



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: **40041**

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 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 checked="" 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 Oxford Express		LATITUDE (37.710101 to 41.866773) 41.05328	LONGITUDE (-88.165351 to -84.671035) -85.11800
FACILITY ADDRESS (number and street) 1416 Oxford St.		PARCEL NUMBER	
CITY Fort Wayne	STATE IN	ZIP CODE 46806	COUNTY Allen
		TELEPHONE NUMBER (260) 745-5111	

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 checked="" 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 type="checkbox"/> School	<input type="checkbox"/> Other:

D PREPARED BY

PREFIX	FIRST NAME Chris	MI B	LAST NAME Dunifon	SUFFIX
ADDRESS 5015 Meadow Ln		CITY Fort Wayne	STATE IN	ZIP CODE 46809
TELEPHONE NUMBER (260) 433-6232	JOB TITLE owner of CBD Service LLC	EMAIL ADDRESS chrisdunifon@gmail.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)

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
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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)

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
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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 # 40041		FACILITY NAME Oxford Express	
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 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"/> Commercial		<input type="checkbox"/> Private	
		<input type="checkbox"/> City / Local Government	
		<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)	
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)	
CITY	STATE	ZIP CODE	DATE BEGAN OPERATING (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)		ADDRESS (line 2)	
CITY	STATE	ZIP CODE	JOB TITLE
TELEPHONE NUMBER	EMAIL ADDRESS		
H FACILITY CONTACT			
CONTACT INDIVIDUAL NAME			
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 ID # 40041		FACILITY NAME Oxford Express			
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)				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)				ADDRESS (line 2)	
CITY		STATE	ZIP CODE	JOB TITLE	
TELEPHONE NUMBER		EMAIL ADDRESS			

FACILITY ID # 40041		FACILITY NAME Oxford Express			
K CONTRACTOR					
<input type="checkbox"/>	INSTALLATION INSPECTED BY A REGISTERED ENGINEER		REGISTRATION ID:	REGISTRATION DATE <i>(mm/dd/yyyy)</i>	
<input type="checkbox"/>	MANUFACTURER'S INSTALLATION CHECKLISTS HAVE BEEN COMPLETED AND INCLUDED		<input 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 <i>(mm/dd/yyyy)</i>	
CONTRACTOR BUSINESS NAME <i>(Business Name as registered with the Secretary of State)</i>			BUSINESS ID <i>(From the Secretary of State)</i>		
CONTACT INFORMATION FOR CONTRACTOR THAT PERFORMED OR MANAGED WORK ON SITE					
PREFIX	FIRST NAME		MI	LAST NAME Dunifon	
					SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS <i>(Number and Street, no P.O. Box)</i>				ADDRESS <i>(line 2)</i>	
CITY		STATE	ZIP CODE	IDHS CERTIFICATION NUMBER	
TELEPHONE NUMBER		EMAIL ADDRESS			
L POTENTIALLY INTERESTED PARTIES					
INTERESTED PARTY NAME			E-MAIL ADDRESS		
INTERESTED PARTY NAME			E-MAIL ADDRESS		
INTERESTED PARTY NAME			E-MAIL ADDRESS		
M FACILITY SITE MAP					
<i>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.</i>					

FACILITY ID # 40041		FACILITY NAME Oxford Express	
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	2	
PART OF A COMPARTMENTED UST (Y/N)	YES <input type="checkbox"/>	YES <input type="checkbox"/>	
NUMBER OF COMPARTMENTS IN UST	2	2	
COMPARTMENT IDENTIFICATION NUMBER	1	2	
(mm/dd/yyyy) DATE INSTALLED			
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE			
(gallons) ESTIMATED TOTAL CAPACITY	11,904	6,321	
MANIFOLDED (Y/N)	NO <input type="checkbox"/>	NO <input type="checkbox"/>	
MANIFOLDED TO COMPARTMENT ID NUMBER			
O	STATUS OF UNDERGROUND STORAGE TANKS		
CURRENT STATUS	IN USE <input type="checkbox"/>	IN USE <input type="checkbox"/>	
(mm/dd/yyyy) STATUS DATE	05/03/2023	05/03/2023	
P	SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS		
PETROLEUM	GSL - Gasoline <input type="checkbox"/>	GSL - Gasoline <input type="checkbox"/>	
MAXIMUM ETHANOL %	10	10	
MAXIMUM BIOFUEL %			
(specify) OTHER			
HAZARDOUS SUBSTANCE			
CHEMICAL ABSTRACT SERVICE NUMBER			
MIXTURE OF SUBSTANCES			
PRODUCT IS COMPATIBLE WITH TANK (Y/N)	YES <input type="checkbox"/>	YES <input type="checkbox"/>	
Q	UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES		
MANUFACTURER	Xerxes	Xerxes	
MODEL	12000gal 10' dia DW	6000gas 10' dia DW	
MATERIAL OF CONSTRUCTION	Fiberglass <input type="checkbox"/>	Fiberglass <input type="checkbox"/>	
SECONDARY CONTAINMENT	Double-walled <input type="checkbox"/>	Double-walled <input type="checkbox"/>	
R	UNDERGROUND STORAGE TANK CORROSION PROTECTION		
CORROSION PROTECTION TYPE	Not Applicable <input type="checkbox"/>	Not Applicable <input type="checkbox"/>	
(mm/dd/yyyy) ANODE INSTALLATION DATE			
INTERIOR LINING			
(mm/dd/yyyy) LINER INSTALLATION DATE			
(specify) OTHER			
S	PIPING CONSTRUCTION AND PROTECTION		
MANUFACTURER	APT	APT	
MODEL	2nd gen	2nd gen	
(mm/dd/yyyy) DATE INSTALLED			
MATERIAL	Flexible Compos <input type="checkbox"/>	Flexible Compos <input type="checkbox"/>	
SECONDARY CONTAINMENT	Double-walled <input type="checkbox"/>	Double-walled <input type="checkbox"/>	
CORROSION PROTECTION TYPE	Not Applicable <input type="checkbox"/>	Not Applicable <input type="checkbox"/>	
(mm/dd/yyyy) ANODE INSTALLATION DATE			
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)	YES <input type="checkbox"/>	YES <input type="checkbox"/>	
PRODUCT DELIVERY METHOD	Pressurized <input type="checkbox"/>	Pressurized <input type="checkbox"/>	

