



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: **5495**

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 checked="" type="checkbox"/> Facility Contact Change	<input checked="" type="checkbox"/> UST Owner Change	<input checked="" type="checkbox"/> Owner/Operator Information Change
<input type="checkbox"/> Type of Facility Change	<input checked="" type="checkbox"/> Property Owner Change	<input type="checkbox"/> Facility Name / Location Change
<input checked="" type="checkbox"/> UST System Modification	<input checked="" type="checkbox"/> UST Operator Change	<input checked="" type="checkbox"/> Financial Responsibility Change
<input type="checkbox"/> New UST System(s)		

B FACILITY NAME / LOCATION

FACILITY NAME former Russiaville Auto Techs		LATITUDE (37.710101 to 41.866773) 40.4171503759	LONGITUDE (-88.165351 to -84.671035) -86.2722382274
FACILITY ADDRESS (number and street) 215 W Main St		PARCEL NUMBER 34-08-26-128-039.000-021	
CITY Russiaville	STATE IN	ZIP CODE 46979	COUNTY Howard
TELEPHONE NUMBER			

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 Anna	MI M	LAST NAME Millar	SUFFIX
ADDRESS 7428 Rockville Road		CITY Indianapolis	STATE IN	ZIP CODE 46214
TELEPHONE NUMBER (317) 347-1111	JOB TITLE	EMAIL ADDRESS amillar@iwmconsult.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) Roop Partnership LLC	BUSINESS ID (From the Secretary of State) 202308141716247
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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) 215 W Main St	ADDRESS (line 2)
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CITY Russiaville	STATE IN	ZIP CODE 46979	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 12/21/2023
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TELEPHONE NUMBER (765) 513-5021	EMAIL ADDRESS (Option 3 Individual Capacity)	JOB TITLE (Option 3 Individual Capacity)
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CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)

PREFIX Ms.	FIRST NAME Charnpreet	MI	LAST NAME Kaur	SUFFIX
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PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 215 W Main St	ADDRESS (line 2)
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CITY Russiaville	STATE IN	ZIP CODE 46979	JOB TITLE Member
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TELEPHONE NUMBER (765) 513-5021	EMAIL ADDRESS ck092789@gmail.com
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FACILITY ID # 5495		FACILITY NAME former Russiaville Auto Techs			
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 type="checkbox"/> Financial Test of Self Insurance			<input checked="" 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"/> City / Local Government	
<input 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)				BUSINESS ID (From the Secretary of State)	
Roop Partnership LLC				202308141716247	
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)	
215 W Main St					
CITY		STATE	ZIP CODE	DATE BEGAN OPERATING (MM/DD/YYYY)	
Russiaville		IN	46979	12/21/2023	
TELEPHONE NUMBER		EMAIL ADDRESS (Option 3 Individual Capacity)		JOB TITLE (Option 3 Individual Capacity)	
(765) 513-5021					
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
Ms.	Charnpreet		Kaur		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)				ADDRESS (line 2)	
215 W Main St					
CITY		STATE	ZIP CODE	JOB TITLE	
Russiaville		IN	46979	Member	
TELEPHONE NUMBER		EMAIL ADDRESS			
(765) 513-5021		ck092789@gmail.com			
H FACILITY CONTACT					
CONTACT INDIVIDUAL NAME					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
Mr.	Rick		Singh		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)				ADDRESS (line 2)	
215 W Main St					
CITY		STATE	ZIP CODE	JOB TITLE	
Russiaville		IN	46979	Member	
TELEPHONE NUMBER		EMAIL ADDRESS			
(765) 513-5021		ricksingh05@gmail.com			

