

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

Petroleum Branch	onmer	ntai Management			Facility I	D Numl	ber: 1793	
The information requested is	requi	ired by 329 IAC 9. Th	is form s	should only be u	sed for faciliti			-
A				orage Tank prog				
Facility Contact Change	IX	UST Owner Ch				7 Owne	r/Operator Information	1 Change
Type of Facility Change		Property Owner		nge		<u> </u>	y Name / Location Ch	
UST System Modification		UST Operator C		•		1	cial Responsibility Cha	
New UST System(s)					1 1			
B		FACILITY	/ NAI	ME/LOCA	ATION			
FACILITY NAME				LATITUDE (37.7	710101 to 41.86		LONGITUDE (-88.165351 to -	
Tam D Food Mart LLC					.81327	0	-84.8895	40
FACILITY ADDRESS (number and street) 1221 South 9th St				PAR	RCEL NUMBER 89-18	a_09_1	110-323.000-0	130
CITY	STAT			COUNTY			TELEPHONE NUMBER	
Richmond		N 47374		Way	ne		(765) 962-1	1329
C	1	TYPE OF FAC	CILIT	Y (Check al	II that app	ly)		
Auto Dealership		Commercial				Airpor	t Hydrant System	
Hospital	\boxtimes	Gas Station				Indust	rial	
Petroleum Distributor		Railroad				Reside	ential	
Trucking or Transport		Utilities				Unma	nned	
Marina		School				Other:		
D seems and a seem of the seems		PI	REPA	RED BY				
PREFIX FIRST NAME		- I	MI	LAST NAME				SUFFIX
Anna		CITY		Millar	₹e∓	ATE	ZIP CODE	
7428 Rockville Road		Indiar	napo			IN	46214	
(317) 347-1111	3 TITLE	:	···	EMAIL ADDRES		@iwr	mconsult.com	
E				OWNER				
		I 1		F OWNER		7100.71		
Federal Government		State Gover	nment	t	<u> </u> _		Local Government	
Commercial Option 1: UST OWNER NAME (Business Name as regis	lered :	Private	la l		IRUSINE:	Other:	the Secretary of State)	
Tam D Food Mart LLC			·e ,		0002		309081723450	0
Option 2: UST OWNER NAME (If a Public Agency or oth	ег епи	ty)						
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 of PRIMARY RESIDENT 1221 South 9th Street	TAL A	ODRESS (Number and S	Street, no	P.O. Box)	ADDRES	SS (fine 2)		
CITY Richmond	***************************************	STATE Z	21P CODE 4737	74	EFFECTI	VE DATE O	02/08/2024	
TELEPHONE NUMBER (463) 248-1664	EMAI	IL ADDRESS (Option 3 In	ndividual (Capacity)	JULT BOL	E (Option 3	Individual Capacity)	
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed I PREFIX FIRST NAME	in Opti		21	LAST NAME				SUFFIX
Amrinder		is .	AI	Cheem	a			OUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENT	TAL AL	ODRESS (Number and S	Street, no	P.O. Box)	ADDRES	S (line 2)		
1221 South 9th Street		STATE Z	IP CODE	<u> </u>	JOB TITL	F		
Richmond		IN	4737			nber		
TELEPHONE NUMBER (463) 248-1664	EMAJI	L ADDRESS	arl	linatonst	tore3@)amai	l com	

FACILITY ID#	FACILITY NAME							
1793	Tam D Food							
F					-	ck all that apply)		
						ponsibility requirements		
	nt owner or operate	····				for this site	****	
	s maintaining finan							
	r is maintaining fin							
						9 IAC 9-8) by using one or a cor	mbination o	of the
Financial Test of		iat арріу) . іт уос	i are us	_	· -	t must be checked as well.		
	Self insurance			읚	'	lability Trust Fund (State Fund)		
Guarantee Surety Bond				╬		e and Risk Retention Group Cov nmitment Letter	/erage	••••
Letter of Credit				卄	1	e of Deposit		******
Trust Fund				卄	'	Trust Fund		
	nt Bond Rating Tes	e†		卄		vernment Financial Test		
Local Governmen) t		卄		vernment Fund		
L		the requirement to m	e abil	• 1	applicable amount pursuant to 9-8-11	i(b) and (c) ar	nd	
		ability to provide pro	of of that r	mech	anism when r			dean.
G			IST OP					
					RATOR	— I —I —		
Federal Governme	ent	State Gov	rernmen	t		City / Local Governme	ent	
Commercial Option 1: UST OPERATOR NAM	15 15 Nome on me		· - 4 D4-10 \			Other:		
Tam D Food N		Sterea wan ine осстетату	Of State j			BUSINESS ID (From the Secretary of State) 20230908172		
Option 2: UST OPERATOR NAM		lher entity)		··········	***************************************			
Option 3: UST OPERATOR NAM PREFIX FIRST NAME	(E (If in Individual Capacity))	М	ÎI AS	T ÑAME		Isu	JFFIX
UST OPERATOR ADDRESS (LIS PRINCIPAL OFFICE ADDRESS	sted in Options 1-3)	L PODESE Wilmhor as		204	~ - C.V	Dinhareo (C-a a)		
1221 South 9th		L ADUKESS (Number an	il Street, no	· P.O. E	30x)	ADDRESS (line 2)		
CITY	Ollock	STATE	ZIP CODE			DATE BEGAN OPERATING (MM/DD/YYYY))	
Richmond		IN	4737	74		02/08/2024	1	
TELEPHONE NUMBER		MAIL ADDRESS (Option	3 Individual	Сарас	ity)	JOB TITLE (Option 3 Individual Capacity)		
(463) 248		Oction 1 or 2)						
PREFIX FIRST NAME		Sparon 4 of 2,	MI	101	TNAME		su	JFFIX
Amrinder			<u> </u>		neema			
PRINCIPAL OFFICE ADDRESS OF 1221 South 9th		L ADDRESS (Number an	d Street, no	P.O. E	30x)	ADDRESS (line 2)		
CITY	Sueer	STATE	ZIP CODE			JOB TITLE		
Richmond		IN	4737			Member		
TELEPHONE NUMBER		MAIL ADDRESS						
(463) 248	-1664					re3@gmail.com	<u> </u>	
		FAC	CILITY	CO	NTACT			
CONTACT INDIVIDUAL NAME PREFIX FIRST NAME			MI	LAST	NAME		SU	JFFIX
Amrinder				!	neema			
PRINCIPAL OFFICE ADDRESS		L ADDRESS (Number an	d Street, no			ADDRESS (line 2)		
1221 South 9th	Street							
Richmond		STATE IN	2IP CODE 4737			Member		
TELEPHONE NUMBER		MAIL ADDRESS	1				<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
(463) 248-	-1664		arl	linc	ıtonstor	re3@gmail.com		

