



**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: **12923**

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>Bercot-Gibson Construction Co., Inc.</b>		LATITUDE (37.710101 to 41.866773)	LONGITUDE (-88.165351 to -84.671035)
FACILITY ADDRESS (number and street) <b>6015 Huguenard</b>		PARCEL NUMBER	
CITY <b>Fort Wayne</b>	STATE <b>IN</b>	ZIP CODE <b>46818</b>	COUNTY <b>Allen</b>
			TELEPHONE NUMBER <b>(260) 489-4561</b>

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

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 type="checkbox"/> Commercial	<input type="checkbox"/> Private	<input type="checkbox"/> 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)	

Option 3: UST OWNER NAME (If in Individual Capacity)			
PREFIX	FIRST NAME	MI	LAST NAME
SUFFIX			

UST OWNER ADDRESS (Listed in Options 1-3)		ADDRESS (line 2)	
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)			
CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (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
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>12923</b>	FACILITY NAME <b>Bercot-Gibson Construction Co., Inc.</b>
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Complete one column for each tank or compartment. See instructions for compartment identification numbering.

<b>N</b>	<b>IDENTIFICATION OF UNDERGROUND STORAGE TANKS</b>
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	1	2	3	
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				

<b>O</b>	<b>STATUS OF UNDERGROUND STORAGE TANKS</b>
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CURRENT STATUS				
(mm/dd/yyyy) STATUS DATE				

<b>P</b>	<b>SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS</b>
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PETROLEUM	DSL - Diesel <input type="checkbox"/>	DSL - Diesel <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)				

<b>Q</b>	<b>UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES</b>
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MANUFACTURER				
MODEL				
MATERIAL OF CONSTRUCTION				
SECONDARY CONTAINMENT				

<b>R</b>	<b>UNDERGROUND STORAGE TANK CORROSION PROTECTION</b>
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CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
INTERIOR LINING				
(mm/dd/yyyy) LINER INSTALLATION DATE				
(specify) OTHER				

<b>S</b>	<b>PIPING CONSTRUCTION AND PROTECTION</b>
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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>12923</b>		FACILITY NAME <b>Bercot-Gibson Construction Co., Inc.</b>		
IDEM UST REGISTRATION NUMBER		<b>1</b>	<b>2</b>	<b>3</b>
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		Standard Spill Bu	Standard Spill Bu	Standard Spill Bu
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
FILL LATITUDE				
FILL LONGITUDE				
PRIMARY OVERFILL PREVENTION EQUIPMENT		Auto Shutoff / Fla	Auto Shutoff / Fla	Auto Shutoff / Fla
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
% ULLAGE SET POINT		90	95	90
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>12923</b>	TRANSACTION ID - FOR STATE USE ONLY
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**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 (Print or Type)

PREFIX	FIRST NAME <b>John</b>	MI <b>W</b>	LAST NAME <b>Bercot</b>	SUFFIX
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TITLE OF AUTHORIZED REPRESENTATIVE <b>President</b>	COMPANY NAME (If Individual Leave Blank) <b>Bercot-Gibson Construction Co., Inc.</b>
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SIGNATURE 	DATE (MM/DD/YYYY) <b>06/20/2024</b>
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**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 (Print or Type)

PREFIX	FIRST NAME <b>Jeffrey</b>	MI <b>S</b>	LAST NAME <b>Bercot</b>	SUFFIX
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TITLE OF AUTHORIZED REPRESENTATIVE <b>General Superintendent</b>	COMPANY NAME (If Individual Leave Blank) <b>Bercot-Gibson Construction Co., Inc.</b>
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SIGNATURE 	DATE (MM/DD/YYYY) <b>06/20/2024</b>
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**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)

**Kreegar, Cynthia**

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**From:** Jeffrey Bercot <jsbercot@bercotgibson.com>  
**Sent:** Monday, June 24, 2024 8:09 AM  
**To:** IDEM USTregistration  
**Cc:** Maniet, Loic  
**Subject:** Facility ID # 12923 Spill Buckets and Auto Shut-Offs Improvements  
**Attachments:** Notification For UST 2024.pdf

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