

**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.govFacility ID Number: **8020**

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 PROPOSED CLOSURE (Check all that apply)									
Tank(s)			Piping				Dispenser(s)		
<input checked="" type="checkbox"/> Removal	<input type="checkbox"/> In-Place		<input checked="" type="checkbox"/> Removal	<input type="checkbox"/> In-Place		<input checked="" type="checkbox"/> Removal			
<input type="checkbox"/> Change-In-Service			<input type="checkbox"/> Change-In-Service			<input type="checkbox"/> Replacement			
Number of tanks to be closed:			Number of lines to be closed:				Number of dispensers to be closed:		
Number of regulated tanks on-site before closure:									
B FACILITY NAME / LOCATION									
FACILITY NAME					LATITUDE (37.710101 to 41.866773)		LONGITUDE (-88.165351 to -84.671035)		
Ryder Truck Rental 0515					41.2658648		-85.8364258		
FACILITY ADDRESS (number and street)						PARCEL NUMBER(S)			
321 East Bell Road						59-0747035			
CITY			STATE	ZIP CODE	COUNTY		TELEPHONE NUMBER		
Warsaw			IN	46582	Kosciusco		(574) 269-6381		
C PREPARED BY									
PREFIX	FIRST NAME			MI	LAST NAME			SUFFIX	
	Anne				DaVega				
ADDRESS				CITY		STATE	ZIP CODE		
8966 Union Mills Drive				Camby		IN	46113		
TELEPHONE NUMBER			JOB TITLE		EMAIL ADDRESS				
(318) 838-8988			VP of Business Dev.		adavega@hoosierequipment.com				
D 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 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)			
Ryder Truck Rental						193047B018			
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)			
757 N. Eldridge Parkway, Suite 760									
CITY			STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)				
Houston			TX	77079					
TELEPHONE NUMBER			EMAIL ADDRESS (Option 3 Individual Capacity)			JOB TITLE (Option 3 Individual Capacity)			
(281) 647-8900			compliance@ryder.com						
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)									
PREFIX	FIRST NAME			MI	LAST NAME			SUFFIX	
	Eric				Harvey				
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)						ADDRESS (line 2)			
757 N. Eldridge Parkway, Suite 760									
CITY			STATE	ZIP CODE	JOB TITLE				
Houston			TX	77079	Fueling Operations Compliance Manager				
TELEPHONE NUMBER			EMAIL ADDRESS						
(281) 647-8900			eric_harvey@ryder.com						

FACILITY ID NUMBER 8020		FACILITY NAME Ryder Truck Rental 0515			
E 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 type="checkbox"/> Private		<input type="checkbox"/> Other:	
Option 1: UST OPERATOR NAME (Business Name as registered with the Secretary of State) Ryder Truck Rental				BUSINESS ID (From the Secretary of State) 193047B018	
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) 757 N. Eldridge Parkway, Suite 760				ADDRESS (line 2)	
CITY Houston		STATE TX	ZIP CODE 77079	DATE BEGAN OPERATING (MM/DD/YYYY)	
TELEPHONE NUMBER (281) 647-8900		EMAIL ADDRESS (Option 3 Individual Capacity) compliancerfs@ryder.com		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			
F 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			

FACILITY ID NUMBER 8020		FACILITY NAME Ryder Truck Rental 0515			
G 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			
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	
CERTIFIED INDIVIDUAL NAME					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
	Heidi		Brumback		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)				ADDRESS (line 2)	
8966 Union Mills Drive					
CITY		STATE	ZIP CODE	IDHS CERTIFICATION NUMBER	
Camby		IN	46113	UC20139978C	
TELEPHONE NUMBER		EMAIL ADDRESS			
(317) 838-8988		hbrumback@hoosierequipment.com			
I POTENTIALLY INTERESTED PARTIES					
INTERESTED PARTY NAME			E-MAIL ADDRESS		
Jason Blackburn, Ryder			jason_L_blackburn@ryder.com		
INTERESTED PARTY NAME			E-MAIL ADDRESS		
Drew Kortz			kortz@aecindy.com		
INTERESTED PARTY NAME			E-MAIL ADDRESS		
J LUST INCIDENT INFORMATION					
LUST INCIDENT NUMBER (IF APPLICABLE)			DATE INCIDENT REPORTED (mm/dd/yyyy)		
LUST INCIDENT NUMBER (IF APPLICABLE)			DATE INCIDENT REPORTED (mm/dd/yyyy)		
LUST INCIDENT NUMBER (IF APPLICABLE)			DATE INCIDENT REPORTED (mm/dd/yyyy)		