DEEDED PROPERTY OWNER TYPE OF OWNER TYPE OF OWNER TYPE OF OWNER TYPE OF OWNER Clity / Local Government State Government Clity / Local Government Other: Ownercial Owne	FACILITY ID #		FACILITY NAME		ll						
Federal Government	1793		lam D Foo	o IVI							
State Government					DI				VNER		
Commercial Char: Other:	Federal Gover	rome	ınt	TF	T St		·····			City / Local Gover	nment
DEFINITION OF THE PROPERTY OWNER NAME (if in Individual Capacity) TARM D FOOD MART LLC Opena 2 PROPERTY OWNER NAME (if in Individual Capacity) Opena 3 PROPERTY OWNER NAME (if in Individual Capacity) PREPA FIRST NAME Individual Capacity) PROPERTY OWNER ADDRESS of PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Bod) 1221 South 9th Street TELEPTONE RUMBER Individual Capacity (Listed in Options 1-3) PRINCIPAL OFFICE ADDRESS of PRIMARY RESIDENTAL ADDRESS (Option 3 Individual Capacity) IN		1111110	in.		=-		cirine	111			inton
Option 3 PROPERTY OWNER NAME (if a Public Agrecy or other entry) PREPIAL PRIST RAME MI LAST NAME SUFFIX PRIST RAME MI LAST NAME SUFFIX PRIST RAME PRIST RAME SUFFIX PRIST RAME SUFFIX PRIST RAME PRIST RAME STATE STATE	Option 1: PROPERTY OW						tary of Sta	ite)	BUSIN	NESS ID (From the Secretary of S	State)
COPION 3 PROCRETY OWNER PARKE (If in Individual Capacity) PRICLE PROPERTY OWNER ADDRESS (Lated in Option 1-3) PRINCEPA OFFICE ADDRESS or PRINARY RESIDENTAL ADDRESS (Number and Sives, no P.O. Bior) PRINCEPA OFFICE ADDRESS or PRINARY RESIDENTAL ADDRESS (Number and Sives, no P.O. Bior) PRINCEPA OFFICE ADDRESS or PRINARY RESIDENTAL ADDRESS (Number and Sives, no P.O. Bior) PRINCEPA OFFICE ADDRESS or PRINARY RESIDENTAL ADDRESS (Number and Sives, no P.O. Bior) PRINCEPA OFFICE ADDRESS or PRINARY RESIDENTAL ADDRESS (Number and Sives, no P.O. Bior) ADDRESS (Into 2) LAST NAME	Tam D Food	d M	lart LLC							202309081	723450
PRICEIN FIRST NAME M	Option 2: PROPERTY OW	NER N	AME (If a Public Agency	or othe	er entity)					
PRICEIN FIRST NAME ML LAST NAME SUFFIX PROCRETY OWNER ADDRESS (ILLING IN Options 1-3) PRINCIPAL OFFICE ADDRESS 6 FRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box)	Onting 2: DDODEDTY OLA	NED K	AUE (File Individual Co.	2224							
STATE SUPPOSE STATE ST		NEK IN	AME (II II) IIIQIVIODAI CA	раснуј			MI	LAST NAME			SUFF
STATE SUPPOSE STATE ST											
STATE SUPPOSE STATE ST	PROPERTY OWNER ADD PRINCIPAL OFFICE ADDR	RESS o	(Listed in Options 1-3) r PRIMARY RESIDENT	AL ADE	RESS	(Number ar	d Street, i	no P.O. Box)	ADDR	ESS (line 2)	
RICHMOND TELEPHONE NUMBER (463) 248-1664 EMAIL ADDRESS (Option 3 Individual Capacity) FREERY (AST MAKE Amrinder FRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ACTIVE LAND CONTRACT PROPERTY OWNER NAME (Business Name as registered with the Secretary of State) FRIEDRIC 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State) FRIEDRIC 2: PROPERTY OWNER NAME (If a Public Agency or other entity) FRIEDRIC 3: PROPERTY OWNER NAME (If a Public Agency or other entity) FRIEDRIC 3:	1221 South 9	th:	Street								
TELEPHONE NUMBER (463) 248-1664 CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2) PREFIX RIST HAME MI LAST NAME Cheema PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (fine 2) ACTIVE LAND CONTRACT PROPERTY OWNER (If applicable) TYPE OF OWNER ACTIVE LAND CONTRACT PROPERTY OWNER (If applicable) TYPE OF OWNER Federal Government State Government City / Local Government Copian 1: PROPERTY OWNER NAME (Business Name as registered with this Secretary of State) BUSINESS ID (From the Secretary of State) FRIEDRY OWNER NAME (If a Public Agency or other entity) CORION 3: PROPERTY OWNER NAME (If a Public Agency or other entity) PREFIX RIST HAME SUFFIX PRINCIPAL OF FICE ADDRESS (Listed in Options 1-3) PRINCIPAL OF FICE ADDRESS (Listed in Options 1-3) FRINCIPAL OF FICE ADDRESS (Listed in Options 1-3) FRI	CITY								EFFE		·
(463) 248-1664 CONTACT FOR BUSINESS PUBLIC AGENCY (Listed in Option 1 or 2) PRICEITY FOR TAMME Amrinder MI					15555				100 #		
CONTACT FOR BUSINESS PUBLIC AGENCY (Usled in Option 1 or 2) PREFEX FIRST NAME		48.		EMAIL /	AUURE	:55 (Option	3 เกษเขอน	аг Сараспу)	JOB 1	ПЕ (Орвол з іпогладаї Сарасі	·y)
Amrinder Cheema	CONTACT FOR BUSINESS			n Option	1 or 2)						
PRINCIPAL OFFICE ADDRESS of PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (fine 2) FEFECTIVE DATE OF OWNERSHIP (MMDD/YYYY) FELEPHONE NUMBER DORESS (Listed in Option 1 or 2) PREFIX FIRST NAME EMAIL ADDRESS (Deficion 3 Individual Capacity) FELEPHONE NUMBER DORESS of PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (fine 2) ADDRESS (fine 2) FERENT FIRST NAME SUFFIX ADDRESS (fine 2) ADDRESS (fine 2) FROPERTY OWNERS ADDRESS of PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (fine 2) FROPERTY OWNERSHIP (MMDD/YYYY) FELEPHONE NUMBER ADDRESS (fine 2) FIRST NAME SUFFIX STATE ZIP CODE JOS TITLE		امد					MI	1	-		SUFFI
1221 South 9th Street CTY Richmond STATE ZIP CODE IN 47374 Member TELEPHONE NUMBER (463) 248-1664 EMAIL ADDRESS ACTIVE LAND CONTRACT PROPERTY OWNER (If applicable) TYPE OF OWNER Federal Government State Government Commercial Option 1: PROPERTY OWNER NAME (If a Public Agency or other entity) City / Local Government Option 2: PROPERTY OWNER NAME (If a Public Agency or other entity) City of the Secretary of State	1 1		, DRIMARY RESIDENT	ΔΙ ΔΩΓ	DESS.	(Number or	d Street	1		ESS /line 21	
RICHMOND RIC	I .			AL ADE	,,,,,,,,	(HBHIOCI GA	o on coi, i	10 1 .O. Dany	, LDDIN	ESS (IIIIO E)	
TELEPHONE NUMBER (463) 248-1664 EMAIL ADDRESS arlingtonstore3@gmail.com TYPE OF OWNER TYPE OF OWNER TYPE OF OWNER City / Local Government City / Local Government Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State) Deplon 2: PROPERTY OWNER NAME (If a Public Agency or other enbity) Option 3: PROPERTY OWNER NAME (If in Individual Capacity) PREPIX FIRST NAME IN LAST NAME SUFFIX STATE STATE STATE STATE IN LAST NAME FROPOSED END DATE (MM/DD/YYYY) TELEPHONE NUMBER JOB TITLE EMAIL ADDRESS (Option 3 Individual Capacity) FROPOSED END DATE (MM/DD/YYYY) TELEPHONE NUMBER JOB TITLE EMAIL ADDRESS (Option 3 Individual Capacity) FROPOSED END DATE (MM/DD/YYYY) TELEPHONE NUMBER JOB TITLE EMAIL ADDRESS (Option 3 Individual Capacity) FROPOSED END DATE (MM/DD/YYYY) TELEPHONE NUMBER JOB TITLE EMAIL ADDRESS (Option 3 Individual Capacity) FROPOSED END DATE (MM/DD/YYYY) TELEPHONE NUMBER JOB TITLE EMAIL ADDRESS (Option 3 Individual Capacity) FROPOSED END DATE (MM/DD/YYYY) TELEPHONE NUMBER JOB TITLE SUFFIX SUFFIX SUFFIX SUFFIX SUFFIX JOB TITLE STATE ZIP CODE JOB TITLE JOB TITLE JOB TITLE	CITY						ZIP COI	DE A			
ACTIVE LAND CONTRACT PROPERTY OWNER (If applicable) TYPE OF OWNER Federal Government							4/3	3/4	Me	mber	
ACTIVE LAND CONTRACT PROPERTY OWNER (If applicable) TYPE OF OWNER Federal Government		12		EMAIL /	ADDRE	SS	2	rlingtonet	ore3/	Mamail com	
TYPE OF OWNER Federal Government		40									
Federal Government City / Local Government Option 1: PROPERTY OWNER NAME (Business Name as registered with 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 IMI LAST NAME SUFFIX OPTIONE ADDRESS (Listed in Options 1-3) PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) TELEPHONE NUMBER JOB TITLE EMAIL ADDRESS (Option 3 Individual Capacity) PROPOSED END DATE (IMM/DD/YYYY) TELEPHONE SUFFIX FIRST NAME SUFFIX FIRST NAME SUFFIX FIRST NAME MI LAST NAME SUFFIX FIRST NAME SUFFIX JOB TITLE STATE JOB TITLE SUFFIX STATE JOB TITLE SUFFIX STATE JOB TITLE STATE JOB TITLE SUFFIX JOB TITLE STATE JOB TITLE JOB TIT	J Marie Commission of the Comm	Vicini.	ACTIVE L	.ANL) CC				OWN	=K (If applicable)	
Commercial Option 1: PROPERTY OWNER NAME (Business Name as registered with 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 LAST NAME SUFFIX PROPERTY OWNER ADDRESS (Listed in Options 1-3) PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (fine 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) PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (fine 2) CITY STATE ZIP CODE JOB TITLE SUFFIX PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (fine 2)	Fodoral Cover	nmo	nt		١١٥٠				Ti	City / Local Gover	nment
Option 1: PROPERTY OWNER NAME (If a Public Agency or other entity) 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 RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (fine 2) CITY STATE ZIP CODE EFFECTIVE DATE OF OWNERSHIP (IMM/DD/YYYY) TELEPHONE NUMBER JOB TITLE EMAIL ADDRESS (Option 3 Individual Capacity) PROPOSED END DATE (IMM/DD/YYYY) CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2) PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (fine 2) CITY STATE ZIP CODE JOB TITLE SUFFIX PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (fine 2)		111116	TEL	╬	= -		CHILITIE	110			mon
Option 3: PROPERTY OWNER NAME (If in Individual Capacity) PREFIX FIRST NAME Mil LAST NAME SUFFIX PROPERTY OWNER ADDRESS (Listed in Options 1-3) PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL 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 Mil LAST NAME SUFFIX PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (line 2) CITY STATE ZIP CODE JOB TITLE JOB TITLE	<u> </u>	NER N	AME (Business Name a	s registe			tary of Sta	le)	BUSIN		itale)
Option 3: PROPERTY OWNER NAME (If in Individual Capacity) PREFIX FIRST NAME Mil LAST NAME SUFFIX PROPERTY OWNER ADDRESS (Listed in Options 1-3) PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL 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 Mil LAST NAME SUFFIX PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (line 2) CITY STATE ZIP CODE JOB TITLE JOB TITLE											
PROPERTY OWNER ADDRESS (Listed in Options 1-3) PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (Fine 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 RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (Fine 2) CITY STATE ZIP CODE JOB TITLE	Option 2: PROPERTY OWN	VER N	AME (If a Public Agency	or othe	rentity)					
PROPERTY OWNER ADDRESS (Listed in Options 1-3) PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (Fine 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 RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (Fine 2) CITY STATE ZIP CODE JOB TITLE	O-F 2. EDODEDTY ON	ero u	ANS Offic Instituted Co.								
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (line 2) 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 SUFFIX PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (line 2) CITY STATE ZIP CODE JOB TITLE		AEV 16	AME (II III HIDIVIDUAI CA)	Jacny)			MI	LAST NAME			SUFFI
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (line 2) 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 SUFFIX PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (line 2) CITY STATE ZIP CODE JOB TITLE											<u> </u>
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 Superior (Proposed End Date (MM/DD/YYYY) PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (fine 2) CITY STATE ZIP CODE JOB TITLE				AL ADD	RESS	(Number an	d Street, r	10 P.O. Box)	ADDR	ESS (line 2)	-
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 Superior (Proposed End Date (MM/DD/YYYY) PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (fine 2) CITY STATE ZIP CODE JOB TITLE											
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2) PREFIX FIRST NAME MI LAST NAME SUFFIX PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (fine 2) CITY STATE ZIP CODE JOB TITLE	CITY					STATE	ZIP COI	DE	EFFE(CTIVE DATE OF OWNERSHIP ((IAVDD/YYYY)
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2) PREFIX FIRST NAME MI LAST NAME SUFFIX PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (fine 2) CITY STATE ZIP CODE JOB TITLE	TELEBUONE NUMBER	Lion :	riti E		aau ar	DDEED (C		5-24-10-12-4	PPOP	CED END DATE AMADOVV	
PREFIX FIRST NAME MI LAST NAME SUFFIX PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (fine 2) CITY STATE ZIP CODE JOB TITLE	TELEPHONE NUMBER	108	iiice		MAIL AL	טו בפשאטר	рвоп з та	живин Сараску)	FROF	OSED END DATE (MINUSUTTY	,,
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (Ene 2) CITY STATE ZIP CODE JOB TITLE		S/PUE	LIC AGENCY (Listed in	Option	1 or 2)						
CITY STATE ZIP CODE JOB TITLE	PREFIX FIRST NAME						MI	LAST NAME			SUFFI
CITY STATE ZIP CODE JOB TITLE	PRINCIPAL OFFICE ADDR	ESS o	PRIMARY RESIDENT	AL ADD	RESS	(Number an	d Street, n	no P.O. Box)	ADDR	ESS (line 2)	
					1		,	,		- ·	
TELEPHONE NUMBER EMAIL ADDRESS	CITY	·			 -	STATE	ZIP COL	DE	JOB TI	TLE	
TELEPHONE NUMBER EMAIL ADDRESS											
	TELEPHONE NUMBER		Į.	≘MAIL A	ADDRES	SS					