FACILITY ID # 5495		FACILITY NAME former Russiaville Auto Techs			
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 checked="" 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)	
Roop Partnership LLC				202308141716247	
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)	
215 W Main St					
CITY		STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)	
Russiaville		IN	46979	12/21/2023	
TELEPHONE NUMBER		EMAIL ADDRESS (Option 3 Individual Capacity)		JOB TITLE (Option 3 Individual Capacity)	
(765) 513-5021					
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
	Ms. Charnpreet		Kaur		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)				ADDRESS (line 2)	
215 W Main St					
CITY		STATE	ZIP CODE	JOB TITLE	
Russiaville		IN	46979	Member	
TELEPHONE NUMBER		EMAIL ADDRESS			
(765) 513-5021		ck092789@gmail.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 # 5495		FACILITY NAME former Russiaville Auto Techs	
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 Mandy Hall		E-MAIL ADDRESS mhall@iwmconsult.com	
INTERESTED PARTY NAME Troy Smith		E-MAIL ADDRESS tsmith@iwmconsult.com	
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 # 5495	FACILITY NAME former Russiaville Auto Techs
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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	1	2	3
PART OF A COMPARTMENTED UST (Y/N)	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>
NUMBER OF COMPARTMENTS IN UST			
COMPARTMENT IDENTIFICATION NUMBER			
(mm/dd/yyyy) DATE INSTALLED	06/01/1983	06/01/1983	06/01/1983
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE	06/01/1983	06/01/1983	06/01/1983
(gallons) ESTIMATED TOTAL CAPACITY	6,000	5,000	6,000
MANIFOLDED (Y/N)	YES <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
MANIFOLDED TO COMPARTMENT ID NUMBER	2	1	

O STATUS OF UNDERGROUND STORAGE TANKS

CURRENT STATUS	TEMP CLOSED <input type="checkbox"/>	TEMP CLOSED <input type="checkbox"/>	TEMP CLOSED <input type="checkbox"/>
(mm/dd/yyyy) STATUS DATE	06/13/2024	06/13/2024	06/13/2024

P SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS

PETROLEUM	GSL - Gasoline <input type="checkbox"/>	GSL - Gasoline <input type="checkbox"/>	DSL - Diesel <input type="checkbox"/>
MAXIMUM ETHANOL %			
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"/>	YES <input type="checkbox"/>

Q UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES

MANUFACTURER			
MODEL			
MATERIAL OF CONSTRUCTION	Steel <input type="checkbox"/>	Steel <input type="checkbox"/>	Steel <input type="checkbox"/>
SECONDARY CONTAINMENT			

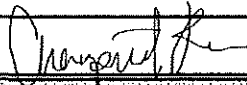
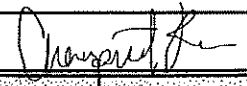
R UNDERGROUND STORAGE TANK CORROSION PROTECTION

CORROSION PROTECTION TYPE	Impressed Curre <input type="checkbox"/>	Impressed Curre <input type="checkbox"/>	Impressed Curre <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			
MODEL			
(mm/dd/yyyy) DATE INSTALLED	06/01/1983	06/01/1983	06/01/1983
MATERIAL	Rigid Fiberglass <input type="checkbox"/>	Rigid Fiberglass <input type="checkbox"/>	Rigid Fiberglass <input type="checkbox"/>
SECONDARY CONTAINMENT			
CORROSION PROTECTION TYPE			
(mm/dd/yyyy) ANODE INSTALLATION DATE			
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)	YES	YES	YES
PRODUCT DELIVERY METHOD	Pressurized <input type="checkbox"/>	Pressurized <input type="checkbox"/>	Pressurized <input type="checkbox"/>

FACILITY ID #		FACILITY NAME		
5495		former Russiaville Auto Techs		
IDEM UST REGISTRATION NUMBER		1	2	3
COMPARTMENT IDENTIFICATION NUMBER				
T	UNDERGROUND STORAGE TANK RELEASE DETECTION			
PRIMARY UST RELEASE DETECTION	Statistical Invent	Statistical Invent	Statistical Invent	
MANUFACTURER				
MODEL				
SECONDARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				
U	UNDERGROUND PIPING RELEASE DETECTION			
PRIMARY PIPING RELEASE DETECTION	Statistical Invent	Statistical Invent	Statistical Invent	
MANUFACTURER				
MODEL				
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)	Annual Line Tightne	Annual Line Tigh	Annual Line Tigh	
MANUFACTURER				
MODEL				
TERTIARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				
V	SPILL AND OVERFILL PREVENTION EQUIPMENT			
CATCHMENT BASIN / SPILL BUCKET	Standard Spill Bu	Standard Spill Bu	Standard Spill Bu	
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
FILL LATITUDE	40.417150	40.417150	40.417150	
FILL LONGITUDE	-86.272238	-86.272238	-86.272238	
PRIMARY OVERFILL PREVENTION EQUIPMENT	Flow Restrictor /	Flow Restrictor /	Flow Restrictor /	
(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	YES - Not Testable	YES - Not Testable	YES - Not Testable	
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				
SUBMERSIBLE TURBINE SUMP PRESENT				
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				

