

## 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

1	r choledin Branch					Facility ID Number: 19252					
	The information requested is required by 329 IAC 9. This form should only IDEM Underground Storage Tank						ly be used for facilities previously registered with the				
A							ATION				
_	Facility Contact Change UST Owner Change						Owner/Operator Information Change				
=	Type of Facility Change	恄			er Chang	ge		H		Name / Location Ch	
	UST System Modification	市			Change			片		al Responsibility Cha	
=	New UST System(s)				Ü						Ü
В			FA	CILIT	YNAN	IE/LC	CATION				
FACIL	ITY NAME	_				LATITUDE	(37.710101 to 4	1.8667	773)	LONGITUDE (-88.165351 to -	
	XPO Logistics Freight, Inc XCM						39.3047			-85.96761	16
	FACILITY ADDRESS (number and street) 3829 W Willoughby Dr.						100 700		5-15-3	330-000.200-00	9
Ed	Edinburgh STATE ZIP CODE IN 46214					rtholom			TELEPHONE NUMBER (812) 526-5	5109	
С		T	TYPE C	)F FA	CILITY	(Checi	k all that ap	pply	1)		
	Auto Dealership		Comme	ercial					Airport	Hydrant System	
_	Hospital		Gas Sta	_					Industr	al	
1	Petroleum Distributor		Railroad	b					Reside	ntial	
=	Trucking or Transport		Utilities						Unman	ned	
	Marina		School						Other:		
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PREF	William				MI	Farqu					SUFFIX
Experience in the second control of the seco					MI	48105					
TELEPHONE NUMBER (734) 780-0318 EHS Analyst				william.farquhar@xpo.com							
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				Т	YPE OF	OWNE	R				
				Federal Government State Governmen							
=					ernment					ocal Government	
Ħ	Commercial		<b>又</b> Priv	ate					Other:		
Option	Commercial 1: UST OWNER NAME (Business Name as reg	nistered v	<b>又</b> Priv	ate				INESS	Other:	ne Secretary of State)	
Option C&	Commercial 11: UST OWNER NAME (Business Name as reg S Investments LLC		Priv.	ate				INESS	Other:		
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FAC	19252	XPO Log	istics Fı	reigh	t, Inc	) )	XC	CM				
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	Federal or State G								ponsibility requirements			
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	The UST owner is	maintaining fin	ancial respo	onsibilit	y for thi	is site	)					
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									PIAC 9-8) by using one or a combin	natio	n of the	
			that apply)	. If you	are us	sing 1			t must be checked as well.		<u></u>	
H	Financial Test of S Guarantee	seif insurance				ᆜ	-		Liability Trust Fund (State Fund)			
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Ħ	Local Government Guarantee				ᄩ	4		vernment Fund				
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	Federal Governme	ent	Sta	ate Gov					City / Local Government			
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	Option 1: UST OPERATOR NAME (Business Name as registered with the Secretary				of State)		BUSINESS ID (From the Secretary of State)					
	XPO Logistics Freight, Inc XCM Option 2: UST OPERATOR NAME (If a Public Agency or other entity)							94-2904084				
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Ar	n Arbor			MI 48105					01/01/2002			
TELE	PHONE NUMBER	5054	EMAIL ADDRES	SS (Option	3 Individua	al Capad	city)		JOB TITLE (Option 3 Individual Capacity)			
CON	(734) 210-		in Option 1 or 2)									
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	n Arbor								Director of EHS			
TELE	PHONE NUMBER (734) 210-	5854	EMAIL ADDRES	SS		ma	atth	hew.ze	ellen@xpo.com			
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CON	TACT INDIVIDUAL NAME			17								
PREF	Tim				МІ	100000	AN T	Vitt			SUFFIX	
	CIPAL OFFICE ADDRESS of		TAL ADDRESS (	Number an	d Street, n				ADDRESS (line 2)			
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	linburgh			STATE	461				Service Center Manager	r		
TELE	PHONE NUMBER (812) 526-	5109	EMAIL ADDRES	SS			tin	n.dew	itt@xpo.com			