κl		FACILITY NAME						
K	1793	Tam D Foo	od Mart LLC					
1 1 1 1 1 1				CONT	RACTOR			
	ALLATION INSPECT	TEO BY A REGISTERED	REGISTRAT	ION ID:			REGISTRATION DATE (mm/dd/yyyy)	
MAN	UFACTURER'S INS	FALLATION CHECKLIST	S HAVE BEEN COMPLETE	DAND	INSTALLER CERT	TIFIED BY TANK A	VD PIPING MANUFACTURE	R
	UDED KINSPECTED BY I	NDIANA DEPARTMENT	OF HOMELAND SECURIT	V / DIVISIO			INSPECTION DATE	
<u></u>			egistered with the Secretary		NO THE AND COM		(mm/dd/yyyy) (From the Secretary of State,	}
		•		,				•
		R CONTRACTOR THAT	PERFORMED OR MANAG	_				
PREFIX	FIRST NAME			MI	LAST NAME			SUFFIX
PRINCIPA	OFFICE ADDRESS	or PRIMARY RESIDEN	TAL ADDRESS (Number ar	nd Street. r	IO P.O. Box	ADDRESS (line	e 21	
			,		,			
CITY			STATE	ZIP CO	DE	IDHS CERTIFI	CATION NUMBER	
TELEPHO	NE NUMBER		EMAIL ADDRESS					
L			POTENTIAL			PARTIES		
	EDPARTY NAME dy Hall				all@iwmc	oneult or	nm	
	ED PARTY NAME			E-MAIL	ADDRESS	OHSUIL.GC	7111	
	Smith			tsm	ith@iwmo	consult.c	om	
-	ED PARTY NAME	······································			ADDRESS			

