

INITIAL REGISTRATION FOR UNDERGROUND STORAGE TANK SYSTEMS

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

RETURN COMPLETED FORMS TO:

Indiana Department of Environmental Management USTRegistration@idem.in.gov

Petroleum Branch							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 Sterage Tank program,												
A		***********			100-00	ME / LOCA		*****				Tenhan dagaileacha
FAC	FACILITY NAME North White School Corporation LATITUDE (27.710101 to 40°52'1						710101 10 41 852'13	11 to 41.8 46 773) LONGITUDE (- 18. 165351 to - 1 4 2'13" N 86°52'25"V			671035) V	
FACILITY ADDRESS (number and sheet) 8171 N. Meridian Road PARCEL NUMBER 91-84-16-000-002.004-014							1					
M	onon	STATE		17959			сойнту White			TEL	EPHONE NUMBER 604-4004	
В		TY	PΕ	OF FA	CILIT	Y (Check a	II that a	pl	<i>y)</i>			<u> </u>
	Auto Dealership			Commer c ia	al			Airport Hydrant System			Irant System	.,
	Hospital			3as Statio	n			Industrial				·
	Petroleum Distributor			Railroad	······································				Reside			
	Trucking or Transport		<u> </u>	Jtilities	anish-rijerina asperanje		ar armin room you by species		Unmar	ned		*****
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PRE	W. Dean				MI	COOK					**************************************	SUFFIX
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TEL	Transportation Direct dwcook@nwhite.k12.in.us											
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	Federal Government	_	i	State Gove	ernment		-	X City / Local Government				
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No	orth White School Corpor	atio	n	Secretary of Si	aio į		505	MES	SIU (i-refit)	<i>ne sc</i>	cratary of State)	nsadejmarku dikenga kaalek min si i
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IELE	G04-4004 Gwcook@nwhite.k12.in.us											

