THIRTY (30) DAY NOTIFICATION OF INTENT TO CLOSE

State Form 56553 (R5 / 5-23)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT PETROLEUM BRANCH

RETURN COMPLETED FORMS TO:

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

Facility ID Number: 8020

Th St	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.										
Α	TYPE OF PROPOSED CLOSURE (Check all that apply)										
	Tank(s)	Pipii	ng			Dispenser(s)					
X	Removal In-Place	X	Removal		In-Place						
	Change-In-Service	Change-In-Service				Replacement					
Nur	mber of tanks to be closed:	Num	ber of lines	to be c	osed:	Nι	imber of o	dispensers to be closed:			
Nur	Number of regulated tanks on-site before closure:										
В											
Ry	LITY NAME /der Truck Rental 0515			41.26	5864	8	LONGITUDE (-88.165351 to -84.671035) -85.8364258				
	LITY ADDRESS (number and street) 11 East Bell Road				PARCEL N	NUMBER(\$		0747035			
CITY	arsaw		46582		COUNTY Kosciusco			TELEPHONE NUMBER (574) 269-6381			
С			Р	REPA	RED BY						
PRE	FIRST NAME Anne			MI	LAST NAME DaVega			SUFFIX			
	RESS 166 Union Mills Drive		сіту Caml	by		STA	IN	ZIP CODE 46113			
TELE		of Bu	TLE EMAIL ADDRESS			rega@hoosierequipment.com					
D											
	TYPE OF OWNER										
	Federal Government		State Gove	ernment			City / L	ocal Government			
	Commercial		Private			Other:					
Optio R y	on 1: UST OWNER NAME (Business Name as regist /der Truck Rental	ered with the	Secretary of St	tate)	BUSINESS ID (From the Secretary of State) 193047B018						
Optio	on 2: UST OWNER NAME (If a Public Agency or other	er entity)									
	on 3: UST OWNER NAME (If in Individual Capacity)		IN LACT NAME				SUFFIX				
PRE	FIX FIRST NAME			МІ	LAST NAME			SUFFIX			
	OWNER ADDRESS (Listed in Options 1-3) CIPAL OFFICE ADDRESS or PRIMARY RESIDENT	AL ADDDES	C /Number and	Ctroot no	B.O. Boyl	ADDRES	C (line 2)	<u>'</u>			
	7 N. Eldridge Parkway, S			i Sireet, 110	F.O. BOX)	ADDRES	3 (IIIIe 2)				
CITY						EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)					
	EPHONE NUMBER	EMAIL ADDI				JOB TITLE (Option 3 Individual Capacity)					
	(281) 647-8900			rfs@r	yder.com						
CON PRE	TACT FOR BUSINESS / PUBLIC AGENCY (Listed in FIRST NAME	n Uption 1 or	- 2)	MI	LAST NAME			SUFFIX			
	Eric				Harvey						
	icipal office address of primary resident 17 N. Eldridge Parkway, S			Street, no	P.O. Box)	ADDRES	S (line 2)				
CITY			STATE TX	ZIP CODE 7707			JOB TITLE Fueling Operations Compliance Manago				
TELE	PHONE NUMBER (281) 647-8900	EMAIL ADDF	eric_harvey@ryder.com								