Type OF OWNER   Type OF OWNER NAME (Business Name as registered with the Secretary of State )
Gity / Local Government   City / Local Government   City / Local Government   City / Local Government   Commercial   Private   Dither:   Other:   Other:
Commercial
Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State)  BUSINESS ID (From 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  SUFFIX  PROPERTY OWNER ADDRESS (Listed in Options 1-3)  PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box)  ADDRESS (line 2)  CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)  PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box)  ADDRESS (line 2)  SUFFIX  FIRST NAME  SUFFIX  FIRST NAME  SUFFIX  STATE ZIP CODE  JOB TITLE (Option 3 Individual Capacity)  ADDRESS (line 2)  CITY  STATE ZIP CODE  JOB TITLE  GEMAIL ADDRESS (Number and Street, no P.O. Box)  ADDRESS (line 2)  ADDRESS (line 2)  JOB TITLE  SUFFIX  TYPE OF OWNER  TYPE OF OWNER  City / Local Government  City / Local Government  City / Local Government  Commercial  Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State)  BUSINESS ID (From the Secretary of State)
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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)  JOB TITLE (Option 3 Individual Capacity)  SUFFIX  FIRST NAME MI LAST NAME SUFFIX  PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box)  ADDRESS (line 2)  CITY STATE ZIP CODE JOB TITLE  TELEPHONE NUMBER EMAIL ADDRESS  TYPE OF OWNER (If applicable)  TYPE OF OWNER  TYPE OF OWNER  State Government City / Local Government  Commercial Private  Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State)  BUSINESS ID (From the Secretary of State)
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CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)  PREFIX FIRST NAME
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PREFIX FIRST NAME  MI LAST NAME  PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box)  ADDRESS (line 2)  CITY  STATE ZIP CODE  JOB TITLE  TELEPHONE NUMBER  EMAIL ADDRESS  TYPE OF OWNER (If applicable)  TYPE OF OWNER  TYPE OF OWNER  Private  Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State)  MI LAST NAME  ADDRESS (line 2)  JOB TITLE  JOB TITLE  City / Local Government  Other:  Other:  Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State)
PREFIX FIRST NAME  MI LAST NAME  PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box)  ADDRESS (line 2)  CITY  STATE ZIP CODE  JOB TITLE  TELEPHONE NUMBER  EMAIL ADDRESS  TYPE OF OWNER (If applicable)  TYPE OF OWNER  TYPE OF OWNER  Private  Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State)  MI LAST NAME  ADDRESS (line 2)  JOB TITLE  JOB TITLE  City / Local Government  Other:  Other:  Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State)
TELEPHONE NUMBER  EMAIL ADDRESS  ACTIVE LAND CONTRACT PROPERTY OWNER (If applicable)  TYPE OF OWNER  TYPE OF OWNER  City / Local Government  Commercial  Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State)  BUSINESS ID (From the Secretary of State)
TELEPHONE NUMBER  EMAIL ADDRESS  ACTIVE LAND CONTRACT PROPERTY OWNER (If applicable)  TYPE OF OWNER  TYPE OF OWNER  City / Local Government  Commercial  Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State)  BUSINESS ID (From the Secretary of State)
TELEPHONE NUMBER  ACTIVE LAND CONTRACT PROPERTY OWNER (If applicable)  TYPE OF OWNER  Federal Government  State Government  City / Local Government  Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State)  BUSINESS ID (From the Secretary of State)
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TYPE OF OWNER    Federal Government
TYPE OF OWNER    Federal Government
Federal Government State Government City / Local Government Other:  Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State)  Business ID (From the Secretary of State)
Commercial   Private   Other: Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State)   BUSINESS ID (From the Secretary of State)
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 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 RESIDENTAL 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 RESIDENTAL ADDRESS (Number and Street, no P.O. Box)  ADDRESS (line 2)
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CITY STATE ZIP CODE JOB TITLE
TELEPHONE NUMBER EMAIL ADDRESS

