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 n Storage Tank program.	equired by 329 IA	AC 9, This	s form sh	ould only b	e used for facili	ities previo	ously registe	ered with the IDEM Under	ground
A	TYPE	OF P	ROPO	SED CI	LOSURE (Check all	that apply)	
Tank(s)				Pipir	ng			Dispenser(s)	
<u> </u>	In-Place		Removal In-Place			Σ	Removal		
Change-In-Service			nange-In-				Replace		
Number of tanks to be closed		_1		s to be cl	osed:5	N	umber of c	dispensers to be closed	5:5
Number of regulated tanks o	n-site before cl	osure:5							
В		F/	<u>ACILIT</u>	YNAN	IE / LOCA				
FACILITY NAME Citgo Bedford				-	3	34777	'0	LONGITUDE (-88, 165351 to -8 -86,4950	4.671035) 18
FACILITY ADDRESS (number and stree 2729 Mitchell Roa	ad					1 NUMBER 47-06	s) 5-23-3	03-022.000-0	10
Bedford	STA 		7421		Lawre	ence		TELEPHONE NUMBER (812) 278-6	925
C				REPA	RED BY				
PREFIX FIRST NAME Anna				М	LAST NAME Millar				SUFFIX
ADDRESS 7428 Rockville Ro			India	anapo		ST	IN	ZIP CODE 46214	
TELEPHONE NUMBER (317) 347-111	1 JOB TITLE	E			EMAIL ADDRESS	millar	@iwm	consult.com	
D				UST O	WNER				
					OWNER				
Federal Government		Sta	ate Gov	ernment				ocal Government	
☐ Commercial		11	ivate				Other:		
Option 1: UST OWNER NAME (Business Armani Holding In		with the Se	cretary of S	tete)		BUSINES		ne Secretary of State) 19090800512	
Option 2: UST OWNER NAME (If a Publi		tity)					2.00	300000012	
	,	• •							
Option 3: UST OWNER NAME (If in Indiv PREFIX FIRST NAME	idual Capacity)			мі	LAST NAME	•			SUFFIX
THO WAIL				l***	DOT TOWNE				Joortik
UST OWNER ADDRESS (Listed in Optio	ns 1-3)			<u> </u>					
PRINCIPAL OFFICE ADDRESS OF PRIM 2729 Mitchell Roa		(DDRESS (P.O. Box)		S (line 2)		
сітү Bedford			STATE	4724	1	EFFECT	IVE DATE OF O	OWNERSHIP (<i>MMDD/YYYY</i>) 19/25/2011	
TELEPHONE NUMBER (812) 278-692	25		SS (Option 3	3 Individual C	Capaci ty)	JOB TITL	.E (Option 3 In	dividual Capacity)	
CONTACT FOR BUSINESS / PUBLIC AC PREFIX FIRST NAME	ENCY (Listed in Opt	tion 1 or 2)		M	LAST NAME				SUFFIX
Mr Kamaldeep	ADV DECIDENTAL A	DDBESS /	Alumbaran		Singh	ADDRES	C (Eno 2)		
2729 Mitchell Roa		.DDRESS (/		,	O. Box)				
Bedford			1	21P CODE 4724	1	Pres	sident		
relephone number (812) 278-692		IL ADDRES	S	ma	ax singh	33@y	/ahoo.	com	

FACILITY ID NUMBER FACILITY NAME 4846 Citgo Bec	dford							
E				PERATOR				
TIEsdard Covernment		_ 1		OPERATOR	IF	Ticity / Local Covernme	m.t	
Federal Government	<u> </u>	State Government				City / Local Government		
Commercial Option 1: UST OPERATOR NAME (Business Name as r	<u> X</u>	41	v of Ctata)		DI ICINIE	Other: SS ID (From the Secretary of State)		
Armani Holding Inc.	eg:sierea v	an ine secretar	y or State)		BUSINE	2009090800	512	
Option 2: UST OPERATOR NAME (If a Public Agency o	r other enti	y)						
Option 3: UST OPERATOR NAME (If in Individual Capa PREFIX FIRST NAME	city)		MI	LAST NAME			SUFFIX	