FACI	1793	FACILITY NAME Tam D Foo	od Mart LLC						
⊨				non	L Con instructions	for a	ompodment identif	iooti	on numboring
N	Complete one				t. See instructions IDERGROUND				on numbering.
13	and a second control of the second			UI	T	-01		<i>3</i>	
		ISTRATION NUMBER	1		2	_	3		
	PART OF A COMPAR	, ,	NO		NO		NO	_	
		PARTMENTS IN UST	·····		:				
	COMPARTMENT IDENT								
	(mm/dd/yyy	y) DATE INSTALLED			05/01/1999		05/01/1999		
	(mm/dd/yyyy) DATE FIRST I	BROUGHT INTO USE	06/01/1999		06/01/1999		06/01/1999		
	(gallons) ESTIMATE	D TOTAL CAPACITY	20,000		10,000		5,000		
		MANIFOLDED (Y/N)							
	MANIFOLDED TO COMPAI								
0		S'	TATUS OF UNI	DEF	RGROUND STO	RA	GE TANKS		
		CURRENT STATUS	IN USE	¥	IN USE	▼	IN USE	Y	
	(mm/dd/	yyyy) STATUS DATE	06/01/1999		06/01/1999		06/01/1999		
Ρ	SUBSTAN	ICES CURR	ENTLY OR LA	ST	STORED IN UN	NDE	RGROUND ST	OR	AGE TANKS
		PETROLEUM	GSL - Gasoline	$\overline{\mathbf{Y}}$	GSL - Gasoline	¥	DSL - Diesel	V	
	NA NA	XIMUM ETHANOL %	10		10				
	M	AXIMUM BIOFUEL %							
		(specify) OTHER							
	HAZAI	RDOUS SUBSTANCE							
	CHEMICAL ABSTRAC	T SERVICE NUMBER							
	MIXTUR	RE OF SUBSTANCES							
	PRODUCT IS COMPATIB	LE WITH TANK (Y/N)	YES	Ŧ	YES	V	YES	Ŧ	
Q		UNDERGR	OUND STORA	GE	TANK CONST	२ 00	CTION ATTRIB	UTE	S
		MANUFACTURER			<u> </u>	<u></u>			
		MODEL							
	MATERIAL	OF CONSTRUCTION	Fiberglass	Ţ	Fiberglass	 	Fiberglass	▼	
		ARY CONTAINMENT	T IDOTGIAGO	<u>السا</u>	i iborgiaco	Luccost	i iborgiaco	استحسنا	
R			BOLIND STOR	ΔG	E TANK CORR	റട	ION PROTECT	ION	
TX	CORROCION							F	
			Not Applicable	Ľ	Not Applicable		Not Applicable		
	(mm/dd/yyyy) ANODE IN	INTERIOR LINING							
	t								
	(mm/dd/yyyy) LINER IN								
		(specify) OTHER	DIDING CONS	ro i	IOTION AND D		TECTION	Mil da	
S				IKL	JCTION AND P	RU		<u> </u>	
		MANUFACTURER	Greenflex		Greenflex		Greenflex		
		MODEL							
	(mm/dd/yyy	y) DATE INSTALLED	05/01/1999		05/01/1999	_	05/01/1999		
			Flexible Compos		Flexible Compos	=			
		}	Double-walled		Double-walled		Double-walled	빌	
		ŀ	Not Applicable		Not Applicable	Ľ	Not Applicable		
	(mm/dd/yyyy) ANODE IN			_					
	PRODUCT IS COMPATIBLE	1			YES		YES		
	PRODUCT	DELIVERY METHOD	Pressurized	_	Pressurized	Y	Pressurized	\blacksquare	