FACILITY ID NUMBER 8020	FACILITY NAME Ryder Truck Rental 0515
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K	UST INFORMATION
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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					
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GSL - Gasoline	DSL - Diesel	DSB - Diesel Containing >20% Biodiesel	VGL - Virgin Oil	UOL - Used Oil	KER - Kerosene
E85 - E85 Gasoline Blend	E15 - E15 Gasoline Blend	RCF - Racing Fuel (leaded)	AVG - AV Gas (leaded)	MXT - Mixture of Substances <i>(List Substances)</i>	OTH - Other <i>(specify)</i>

UST Construction Material					
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STL - Steel	FRP - Fiberglass	STC - Steel Clad	STJ - Steel Jacketed	DBW - Double-walled	OTH - Other
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UST Closure Type					
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RMV - Removed	IPC - In-Place Closure	CIS - Change-in-Service
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UST #	Compartment #	Capacity in Gallons	Substance <small>(Last used, past)</small>	Construction Material	Install Date <small>(mm/dd/yyyy)</small>	Date Last Used <small>(mm/dd/yyyy)</small>	Proposed Closure Date <small>(mm/dd/yyyy)</small>	Proposed Closure Type
1	1	12000	DSL	FRP	01/01/1994	06/28/2024	08/05/2024	RMV

Please justify In-Place Closure:

In-Place closure approval letter from Indiana Department of Homeland Security attached:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In-Place closure site assessment work plan and site map with proposed boring locations attached:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

FACILITY ID NUMBER 8020	FACILITY NAME Ryder Truck Rental 0515
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M	DISPENSER INFORMATION <i>(If Applicable)</i>
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For all dispensers to be closed, list the dispenser number, product(s) dispensed, and date last used. Attach an additional sheet if necessary.

Product Dispersed						
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GSL - Gasoline	DSL - Diesel	DSB - Diesel Containing >20% Biodiesel	VGL - Virgin Oil	UOL - Used Oil	KER - Kerosene
E85 - E85 Gasoline Blend	E15 - E15 Gasoline Blend	RCF - Racing Fuel (leaded)	AVG - AV Gas (leaded)	MXT - Mixture of Substances <i>(List Substances)</i>	OTH - Other <i>(specify)</i>

Dispenser Closure Type						
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RMV - Removed		IPC - In-Place Closure			CIS - Change-in-Service	
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Dispenser Number	Products Dispersed	Install Date <i>(mm/dd/yyyy)</i>	Date Last Used <i>(mm/dd/yyyy)</i>	Proposed Removal Date <i>(mm/dd/yyyy)</i>	Proposed Replacement Date <i>(mm/dd/yyyy)</i>	Proposed Closure Type
1	1	01/01/1994	06/28/2024	08/05/2024		RMV

FACILITY ID NUMBER 8020		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
	Eric		Harvey
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME <i>(If Individual Leave Blank)</i>	
Fueling Operations Compliance Manager		Ryder Fuel Services	
SIGNATURE eharvey			DATE <i>(MM/DD/YYYY)</i>
Digitally signed by eharvey Date: 2024.07.01 15:36:29 -04'00'			
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
	SAME AS OWNER		
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
	Heidi		Brumback
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 <i>Heidi Brumback</i>		EMAIL ADDRESS	DATE <i>(MM/DD/YYYY)</i>
Digitally signed by Heidi Brumback Date: 2024.07.02 10:26:07 -04'00'		hbrumback@hoosierequipment.com	06/28/2024

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 Harvey
Subject: 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)