North White School Corpora	ation								
FIN	IANCIAL	RESF	ÒNSI	BIL	ITÝ (Chec	ck all that apply)	AND THE PROPERTY OF THE PROPER		
Federal or State Government Enti	Federal or State Government Entity, which does not fall under financial responsibility requirements								
Local Government owner or opera	Local Government owner or operator is maintaining financial responsibility for this site								
The UST owner is maintaining fina									
The UST operator is maintaining t									
I have met the financial responsib	ility requirer	nents (in acco	rdano	ce with 329	9 IAC 9-8) by using one or a combination	on of the		
Financial Test of Self Insurance	following mechanisms: (check all that apply). If you are using the ELTF it must be checked as well. Financial Test of Self Insurance Excess Liability Trust Fund (State Fund)								
Guarantee			·	ᆂ		e and Risk Retention Group Coverage	111-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
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Trust Fund		···	***********	ᆂ		Trust Fund	***************************************		
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Local Government Guarantee		************************		ᄩ		vernment Fund			
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	ability to pro						***************************************		
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		ΤY	PE OF	OPE	RATOR				
Federal Government	Sta	ite Gov	ernmer	nt	,	City / Local Government			
Commercial		vate				Other:	~		
Option 1 UST OPERATOR NAME (Business Name us r North White School Corpora		Secretary	of State)			BUSINESS ID (From the Secretary of State)			
Option 2 UST OPERATOR NAME (If a Public Agency or		***********			***********************				
Option 3 UST OPERATOR NAME (If in Individual Capac	эту)								
PREFIX FIRST NAME			MI	LAS	T NAME		SUFFIX		
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Monon		IN		17959 DATE BEGAN OPERATING (MM/DD/YYY 06/01/199					
TELEPHONE NUMBER	EMAIL ADDRES	1		Individual Capacity) JOB TITLE (Option 3 Individual Capacity)					
604-4004									
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed PREFIX FIRST NAME	in Option 1 or 2)		ТМІ	11.6	T NAME		SUFFIX		
W. Dean			IVIE	Ĉ		SUPPIX			
PRINCIPAL OFFICE ADDRESS of PRIMARY RESIDEN	TAL ADDRESS (Number ar	nd Street, n			ADDRESS (line 2)			
402 E. Broadway									
CITY		STATE	ZIP COD			JOB TITLE			
				59		Transportation Director	**************		
TELEPHONE NUMBER	EMAIL ADDRES	iS							
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RINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (line 2)									
402 E. Broadway					•				
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Federal Government	[ate Gov	ernme	<u>nt</u>		City / Local Government	DEBUGGBAGGBAGGBAGGBAGGBAGGBAGGBAGGBAGGBAGG
Option 1 PROPERTY OWNER NAME (Business Name	20 0220		ivate	tary of Sta	ita)	TRUSINE	Other: SS ID (From the Socretary of State)	***************************************
North White School Corpora			11 (110) 30(2) 0	iary ur Sia	167)	DOGINE	56 ID (From the Goodelay of Gible)	
Option 2 PROPERTY OWNER NAME (If a Public Agent	cy or oth	ar entity)	enaday adamperina diriri	ACCOUNTY OF THE PARTY OF THE PA		usaamaa eenik ee aadelee (uur koopey) eleb kirji haan keeloo elevaydi jii holi dii masti kiri holi dii masti k	Mining Streets of a monthly of the street
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402 E. Broadway								
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TELEPHONE NUMBER 604-4004	EMAIL	ADDRE	SS (Option	3 Individu	al Capacity)	JOB TIT	LE (Option 3 Individual Capacity)	al faring the second of the se
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed PREFIX FIRST NAME	in Optio	n 1 or 2)		IMI	ILAST NAME		Underlijk dat je gejare i Melika kije se oce e eksel marreka i met eksel kladet op je de construkte i dest e m Oktober je kladet i gejare i melika i met e je j	ISUFFIX
W. Dean				144	Cook			1001111
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CITY			STATE	ZIP COI		JOB TIT		
Monon TELEPHONE NUMBER	TEMAII	ADDRE	IN	479	29	Irar	nsportation Director	ingina - Abranja - Abranja
604-4004	Lineste	A DOME			dwcook@	nwhite	e.k12.in.us	
ACTIVE	LAN	D CC	NTRA	ACT P	ROPERTY	OWNE	R (If applicable)	
					OF OWNER	***************************************		
Federal Government			ate Gov	ernmei	nt		City / Local Government	****
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Option 3 PROPERTY OWNER NAME (If in Individual Co	apacity)		*************	[MI	LAST NAME			ISUFFIX
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TELEPHONE NUMBER JOB TITLE	Æ	MAIL AC	DRESS (C	option 3 Inc	dividual Capacity)	PROPOS	SED END DATE (MM/OD/YYYY)	от (узнавідноў везавай везенійн по завой
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CITY			STATE	ZIP COO	DE	JOB TITI	LE	
TELEPHONE NUMBER	EMAIL	ADDRES	S	***************************************		***************************************		