FACILITY ID# FACILITY NAME TAM D FOO	od Mart LLC			
IDEM UST REGISTRATION NUMBER	1	2	3	
COMPARTMENT IDENTIFICATION NUMBER				
T	RGROUND STORA	GE TANK RELEA	SE DETECTION	
PRIMARY UST RELEASE DETECTION	ATG CSLD	ATG CSLD	ATG CSLD	
MANUFACTURER	Veeder Root	Veeder Root	Veeder Root	
MODEL	TLS-350	TLS-350	TLS-350	
SECONDARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				
U	NDERGROUND PI	PING RELEASE D	ETECTION	
PRIMARY PIPING RELEASE DETECTION	0.2gph/0.1gph El	0.2gph/0.1gph Elਂ▼	0.2gph/0.1gph El ✓	
MANUFACTURER	Veeder Root	Veeder Root	Veeder Root	
MODEL	TLS-350	TLS-350	TLS-350	
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)		Annual Line Tigh ▼	Annual Line Tigh ✓	
MANUFACTURER				
MODEL				
TERTIARY PIPING RELEASE DETECTION				
MANUFACTURER	*****			***************************************
MODEL				**************************************
V	ILL AND OVERFIL	L PREVENTION E	QUIPMENT	
CATCHMENT BASIN / SPILL BUCKET	Standard Spill Bu	Standard Spill Bu	Standard Spill Bu	
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER	****			
MODEL				
FILL LATITUDE	39.813270	39.813270	39.813270	
FILL LONGITUDE	-84.889540	-84.889540	-84.889540	
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 - Testable	YES - Testable	YES - Testable	
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				
SUBMERSIBLE TURBINE SUMP PRESENT				
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				