FACILITY II	0 NUMBER 8020	Ryder Truc	ck R	enta	I 051	5						
Е		•			U	ST OI	PERATOR					
							OPERATOR					
Fed	leral Governm	ent	[State Government				City / Local Government				
Commercial Option 1: UST OPERATOR NAME (Business Name as registered with the Se										Other:		
	r Truck Re		egistere	d with the	e Secretary	of State)		BUSIN	NESS	S ID (From the Secretary of State) 193047B018		
Option 2: U	ST OPERATOR NAM	IE (If a Public Agency or	r other e	entity)								
		IE (If in Individual Capac	city)			М						
PREFIX	PREFIX FIRST NAME						LAST NAME					SUFFIX
	ATOR ADDRESS (Lis	sted in Options 1-3) or PRIMARY RESIDEN	ΤΔΙ ΔΩ	DRESS /	Number an	d Street n	in P.O. Box)	ADDRI	FSS	(line 2)		
757 N		Parkway, S					·	ADDIN	LOO	(mie 2)		
CITY Hous	ton				STATE	770		DATE	BEG	SAN OPERATING (MM/DD/YYYY)		
TELEPHON	NE NUMBER						al Capacity)	JOB T	ITLE	(Option 3 Individual Capacity)		
	(281) 647				liance	erfs@	ryder.com					
	FOR BUSINESS / PL FIRST NAME	JBLIC AGENCY (Listed	in Optio	n 1 or 2)		МІ	LAST NAME					SUFFIX
PRINCIPAL	OFFICE ADDRESS	or PRIMARY RESIDEN	TAL AD	DRESS (Number an	nd Street, n	no P.O. Box)	ADDRI	ESS	(line 2)	—	
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CITY					STATE	ZIP COI	DE	JOB TITLE				
TELEPHON	NE NUMBER		EMAIL	. ADDRES	SS	<u> </u>						
F				DE	EDEC	PRO	PERTY OW	NER				
							OF OWNER					
Fed	leral Governm	ent		Sta	ate Gov	ernmer	nt			City / Local Government	[
Cor	nmercia l			Pri	vate					Other:		
Option 1: P	ROPERTY OWNER I	NAME (Business Name	as regis	tered with	the Secre	tary of Sta	te)	BUSIN	NESS	ID (From the Secretary of State)		
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Option 2: Pi	ROPERTY OWNER I	NAME (If a Public Agend	cy or otn	er entity))							
Option 3: P	ROPERTY OWNER I FIRST NAME	NAME (If in Individual Ca	apacity)			Імі	LAST NAME					SUFFIX
FILLIX	TINOTIVAME					livii	LAST NAME					30111X
		(Listed in Options 1-3)				-	_ 					_!
PRINCIPAL	OFFICE ADDRESS	or PRIMARY RESIDEN	TAL AD	DRESS (Number an	nd Street, n	o P.O. Box)	ADDRI	ESS	(line 2)		
CITY					STATE	ZIP COD	DE	EFFEC	CTIV	E DATE OF OWNERSHIP (MM/DD/	YYYY)	
TELEPHONE NUMBER EMAIL ADDRESS (Option 3					3 Individua	al Capacity)	ity) JOB TITLE (Option 3 Individual Capacity)					
CONTACT	FOR RUSINESS / DI	IDLIC ACENCY (Listed	in Ontio	n 1 a= 21								
	FIRST NAME	JBLIC AGENCY (Listed	<u>іп Ортю</u>	<u>n 1 or 2)</u>		МІ	LAST NAME					SUFFIX
PRINCIPAL	OFFICE ADDRESS	or PRIMARY RESIDEN	TAL AD	DRESS (Number an	d Street, n	no P.O. Box)	ADDRI	ESS	(line 2)		
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CITY					STATE	ZIP COD	ΣE	JOB TI	ITLE			
TELEPHON	NE NUMBER		EMAIL	ADDRES	SS	1						

