

**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: **19252**

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 checked="" 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				LATITUDE (37.710101 to 41.866773)		LONGITUDE (-88.165351 to -84.671035)			
XPO Logistics Freight, Inc. - XCM				39.304750		-85.967616			
FACILITY ADDRESS (number and street)					PARCEL NUMBER				
3829 W Willoughby Dr.					03-05-15-330-000.200-009				
CITY		STATE	ZIP CODE		COUNTY		TELEPHONE NUMBER		
Edinburgh		IN	46214		Bartholomew		(812) 526-5109		
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 checked="" type="checkbox"/>	Trucking or Transport	<input 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			MI	LAST NAME			SUFFIX	
	William			K	Farquhar				
ADDRESS				CITY		STATE		ZIP CODE	
2211 Old Earhart Road				Ann Arbor		MI		48105	
TELEPHONE NUMBER		JOB TITLE		EMAIL ADDRESS					
(734) 780-0318		EHS Analyst		william.farquhar@xpo.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)					BUSINESS ID (From the Secretary of State)				
C&S Investments LLC					35-191				
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)									
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)					ADDRESS (line 2)				
56-4 Allendale									
CITY		STATE	ZIP CODE		EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)				
Terre Haute		IN	47802		01/01/2002				
TELEPHONE NUMBER		EMAIL ADDRESS (Option 3 Individual Capacity)			JOB TITLE (Option 3 Individual Capacity)				
(812) 249-9546									
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)									
PREFIX	FIRST NAME			MI	LAST NAME			SUFFIX	
	Craig				Francis				
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)					ADDRESS (line 2)				
56-4 Allendale									
CITY		STATE	ZIP CODE		JOB TITLE				
Terre Haute		IN	47802						
TELEPHONE NUMBER		EMAIL ADDRESS							
(812) 249-9546		LFrancis5018@gmail.com							

FACILITY ID # 19252		FACILITY NAME XPO Logistics Freight, Inc. - XCM			
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 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 type="checkbox"/> Excess Liability Trust Fund (State Fund)			
<input 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 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)	
XPO Logistics Freight, Inc. - XCM				94-2904084	
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)	
2211 Old Earhart Road					
CITY		STATE	ZIP CODE	DATE BEGAN OPERATING (MM/DD/YYYY)	
Ann Arbor		MI	48105	01/01/2002	
TELEPHONE NUMBER		EMAIL ADDRESS (Option 3 Individual Capacity)		JOB TITLE (Option 3 Individual Capacity)	
(734) 210-5854					
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
	Matthew		Zellen		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)				ADDRESS (line 2)	
2211 Old Earhart Road					
CITY		STATE	ZIP CODE	JOB TITLE	
Ann Arbor				Director of EHS	
TELEPHONE NUMBER		EMAIL ADDRESS			
(734) 210-5854		matthew.zellen@xpo.com			
H FACILITY CONTACT					
CONTACT INDIVIDUAL NAME					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
	Tim		DeWitt		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)				ADDRESS (line 2)	
3829 W Willoughby Dr.					
CITY		STATE	ZIP CODE	JOB TITLE	
Edinburgh		IN	46124	Service Center Manager	
TELEPHONE NUMBER		EMAIL ADDRESS			
(812) 526-5109		tim.dewitt@xpo.com			

FACILITY ID # 19252		FACILITY NAME XPO Logistics Freight, Inc. - XCM			
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 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		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)					
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)					
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 # 19252	FACILITY NAME XPO Logistics Freight, Inc. - XCM
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K	CONTRACTOR
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<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>	BUSINESS ID <i>(From the Secretary of State)</i>
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CONTACT INFORMATION FOR CONTRACTOR THAT PERFORMED OR MANAGED WORK ON SITE			
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PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
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PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS <i>(Number and Street, no P.O. Box)</i>	ADDRESS <i>(line 2)</i>
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CITY	STATE	ZIP CODE	IDHS CERTIFICATION NUMBER
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TELEPHONE NUMBER	EMAIL ADDRESS
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L	POTENTIALLY INTERESTED PARTIES
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INTERESTED PARTY NAME	E-MAIL ADDRESS
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INTERESTED PARTY NAME	E-MAIL ADDRESS
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INTERESTED PARTY NAME	E-MAIL ADDRESS
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M	FACILITY SITE MAP
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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 # 19252		FACILITY NAME XPO Logistics Freight, Inc. - XCM		
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)	NO			
NUMBER OF COMPARTMENTS IN UST	1			
COMPARTMENT IDENTIFICATION NUMBER	1			
(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				
O	STATUS OF UNDERGROUND STORAGE TANKS			
CURRENT STATUS	IN USE			
(mm/dd/yyyy) STATUS DATE	09/23/1994			
P	SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE 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	UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES			
MANUFACTURER				
MODEL				
MATERIAL OF CONSTRUCTION	Fiberglass			
SECONDARY CONTAINMENT	Double-walled			
R	UNDERGROUND STORAGE TANK CORROSION PROTECTION			
CORROSION PROTECTION TYPE	Not Applicable			
(mm/dd/yyyy) ANODE INSTALLATION DATE				
INTERIOR LINING				
(mm/dd/yyyy) LINER INSTALLATION DATE				
(specify) OTHER				
S	PIPING CONSTRUCTION AND PROTECTION			
MANUFACTURER	Nupi			
MODEL	Smartflex			
(mm/dd/yyyy) DATE INSTALLED	02/20/2024			
MATERIAL	Flexible Composite			
SECONDARY CONTAINMENT	Double-walled			
CORROSION PROTECTION TYPE	Not Applicable			
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)	YES			
PRODUCT DELIVERY METHOD	Pressurized			