FACILITY ID#	TRANSACTION ID	- FOR STATE USE ONLY		MARKET HERE			
1793	or a contract of						arezako errora
				RTIFICATION			
2, that the staten following require (1) Installation of (2) Cathodic prof (3) Release detec	nents and representa ements in accordance f all tanks and piping	The state of the s	t are true	, accurate, and co			
OWNER'S AUTHORIZE	D REPRESENTATIVE (Print						
PREFIX FIRST NAM Amrir	nder		MI	Cheema			SUFFIX
Member	DREPRESENTATIVE			NAME (If Individual Lea D Food M		Internation	0000
SIGNATURE		Tarits of the	SICAL	AND ETOR	CE TARRE	DATE (MM/DD/	124
(1) Installation of (2) Cathodic prof (3) Release detect (4) Financial res	f all tanks and piping tection of steel tanks ction under 40 CFR 2 ponsibility under 329	IAC 9-8.		20.			
OPERATOR'S AUTHOR	RIZED REPRESENTATIVE (F	Print or Type)	MI	LAST NAME			SUFFIX
Amrir				Cheema			
TITLE OF AUTHORIZE				NAME (If Individual Lea D Food M			
SIGNATURE						DATE (MM/DD/	7/24
		CONTRAC	TOR C	ERTIFICATIO	N	Topic	
CERTIFIED INDIVIDUA PREFIX FIRST NAM			IMI	LAST NAME			SUFFIX
	NOUS.		124				
2, that work perfo	ormed on the UST syst	of perjury as specified I tem complies with meth- EMAIL ADDRESS				ubpart C.	and IC 13-23-14
		Television de la companie					,

Property Tax Exemption

Apply for Property Tax Exemption

Assessment Appeals Process

Would you like to submit an appeal for the assessment of this property? Click Here for more information.

File an Appeal

Summary

Tax ID 029-12723-00

 State Parcel ID
 89-18-09-110-323.000-030

 Map #
 50-09-110-323.000-29

 Property Address
 1229 S 9TH ST

 RICHMOND

 Sec/Twp/Rng
 n/a

 Tax Set
 RICHMOND

Subdivision n/a

Brief Tax Description LOTS 10, 11 & 12 & 19.92 FT S SIDE LOT 9 PARKVIEW (Note: Not to be used on legal documents)

Book/Page DR: 3-20-91 471-716*WD: 8-5-96 1996008840*WD: 10-7-98 1998015411*AC#5822*WD: 3-23-99 1999003990*WD: 6-6-05

2005006090*LWD: 2-8-24 2024000839*2024000840

Acres 0.309

Class 450 COM CONVENIENCE MARKET/GAS-450

Eagle View

INFRAME Street View Plat Map

Web Soil Survey

Owners

Deeded Owner TAM D FOOD MART LLC 9739 PICA DR FISHERS, IN 46040

Land

Land	Soil	Act	Eff.			Adj.	Ext.		
Type	ID	Front.	Depth	Size	Rate	Rate	Value	Infl.%	Value
Fci		112	120	112×120	\$300.00	\$270.00	\$30,240.00	80%	\$54,430.00