FACILITY ID # 40041		FACILITY NAME Oxford Express			
IDEM UST REGISTRATION NUMBER		1	2		
COMPARTMENT IDENTIFICATION NUMBER		1	2		
T UNDERGROUND STORAGE TANK RELEASE DETECTION					
PRIMARY UST RELEASE DETECTION		ATG Interstitial M <input type="checkbox"/>	ATG Interstitial M <input type="checkbox"/>		
MANUFACTURER		Incon	Incon		
MODEL		FMP-EIS	FMP-EIS		
SECONDARY UST RELEASE DETECTION		ATG CSLD <input type="checkbox"/>	ATG CSLD <input type="checkbox"/>		
MANUFACTURER		Incon	Incon		
MODEL		EVO 550	EVO 550		
U UNDERGROUND PIPING RELEASE DETECTION					
PRIMARY PIPING RELEASE DETECTION		Interstitial Monito <input type="checkbox"/>	Interstitial Monito <input type="checkbox"/>		
MANUFACTURER		Incon	Incon		
MODEL		FMP-USL	FMP-ULS		
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)		ALLD w/Annual T <input type="checkbox"/>	ALLD w/Annual T <input type="checkbox"/>		
MANUFACTURER					
MODEL					
TERTIARY PIPING RELEASE DETECTION		N/A <input type="checkbox"/>	N/A <input type="checkbox"/>		
MANUFACTURER					
MODEL					
V SPILL AND OVERFILL PREVENTION EQUIPMENT					
CATCHMENT BASIN / SPILL BUCKET		Standard Spill Bu <input type="checkbox"/>	Standard Spill Bu <input type="checkbox"/>		
(mm/dd/yyyy) DATE INSTALLED					
MANUFACTURER		Emco Wheaton	Emco Wheaton		
MODEL					
FILL LATITUDE		41.053330	41.053330		
FILL LONGITUDE		-85.118110	-85.118050		
PRIMARY OVERFILL PREVENTION EQUIPMENT					
(mm/dd/yyyy) DATE INSTALLED					
MANUFACTURER					
MODEL					
% ULLAGE SET POINT					
SECONDARY OVERFILL PREVENTION EQUIPMENT		N/A <input type="checkbox"/>	N/A <input type="checkbox"/>		
(mm/dd/yyyy) DATE INSTALLED					
MANUFACTURER					
MODEL					
% ULLAGE SET POINT					
UNDER DISPENSER CONTAINMENT PRESENT		YES - Testable <input type="checkbox"/>	YES - Testable <input type="checkbox"/>		
MANUFACTURER					
(mm/dd/yyyy) DATE INSTALLED					
SUBMERSIBLE TURBINE SUMP PRESENT		YES - Testable <input type="checkbox"/>	YES - Testable <input type="checkbox"/>		
MANUFACTURER					
(mm/dd/yyyy) DATE INSTALLED					

FACILITY ID # 40041	FACILITY NAME Oxford Express
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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 # 40041		FACILITY NAME Oxford Express		
IDEM UST REGISTRATION NUMBER				
COMPARTMENT IDENTIFICATION NUMBER				
T	UNDERGROUND STORAGE TANK RELEASE DETECTION			
PRIMARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				
SECONDARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				
U	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				
V	SPILL AND OVERFILL PREVENTION EQUIPMENT			
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 # 40041		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 <i>(MM/DD/YYYY)</i>	
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
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME <i>(If Individual Leave Blank)</i>		
SIGNATURE			DATE <i>(MM/DD/YYYY)</i>	
CONTRACTOR CERTIFICATION				
CERTIFIED INDIVIDUAL NAME				
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Chris	B	Dunifon	
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 <i>(MM/DD/YYYY)</i>
		chrisdunifon@gmail.com		03/27/2024

McCarthy, Keegan

From: Ware, Jordan M
Sent: Friday, June 28, 2024 11:32 AM
To: IDEM USTregistration
Subject: FW: FID # 40041
Attachments: 45223 form.pdf

Good morning,

Please see the attached notification form for FID 40041. It was submitted in response to a violation letter. All requested information has been provided.

Please let me know if you have any questions.

Thank you,



Jordan Ware

Compliance Manager | UST Compliance Section
Petroleum Branch | Office of Land Quality
Indiana Department of Environmental Management

(317) 232-2045 | jmware@idem.in.gov



From: Chris Dunifon <chrisdunifon@gmail.com>
Sent: Friday, June 28, 2024 8:22 AM
To: IDEM USTCompliance (USTcompliance) <USTCompliance@idem.IN.gov>
Subject: FID # 40041

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

Here is the corrected form.

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CBD Service LLC
Chris Dunifon
Fort Wayne, IN
chrisdunifon@gmail.com
260-433-6232