FACILITY ID #		FACILITY NAME		
19252		XPO Logistics Freight, Inc. - XCM		
IDEM UST REGISTRATION NUMBER		1		
COMPARTMENT IDENTIFICATION NUMBER		1		
T	UNDERGROUND STORAGE TANK RELEASE DETECTION			
PRIMARY UST RELEASE DETECTION		ATG Interstitial Mor		
MANUFACTURER		Veeder Root		
MODEL		TLS-450		
SECONDARY UST RELEASE DETECTION		ATG CSLD		
MANUFACTURER		Veeder Root		
MODEL		TLS-450		
U	UNDERGROUND PIPING RELEASE DETECTION			
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	SPILL AND OVERFILL PREVENTION EQUIPMENT			
CATCHMENT BASIN / SPILL BUCKET		Standard Spill Buck		
(mm/dd/yyyy) DATE INSTALLED		09/01/1994		
MANUFACTURER				
MODEL				
FILL LATITUDE				
FILL LONGITUDE				
PRIMARY OVERFILL PREVENTION EQUIPMENT		Auto Shutoff / Flapp		
(mm/dd/yyyy) DATE INSTALLED		09/01/1994		
MANUFACTURER				
MODEL				
% ULLAGE SET POINT		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		

FACILITY ID # 19252		FACILITY NAME XPO Logistics Freight, Inc. - XCM			
Complete one column for each tank or compartment. See instructions for compartment identification numbering.					
N	IDENTIFICATION OF UNDERGROUND STORAGE TANKS				
	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				
O	STATUS OF UNDERGROUND STORAGE TANKS				
	CURRENT STATUS				
	(mm/dd/yyyy) STATUS DATE				
P	SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS				
	PETROLEUM				
	MAXIMUM ETHANOL %				
	MAXIMUM BIOFUEL %				
	(specify) OTHER				
	HAZARDOUS SUBSTANCE				
	CHEMICAL ABSTRACT SERVICE NUMBER				
	MIXTURE OF SUBSTANCES				
	PRODUCT IS COMPATIBLE WITH TANK (Y/N)				
Q	UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES				
	MANUFACTURER				
	MODEL				
	MATERIAL OF CONSTRUCTION				
	SECONDARY CONTAINMENT				
R	UNDERGROUND STORAGE TANK CORROSION PROTECTION				
	CORROSION PROTECTION TYPE				
	(mm/dd/yyyy) ANODE INSTALLATION DATE				
	INTERIOR LINING				
	(mm/dd/yyyy) LINER INSTALLATION DATE				
	(specify) OTHER				
S	PIPING CONSTRUCTION AND PROTECTION				
	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 # 19252	FACILITY NAME XPO Logistics Freight, Inc. - XCM
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IDEM UST REGISTRATION NUMBER			
COMPARTMENT IDENTIFICATION NUMBER			

T	UNDERGROUND STORAGE TANK RELEASE DETECTION
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PRIMARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				
SECONDARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				

U	UNDERGROUND PIPING RELEASE DETECTION
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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	SPILL AND OVERFILL PREVENTION EQUIPMENT
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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				

FACILITY ID # 19252		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
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME <i>(If Individual Leave Blank)</i>	
SIGNATURE			DATE (MM/DD/YYYY)
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
	Matthew		Zellen
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME <i>(If Individual Leave Blank)</i>	
Director of Environmental, Health & Safety		XPO Logistics Freight, Inc.	
SIGNATURE 			DATE (MM/DD/YYYY) 06/25/2024
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 <MJJames@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 <MJJames@idem.IN.gov>
Cc: Matthew Pelto <matthew.pelto@xpo.com>; Matthew Zellen <matthew.zellen@xpo.com>
Subject: RE: XPO Logistics - XCM (Edinburgh, IN) | FID #: 19252 | Inspection Follow-Up Items