FACILITY ID # 5495		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
	Charnpreet		Kaur
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank)	
Member		Roop Partnership LLC	
SIGNATURE			DATE (MM/DD/YYYY)
			
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
	Charnpreet		Kaur
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank)	
Member		Roop Partnership LLC	
SIGNATURE			DATE (MM/DD/YYYY)
			
CONTRACTOR CERTIFICATION			
CERTIFIED INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	LAST NAME
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)

34-08-26-128-039,000-021
General Information
Parcel Number
 34-08-26-128-039,000-021
Local Parcel Number

Tax ID:

Routing Number
 08-26-100-021

Property Class 455
 Commercial Garage

Year: 2024

Location Information
County
 Howard
Township
 HONEY CREEK TOWNSHIP
District 021 (Local 021)
 RUSSIAVILLE TOWN

School Corp 3490
 WESTERN

Neighborhood 600401-021
 Russiaville Area Commercial

Section/Plat
 26

Location Address (1)
 215 W Main St
 Russiaville, IN 46979

Zoning

Subdivision

Lot

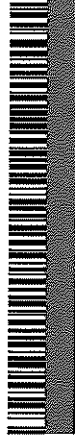
Market Model
 600401-C

Characteristics
Topography Flood Hazard
 Level
Public Utilities ERA
 All
Streets or Roads TIF
 Paved, Sidewalk
Neighborhood Life Cycle Stage
 Other
 Printed Saturday, May 4, 2024

Review Group 2020

Roop Partnership LLC
Ownership
 Roop Partnership LLC
 1009 Laurelwood
 Carmel, IN 46032

Legal
 O P RUSSIAVILLE LOT 5 & LOT 6 44' W SD



215 W Main St

455, Commercial Garage

Russiaville Area Commerci 1/2

Transfer of Ownership
Date **Owner** **Doc ID** **Code** **Book/Page** **Adj Sale Price** **VII**
 12/21/2023 Roop Partnership LLC V-L WD / \$500,000 V
 05/31/2011 GDM Partnership LLC WD / /
 04/15/2003 McFauls, Darin & Sch WD / /
 11/23/1999 CHANDLER GARY 0 WD / /
 01/01/1900 CHANDLER RAYMOND WD / /

Commercial

Valuation Records

Assessment Year	2024	2023	2022	2021	2020
Reason For Change	AA	AA	AA	AA	AA
As Of Date	04/11/2024	04/10/2023	04/13/2022	04/09/2021	04/07/2020
Valuation Method	Indiana Cost Mod	Indiana Cost Mod	Indiana Cost Mod	Indiana Cost Mod	Indiana Cost Mod
Equalization Factor	1.0000	1.0000	1.0000	1.0000	1.0000
Notice Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Land	\$35,600	\$35,600	\$35,600	\$35,600	\$34,500
Land Res (1)	\$0	\$0	\$0	\$0	\$0
Land Non Res (2)	\$0	\$0	\$0	\$0	\$0
Land Non Res (3)	\$35,600	\$35,600	\$35,600	\$35,600	\$34,500
Improvement	\$131,800	\$115,700	\$115,700	\$104,700	\$100,000
Imp Res (1)	\$0	\$0	\$0	\$0	\$0
Imp Non Res (2)	\$0	\$0	\$0	\$0	\$0
Imp Non Res (3)	\$131,800	\$115,700	\$115,700	\$104,700	\$100,000
Total	\$167,400	\$151,300	\$151,300	\$140,300	\$134,500
Total Res (1)	\$0	\$0	\$0	\$0	\$0
Total Non Res (2)	\$0	\$0	\$0	\$0	\$0
Total Non Res (3)	\$167,400	\$151,300	\$151,300	\$140,300	\$134,500