UST OPERATOR ADDRESS (Listed in Ontions 1-3)								
UST OPERATOR ADDRESS (Listed in Options 1-3) PRINCIPAL OFFICE ADDRESS OF PRIMARY RESIDEN 2729 Mitchell Road	TAL ADDR	ESS (Number a	nd Street, r	10 Р.О. Вох)	ADDRE	SS (line 2)		
Bedford		STATE	ZIP COI 472	DE 241	DATE B	EGAN OPERATING (MMDD/YYYY) 09/25/201	 1	
TELEPHONE NUMBER	EMAIL A	DRESS (Option			JOB TIT	LE (Option 3 Individual Capacity)	•	
(812) 278-6925	in Option 1	or 2)						
Mr. Kamaldeep			MI	Singh			SUFFIX	
PRINCIPAL OFFICE ADDRESS OF PRIMARY RESIDENTAL ADDRESS (Number and 2729 Mitchell Road					ADDRE	SS (line 2)	1	
CITY		STATE	ZIP COI		JOB TIT		<u> </u>	
Bedford TELEPHONE NUMBER	EMAIL AC	DORESS	472			sident	············	
(812) 278-6925						yahoo.com		
E.				PERTY OV	VNER			
	11-			OF OWNER		71-5	_	
Federal Government	<u> </u> _	State Gov	vernmei	<u>nt</u>	_	City / Local Governme	nt	
Commercial	<u> ×</u>	Private				Other:		
Option 1: PROPERTY OWNER NAME (Business Name of Armani Holding Inc.	as registere	ed with the Secre	elary of Sta	le)	BUSINE	SS ID (From the Secretary of State) 2009090800	512	
Option 2: PROPERTY OWNER NAME (If a Public Agence	y or other e	entity}						
Option 3: PROPERTY OWNER NAME (If in Individual Ca PREFIX FIRST NAME	pacity)		IMI	LÄST NAME	***************************************		SUFFIX	
PROPERTY OWNER ADDRESS (Usted in Options 1-3) PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDEN 2729 Mitchell Road	TAL ADDR	ESS (Number a	nd Street, n	io P.O. Box)	ADDRES	SS (line 2)		
CITY		STATE	ZIP COD		EFFECT	IVE DATE OF OWNERSHIP (MM/D		
Bedford TELEPHONE NUMBER	EMAIL AD	DRESS (Option	472	* *	JOB TIT	09/25/201 ' LE (Option 3 Individual Capacity)		
(812) 278-6925		. ,						
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in PREFIX FIRST NAME	n Option 1	or 2)	MI	LAST NAME		***	SUFFIX	
Mr. Kamaldeep PRINCIPAL OFFICE ADDRESS OF PRIMARY RESIDENT	CAL ADDR	SS Alumbor or	ad Stand B	Singh	IADDRES	SS (line 2)		
2729 Mitchell Road	AL AUURI			•		•		
Bedford		STATE IN	ZIP COD 472		Pres	sident		
TELEPHONE NUMBER (812) 278-6925	EMAIL AD	DRESS	m	nax singh	133@\	/ahoo.com		

FACILITY ID NUMBER FACILITY NAME Citgo Bed	dford			
		TRACT PROPERTY	OWNER (If a	oplicable)
		TYPE OF OWNER		
Federal Government		Government		/ Local Government
Commercial	Privat		Othe	
Option 1: PROPERTY OWNER NAME (Business Name	e as registered with the	Secretary of State)	BUSINESS ID (FR	m the Secretary of State)
Option 2: PROPERTY OWNER NAME (If a Public Agen	ncy or other entity)	·		
Option 3: PROPERTY OWNER NAME (If in Individual C PREFIX FIRST NAME	Capacity)	MI LAST NAMÉ		[SUFFIX
PROPERTY OWNER ADDRESS (Listed in Options 1-3) PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDEN		ber and Street, no P.O. Box)	ADDRESS (line 2)	
		and the arrest to the arry	,	
СІТҮ	STA	ATE ZIP CODE	EFFECTIVE DATE	OF OWNERSHIP (MM/DD/YYYY)