	SILITY ID NUMBER 8020	Ryder Truc	ck Renta	I 0515	5							
G	G ACTIVE LAND CONTRACT PROPERTY OWNER (If applicable)											
Ŭ	TYPE OF OWNER											
	Federal Govern	ıment	State Government City / Local Government									
	Commercial Private					Other:						
Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secret					tary of State)		BUSINES	S 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												
PROPERTY OWNER ADDRESS (Listed in Options 1-3)												
		SS or PRIMARY RESIDEN		Number an	d Street, no P	P.O. Box)	ADDRESS	S (line 2)				
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TEL	EPHONE NUMBER	JOB TITLE	EMAIL AD	DRESS (O	ption 3 Individ	dual Capacity)	ty) PROPOSED END DATE (MM/DD/YYYY)					
	NTACT FOR BUSINESS FIX FIRST NAME	PUBLIC AGENCY (Listed	in Option 1 or 2)		MI	LAST NAME	•		SUFFIX			
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TEL	EPHONE NUMBER		EMAIL ADDRES	SS	<u> </u>		ļ					
_				BORG	SED C	ONTRACT	ND					
	H PROPOSED CONTRACTOR CONTRACTOR BUSINESS NAME (Business Name as registered with the Secretary of State) BUSINESS ID (From the Secretary of State)											
Hoosier Equipment Service, Inc. 194456-050												
	oosier Equip	ment Service		e Secretary								
CEF		ment Service		e Secretary	of State)	LAST NAME			SUFFIX			
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PRII PRII 89 CIT	oosier Equip RTIFIED INDIVIDUAL NA FIRST NAME Heidi NCIPAL OFFICE ADDRE 266 Union M Y amby EPHONE NUMBER	oment Service ME SS OF PRIMARY RESIDENT Ills Drive	, Inc.	Number and	MI d Street, no P ZIP CODE 4611	LAST NAME Brumback P.O. Box)	ADDRESS IDHS CER	194456-050 S (line 2) STIFICATION NUMBER 0139978C	SUFFIX			
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FACILITY	Ryder Truck Rental 0515											
K UST INFORMATION												
For all tanks that will be closed, list the requested info below and do not leave any space blank. Attach an additional sheet if needed.												
UST Substance												
GSL -	GSL - Gasoline DSL - Diesel DSB - Diesel Containing VGL - Virgin Oil UOL - Used Oil KER - Kerosene >20% Biodiesel											
E85 - E85E15 - E15RCF - RacingAVG - AV GasMXT - Mixture of SubstancesOTH - OthGasoline BlendGasoline BlendFuel (leaded)(leaded)(List Substances)(specify)												
UST Construction Material												
STL - Steel FRP - Fiberglass STC- Steel Clad STJ- Steel Jacketed DBW - Double-walled OTH - Other												
				UST Closu	re Type							
	RMV -	Removed		IPC - In - Plac	e Closure	CI	S - Change-in-S	Service				
UST#	Compart # Capacity in Gallons Substance (Last used, past) Construction Material		Install Date (mm/dd/yyyy)	Date Last Used (mm/dd/yyyy)	Proposed Closure Date (mm/dd/yyyy)	Proposed Closure Type						
1	1	12000	DSL	FRP	01/01/1994	06/28/2024	08/05/2024	RMV				
	 											
Diagram	ustify In-Plac	o Cloques:										
Please j	ustify in-Place	e Ciosure:										
In-Place	closure appr	oval letter from In	diana Departmer	nt of Homeland Se	ecurity attached:		Yes	No				
In-Place closure site assessment work plan and site map with proposed boring locations attached:												

ACILITY ID NUMBER Ryder Truck Rental 0515 8020 **PIPING INFORMATION** If more than one piping line is present, then all lines shall be numbered. For all product lines closed, list the piping number, piping length (in feet based upon field measurements between tanks and dispensers, as well as, between dispenser islands), identify the product distributed through each line, and identify piping material and type. List all Piping Materials that apply. All piping numbers should also be included on the Facility Site Map. Attach an additional sheet if necessary. **Piping Substance DSB** - Diesel Containing **GSL** - Gasoline **DSL** - Diesel VGL - Virgin Oil UOL - Used Oil **KER** - Kerosene >20% Biodiesel E85 - E85 **E15** - E15 RCF - Racing AVG - AV Gas OTH - Other **MXT** - Mixture of Substances Fuel (leaded) Gasoline Blend Gasoline Blend (leaded) (specify) (List Substances) **Piping Construction Material** FRP - Fiberglass FXP - Fiberglass AHP - Airport Hydrant CP - Copper OTH - Other STL - Steel Reinforced Plastic Composite / Plastic Piping **Piping Closure Type** IPC - In-Place Closure RMV - Removed CIS - Change-in-Service Piping Run **Date Last** Closure **Piping** Construction Closure Compartment Substance Install Date UST# Length Used Date Material (Last used, past) (mm/dd/yyyy) Type # (feet) (mm/dd/yyyy) (mm/dd/yyyy) DSL **FRP** 1 1 20 01/01/1994 06/28/2024 08/05/2024 RMV 1 Overall number of elbows and connectors: Please justify In-Place Closure:

