



**THIRTY (30) DAY NOTIFICATION OF INTENT TO CLOSE**  
 State Form 56553 (R5 / 5-23)  
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
 PETROLEUM BRANCH

**RETURN COMPLETED FORMS TO:**  
 Indiana Department of Environmental Management  
 USTRegistration@idem.in.gov

Facility ID Number: **4846**

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 PROPOSED CLOSURE (Check all that apply)		
<b>Tank(s)</b>	<b>Piping</b>	<b>Dispenser(s)</b>
<input checked="" type="checkbox"/> Removal <input type="checkbox"/> In-Place	<input checked="" type="checkbox"/> Removal <input type="checkbox"/> In-Place	<input checked="" type="checkbox"/> Removal
<input type="checkbox"/> Change-In-Service	<input type="checkbox"/> Change-In-Service	<input type="checkbox"/> Replacement
Number of tanks to be closed:5	Number of lines to be closed:5	Number of dispensers to be closed:5
Number of regulated tanks on-site before closure:5		

B FACILITY NAME / LOCATION			
FACILITY NAME <b>Citgo Bedford</b>	LATITUDE (37.710101 to 41.866773) <b>38.847770</b>	LONGITUDE (-88.165351 to -84.671035) <b>-86.495018</b>	
FACILITY ADDRESS (number and street) <b>2729 Mitchell Road</b>		PARCEL NUMBER(S) <b>47-06-23-303-022.000-010</b>	
CITY <b>Bedford</b>	STATE <b>IN</b>	ZIP CODE <b>47421</b>	COUNTY <b>Lawrence</b>
TELEPHONE NUMBER <b>(812) 278-6925</b>			

C PREPARED BY			
PREFIX	FIRST NAME <b>Anna</b>	MI <b>M</b>	LAST NAME <b>Millar</b>
ADDRESS <b>7428 Rockville Road</b>		CITY <b>Indianapolis</b>	STATE <b>IN</b>
TELEPHONE NUMBER <b>(317) 347-1111</b>		JOB TITLE	ZIP CODE <b>46214</b>
EMAIL ADDRESS <b>amillar@iwmconsult.com</b>			

D UST OWNER	
TYPE OF OWNER	
<input type="checkbox"/> Federal Government	<input type="checkbox"/> State Government
<input type="checkbox"/> Commercial	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> City / Local Government	<input type="checkbox"/> Other:
Option 1: UST OWNER NAME (Business Name as registered with the Secretary of State) <b>Armani Holding Inc.</b>	BUSINESS ID (From the Secretary of State) <b>2009090800512</b>
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
UST OWNER ADDRESS (Listed in Options 1-3) <b>2729 Mitchell Road</b>		ADDRESS (line 2)	
CITY <b>Bedford</b>	STATE <b>IN</b>	ZIP CODE <b>47241</b>	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) <b>09/25/2011</b>
TELEPHONE NUMBER <b>(812) 278-6925</b>	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 <b>Mr Kamaldeep</b>	MI	LAST NAME <b>Singh</b>
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) <b>2729 Mitchell Road</b>		ADDRESS (line 2)	
CITY <b>Bedford</b>	STATE <b>IN</b>	ZIP CODE <b>47241</b>	JOB TITLE <b>President</b>
TELEPHONE NUMBER <b>(812) 278-6925</b>	EMAIL ADDRESS <b>max_singh33@yahoo.com</b>		

FACILITY ID NUMBER <b>4846</b>		FACILITY NAME <b>Citgo Bedford</b>			
<b>E</b> <b>UST OPERATOR</b>					
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) <b>Armani Holding Inc.</b>				BUSINESS ID (From the Secretary of State) <b>2009090800512</b>	
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) <b>2729 Mitchell Road</b>				ADDRESS (line 2)	
CITY <b>Bedford</b>		STATE <b>IN</b>	ZIP CODE <b>47241</b>	DATE BEGAN OPERATING (MM/DD/YYYY) <b>09/25/2011</b>	
TELEPHONE NUMBER <b>(812) 278-6925</b>		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
<b>Mr.</b>	<b>Kamaldeep</b>		<b>Singh</b>		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) <b>2729 Mitchell Road</b>				ADDRESS (line 2)	
CITY <b>Bedford</b>		STATE <b>IN</b>	ZIP CODE <b>47241</b>	JOB TITLE <b>President</b>	
TELEPHONE NUMBER <b>(812) 278-6925</b>		EMAIL ADDRESS <b>max_singh33@yahoo.com</b>			
<b>F</b> <b>DEEDED PROPERTY OWNER</b>					
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) <b>Armani Holding Inc.</b>				BUSINESS ID (From the Secretary of State) <b>2009090800512</b>	
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) <b>2729 Mitchell Road</b>				ADDRESS (line 2)	
CITY <b>Bedford</b>		STATE <b>IN</b>	ZIP CODE <b>47241</b>	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) <b>09/25/2011</b>	
TELEPHONE NUMBER <b>(812) 278-6925</b>		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
<b>Mr.</b>	<b>Kamaldeep</b>		<b>Singh</b>		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) <b>2729 Mitchell Road</b>				ADDRESS (line 2)	
CITY <b>Bedford</b>		STATE <b>IN</b>	ZIP CODE <b>47241</b>	JOB TITLE <b>President</b>	
TELEPHONE NUMBER <b>(812) 278-6925</b>		EMAIL ADDRESS <b>max_singh33@yahoo.com</b>			