TELEPONOLIE MUNICIPE LOD TITLE	Territ inner		SPOROSED END	C-175 ((1100) \$0000
TELEPHONE NUMBER JOB TITLE	EMAIL ADDRE	SS (Option 3 Individual Capacity)	BKORO2ED EVD	DATE (MM/DD/YYYY)
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed	l in Option 1 or 2)			
PREFIX FIRST NAME		MI LAST NAME		SUFFIX
PRINCIPAL OFFICE ADDRESS OF PRIMARY RESIDEN	NTAL ADDRESS (Numi	ber and Street, no P.O. Box)	ADDRESS (line 2)	I
СІТУ	STA	ATE ZIP CODE	JOB TITLE	
	TELLA ADDRESS			
TELEPHONE NUMBER	EMAIL ADDRESS			
1				
	T DBC	PASED CONTRAC		
H CONTRACTOR BUSINESS NAME (Business Name as		POSED CONTRAC		m the Secretary of State)
CONTRACTOR BUSINESS NAME (Business Name as Williams Beck & Hess Inc.				m the Secretary of State) 194186-118
CONTRACTOR BUSINESS NAME (Business Name as				
CONTRACTOR BUSINESS NAME (Business Name as Williams Beck & Hess Inc. CERTIFIED INDIVIDUAL NAME		retary of State)	BUSINESS ID (Fro	194186-118
CONTRACTOR BUSINESS NAME (Business Name as a Williams Beck & Hess Inc. CERTIFIED INDIVIDUAL NAME PREFIX FIRST NAME Mr William PRINCIPAL OFFICE ADDRESS OF PRIMARY RESIDEN	registered with the Sec	relary of State) MI LAST NAME Harrisor	BUSINESS ID (Fro	194186-118
CONTRACTOR BUSINESS NAME (Business Name as I Williams Beck & Hess Inc. CERTIFIED INDIVIDUAL NAME PREFIX FIRST NAME WILLIAM WILLIAM WILLIAM WILLIAM PRINCIPAL OFFICE ADDRESS OF PRIMARY RESIDEN 6650 East Watson Road	registered with the Sec	MI LAST NAME Harrisor	BUSINESS ID (Fro	194186-118
CONTRACTOR BUSINESS NAME (Business Name as I Williams Beck & Hess Inc. CERTIFIED INDIVIDUAL NAME PREFIX FIRST NAME Mr William PRINCIPAL OFFICE ADDRESS OF PRIMARY RESIDEN 6650 East Watson Road CITY	registered with the Sec TAL ADDRESS (Numb	retary of State) MI LAST NAME Harrisor ter and Street, no P.O. Box)	BUSINESS ID (Fro	194186-118 SUFFIX
CONTRACTOR BUSINESS NAME (Business Name as I Williams Beck & Hess Inc. CERTIFIED INDIVIDUAL NAME PREFIX FIRST NAME Mr William PRINCIPAL OFFICE ADDRESS OF PRIMARY RESIDEN 6650 East Watson Road CITY Mooresville TELEPHONE NUMBER	registered with the Sec TAL ADDRESS (Numb	retary of State) MI LAST NAME Harrisor her and Street, no P.O. Box) TE ZIP CODE N 46158	BUSINESS ID (Fro	194186-118 SUFFIX SUFFIX
CONTRACTOR BUSINESS NAME (Business Name as a Williams Beck & Hess Inc. CERTIFIED INDIVIDUAL NAME PREFIX FIRST NAME Mr William PRINCIPAL OFFICE ADDRESS OF PRIMARY RESIDEN 6650 East Watson Road CITY Mooresville	registered with the Sec ITAL ADDRESS (Numb	retary of State) MI LAST NAME Harrisor her and Street, no P.O. Box) TE ZIP CODE N 46158	BUSINESS ID (Fro	194186-118 SUFFIX SUFFIX
CONTRACTOR BUSINESS NAME (Business Name es i Williams Beck & Hess Inc. CERTIFIED INDIVIDUAL NAME PREFIX FIRST NAME William PRINCIPAL OFFICE ADDRESS OF PRIMARY RESIDEN 6650 East Watson Road CITY Mooresville TELEPHONE NUMBER (317) 856-5659	ITAL ADDRESS (Number 1997) STAL ADDRESS (Number 1997) STAL ADDRESS	Intervention of State) Mi	ADDRESS (fine 2) IDHS CERTIFICAT 2018IN12 77@gmail	194186-118 SUFFIX SUFFIX
