F
 CONDITIONS: DRY
 TIME: 8:30A

TANK NO		1				
PRODUCT STORED		DIESEL				
TANK CAPACITY		10000				
TANK SIZE		96				
TANK CONTACT		TB				
REFERENCE CELL LOCATION	LOCAL	TM				
VOLTAGE READING		-965				
REFERENCE CELL LOCATION	LOCAL	N END				
VOLTAGE READING		-948				
REMOTE VOLTAGE		-1008				
RESULT		PASS				

LEGEND	
TW	TEST WIRE
TB	TANK BOTTOM
TM	TANK MONITORING PROBE OPENING
INT	INTERSTITIAL OPENING

SITE DIAGRAM



JOHN LANNOM
 CERTIFIED TECHNICIAN NAME
 (printed)

John Lannom
 CERTIFIED TECHNICIAN SIGNATURE

CERT NO: UC20129333
 EXPIRATION DATE: 8/17/2024

Kreegar, Cynthia

From: Shaffer, Mark B
Sent: Wednesday, June 19, 2024 5:21 PM
To: IDEM USTregistration
Subject: FW: UST Facility ID #15555
Attachments: Updated NF.pdf; C Operator Certificate.pdf; Cathodic Protection Testing Report.pdf

Updated NF attached.

mark

From: Felz, Michele <felzm@delphi.k12.in.us>
Sent: Thursday, May 16, 2024 3:40 PM
To: IDEM USTCompliance (USTcompliance) <USTCompliance@idem.IN.gov>
Subject: UST Facility ID #15555

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

Please find attached requested documents resulting from our inspection:

Updated NF
CP testing
Class C Operator certificate

If you have any questions, please feel free to contact us.

Thanks,
mmf
Michele M Felz
Corporate Secretary
Delphi Community School Corporation
501 Armory Rd.
Delphi, IN 46923
Phone: 765-564-2100 EXT: 1000
Fax: 765-564-6919