FACILITY ID NUMBER <b>4846</b>		FACILITY NAME <b>Citgo Bedford</b>			
<b>G ACTIVE LAND CONTRACT PROPERTY OWNER (If applicable)</b>					
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			
<b>H PROPOSED CONTRACTOR</b>					
CONTRACTOR BUSINESS NAME (Business Name as registered with the Secretary of State)				BUSINESS ID (From the Secretary of State)	
<b>Williams Beck &amp; Hess Inc.</b>				<b>194186-118</b>	
CERTIFIED INDIVIDUAL NAME					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
Mr	William		Harrison		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)				ADDRESS (line 2)	
<b>6650 East Watson Road</b>					
CITY		STATE	ZIP CODE	IDHS CERTIFICATION NUMBER	
<b>Mooreville</b>		<b>IN</b>	<b>46158</b>	<b>2018IN12869</b>	
TELEPHONE NUMBER		EMAIL ADDRESS			
<b>(317) 856-5659</b>		<b>jbeals1977@gmail.com</b>			
<b>I POTENTIALLY INTERESTED PARTIES</b>					
INTERESTED PARTY NAME				E-MAIL ADDRESS	
<b>Mandy Hall</b>				<b>mhall@iwmconsult.com</b>	
INTERESTED PARTY NAME				E-MAIL ADDRESS	
<b>Troy Smith</b>				<b>tsmith@iwmconsult.com</b>	
INTERESTED PARTY NAME				E-MAIL ADDRESS	
<b>J LUST INCIDENT INFORMATION</b>					
LUST INCIDENT NUMBER (IF APPLICABLE)			DATE INCIDENT REPORTED (mm/dd/yyyy)		
<b>199908516</b>			<b>08/17/1999</b>		
LUST INCIDENT NUMBER (IF APPLICABLE)			DATE INCIDENT REPORTED (mm/dd/yyyy)		
<b>201202509</b>			<b>02/15/2012</b>		
LUST INCIDENT NUMBER (IF APPLICABLE)			DATE INCIDENT REPORTED (mm/dd/yyyy)		





FACILITY ID NUMBER <b>4846</b>	FACILITY NAME <b>Citgo Bedford</b>
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**M** **DISPENSER INFORMATION (If Applicable)**

*For all dispensers to be closed, list the dispenser number, product(s) dispensed, and date last used. Attach an additional sheet if necessary.*

Product Dispensed					
<b>GSL</b> - Gasoline	<b>DSL</b> - Diesel	<b>DSB</b> - Diesel Containing >20% Biodiesel	<b>VGL</b> - Virgin Oil	<b>UOL</b> - Used Oil	<b>KER</b> - Kerosene
<b>E85</b> - E85 Gasoline Blend	<b>E15</b> - E15 Gasoline Blend	<b>RCF</b> - Racing Fuel (leaded)	<b>AVG</b> - AV Gas (leaded)	<b>MXT</b> - Mixture of Substances (List Substances)	<b>OTH</b> - Other (specify)

Dispenser Closure Type		
<b>RMV</b> - Removed	<b>IPC</b> - In-Place Closure	<b>CIS</b> - Change-in-Service

Dispenser Number	Products Dispensed	Install Date (mm/dd/yyyy)	Date Last Used (mm/dd/yyyy)	Proposed Removal Date (mm/dd/yyyy)	Proposed Replacement Date (mm/dd/yyyy)	Proposed Closure Type
1	GSL/DSL	04/01/1970	IN USE	Unknown		RMV
2	DSL	04/01/1970	IN USE	Unknown		RMV
3	GSL/DSL	04/01/1970	IN USE	Unknown		RMV
4	GSL	04/01/1970	IN USE	Unknown		RMV
5	KER	04/01/1970	IN USE	Unknown		RMV

FACILITY ID NUMBER <b>4846</b>		TRANSACTION ID - FOR STATE USE ONLY	
<b>UST OWNER CERTIFICATION</b>			
<p>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):</p> <p>(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.</p>			
OWNER'S AUTHORIZED REPRESENTATIVE (Print or Type)			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
Mr.	Kamaldeep		Singh
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank)	
President		Armani Holding Inc.	
SIGNATURE <i>Kamaldeep Singh</i>			DATE (MM/DD/YYYY) 06/27/24
<b>UST OPERATOR CERTIFICATION</b>			
<p>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):</p> <p>(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.</p>			
OPERATOR'S AUTHORIZED REPRESENTATIVE (Print or Type)			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
Mr.	Kamaldeep		Singh
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank)	
President		Armani Holding Inc.	
SIGNATURE <i>Kamaldeep Singh</i>			DATE (MM/DD/YYYY) 06/27/24
<b>CONTRACTOR CERTIFICATION</b>			
CERTIFIED INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
Mr	William		Harrison
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 <i>William Harrison</i>		EMAIL ADDRESS jbeals1977@gmail.com	DATE (MM/DD/YYYY) 06/25/2024

## Jordan, Sherry

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**From:** Mandy Hall <mhall@iwmconsult.com>  
**Sent:** Thursday, June 27, 2024 2:03 PM  
**To:** IDEM USTregistration  
**Subject:** 30-Day NOI (FID 4846)  
**Attachments:** 30-Day NOI\_FID 4846\_06-27-2024.pdf

**Categories:** Orange category

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

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Good Afternoon,

Please see the attached 30-Day NOI to Close for FID 4846.

Thank you!

**IWM Consulting Group LLC**

Mandy Hall, CHMM

Project Manager

**7428 Rockville Road**

**Indianapolis, IN 46214**

Office: (317) 347-1111

Direct: (317) 565-1618

Email: [mhall@iwmconsult.com](mailto:mhall@iwmconsult.com)