CONTRACTOR BUSINESS NAME (Business Name es : Williams Beck & Hess Inc. CERTIFIED INDIVIDUAL NAME PREFIX FIRST NAME William PRINCIPAL OFFICE ADDRESS OF PRIMARY RESIDEN 6650 East Watson Road CITY MOORESVILLE (317) 856-5659	ITAL ADDRESS (Number 1997) STAL ADDRESS (Number 1997) STAL ADDRESS	Intervention of State) Mi	ADDRESS (fine 2) IDHS CERTIFICAT 2018IN12 77@gmail	194186-118 SUFFIX SUFFIX
CONTRACTOR BUSINESS NAME (Business Name es i Williams Beck & Hess Inc. CERTIFIED INDIVIDUAL NAME PREFIX FIRST NAME William PRINCIPAL OFFICE ADDRESS OF PRIMARY RESIDEN 6650 East Watson Road CITY Mooresville TELEPHONE NUMBER (317) 856-5659	ITAL ADDRESS (Number 1997) STAL ADDRESS (Number 1997) STAL ADDRESS	Intervention of State) Mi	ADDRESS (fine 2) IDHS CERTIFICAT 2018IN12 77@gmail	194186-118 SUFFIX SUFFIX
CONTRACTOR BUSINESS NAME (Business Name es : Williams Beck & Hess Inc. CERTIFIED INDIVIDUAL NAME PREFIX FIRST NAME Mr William PRINCIPAL OFFICE ADDRESS OF PRIMARY RESIDEN 6650 East Watson Road CITY MOORESVILLE TELEPHONE NUMBER (317) 856-5659 I I	ITAL ADDRESS (Number 1997) STAL ADDRESS (Number 1997) STAL ADDRESS	Intervention of State) Mi	ADDRESS (fine 2) IDHS CERTIFICAT 2018IN12 77@gmail	194186-118 SUFFIX SUFFIX
CONTRACTOR BUSINESS NAME (Business Name as I Williams Beck & Hess Inc. CERTIFIED INDIVIDUAL NAME PREFIX FIRST NAME William PRINCIPAL OFFICE ADDRESS OF PRIMARY RESIDEN 6650 East Watson Road CITY Mooresville TELEPHONE NUMBER (317) 856-5659 I I INTERESTED PARTY NAME Mandy Hall	ITAL ADDRESS (Number 1997) STAL ADDRESS (Number 1997) STAL ADDRESS	MI LAST NAME Harrison Ser and Street, no P.O. Box) ALLY INTERESTED E-MAIL ADDRESS mhall@iwmo	BUSINESS ID (Fro	194186-118 SUFFIX SUFFIX
CONTRACTOR BUSINESS NAME (Business Name as Williams Beck & Hess Inc. CERTIFIED INDIVIDUAL NAME PREFIX FIRST NAME Mr William PRINCIPAL OFFICE ADDRESS OF PRIMARY RESIDEN 6650 East Watson Road CITY Mooresville TELEPHONE NUMBER (317) 856-5659 I INTERESTED PARTY NAME Mandy Hall INTERESTED PARTY NAME	ITAL ADDRESS (Number 1997) STAL ADDRESS (Number 1997) STAL ADDRESS	MI LAST NAME Harrison Ser and Street, no P.O. Box) TE ZIP CODE N 46158 jbeals19 ALLY INTERESTED E-MAIL ADDRESS mhall@iwmc	BUSINESS ID (Fro	194186-118 SUFFIX SUFFIX
CONTRACTOR BUSINESS NAME (Business Name es a Williams Beck & Hess Inc. CERTIFIED INDIVIDUAL NAME PREFIX FIRST NAME Mr William PRINCIPAL OFFICE ADDRESS OF PRIMARY RESIDEN 6650 East Watson Road CITY MOORESVILLE TELEPHONE NUMBER (317) 856-5659 I INTERESTED PARTY NAME Mandy Hall INTERESTED PARTY NAME Troy Smith	ITAL ADDRESS (Number 1997) STAL ADDRESS (Number 1997) STAL ADDRESS	MI LAST NAME Harrison Ser and Street, no P.O. Box) TE ZIP CODE N 46158 jbeals19 ALLY INTERESTED E-MAIL ADDRESS mhall@iwmc	BUSINESS ID (Fro	194186-118 SUFFIX SUFFIX