Land Data (Standard Depth: Res 132, Cl 132, Base Lot: Res 0 X 0, Cl 66' X 132')

Land Type	Soil ID	Act Front	Size Factor	Rate	Adj. Rate	Ext. Value	Inf. %	Market Factor	Cap 1	Cap 2	Cap 3	Value
Fcl	F	110	110x132	1.00	\$540	\$59,400	-40%	1.0000	0.00	0.00	100.00	\$35,640

Land Computations

Calculated Acreage	0.33
Actual Frontage	110
Developer Discount	<input type="checkbox"/>
Parcel Acreage	0.33
81 Legal Drain NV	0.00
82 Public Roads NV	0.00
83 UT Towers NV	0.00
9 Homesite	0.00
91/92 Acres	0.00
Total Acres Farmland	0.33
Farmland Value	\$0
Measured Acreage	0.00
Avg Farmland Value/Acre	0.0
Value of Farmland	\$0
Classified Total	\$0
Farm / Classified Value	\$0
Homesite(s) Value	\$0
91/92 Value	\$0
Supp. Page Land Value	\$0
CAP 1 Value	\$0
CAP 2 Value	\$0
CAP 3 Value	\$35,600
Total Value	\$35,600

Appraiser

RM

Data Source Estimated

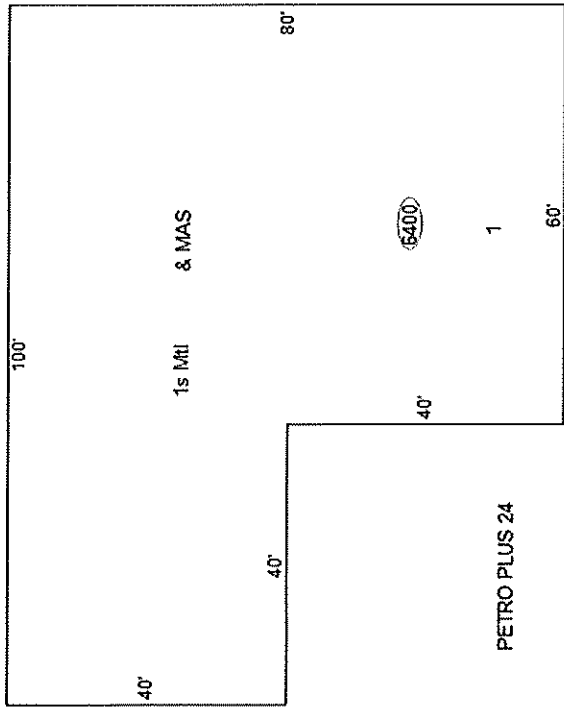
Collector 08/25/2020

General Information			
Occupancy	C/I Building	Pre. Use	Commercial Garage
Description	C/I Building C 01	Pre. Framing	Fire Resistant
Story Height	1	Pre. Finish	Semi-Finished
Type	N/A	# of Units	0

SB	B	1	U
Wall Type		1	U
Heating		1	(360')
A/C		6400	sqft

Plumbing RES/CI		Roofing	
#	TF	#	TF
0	0	0	0
0	0	0	0
0	0	2	4
0	0	0	0
0	0	0	0
0	0	1	1
0	0	3	5

Exterior Features		Area	Value
Description			



Building Computations	
Sub-Total (all floors)	\$415,296
Racquetball/Squash	\$0
Theater/Balcony	\$0
Plumbing	\$8,000
Other Plumbing	\$0
Special Features	\$8,125
Exterior Features	\$0

