



**INITIAL REGISTRATION FOR UNDERGROUND STORAGE TANK SYSTEMS**

State Form 56548 (R4 / 3-23)  
Indiana Department of Environmental Management  
Petroleum Branch

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

The information is required by 329 IAC 9. This form should only be used for facilities that have not been registered with the IDEM Underground Storage Tank program.

<b>A FACILITY NAME / LOCATION</b>					
FACILITY NAME North White School Corporation			LATITUDE (37.710101 to 41.866773) 40°52'13" N	LONGITUDE (-88.185351 to -84.671035) 86°52'25" W	
FACILITY ADDRESS (number and street) 8171 N. Meridian Road			PARCEL NUMBER 91-84-16-000-002.004-014		
CITY Monon	STATE IN	ZIP CODE 47959	COUNTY White	TELEPHONE NUMBER 604-4004	
<b>B TYPE OF FACILITY (Check all that apply)</b>					
<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 checked="" type="checkbox"/> School	<input type="checkbox"/> Other:			
<b>C PREPARED BY</b>					
PREFIX	FIRST NAME W. Dean	MI	LAST NAME Cook	SUFFIX	
ADDRESS 402 E. Broadway		CITY Monon		STATE IN	ZIP CODE 47959
TELEPHONE NUMBER 869-0580		JOB TITLE Transportation Direct	EMAIL ADDRESS dwcook@nwhite.k12.in.us		
<b>D UST OWNER</b>					
TYPE OF OWNER					
<input type="checkbox"/> Federal Government	<input type="checkbox"/> State Government	<input checked="" 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) North White School Corporation			BUSINESSID (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 W. Dean	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) 402 E. Broadway			ADDRESS (line 2)		
CITY Monon		STATE IN	ZIP CODE 47959	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 06/01/1998	
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 W. Dean	MI	LAST NAME Cook	SUFFIX	
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)					
402 E. Broadway			ADDRESS (line 2)		
CITY Monon		STATE IN	ZIP CODE 47959	JOB TITLE Transportation Director	
TELEPHONE NUMBER 604-4004		EMAIL ADDRESS dwcook@nwhite.k12.in.us			

FACILITY NAME North White School Corporation				
<b>E FINANCIAL RESPONSIBILITY (Check all that apply)</b>				
<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 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.				
<b>F UST OPERATOR</b>				
TYPE OF OPERATOR				
<input type="checkbox"/> Federal Government		<input type="checkbox"/> State Government		<input checked="" type="checkbox"/> City / Local Government
<input type="checkbox"/> Commercial		<input type="checkbox"/> Private		<input type="checkbox"/> Other:
Option 1 UST OPERATOR NAME (Business Name as registered with the Secretary of State) North White School Corporation			BUSINESS ID (From the Secretary of State)	
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) 8171 N. Meridian Road			ADDRESS (line 2)	
CITY Monon	STATE IN	ZIP CODE 47959	DATE BEGAN OPERATING (MM/DD/YYYY) 06/01/1998	
TELEPHONE NUMBER 604-4004	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
	W. Dean		Cook	
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 402 E. Broadway			ADDRESS (line 2)	
CITY Monon	STATE IN	ZIP CODE 47959	JOB TITLE Transportation Director	
TELEPHONE NUMBER	EMAIL ADDRESS			
<b>G FACILITY CONTACT</b>				
CONTACT INDIVIDUAL NAME				
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	W. Dean		Cook	
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 402 E. Broadway			ADDRESS (line 2)	
CITY Monon	STATE IN	ZIP CODE 47959	JOB TITLE Transportation Director	
TELEPHONE NUMBER 604-4004	EMAIL ADDRESS dwcook@nwhite.k12.in.us			