CONTRACTOR BUSINESS NAME (Business Name as I Williams Beck & Hess Inc. CERTIFIED INDIVIDUAL NAME PREFIX FIRST NAME William PRINCIPAL OFFICE ADDRESS OF PRIMARY RESIDEN 6650 East Watson Road CITY Mooresville TELEPHONE NUMBER (317) 856-5659 I I INTERESTED PARTY NAME MANDY Hall INTERESTED PARTY NAME Troy Smith INTERESTED PARTY NAME INTERESTED PARTY NAME	ITAL ADDRESS (Number of STATE	MI LAST NAME Harrison For and Street, no P.O. Box) ALLY INTERESTED E-MAIL ADDRESS tsmith@iwm	ATION	194186-118 SUFFIX SUFFIX
CONTRACTOR BUSINESS NAME (Business Name as I Williams Beck & Hess Inc. CERTIFIED INDIVIDUAL NAME PREFIX FIRST NAME William PRINCIPAL OFFICE ADDRESS OF PRIMARY RESIDEN 6650 East Watson Road CITY Mooresville TELEPHONE NUMBER (317) 856-5659 I INTERESTED PARTY NAME Mandy Hall INTERESTED PARTY NAME Troy Smith INTERESTED PARTY NAME LUST INCIDENT NUMBER (IF APPLICABLE)	ITAL ADDRESS (Number of STATE	MI LAST NAME Harrison For and Street, no P.O. Box) TE ZIP CODE N 46158 JBeals 19 ALLY INTERESTED E-MAIL ADDRESS mhall@iwmo	ATION	194186-118 SUFFIX SUFFIX ON NUMBER 2869 Com
CONTRACTOR BUSINESS NAME (Business Name as I Williams Beck & Hess Inc. CERTIFIED INDIVIDUAL NAME PREFIX FIRST NAME WIlliam PRINCIPAL OFFICE ADDRESS OF PRIMARY RESIDEN 6650 East Watson Road CITY Mooresville TELEPHONE NUMBER (317) 856-5659 I INTERESTED PARTY NAME MANDY Hall INTERESTED PARTY NAME Troy Smith INTERESTED PARTY NAME Troy Smith INTERESTED PARTY NAME TO Smith	ITAL ADDRESS (Number of STATE	MI LAST NAME Harrison For and Street, no P.O. Box) IN 46158 JBEALLY INTERESTED E-MAIL ADDRESS THAIL ADDRESS TSMITH WINTERESTED E-MAIL ADDRESS TSMITH WINTERESTED E-MAIL ADDRESS TSMITH WINTERESTED INCIDENT INFORM DATE INCIDENT REPORTER	ADDRESS (fine 2) IDHS CERTIFICAT 2018IN12 77@gmail PARTIES CONSUlt.COM CONSUlt.COM ATION 08/17/	194186-118 SUFFIX SUFFIX ON NUMBER 2869 Com
CONTRACTOR BUSINESS NAME (Business Name as I Williams Beck & Hess Inc. CERTIFIED INDIVIDUAL NAME PREFIX FIRST NAME William PRINCIPAL OFFICE ADDRESS OF PRIMARY RESIDEN 6650 East Watson Road CITY Mooresville TELEPHONE NUMBER (317) 856-5659 I INTERESTED PARTY NAME Mandy Hall INTERESTED PARTY NAME Troy Smith INTERESTED PARTY NAME LUST INCIDENT NUMBER (IF APPLICABLE)	ITAL ADDRESS (Number of STATE	MI LAST NAME Harrison For and Street, no P.O. Box) ALLY INTERESTED E-MAIL ADDRESS tsmith@iwm	ADDRESS (fine 2) IDHS CERTIFICAT 2018IN12 77@gmail PARTIES CONSUlt.COM CONSUlt.COM ATION 08/17/	194186-118 SUFFIX SUFFIX ON NUMBER 2869 Com 1999

FACILITY	10 NUMBER 4846	FACILITY NAME Citgo B			. "					
ĸ					RMATION					
14.554.5	For all tanks	that will be closed	l, list the requested	i info below and do UST Sub:		ce blank. Attach ar	additional sheet it	f needed.		