Commercial Buildings

Description	Mixed Use C	ommercia	1			Use Area	2,624	
		_	2			Not in Use	0	
	SB	В	1		U	Use	Convenience Market	
Wall Type			1			Floor	1	
Heating			2624			11001	•	
A/C			2624					
Sprinkler								
Plumbing RES/CI		#	TF	#	TF			
Total		0	0	6	6			

Improvements

Descr	PC	Grade	Year Built	Eff Year	Cond	LCM	Size	Nbhd Factor	Mrkt Factor
Retaining Wall	100	С	1999	1999	Α	1.01	0	1	1
Paving	100	C	1999	1999	Α	1.01	9900	1	1
Fencing	100	С	1999	1999	Α	1.01	0	1	1
Mixed Use Commercial	100	В	1999	1999	Α	1.01	2624	1	1
Service Station, DetCPY	100	С	1999	1999	Α	1.01	2915	1	1

Valuation

Assessment Year	2024	2023	2022	2021	2020
Reason	Annual Adjustment				
As Of Date	4/17/2024	4/20/2023	4/22/2022	4/16/2021	1/1/2020
Land	\$54,400	\$54,400	\$54,400	\$54,400	\$54,400
Land Res (1)	\$0	\$0	\$0	\$0	\$0
Land Non Res (2)	\$0	\$0	\$0	\$0	\$0
Land Non Res (3)	\$54,400	\$54,400	\$54,400	\$54,400	\$54,400
Improvement	\$360,300	\$360,300	\$360,300	\$360,300	\$360,300
Imp Res (1)	\$0	\$0	\$0	\$0	\$0
Imp Non Res (2)	\$0	\$0	\$0	\$0	\$0
Imp Non Res (3)	\$360,300	\$360,300	\$360,300	\$360,300	\$360,300
Total	\$414,700	\$414,700	\$414,700	\$414,700	\$414,700
Total Res (1)	\$0	\$0	\$0	\$0	\$0
Total Non Res (2)	\$0	\$0	\$0	\$0	\$0
Total Non Res (3)	\$414,700	\$414,700	\$414,700	\$414,700	\$414,700

Tax History

Detail: Tax Year	Туре	Category	Description	Amount	Balance Due
2023 PAYABLE 2024	Spring Tax	Tax	23/24 Spring Tax	\$6,220.49	\$6,220.49
2023 PAYABLE 2024	Fall Tax	Tax	23/24 Fall Tax	\$6,220.49	\$6,220.49
2023 PAYABLE 2024	Fall Tax	Tax	22/23 Fall Tax	\$6,220.49	\$6,220.49
2023 PAYABLE 2024	Fall Penalty	Tax	Penalty - 22/23 Fall Tax	\$622.04	\$622.04
2022 PAYABLE 2023	Spring Tax	Tax	22/23 Spring Tax	\$6,220.49	\$0.00
2022 PAYABLE 2023	Spring Penalty	Tax	Penalty - 22/23 Spring Tax	\$622.05	\$0.00
2022 PAYABLE 2023	Fall Tax	Tax	22/23 Fall Tax	\$6,220.49	\$6,220.49
2022 PAYABLE 2023	Fall Tax	Tax	21/22 Fall Tax	\$6,220.49	\$0.00
2022 PAYABLE 2023	Fall Penalty	Tax	Penalty - 21/22 Fall Tax	\$622.04	\$0.00
2021 PAYABLE 2022	Tax Sale Cost	Other	21/22 Tax Sale Cost	\$100.00	\$0.00
2021 PAYABLE 2022	Tax Sale Cost	Other	21/22 Tax Sale Admin Fee	\$25.00	\$0.00
2021 PAYABLE 2022	Spring Tax	Tax	20/21 Spring Tax	\$6,220.50	\$0.00
2021 PAYABLE 2022	Spring Tax	Tax	21/22 Spring Tax	\$6,220.49	\$0.00
2021 PAYABLE 2022	Spring Penalty	Tax	Penalty - 20/21 Spring Tax	\$1,244.11	\$0.00
2021 PAYABLE 2022	Spring Penalty	Tax	Penalty - 21/22 Spring Tax	\$622.05	\$0.00
2021 PAYABLE 2022	Fall Tax	Tax	20/21 Fall Tax	\$6,220.50	\$0.00
2021 PAYABLE 2022	Fall Tax	Tax	21/22 Fall Tax	\$6,220.49	\$6,220.49
2021 PAYABLE 2022	Fall Penalty	Tax	Penalty - 20/21 Fall Tax	\$1,244.10	\$0.00

Delinquent payments made after the fall due date will still show due in the year they were originally assessed. If paid, payment will show in the next tax year.