FACILITY NAME North White School Corporation				
<b>H</b> <b>DEEDED PROPERTY OWNER</b>				
TYPE OF OWNER				
<input type="checkbox"/> Federal Government		<input type="checkbox"/> State Government		<input checked="" 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)	
North White School Corporation				
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)	
402 E. Broadway				
CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)	
Monon	IN	47959	06/01/1998	
TELEPHONE NUMBER	EMAIL ADDRESS (Option 3 Individual Capacity)		JOB TITLE (Option 3 Individual Capacity)	
604-4004				
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)				
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	W. Dean		Cook	
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)			ADDRESS (line 2)	
402 E. Broadway				
CITY	STATE	ZIP CODE	JOB TITLE	
Monon	IN	47959	Transportation Director	
TELEPHONE NUMBER	EMAIL ADDRESS			
604-4004	dwcook@nwhite.k12.in.us			
<b>I</b> <b>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			

FACILITY NAME North White School Corporation				
<b>J CONTRACTOR</b>				
<input type="checkbox"/>	INSTALLATION INSPECTED BY A REGISTERED ENGINEER	REGISTRATION ID	REGISTRATION DATE (mm/dd/yyyy)	
<input type="checkbox"/>	MANUFACTURER'S INSTALLATION CHECKLISTS HAVE BEEN COMPLETED AND INCLUDED	<input checked="" type="checkbox"/>	INSTALLER CERTIFIED BY TANK AND PIPING MANUFACTURER	
<input type="checkbox"/>	WORK INSPECTED BY INDIANA DEPARTMENT OF HOMELAND SECURITY / DIVISION OF FIRE AND BUILDING SAFETY	INSPECTION DATE (mm/dd/yyyy)		
CONTRACTOR BUSINESS NAME (Business Name as registered with the Secretary of State) Jacobs Professional Services LLC			BUSINESS ID (From the Secretary of State) 2006032000349	
CONTACT INFORMATION FOR CONTRACTOR THAT PERFORMED OR MANAGED WORK ON SITE				
PREFIX	FIRST NAME Edward	MI D	LAST NAME Jacobs	SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 48 S 25 E			ADDRESS (line 2) PO Box 7	
CITY Reynolds	STATE IN	ZIP CODE 47980	IDHS CERTIFICATION NUMBER UC2000663334	
TELEPHONE NUMBER 604-4250	EMAIL ADDRESS jps@jacobsservices.com			
<b>K POTENTIALLY INTERESTED PARTIES</b>				
INTERESTED PARTY NAME North White School Corporation		E-MAIL ADDRESS dwcook@nwhite.k12.in.us		
INTERESTED PARTY NAME Jacobs Professional Services LLC		E-MAIL ADDRESS jps@jacobsservices.com		
INTERESTED PARTY NAME		E-MAIL ADDRESS		
<b>L FACILITY SITE MAP</b>				
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.				

# White County, IN

905 N MERIDAN RD, MONON, IN 47959  
91-84-16-000-002.004-014



## Parcel Information

Parcel Number: 91-84-16-000-002-004-014  
Alt Parcel Number: 020-21990-04  
Property Address: 905 N MERIDAN RD  
MONON IN 47959  
Neighborhood: TURPIE ADDN MONON CORP  
Property Class: Exempt Board of Education  
Owner Name: ZZZ North White School Corporation  
Owner Address: 402 E Broadway St  
Monon IN 47959  
Legal Description: PT SE 16-28-4. 34 '2 628

## Taxing District

Township: MONON TOWNSHIP  
Corporation: North White School Corporation

## Land Description

<u>Land Type</u>	<u>Acres</u>	<u>Dimensions</u>
Undeveloped Usable	32.12	
Primary	1.0	
Secondary	1.0	

FACILITY NAME

North White School Corporation

Complete one column for each tank or compartment. See instructions for compartment identification numbering.