GSL	GSL - Gasoline DSL - Diesel DSB - Diesel Containing VGL - Virgin Oil UOL - Used Oil KER - Kerosene >20% Biodiesel									
E85 - E85 E15 - E15 RCF - Racing AVG - AV Gas MXT - Mixture of Substances OTH - Other Gasoline Blend Gasoline Blend Fuel (leaded) (leaded) (List Substances) (specify)										
18138				JST Construct						
STL -	Steel FR	P - Fiberglass	STC- Stee		「J- Steel Jacke	ed DBW - D	ouble-walled	OTH - Other		
	PMV	Removed		UST Closu IPC - In-Plac			S - Change-in-S	Service		
UST#	Compart #	Capacity in Gallons	Substance (Last used, past)	Construction Material	Install Date	Date Last Used	Proposed	Proposed Closure Type		
1		10,000	GSL	STL	04/01/1970	IN USE	Unknown	RMV		
2		10,000	GSL	STL	04/01/1970	IN USE	Unknown	RMV		
3		10,000	DSL	STL	04/01/1970	IN USE	Unknown	RMV		
4		6,000	DSL	STL	04/01/1970	IN USE	Unknown	RMV		
5		3,000	KER	STL	04/01/1970	IN USE	Unknown	RMV		
Please j N/A	ustify In-Place	e Closure:								
In-Place	closure appre	oval letter from In-	diana Departmen	t of Homeland Se	ecurity attached:		Yes	No		
In-Place	closure site a	ssessment work	plan and site ma	p with proposed b	oring locations a	tached:	Yes	No		

FACILITY	ID NUMBER 4846	FACILITY NAME Citgo B		·					
L				PIPING	NFORM/	ATION			
based	upon field mea	iping line is presen asurements betwee ping material and t	en tanks and dispe ype. List all Piping	ali be numbere nsers, as well	d. For all proc as, between o apply. All pip	luct lines close lispenser islan ning numbers s	ds), identify ti	e product distrib	uted through each
N. S.				Piping	Substance				
GSL-	- Gasoline	DSL - Diese	, 1	Diesel Conta 1% Biodiese	Ų.	GL - Virgin	Oil UOL	- Used Oil P	KER - Kerosene
	5 - E85 line Blend	E15 - E15 Gasoline Blei	RCF - R nd Fuel (lea	_	NG - AV Ga (leaded)	as MXT	- Mixture of (List Subst	f Substances lances)	OTH - Other (specify)
			·	iping Cons	truction Ma	aterial			
	- Fiberglass forced Plast		berglass AF e / Plastic	IP - Airport I Piping	-	CP - Coppe	r STI	Steel	OTH - Other
MANAN,	7,541				losure Typ			Chango in	Canias
	RMV -	Removed		IPC - In-I	Place Closu	re I	G	S - Change-in-	-Service
Piping #	Piping Run Length (feet)	Substance (Last used, past)	Construction Material	Install Date (mm/dd/yyyy)	Date Last Used (mm/dd/yyyy)	Closure Date (mm/dd/yyyy)	Closure Type	UST#	Compartment #
1	~100	GSL	STL	04/01/1970	IN USE	Unknown	RMV	1	
2	~100	GSL	STL	04/01/1970	IN USE	Unknown	RMV	2	
3	~100	DSL	STL	04/01/1970	IN USE	Unknown	RMV	3	
4	~100	DSL	STL	04/01/1970	IN USE	Unknown	RMV	4	
5	~100	KER	STL	04/01/1970	IN USE	Unknown	RMV	5	

Overall	number of elb	ows and connect	ore.						