Other Plumbing		Value
Description		
Mezz 650sqft		\$8,125

Summary of Improvements

Story Height	Constr Type	Grade	Year Built	Year Eff	Eff Co	Age	nd	Base Rate	LCM	Adj Rate	Norm Dep	RCN	Size	Remain. Value	Abn Obs	Cap 1	Cap 2	Cap 3	Improv Value
1	C/I Building C 01	Metal	1965	1969	55	A		\$3.80	0.87	\$3.31	80%	\$375,336	6,400 sqft	\$75,070	0%	0.00	0.00	100.00	\$113,400
2	Paving C 01	Concrete	1965	1965	59	A		\$3.80	0.87	\$3.31	80%	\$24,200	7,320 sqft	\$4,840	0%	0.00	0.00	100.00	\$7,300
3	Service Station, DetCPY		1995	1995	29	A		\$29.41	0.87	\$25.59	75%	\$29,476	1,152 sqft	\$7,370	0%	0.00	0.00	100.00	\$11,100

Floor/Use Computations	
Pricing Key	GCI
Use	COMGAR
Use Area	6400 sqft
Area Not in Use	0 sqft
Use %	100.0%
Eff Perimeter	360'
PAR	6
# of Units / AC	0 / N
Avg Unit sz/dpth	
Floor	1
Wall Height	14'
Base Rate	\$64.89
Frame Adj	\$0.00
Wall Height Adj	\$0.00
Dock Floor	\$0.00
Roof Deck	\$0.00
Adj Base Rate	\$64.89
BPA Factor	1.00
Sub Total (rate)	\$64.89
Interior Finish	\$0.00
Partitions	\$0.00
Heating	\$0.00
A/C	\$0.00
Sprinkler	\$0.00
Lighting	\$0.00
Unit Finish/SR	\$0.00
GCK Adj.	\$0.00
S.F. Price	\$64.89
Sub-Total	\$0.00
Unit Cost	\$0.00
Elevated Floor	\$0.00
Total (Use)	\$415,296

BUSINESS INFORMATION
DIEGO MORALES
INDIANA SECRETARY OF STATE
06/13/2024 12:48 PM

Business Details

Business Name: **ROOP PARTNERSHIP LLC** Business ID: **202308141716247**
Entity Type: **Domestic Limited Liability Company** Business Status: **Active**
Creation Date: **08/14/2023** Inactive Date:
Principal Office Address: **215 W MAIN ST, Russiaville, IN, 46979, USA** Expiration Date: **Perpetual**
Jurisdiction of Formation: **Indiana** Business Entity Report Due Date: **08/31/2025**
Years Due:

Governing Person Information

Title	Name	Address
Member	CHARNPREET KAUR	100 LAURELWOOD, Carmel, IN, 46032, USA
Member	AMANPREET KAUR	4503 EVERGREEN TRAIL, Carmel, IN, 46074, USA
Member	LAKHWINDER SINGH	836 BOSTON DR, Kokomo, IN, 46902, USA