M IDENTIFICATION OF UNDERGROUND STORAGE TANKS				
IDEM UST REGISTRATION NUMBER		2		
PART OF A COMPARTMENTED UST (Y/N)	NO	NO		
NUMBER OF COMPARTMENTS IN UST				
COMPARTMENT IDENTIFICATION NUMBER		2		
(mm/dd/yyyy) DATE INSTALLED	06/01/1998	06/01/1998		
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE	06/15/1998	06/15/1998		
(gallons) ESTIMATED TOTAL CAPACITY	2,021	10,098		
MANIFOLDED (Y/N)	NO	NO		
MANIFOLDED TO COMPARTMENT ID NUMBER				

N STATUS OF UNDERGROUND STORAGE TANKS				
CURRENT STATUS	IN USE	IN USE		
(mm/dd/yyyy) STATUS DATE	03/22/2024	03/22/2024		

O SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS				
PETROLEUM	GSL - Gasoline	DSL - Diesel		
MAXIMUM ETHANOL %				
MAXIMUM BIOFUEL %				
(specify) OTHER				
HAZARDOUS SUBSTANCE				
CHEMICAL ABSTRACT SERVICE NUMBER				
MIXTURE OF SUBSTANCES				
PRODUCT IS COMPATIBLE WITH TANK (Y/N)	YES	YES		

P UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES				
MANUFACTURER	Kennedy	Kennedy		
MODEL	STIP3	STIP3		
MATERIAL OF CONSTRUCTION	Steel	Steel		
SECONDARY CONTAINMENT				

Q UNDERGROUND STORAGE TANK CORROSION PROTECTION				
CORROSION PROTECTION TYPE	Sacrificial Anodes (C	Sacrificial Anodes (C		
(mm/dd/yyyy) ANODE INSTALLATION DATE	06/01/1998	06/01/1998		
INTERIOR LINING	NO	NO		
(mm/dd/yyyy) LINER INSTALLATION DATE				
(specify) OTHER				

R PIPING CONSTRUCTION AND PROTECTION				
MANUFACTURER	Ameron	Ameron		
MODEL	SW FG 2"	SW FG 2"		
(mm/dd/yyyy) DATE INSTALLED	06/01/1998	06/01/1998		
MATERIAL	Rigid Fiberglass	Rigid Fiberglass		
SECONDARY CONTAINMENT	Not Applicable	Not Applicable		
CORROSION PROTECTION TYPE	Not Applicable	Not Applicable		
(mm/dd/yyyy) ANODE INSTALLATION DATE	06/01/1998	06/01/1998		
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)	YES	YES		
PRODUCT DELIVERY METHOD	Pressurized	Pressurized		

FACILITY NAME

North White School Corporation

Complete one column for each tank or compartment. See instructions for compartment identification numbering.

M 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				

N STATUS OF UNDERGROUND STORAGE TANKS				
CURRENT STATUS				
(mm/dd/yyyy) STATUS DATE				

O 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)				

P UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES				
MANUFACTURER				
MODEL				
MATERIAL OF CONSTRUCTION				
SECONDARY CONTAINMENT				

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

R 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 NAME  
**North White School Corporation**

IDEM UST REGISTRATION NUMBER		<b>2</b>		
COMPARTMENT IDENTIFICATION NUMBER		<b>2</b>		

**S UNDERGROUND STORAGE TANK RELEASE DETECTION**

PRIMARY UST RELEASE DETECTION	ATG 0.2gph monthly	ATG 0.2gph monthly		
MANUFACTURER	EMCO	EMCo		
MODEL	1500	1500		
SECONDARY UST RELEASE DETECTION	N/A	N/A		
MANUFACTURER				
MODEL				

**T UNDERGROUND PIPING RELEASE DETECTION**

PRIMARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)				
MANUFACTURER				
MODEL				
TERTIARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				