	ustify In-Place		UIS.				***************************************	· /ww.	

FACILITY ID NUMBER 4846	Citgo Bedfo	rd				
M MARKET	D	ISPENSER I	NFORMATIC	N (If Applicat	ole)	
For all dispense	rs to be closed, list the disp	oenser number, pro	duct(s) dispensed,	and date last used	i. Attach an additional s	heet if necessary.
		Pro	duct Dispense	d		
GSL - Gasoline	DSL - Diesel	DSB - Diesel C >20% Biod	~ v	GL - Virgin Oil	UOL - Used Oil	KER - Kerosene
E85 - E85 Gasoline Blend		RCF - Racing Fuel (leaded)	AVG - AV Ga (leaded)	MIX 1 - 194	ixture of Substance st Substances)	s OTH - Other (specify)
		Dispe	nser Closure T	ype		
RMV -	Removed	IPC -	In-Place Closu	re	CIS - 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
	· · · · · · · · · · · · · · · · · · ·					

4846	TRANSACTION ID - FOR ST	ATE OSE ONLY			
	1000000000000000000000000000000000000	UST OWNER (CERTIFICATION		
I swear or affirm, under 2, that the statements a following requirements (1) Installation of all tar (2) Cathodic protection (3) Release detection u (4) Financial responsib	ind representations in in accordance with 3 iks and piping under of steel tanks and pip nder 40 CFR 280 Subj	specified by IC 35-44 this document are to 29 IAC 9-2-2(e): 40 CFR 280.20. bing under 40 CFR 28 part D.	1.1-2-1 and other penalt rue, accurate, and com	ties specified by IC plete. I further cer	13-30-10 and IC 13-23-14- rtify compliance with the
OWNER'S AUTHORIZED REPRESENTATION OF AUTHORIZ	ep	COMP	Singh ANY NAME (If Individual Leave E	nc.	SUFFIX OATE (MM/DD/YYYY)
SIGNATURE /	b Sush				66/24-124
	ı	JST OPERATOR	CERTIFICATION	V	
following requirements (1) Installation of all tar (2) Cathodic protection (3) Release detection u (4) Financial responsib	in accordance with 3 nks and piping under of steel tanks and pip nder 40 CFR 280 Sub- pility under 329 IAC 9-8	329 IAC 9-2-2(e): 40 CFR 280.20. ping under 40 CFR 28 part D. 3.		plete. I further ce	rtify compliance with the
PREFIX FIRST NAME Mr. Kamalde		MI	Singh		SUFFIX
President	ESENTATIVE	Arr	nani Holding I	nc.	DATE (MM/DD/YYYY)
SIGNATURE	SiSh	v v iiii ci i i	1101110011		06/27/24
		CONTRACTOR	CERTIFICATION		
PREFIX FIRST NAME Mr William		MI	Harrison		SUFFIX
OATH: I swear or affirm, 2, that work performed of	under penalty of perjuon the UST system com	plies with methods sp	5-44.1-2-1 and other pen ecified in 329 IAC 9 and	alties specified by 40 CFR 280, Subpa	IC 13-30-10 and IC 13-23-14-
SIGNATURE Without The		jbeals1977@	gmail.com		06/25/2024

Jordan, Sherry

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. ****

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