	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: 1703						
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			LATITUDE (37.710101 to 41.866773)		LONGITUDE (-88.165351 to -84.671035)		
UPS Versailles Center			39.071806		-85.264854		
FACILITY ADDRESS (number and street)				PARCEL NUMBER			
205 Gaslight Drive				69-13-11-100-002.002-014			
CITY	STATE	ZIP CODE	COUNTY	TELEPHONE NUMBER			
Versailles	IN	47042	Ripley	(317) 340-8572			
C TYPE OF FACILITY (Check all that apply)							
<input type="checkbox"/>	Auto Dealership	<input checked="" 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 checked="" 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	MI	LAST NAME		SUFFIX		
Mr.	Chris		Vise				
ADDRESS			CITY	STATE	ZIP CODE		
700 West 16th Street			Indianapolis	IN	46202		
TELEPHONE NUMBER		JOB TITLE		EMAIL ADDRESS			
(317) 340-8572		Corporate Environmental Coordinator		cvise@ups.com			
E UST OWNER							
TYPE OF OWNER							
<input type="checkbox"/>	Federal Government		<input type="checkbox"/>	State Government		<input type="checkbox"/>	City / Local Government
<input checked="" 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)			
United Parcel Service, Inc.				194276-103			
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		
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)			
700 West 16th Street							
CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)				
Indianapolis	IN	46202	01/01/1968				
TELEPHONE NUMBER		EMAIL ADDRESS (Option 3 Individual Capacity)		JOB TITLE (Option 3 Individual Capacity)			
(562) 202-2765							
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)							
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX		
Mr.	Isauro		Ramirez				
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)				ADDRESS (line 2)			
700 West 16th Street							
CITY	STATE	ZIP CODE	JOB TITLE				
Indianapolis	IN	46202	Facility Engineer II				
TELEPHONE NUMBER		EMAIL ADDRESS					
(562) 202-2765		isauroramirez@ups.com					

FACILITY ID # 1703		FACILITY NAME UPS Versailles Center			
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 checked="" 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 checked="" type="checkbox"/> Financial Test of Self Insurance			<input checked="" type="checkbox"/> Excess Liability Trust Fund (State Fund)		
<input type="checkbox"/> Guarantee			<input checked="" 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"/> City / Local Government	
<input checked="" 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) United Parcel Service, Inc.				BUSINESS ID (From the Secretary of State) 194276-103	
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) 700 West 16th Street				ADDRESS (line 2)	
CITY Indianapolis		STATE IN	ZIP CODE 46202	DATE BEGAN OPERATING (MM/DD/YYYY) 01/01/1968	
TELEPHONE NUMBER (562) 202-2765		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
	Mr. Isauro		Ramirez		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 700 West 16th Street				ADDRESS (line 2)	
CITY Indianapolis		STATE IN	ZIP CODE 46202	JOB TITLE Facility Engineer II	
TELEPHONE NUMBER (562) 202-2765		EMAIL ADDRESS isauroramirez@ups.com			
H FACILITY CONTACT					
CONTACT INDIVIDUAL NAME					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
	Annie		Schweitzer		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 11141 Canal Road				ADDRESS (line 2)	
CITY Sharonville		STATE OH	ZIP CODE 45241	JOB TITLE Facility Engineer	
TELEPHONE NUMBER (859) 462-4155		EMAIL ADDRESS annieschweitzer@ups.com			

FACILITY ID # 1703		FACILITY NAME UPS Versailles Center			
I DEEDED PROPERTY OWNER					
TYPE OF OWNER					
<input type="checkbox"/> Federal Government		<input type="checkbox"/> State Government		<input type="checkbox"/> City / Local Government	
<input checked="" 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) United Parcel Service, Inc.				BUSINESS ID (From the Secretary of State) 194276-013	
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) 700 West 16th Street				ADDRESS (line 2)	
CITY Indianapolis		STATE IN	ZIP CODE 46202	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 10/22/1971	
TELEPHONE NUMBER (562) 202-2765		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
	Isauro		Ramirez		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 700 West 16th Street				ADDRESS (line 2)	
CITY Indianapolis		STATE IN	ZIP CODE 46202	JOB TITLE Facility Engineer II	
TELEPHONE NUMBER (562) 202-2765		EMAIL ADDRESS isauroramirez@ups.com			
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				