**U SPILL AND OVERFILL PREVENTION EQUIPMENT**

CATCHMENT BASIN / SPILL BUCKET	Standard Spill Buck	Standard Spill Buck		
(mm/dd/yyyy) DATE INSTALLED	03/12/2024	03/12/2024		
MANUFACTURER	OPW	OPW		
MODEL	1C-2100	1C-2100		
FILL LATITUDE				
FILL LONGITUDE				
PRIMARY OVERFILL PREVENTION EQUIPMENT	Auto Shutoff / Flapp	Auto Shutoff / Flapp		
(mm/dd/yyyy) DATE INSTALLED	03/11/2024	03/11/2024		
MANUFACTURER	OPW	OPW		
MODEL	71SO-4000	71SO-4000		
% ULLAGE SET POINT	90	90		
SECONDARY OVERFILL PREVENTION EQUIPMENT	N/A			
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
% ULLAGE SET POINT				
UNDER DISPENSER CONTAINMENT PRESENT	NO	NO		
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				
SUBMERSIBLE TURBINE SUMP PRESENT				
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				



FACILITY NAME

North White School Corporation

IDEM UST REGISTRATION NUMBER				
COMPARTMENT IDENTIFICATION NUMBER				

<b>S</b>	<b>UNDERGROUND STORAGE TANK RELEASE DETECTION</b>			
PRIMARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				
SECONDARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				

<b>T</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				W.

<b>U</b>	<b>SPILL AND OVERFILL PREVENTION EQUIPMENT</b>			
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 #	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):

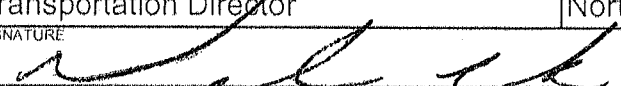
- (1) Installation of all tanks and piping under 40 CFR 280.20.
- (2) Cathodic protection of steel tanks and piping under 40 CFR 280.20.
- (3) Release detection under 40 CFR 280 Subpart D.
- (4) Financial responsibility under 329 IAC 9-8.

OWNER'S AUTHORIZED REPRESENTATIVE (Print or Type)				
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	W. Dean		Cook	
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank)		
Transportation Director		North White School Corporation		
SIGNATURE			DATE (MM/DD/YYYY)	

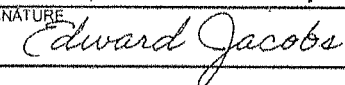
### UST OPERATOR CERTIFICATION

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 (Print or Type)				
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	W. Dean		Cook	
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank)		
Transportation Director		North White School Corporation		
SIGNATURE			DATE (MM/DD/YYYY)	
			5/14/2024	

### CONTRACTOR CERTIFICATION

CERTIFIED INDIVIDUAL NAME				
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Edward	D	Jacobs	
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)
		jps@jacobsservices.com		05/14/2024

## Stewart, Angela

---

**From:** Rowlands, Marianne <mrowlands@nwhite.k12.in.us>  
**Sent:** Wednesday, May 15, 2024 9:17 AM  
**To:** IDEM USTregistration  
**Subject:** Fwd: registration fo underground storage- state form 56548  
**Attachments:** NW Corp Office\_20240515\_090927.pdf

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----- Forwarded message -----

**From:** NW Corp Office <xeroxscan@nwhite.k12.in.us>  
**Date:** Wed, May 15, 2024 at 9:09 AM  
**Subject:** registration fo underground storage- state form 56548  
**To:** <mrowlands@nwhite.k12.in.us>

Reply to: NW Corp Office <xeroxscan@nwhite.k12.in.us>  
Device Name: Not Set  
Device Model: BP-70C31  
Location: Not Set

File Format: PDF MMR(G4)  
Resolution: 300dpi x 300dpi

Attached file is scanned image in PDF format.

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--

***MariAnne Rowlands***  
**Transportation/Buildings & Grounds Secretary/Receptionist**  
**North White School Corporation**  
**402 E. Broadway St.**  
**Monon, IN 47959**  
**Phone: 219-604-4004**  
**Fax: 219-604-4028**  
**[mrowlands@nwhite.k12.in.us](mailto:mrowlands@nwhite.k12.in.us)**  
**[www.nwhite.k12.in.us](http://www.nwhite.k12.in.us)**

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