FACILITY NAME North White School Corporati	O in			and the second	a a marka da marka d	namentalis and the second section of the second sec
Til		ONTE	ACTOR			
INSTALLATION INSPECTED BY A REGISTERED ENGINEER	REGISTRATIO				REGISTRATION DATE	
MANUFACTURER'S INSTALLATION CHECKLISTS HA			INSTALLER CERTIF	TED BY TANK AN	(mm/dd/yyyy) D PIPING MANUFACTURER	,
INCLUDED WORK INSPECTED BY INDIANA DEPARTMENT OF H	OMELAND SECURITY	/ DIVISION	OF FIRE AND BUILD	ING SAFETY	INSPECTION DATE (mm/dd/yyyy)	
CONTRACTOR BUSINESS NAME (Business Name as regis		of State)	***************************************	BUSINESS ID (From the Secretary of State)	40
Jacobs Professional Services		D WORK O	NI CITE		200603200034	19
PREFIX FIRST NAME	FORMED OR MANAGE	Mi	LAST NAME		naje sa njedoviše do nime menodenskih pir noviš rini do ili Afrika iza ing NA ris do 1998. god	SUFFIX
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48 S 25 E	ADDRESS (Mullipel All	a Street, no	r.o poxy	PO Box	. 7	
CITY	STATE	ZIP CODE			ATION NUMBER	
Reynolds TELEPHONE NUMBER JEM	AIL ADDRESS	4798	V	1002000)663334	raneiwito-Anginesiyavinovullosusinoyundukiljer
604-4250	AL ADDATEDO		jps@jacob	sservice	s.com	
	POTENTIALI			PARTIES		
INTERESTED PARTY NAME North White School Corporation	on	dwcc	ock@nwhit	e.k12.in.u	ıs	
INTERESTED PARTY NAME	And the state of t	E-MAIL AC	DRESS			Marini illing assert inquisidan air in
Jacobs Professional Services	LLC		jacobsserv	/ices.com	<u> </u>	
INTERESTED PARTY NAME		E-MAIL A	DRESS			
1	FΔC		SITE MAP			
In the space below, sketch the facility (tank				, pump island	ds, buildings, etc.). In	clude tank
sizes and type of product stored. Label st	reets or other lan	dmarks.	Show North if	direction kno	own.	····
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•						
•						

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 12 628

Taxing District

Township:

MONON TOWNSHIP

Corporation:

North White School Corporation

Land Description

<u>Land Type</u>	<u>Acreage</u>	<u>Dimensions</u>
Undeveloped Usable	32 12	
Primary	1.0	
Secondary	1 0	

	orth White School Corpor	ation			
	Complete one column for ea	ch tank or compartmen	t. Šee instructions for	compartment identificati	on numbering.
М			NDERGROUND ST		
·	IDEM UST REGISTRATION NUMBER	S	2		
	PART OF A COMPARTMENTED UST (Y/N	NO	NO		- Particular and Company and Associated Service Servic
	NUMBER OF COMPARTMENTS IN US	. Januari samulu ar quili como amuni antico a municipal para fina a quanti como a serie de la como a serie d	and an internal to the second of the second		
	COMPARTMENT IDENTIFICATION NUMBER	R	2	***	
	(mm/dd/yyyy) DATE INSTALLED	06/01/1998	06/01/1998		- A STAN SAN DAR OF COMMUNES OF COMMUNICATION OF COMMUNICAT
	(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE	06/15/1998	06/15/1998	**************************************	
	(gallons) ESTIMATED TOTAL CAPACITY	2,021	10,098		
	MANIFOLDED (YIN	NO	NO		
	MANIFOLDED TO COMPARTMENT ID NUMBER			nn a Airigeacha, gun agus ann ann an gun gu ga shinn bhaga agus agus an gu agus agus agus agus agus agus agus a	ymee 6, dagaarin oo galaha caabara maa gaaraa ah a
N	S	TATUS OF UNDE	RGROUND STORA	GE TANKS	
	CURRENT STATUS	IN USE	IN USE		
	(mm/dd/yyyy) STATUS DATE	03/22/2024	03/22/2024		
0	SUBSTANCES CURF	RENTLY OR LAST	STORED IN UND	RGROUND STOR	AGE TANKS
	PETROLEUN	GSL - Gasoline	DSL - Diesel		
	MAXIMUM ETHANOL %)	na jaran manan ja manan manan mengan menangan menangan pengan pengangan pengangan pengangan pengangan pengangan	**************************************	
	MAXIMUM BIOFUEL %				
	(specify) OTHER				
	HAZARDOUS SUBSTANCE				
	CHEMICAL ABSTRACT SERVICE NUMBER			er en	
	MIXTURE OF SUBSTANCES	The state of the s	eri derekterik derik derik derik dilari gerigi kiringi derekterik derekterik apayang menghadah pina ang ana una	**************************************	
	PRODUCT IS COMPATIBLE WITH TANK (YIN)	YES	YES	**************************************	
P	UNDERGR	OUND STORAGE	TANK CONSTRU	CTION ATTRIBUTE	S
	MANUFACTURER	Kennedy	Kennedy		
	MODEL	STIP3	STIP3		
	MATERIAL OF CONSTRUCTION	Steel	Steel		Mariel Comment Comment and Co
	SECONDARY CONTAINMENT	 	**************************************	ne ver en	APARTEMENT AND COMMISSION OF THE PROPERTY OF T
Q	UNDERG	ROUND STORAG	E TANK CORROS	ION PROTECTION	
	CORROSION PROTECTION TYPE	Sacrificial Anodes (Sacrificial Anodes (
	(mm/dd/yyyy) ANODE INSTALLATION DATE	06/01/1998	06/01/1998		Andrew Comments
	INTERIOR LINING	NO	NO		
	(mm/dd/yyyy) LINER INSTALLATION DATE	ang kanalang atau kanan na /del>	gang pagan and an ang pagan p		elleroungeneppeneppenen et ander perfect perfect in property applies and per
	(specify) OTHER	y territorio de la companya y constante e e e e e e e e e e e e e e e e e e			
R		PIPING CONSTRU	CTION AND PRO	TECTION	
	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		
		Not Applicable	Not Applicable		
	CORROSION PROTECTION TYPE		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		