FACILITY ID #	FACILITY NAME	i ada 4 1 -	V014			
19252	XPO Logistics Fre					
K		CONT	RACTOR			
ENGINEER		STRATION ID:			REGISTRATION DATE (mm/dd/yyyy)	
MANUFACTURER'S IN INCLUDED	STALLATION CHECKLISTS HAVE BEEN CON	IPLETED AND	INSTALLER CERT	TIFIED BY TANK AN	ND PIPING MANUFACTURER	
	INDIANA DEPARTMENT OF HOMELAND SE	CURITY / DIVISIO	N OF FIRE AND BUIL	LDING SAFETY	INSPECTION DATE (mm/dd/yyyy)	
CONTRACTOR BUSINESS N	IAME (Business Name as registered with the S	ecretary of State)		BUSINESS ID	(From the Secretary of State)	i kateroka net te deservicione din din ki dan ya ang conducte di didayah (o dinda
CONTACT INFORMATION F	OD CONTRACTOR THAT REPEORMED OR A	AANIA OED IMODIK	ON OUT			
PREFIX FIRST NAME	OR CONTRACTOR THAT PERFORMED OR N	MI	LAST NAME			SUFFIX
PRINCIPAL OFFICE ADDRE	SS or PRIMARY RESIDENTAL ADDRESS (Nu	mber and Street, n	o P.O. Box)	ADDRESS (line	e 2)	
CITY	Is	TATE ZIP COD	DE	IDHS CERTIFI	CATION NUMBER	
TELEPHONE NUMBER	EMAIL ADDRESS					
L	POTENT		<b>TERESTED</b>	<b>PARTIES</b>		
INTERESTED PARTY NAME		E-MAIL /	ADDRESS			
INTERESTED PARTY NAME		E-MAIL A	ADDRESS			
INTERESTED PARTY NAME		E-MAIL A	ADDRESS			
M	ketch the facility (tanks, piping, t		SITE MAP			

FAC	19252 XPO Logistics Freight, Inc XCM								
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	Complete one column for each tank or compartment. See instructions for compartment identification numbering.  IDENTIFICATION OF UNDERGROUND STORAGE TANKS								
N	IDEN	IFICATION OF UN	IDERGROUND ST	ORAGE TANKS					
	IDEM UST REGISTRATION NUMBER	1							
	PART OF A COMPARTMENTED UST (Y/N)	NO							
	NUMBER OF COMPARTMENTS IN UST	1							
	COMPARTMENT IDENTIFICATION NUMBER	1			3				
	(mm/dd/yyyy) DATE INSTALLED	09/01/1994							
	(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE	09/23/1994							
	(gallons) ESTIMATED TOTAL CAPACITY	10,000							
	MANIFOLDED (Y/N)	NO							
	MANIFOLDED TO COMPARTMENT ID NUMBER								
0	S	TATUS OF UNDER	RGROUND STORA	GE TANKS					
	CURRENT STATUS	IN USE							
	(mm/dd/yyyy) STATUS DATE	09/23/1994							
P	SUBSTANCES CURF	ENTLY OR LAST	STORED IN UNDE	RGROUND STOR	AGE TANKS				
	PETROLEUM	DSL - Diesel							
	MAXIMUM ETHANOL %								
	MAXIMUM BIOFUEL %								
	(specify) OTHER								
	HAZARDOUS SUBSTANCE								
	CHEMICAL ABSTRACT SERVICE NUMBER								
	MIXTURE OF SUBSTANCES								
	PRODUCT IS COMPATIBLE WITH TANK (Y/N)								
Q	UNDERGR	OUND STORAGE	TANK CONSTRUC	CTION ATTRIBUTE	S				
	MANUFACTURER								
	MODEL								
	MATERIAL OF CONSTRUCTION	Fiberglass							
	SECONDARY CONTAINMENT								
R			F TANK CORROS	ION PROTECTION					
	CORROSION PROTECTION TYPE		L TARREST CONTROL						
	(mm/dd/yyyy) ANODE INSTALLATION DATE	Not Applicable							
	INTERIOR LINING								
	(mm/dd/yyyy) LINER INSTALLATION DATE								
	(specify) OTHER								
S		DIDING CONSTDI	JCTION AND PRO	TECTION					
9	MANUFACTURER		CHOIL AID FRO	l					
	MODEL	Nupi Smartflex							
	(mm/dd/yyyy) DATE INSTALLED								
	96 ACROSSIST 91								
	SECONDARY CONTAINMENT	Flexible Composite							
	·	Boable Walled							
	CORROSION PROTECTION TYPE	Not Applicable							
	(mm/dd/yyyy) ANODE INSTALLATION DATE PRODUCT IS COMPATIBLE WITH PIPING (Y/N)	VEC							
	PRODUCT DELIVERY METHOD								