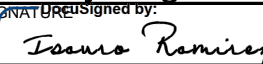
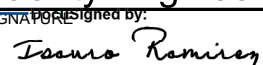
FACILITY ID # 1703	FACILITY NAME UPS Versailles Center		
K CONTRACTOR			
<input type="checkbox"/> INSTALLATION INSPECTED BY A REGISTERED ENGINEER	REGISTRATION ID:	REGISTRATION DATE <i>(mm/dd/yyyy)</i>	
<input type="checkbox"/> MANUFACTURER'S INSTALLATION CHECKLISTS HAVE BEEN COMPLETED AND INCLUDED	<input 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 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 Stephen Vasas-Arcadis		E-MAIL ADDRESS stephen.vasas@arcadis.com	
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 # 1703		FACILITY NAME UPS Versailles Center		
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	1			
COMPARTMENT IDENTIFICATION NUMBER				
(mm/dd/yyyy) DATE INSTALLED	09/01/1993			
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE	09/01/1993			
(gallons) ESTIMATED TOTAL CAPACITY	12,000			
MANIFOLDED (Y/N)				
MANIFOLDED TO COMPARTMENT ID NUMBER				
O	STATUS OF UNDERGROUND STORAGE TANKS			
CURRENT STATUS	IN USE			
(mm/dd/yyyy) STATUS DATE	05/09/2024			
P	SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS			
PETROLEUM	GSL - Gasoline			
MAXIMUM ETHANOL %				
MAXIMUM BIOFUEL %				
(specify) OTHER				
HAZARDOUS SUBSTANCE				
CHEMICAL ABSTRACT SERVICE NUMBER				
MIXTURE OF SUBSTANCES				
PRODUCT IS COMPATIBLE WITH TANK (Y/N)	YES			
Q	UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES			
MANUFACTURER				
MODEL				
MATERIAL OF CONSTRUCTION	Fiberglass			
SECONDARY CONTAINMENT	Double-walled			
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	09/01/1993			
MATERIAL	Rigid Fiberglass			
SECONDARY CONTAINMENT	Secondary Barrier			
CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)	YES			
PRODUCT DELIVERY METHOD	Pressurized			

FACILITY ID # 1703		FACILITY NAME UPS Versailles Center		
IDEM UST REGISTRATION NUMBER				
COMPARTMENT IDENTIFICATION NUMBER				
T	UNDERGROUND STORAGE TANK RELEASE DETECTION			
PRIMARY UST RELEASE DETECTION	ATG 0.2gph monthly			
MANUFACTURER	Veeder Root			
MODEL	TLS 350			
SECONDARY UST RELEASE DETECTION	ATG Interstitial Mon			
MANUFACTURER	Veeder Root			
MODEL	TLS 350			
U	UNDERGROUND PIPING RELEASE DETECTION			
PRIMARY PIPING RELEASE DETECTION	Annual Line Tightne			
MANUFACTURER				
MODEL				
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)	ALLD w/Annual Tes			
MANUFACTURER				
MODEL				
TERTIARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				
V	SPILL AND OVERFILL PREVENTION EQUIPMENT			
CATCHMENT BASIN / SPILL BUCKET	Doublewall Spill Buc			
(mm/dd/yyyy) DATE INSTALLED	07/01/2021			
MANUFACTURER	OPW			
MODEL				
FILL LATITUDE	39.071576			
FILL LONGITUDE	-89.264622			
PRIMARY OVERFILL PREVENTION EQUIPMENT	Auto Shutoff / Flapp			
(mm/dd/yyyy) DATE INSTALLED	01/26/2022			
MANUFACTURER	OPW			
MODEL				
% ULLAGE SET POINT				
SECONDARY OVERFILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
% ULLAGE SET POINT				
UNDER DISPENSER CONTAINMENT PRESENT	YES - Testable			
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED	09/01/1993			
SUBMERSIBLE TURBINE SUMP PRESENT	YES - Testable			
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED	09/01/1993			

FACILITY ID # 1703	FACILITY NAME UPS Versailles Center		
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 # 1703		FACILITY NAME UPS Versailles Center		
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 # 1703		TRANSACTION ID - FOR STATE USE ONLY	
UST OWNER CERTIFICATION			
<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
	Isauro		Ramirez
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank)	
Facility Engineer II		United Parcel Service, Inc.	
SIGNATURE Signed by:			DATE (MM/DD/YYYY)
			6/27/2024 1:40 PM EDT
FC277C4850CD4B0...			
UST OPERATOR CERTIFICATION			
<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
	Isauro		Ramirez
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank)	
Facility Engineer II		United Parcel Service, Inc.	
SIGNATURE Signed by:			DATE (MM/DD/YYYY)
			6/27/2024 1:40 PM EDT
FC277C4850CD4B0...			
CONTRACTOR CERTIFICATION			
CERTIFIED INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	LAST NAME 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		EMAIL ADDRESS	DATE (MM/DD/YYYY)

McCarthy, Keegan

From: IDEM USTCompliance (USTcompliance)
Sent: Friday, June 28, 2024 11:21 AM
To: IDEM USTRegistration
Subject: FW: FID 1703 UPS Versailles UST Documents and Revised Notification Form
Attachments: FID_1703__UPS_Versailles_UST_Notification_Form_2024_06_26.pdf

In case the owner did not submit to you directly, attached Notification was submitted per violation letter. Corrected piping release detection methods, and provided install info on replaced equipment

Thanks,



Caitlin Shaffer

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

(317) 234-4112 | cshaffer@idem.IN.gov



From: Vasas, Stephen <Stephen.Vasas@arcadis.com>
Sent: Friday, June 28, 2024 11:04 AM
To: IDEM USTCompliance (USTcompliance) <USTCompliance@idem.IN.gov>
Cc: cvise@ups.com
Subject: FID 1703 UPS Versailles UST Documents and Revised Notification Form

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

Attached are the requested documents and revised UST Notification Form for the above referenced facility to address the June 3, 2024 Violation Letter.

If you have any questions, or if an item is missing, please let me know.

Thanks!

Stephen

Stephen Vasas | stephen.vasas@arcadis.com
Certified Project Manager/Principal Geologist Professional Geologist IL
222 South Main Street, Suite 200, Akron OH | 44308 | USA
T./M. +1 330 464 7604



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