	North White School Corporation						
	Complete one column for each tank or compartment. See instructions for compartment identification numbering.						
Μ	IDEN:	FIFICATION OF U	NDERGROUND ST	ORAGE TANKS			
	IDEM UST REGISTRATION NUMBER						
	PART OF A COMPARTMENTED UST (YIN			·			
	NUMBER OF COMPARTMENTS IN US			(for the second			
	COMPARTMENT IDENTIFICATION NUMBER	(ing and the second of the seco	- Alexandria (Alexandria de Alexandria (Alexandria (Alexandria (Alexandria (Alexandria (Alexandria (Alexandria			
	(mm/dd/yyyy) DATE INSTALLED	,			THE RESIDENCE OF THE PROPERTY		
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE						
	(gallons) ESTIMATED TOTAL CAPACITY						
	MANIFOLDED (YIN						
	MANIFOLDED TO COMPARTMENT ID NUMBER						
N	S	TATUS OF UNDER	RGROUND STORA	GE TANKS			
	CURRENT STATUS				Name of the second seco		
	(mm/dd/yyyy) STATUS DATE	**************************************	144		and the state of t		
0	SUBSTANCES CURF	ENTLY OR LAST	STORED IN UND	RGROUND STOR	AGE TANKS		
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	MAXIMUM ETHANOL %						
	MAXIMUM BIOFUEL %			* — / так ий - один — «Во селоску оприлентенция коружирования инфициальной инфициильной инфициальной инфициальной инфициальной инфициальной инфициильной инфициальной инфициальной инфициильной инфициильной инфициальной инфициильной инфициил	Mary margin with a constant of the constant of		
	(specify) OTHER						
	HAZARDOUS SUBSTANCE						
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	MIXTURE OF SUBSTANCES	**************************************					
	PRODUCT IS COMPATIBLE WITH TANK (YIN)						
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***************************************	MANUFACTURER		Market United Commission Commissi				
	MODEL	The second secon	**************************************				
	MATERIAL OF CONSTRUCTION			***************************************			
	SECONDARY CONTAINMENT						
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	CORROSION PROTECTION TYPE						
	(mm/dd/yyyy) ANODE INSTALLATION DATE	**************************************					
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	(specify) OTHER	***************************************					
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	MODEL						
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	MATERIAL						
	SECONDARY CONTAINMENT	Act in the control of					
	CORROSION PROTECTION TYPE				restructive accounting a second secon		
	(mm/dd/yyyy) ANODE INSTALLATION DATE						
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	PRODUCT DELIVERY METHOD	THE RESIDENCE OF THE PROPERTY			antifold the friends by filter and experience on the second behavior behavior that the first of the experience of the second on the second of		
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	MODEL	1500	1500	то опременения в постоя на пременения на пре менения на постоя на	
	SECONDARY UST RELEASE DETECTION	N/A	N/A		
	MANUFACTURER				
	MODEL				
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v , i 	PRIMARY PIPING RELEASE DETECTION				
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	MODEL			a replication of the plants of	
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	TERTIARY PIPING RELEASE DETECTION				