ACILITY ID NUMBER Ryder Truck Rental 0515 8020 M **DISPENSER INFORMATION** (If Applicable) For all dispensers to be closed, list the dispenser number, product(s) dispensed, and date last used. Attach an additional sheet if necessary. **Product Dispensed DSB** - Diesel Containing **GSL** - Gasoline **DSL** - Diesel VGL - Virgin Oil UOL - Used Oil KER - Kerosene >20% Biodiesel **E85** - E85 **E15** - E15 RCF - Racing AVG - AV Gas OTH - Other **MXT - Mixture of Substances** Gasoline Blend Gasoline Blend Fuel (leaded) (specify) (leaded) (List Substances) **Dispenser Closure Type** IPC - In-Place Closure RMV - Removed CIS - Change-in-Service Proposed Proposed **Proposed Closure Install Date** Date Last Used Dispenser Number **Products Dispensed** Removal Date **Replacement Date** Type (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy) 1 01/01/1994 06/28/2024 1 08/05/2024 **RMV**

FACILITY ID NUMBER	TRANSACTION ID - FOR STATE U	JSE ONLY							
8020									
				RTIFICATION					
2, that the statements a following requirements (1) Installation of all tan (2) Cathodic protection		s document AC 9-2-2(e): FR 280.20. under 40 C	are true	, accurate, and comple					
PREFIX FIRST NAME	ESENTATIVE (FIIIL OF Type)		MI	LAST NAME			;	SUFFIX	
Eric				Harvey					
TITLE OF AUTHORIZED REPRE				NAME (If Individual Leave Blar	nk)				
	ons Compliance M	anager	Ryde	r Fuel Services					
eharvey			signed by 24.07.01 ´	eharvey 5:36:29 -04'00'		DATE (MM)	/DD/YYYY)		
	UST	OPERA	TOR (ERTIFICATION					
 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): Installation of all tanks and piping under 40 CFR 280.20. Cathodic protection of steel tanks and piping under 40 CFR 280.20. Release detection under 40 CFR 280 Subpart D. Financial responsibility under 329 IAC 9-8. 									
OPERATOR'S AUTHORIZED RE	PRESENTATIVE (Print or Type)		МІ	LAST NAME				SUFFIX	
	OWNER		IVII	LAST NAIVIE			ľ	SUFFIX	
	TITLE OF AUTHORIZED REPRESENTATIVE COMPANY NAME (If Individual Leave Blank)								
SIGNATURE					С	DATE (MM)	/DD/YYYY)		
CONTRACTOR CERTIFICATION									
CERTIFIED INDIVIDUAL NAME PREFIX FIRST NAME			MI	LAST NAME			I:	SUFFIX	
Heidi				Brumback					
2, that work performed or	under penalty of perjury as n the UST system complies	with metho							
SIGNATURE (field howheel D	igitally signed by Heidi Brumback ate: 2024.07.02 10:26:07 -04'00'	address rumback	(@ho	osierequipment.	com		DATE (MM/DD/Y 06/28/2	,	

Jordan, Sherry

From: Anne DaVega <ADaVega@hoosierequipment.com>

Sent: Tuesday, July 2, 2024 10:31 AM

To: IDEM USTregistration

Cc:Kortz, Drew; Jason L. Blackburn; Eric HarveySubject:30-day Notification of Intent to Close FID 8020

Attachments: 56553 fill-in Ryder Warsaw (002).pdf

Categories: Orange category

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

Please find attached the 30-day notification of the Intent to Close USTs at the Ryder Warsaw facility located at 321 East Bell Road, Warsaw, IN. We intend to start the removal on Monday, August 5, 2024.

Thank you, Anne

Anne DaVega VP of Business Development Hoosier Equipment Service, Inc. 8966 Union Mills Drive Camby, IN 46113 317-416-8414 (cell)