Registered Agent Information

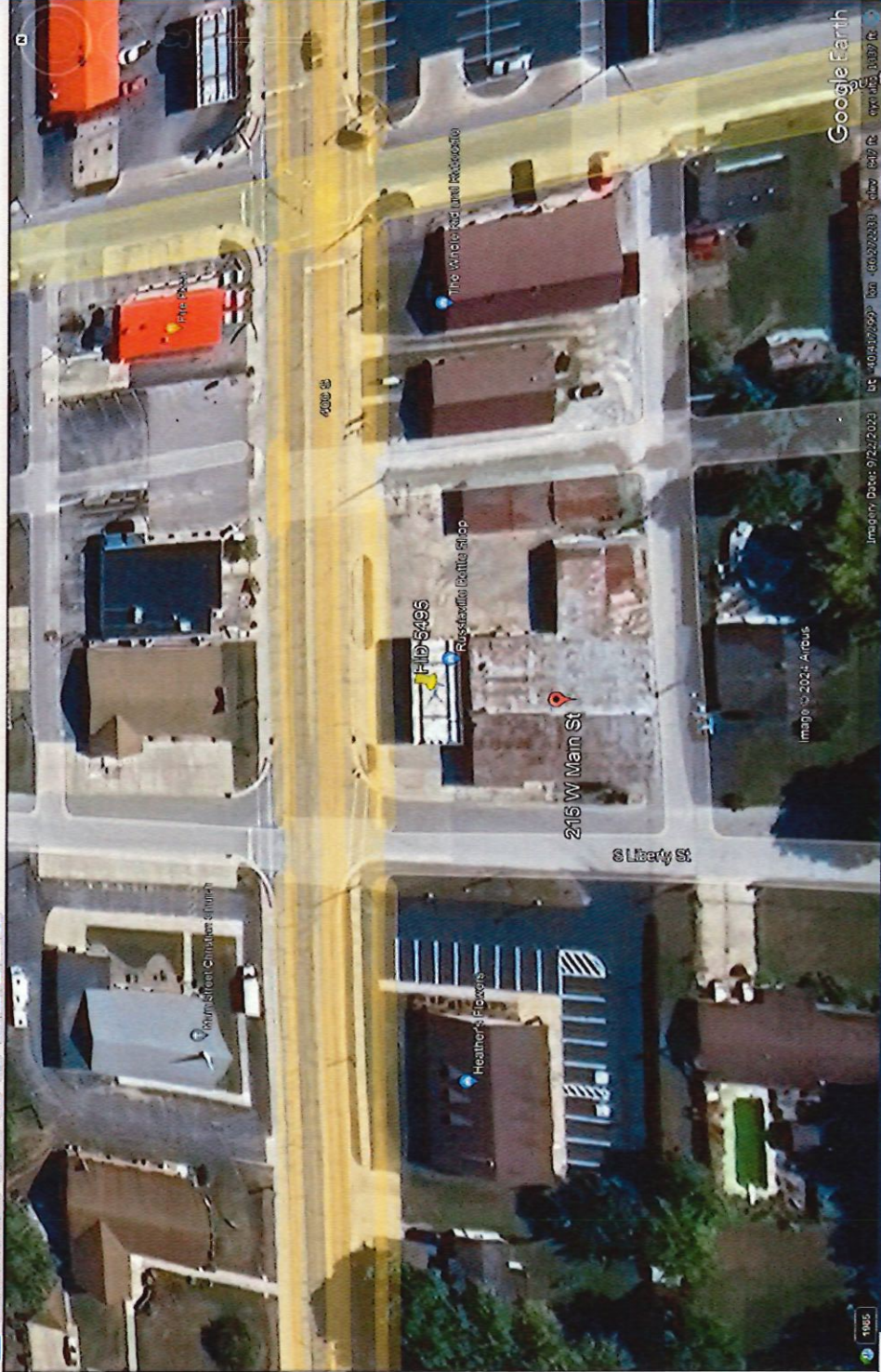
Type: **Individual**
Name: **CHARNPREET KAUR**
Address: **1009 LAURELWOOD, Carmel, IN, 46032, USA**



215 W Main St

Layers

- Primary Database
- Announcements
- Borders and Labels
- Places
- Photos
- Roads
- 3D Buildings
- Weather
- Gallery
- More
- Terrain



Subject:

RE: NF-FID 5495

From: Troy Smith

Sent: Tuesday, June 18, 2024 5:07 PM

To: IDEM USTCompliance (USTcompliance) <USTCompliance@idem.IN.gov>; IDEM USTregistration <USTregistration@idem.IN.gov>

Cc: Mandy Hall <mhall@iwmconsult.com>; ricksingh05@gmail.com

Subject: NF-FID 5495

To Whom it May Concern,

Please see the attached Notification Form for FID 5495. We are showing a new owner that is officially putting the tanks into Temporary Closure. We also submitted the Application for 50% Eligibility to replace the plus 40 year old tanks. Lastly, noticed the site has 2 addresses 165 & 215 W Main Street. Please let us know which address you would like for us to use and we can resubmit the other application if needed.

If you should have any questions please ask,

Thanks,

Troy A Smith

President

IWM Consulting Group

7428 Rockville Road

Indianapolis, IN 46214

www.iwmconsult.com

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317-402-6838 Mobile

317-968-9326 Direct