	MANUFACTURER				
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U	SP	ILL AND OVERFIL	L PREVENTION E	EQUIPMENT	
	CATCHMENT BASIN / SPILL BUCKET	Standard Spill Buck	Standard Spill Buck		
	(mm/dd/yyyy) DATE INSTALLED	03/12/2024	03/12/2024	A CONTRACTOR CONTRACTO	
	MANUFACTURER	OPW	OPW	**************************************	Participant of the second of t
	MODEL	1C-2100	1C-2100		
	FILL LATITUDE				
	FILL LONGITUDE		LO DESCRIPTION OF THE PROPERTY		
F	PRIMARY OVERFILL PREVENTION EQUIPMENT		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		
SEC	ONDARY OVERFILL PREVENTION EQUIPMENT	N/A			
	(mm/dd/yyyy) DATE INSTALLED				
	MANUFACTURER				
	MODEL				
	% ULLAGE SET POINT				
	UNDER DISPENSER CONTAINMENT PRESENT	NO	NO	AND STREET, ST	
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UST OWNER CERTIFICATION						
I swear or affirm, under penalty of perjury a	as specified by IC 35-44.1-2-1 and other penalt	ies specified by IC 13-30-10 and IC 13-23-14-				
	in this document are true, accurate, and comp					
following requirements in accordance with		-				
(1) Installation of all tanks and piping unde	er 40 CFR 280.20.					
(2) Cathodic protection of steel tanks and p	piping under 40 CFR 280.20.					
(3) Release detection under 40 CFR 280 Su	ibpart D.					
(4) Financial responsibility under 329 IAC 9						
OWNER'S AUTHORIZED REPRESENTATIVE (Print or Type) PREFIX I FIRST NAME						
	MI LAST NAME	SUFFIX				
W. Dean	Cook					
TITLE OF AUTHORIZED REPRESENTATIVE	COMPANY NAME (If Individual Leave B					
Transportation Director	North White School	Corporation				
SIGNATURE		DATE (MM/DD/YYYY)				
	UST OPERATOR CERTIFICATION	<u> </u>				
I swear or affirm, under penalty of periury a	as specified by IC 35-44.1-2-1 and other penalt					
2. that the statements and representations	in this document are true, accurate, and comp	plate. I further certify compliance with the				
following requirements in accordance with		order of the transfer of the compliance with the				
(1) Installation of all tanks and piping unde						
(2) Cathodic protection of steel tanks and p						
(3) Release detection under 40 CFR 280 Sul						
(4) Financial responsibility under 329 IAC 9	J-8.					
OPERATOR'S AUTHORIZED REPRESENTATIVE (Print or T						
PREFIX FIRST NAME	MI LAST NAME	SUFFIX				
W. Dean	Cook					
TITLE OF AUTHORIZED REPRESENTATIVE	COMPANY NAME (If Individual Leave &					
Transportation Director	North White School	Corporation				
SIGNATURE		DATE (MM/DD/YYYY)				
- A		5/14/2024				
CONTRACTOR CERTIFICATION						
CERTIFIED INDIVIDUAL NAME PREFIX FIRST NAME	IMI ILAST NAME					
Edward	D Jacobs	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 DATE (MM/DD/YYYY)						
(dward Jacobs	ljps@jacobsservices.com	05/14/2024				
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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

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

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

From: **NW Corp Office** < <u>xeroxscan@nwhite.k12.in.us</u>>

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: 210-604-4004

Phone: 219-604-4004 Fax: 219-604-4028

mrowlands@nwhite.k12.in.us

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