19252 FACILITY ID# XPO Logi	stics Freight, Ir	nc XCM		
IDEM UST REGISTRATION NUMBER	1			
COMPARTMENT IDENTIFICATION NUMBER	1			
T UNDE	RGROUND STORA	GE TANK RELEA	SE DETECTION	
PRIMARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL	TLS-450			
SECONDARY UST RELEASE DETECTION	ATG CSLD			
MANUFACTURER	Veeder Root			
MODEL	TLS-450			,
U	NDERGROUND PI	PING RELEASE D	ETECTION	
PRIMARY PIPING RELEASE DETECTION	Interstitial Monitorin			
MANUFACTURER	Veeder Root			
MODEL	TLS-450			
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)	PLLD w/Annual Tes			
MANUFACTURER	Veeder Root			
MODEL	Red Jacket FX1DV			
TERTIARY PIPING RELEASE DETECTION	Annual Line Tightne			
MANUFACTURER	NA			
MODEL	NA			
V SP	ILL AND OVERFIL	L PREVENTION E	QUIPMENT	
CATCHMENT BASIN / SPILL BUCKET				
(mm/dd/yyyy) DATE INSTALLED	09/01/1994			
MANUFACTURER				
MODEL				
FILL LATITUDE				
FILL LONGITUDE				
PRIMARY OVERFILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED	09/01/1994			
MANUFACTURER				
MODEL % ULLAGE SET POINT	05			
	95			
SECONDARY OVERFILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED  MANUFACTURER				
MODEL				
% ULLAGE SET POINT				
UNDER DISPENSER CONTAINMENT PRESENT	YES - Testable			
MANUFACTURER	Nupi			
(mm/dd/yyyy) DATE INSTALLED	02/20/2024			
SUBMERSIBLE TURBINE SUMP PRESENT	YES - Testable			
MANUFACTURER	Nupi			
(mm/dd/yyyy) DATE INSTALLED	02/20/2024			

Complete one column for ea	ch tank or compartmen	t. See instructions for o	compartment identificati	on numbering.				
N IDEN	IDENTIFICATION OF UNDERGROUND STORAGE TANKS							
IDEM UST REGISTRATION NUMBER	4							
PART OF A COMPARTMENTED UST (Y/N	)							
NUMBER OF COMPARTMENTS IN UST	Г							
COMPARTMENT IDENTIFICATION NUMBER	t							
(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   S	O STATUS OF UNDERGROUND STORAGE TANKS							
CURRENT STATUS	;							
(mm/dd/yyyy) STATUS DATE			<u> </u>					
P SUBSTANCES CURF	RENTLY OR LAST	STORED IN UNDE	RGROUND STOR	AGE TANKS				
PETROLEUM								
MAXIMUM ETHANOL %								
MAXIMUM BIOFUEL %								
(specify) OTHER								
HAZARDOUS SUBSTANCE								
CHEMICAL ABSTRACT SERVICE NUMBER								
MIXTURE OF SUBSTANCES								
PRODUCT IS COMPATIBLE WITH TANK (Y/N)								
		TANK CONSTRUC	CTION ATTRIBUTE	:S				
MANUFACTURER								
MODEL								
MATERIAL OF CONSTRUCTION SECONDARY CONTAINMENT								
		E TANK CORROS	ION PROTECTION					
		TANK CURRUS	ION PROTECTION					
CORROSION PROTECTION TYPE (mm/dd/yyyy) ANODE INSTALLATION DATE	The state of the s							
INTERIOR LINING								
(mm/dd/yyyy) LINER INSTALLATION DATE								
(specify) OTHER								
	PIPING CONSTRU	ICTION AND PRO	TECTION					
MANUFACTURER			l					
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								