Total	۰
iota	ě

Tax Year	Amount	Balance Due
2023 PAYABLE 2024	\$19,283.51	\$19,283.51
2022 PAYABLE 2023	\$19,905.56	\$6,220.49
2021 PAYABLE 2022	\$28,117.24	\$6,220.49

Pay Taxes Online

Pay Taxes Online

Payments

Detail:			
Tax Year	Payment Date	Paid By	Amount
2022 PAYABLE 2023	06/15/2023	FORTE	\$7,464.58
2022 PAYABLE 2023	05/02/2023	FORTE	\$6,220.49
2021 PAYABLE 2022	08/05/2022	ARSD OIL INC RICHMOND FOOD MART	\$21,896.75

Total:		
Tax Year	Amount	
2022 PAYABLE 2023	\$13,685.07	
2021 PAVARI F 2022	\$21.896.75	

Transfers

Transfer Dat	e Buyer Name	Seller Name	Type	Description
10/07/1998	T & S PANTRIES INC	AC #5822		
Skip to main content 06/06/2005	CIRCLE D CORPORATION	T & S PANTRIES INC		
02/08/2024	ASRD OIL INC	CIRCLE D CORPORATION	Straight	Limited Warranty Deed - 2024000839
02/08/2024	TAM D FOOD MART LLC	ASRD OIL INC	Straight	Limited Warranty Deed - 2024000840

Wayne County, IN

Property Record Cards

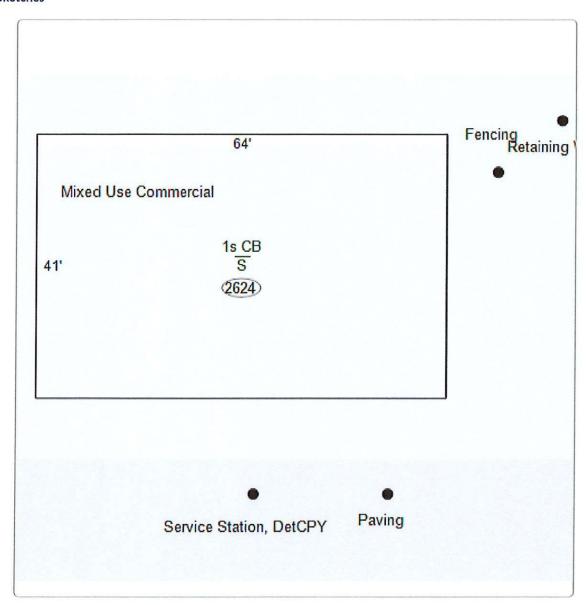
View 2024 Property Record Card(PDF)
View 2020 Property Record Card(PDF)
View 2016 Property Record Card(PDF)
View 2012 Property Record Card(PDF)
View 2008 Property Record Card(PDF)
View 2004 Property Record Card(PDF)

View 2023 Property	Record Card(PDF)
View 2019 Property	Record Card(PDF)
View 2015 Property	Record Card(PDF)
View 2011 Property	Record Card(PDF)
View 2007 Property	Record Card(PDF)
View 2003 Property	Record Card(PDF)

View 2	2022	Property	Record	Card(PDF)
View 2	2018	Property	Record	Card(PDF)
View 2	2014	Property	Record	Card(PDF)
View 2	2010	Property	Record	Card(PDF)
View 2	2006	Property	Record	Card(PDF)
View 2	2002	Property	Record	Card(PDF)

View 2021 Property Record Card(PDF) View 2017 Property Record Card(PDF) View 2013 Property Record Card(PDF) View 2009 Property Record Card(PDF) View 2005 Property Record Card(PDF) View 2001 Property Record Card(PDF)

Sketches



No data available for the following modules: Homestead Verification, Residential Dwellings, Deductions, Permits.

The information in this web site represents current data from a working file which is updated continuously. Information is believed reliable, but its accuracy cannot be guaranteed. No warranty, expressed or implied, is provided for the data herein, or its use.

| User Privacy Policy | GDPR Privacy Notice Last Data Upload: 5/31/2024, 7:38:35 AM Contact Us



BUSINESS INFORMATION

DIEGO MORALES INDIANA SECRETARY OF STATE 06/13/2024 07:43 AM

Business Details

Business Name: TAM D FOOD MART LLC Business ID: 202309081723450

Entity Type: Domestic Limited Liability Company Business Status: Active

Creation Date: 09/08/2023 Inactive Date:

Principal Office Address: 1221 S 9TH STREET, Richmond, IN, 47374 - 6970, USA Expiration Date: Perpetual

Business Entity Report Due Date: 09/30/2025 Jurisdiction of Formation: Indiana

Years Due:

Governing Person Information

Title Address Name

AMRINDER CHEEMA 1221 S 9TH STREET, Richmond, IN, 47374 - 6970, USA Member AMANPREET KAUR CHEEMA 1221 S 9TH STREET, Richmond, IN, 47374, USA Member

Registered Agent Information

Type: Individual

Name: AMANPREET KAUR CHEEMA

Address: 1221 S 9TH ST, Richmond, IN, 47374, USA

Kreegar, Cynthia

From: Mandy Hall <mhall@iwmconsult.com>
Sent: Thursday, June 13, 2024 7:47 AM

To: IDEM USTregistration; IDEM USTCompliance (USTcompliance)

Cc: Valero Richmond; Troy Smith

Subject: UST NF_FID 1793

Attachments: UST NF_FID 1793_6-13-2024.pdf

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

Good Morning UST Section,

Please see the attached, updated UST NF for FID 1793.

Sincerely,

IWM Consulting Group LLC

Mandy Hall, CHMM Project Manager 7428 Rockville Road Indianapolis, IN 46214

Office: (317) 347-1111 Direct: (317) 565-1618

Email: mhall@iwmconsult.com