19252 XPO Logi	ictics Erojaht J	oo VCM		
19232 APO Logi	istics Freight, Ir	IC ACIVI		
IDEM UST REGISTRATION NUMBER	8			
COMPARTMENT IDENTIFICATION NUMBER				
T UNDE	RGROUND STOR	AGE TANK RELEA	SE DETECTION	
PRIMARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				
SECONDARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL		•		
U	NDERGROUND P	IPING RELEASE D	ETECTION	
PRIMARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)				
MANUFACTURER				
MODEL				
TERTIARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				
V SF	ILL AND OVERFI	LL PREVENTION I	EQUIPMENT	
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				

19252	
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 13-3 2, that the statements and representations in this document are true, accurate, and complete. I further certify c 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  MI LAST NAME	SUFFIX
TITLE OF AUTHORIZED REPRESENTATIVE COMPANY NAME (If Individual Leave Blank)	
SIGNATURE DATE (M	MM/DD/YYYY)
UST OPERATOR CERTIFICATION	
<ol> <li>that the statements and representations in this document are true, accurate, and complete. I further certify c following requirements in accordance with 329 IAC 9-2-2(e):</li> <li>Installation of all tanks and piping under 40 CFR 280.20.</li> <li>Cathodic protection of steel tanks and piping under 40 CFR 280.20.</li> <li>Release detection under 40 CFR 280 Subpart D.</li> <li>Financial responsibility under 329 IAC 9-8.</li> </ol>	
OPERATOR'S AUTHORIZED REPRESENTATIVE (Print or Type)       PREFIX     FIRST NAME       MI     LAST NAME	SUFFIX
Matthew   Zellen	
TITLE OF AUTHORIZED REPRESENTATIVE  COMPANY NAME (If Individual Leave Blank)  Director of Environmental, Health & Safety XPO Logistics Freight, Inc.	•
SICNATURE DATE (M. 66)	125/2024
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)

## Kreegar, Cynthia

From: Maniet, Carrie

Sent: Wednesday, June 26, 2024 8:45 AM

**To:** IDEM USTregistration

**Subject:** FW: XPO Logistics - XCM (Edinburgh, IN) | FID #: 19252 Notification Form

Attachments: XCM\_UST Notification (Signed)\_06-25-2024-100409.pdf

From: James, Matthew < MJames@idem.IN.gov>

**Sent:** Tuesday, June 25, 2024 2:25 PM **To:** Maniet, Carrie <CManiet@idem.IN.gov>

Subject: FW: XPO Logistics - XCM (Edinburgh, IN) | FID #: 19252 | Inspection Follow-Up Items

I think you were the CM for this one.

Thanks,

From: Keith Farquhar < william.farquhar@xpo.com >

Sent: Tuesday, June 25, 2024 12:37 PM

To: James, Matthew < MJames@idem.IN.gov>

**Cc:** Matthew Pelto <<u>matthew.pelto@xpo.com</u>>; Matthew Zellen <<u>matthew.zellen@xpo.com</u>> **Subject:** RE: XPO Logistics - XCM (Edinburgh, IN) | FID #: 19252 | Inspection Follow-Up Items