



**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: **15672**

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 checked="" type="checkbox"/> UST Owner Change	<input 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 type="checkbox"/> Financial Responsibility Change
<input type="checkbox"/> New UST System(s)		

**B FACILITY NAME / LOCATION**

FACILITY NAME <b>Phillips 66</b>		LATITUDE (37.710101 to 41.866773) <b>41.536291</b>	LONGITUDE (-88.165351 to -84.671035) <b>-86.427389</b>
FACILITY ADDRESS (number and street) <b>203 N Main St</b>		PARCEL NUMBER <b>71-12-29-481-010.000-035</b>	
CITY <b>North Liberty</b>	STATE <b>IN</b>	ZIP CODE <b>46554</b>	COUNTY <b>St Joseph</b>
		TELEPHONE NUMBER <b>(219) 210-0622</b>	

**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 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	MI	LAST NAME	SUFFIX
ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE NUMBER	JOB TITLE	EMAIL ADDRESS		

**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) <b>S &amp; R Lucky Mart INC</b>	BUSINESS ID (From the Secretary of State) <b>2012041000379</b>
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Option 2: UST OWNER NAME (If a Public Agency or other entity)	
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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) <b>203 N MAIN ST, P O BOX 528</b>	ADDRESS (line 2)
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CITY <b>North Liberty</b>	STATE <b>IN</b>	ZIP CODE <b>46554</b>	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) <b>02/24/2022</b>
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TELEPHONE NUMBER <b>(219) 210-0622</b>	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	FIRST NAME <b>Sukhjinder</b>	MI	LAST NAME <b>Singh</b>	SUFFIX
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PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) <b>203 N MAIN ST, P O BOX 528</b>	ADDRESS (line 2)
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CITY <b>North Liberty</b>	STATE <b>IN</b>	ZIP CODE <b>46554</b>	JOB TITLE <b>President</b>
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TELEPHONE NUMBER <b>(219) 210-0622</b>	EMAIL ADDRESS <b>singhrj1@aol.com</b>
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FACILITY ID # <b>15672</b>		FACILITY NAME <b>Phillips 66</b>	
<b>F FINANCIAL RESPONSIBILITY (Check all that apply)</b>			
<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). <b>If you are using the ELTF it must be checked as well.</b>			
<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.			
<b>G UST OPERATOR</b>			
TYPE OF OPERATOR			
<input type="checkbox"/> Federal Government		<input type="checkbox"/> State Government	
<input checked="" type="checkbox"/> Commercial		<input checked="" type="checkbox"/> Private	
		<input type="checkbox"/> City / Local Government	
		<input type="checkbox"/> Other:	
Option 1: UST OPERATOR NAME (Business Name as registered with the Secretary of State) <b>S &amp; R Lucky Mart INC.</b>		BUSINESS ID (From the Secretary of State) <b>2012041000379</b>	
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	SUFFIX
UST OPERATOR ADDRESS (Listed in Options 1-3)			
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) <b>203 N Main St, P O Box 528</b>		ADDRESS (line 2)	
CITY <b>North Liberty</b>	STATE <b>IN</b>	ZIP CODE <b>46554</b>	DATE BEGAN OPERATING (MM/DD/YYYY) <b>02/24/2022</b>
TELEPHONE NUMBER <b>(219) 210-0622</b>	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	SUFFIX
	<b>Sukhjinder</b>		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) <b>203 N Main St, P O Box 528</b>		ADDRESS (line 2)	
CITY <b>North Liberty</b>	STATE <b>IN</b>	ZIP CODE <b>46554</b>	JOB TITLE <b>President</b>
TELEPHONE NUMBER <b>(219) 210-0622</b>	EMAIL ADDRESS <b>singhrj1@aol.com</b>		
<b>H FACILITY CONTACT</b>			
CONTACT INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	SUFFIX
	<b>Sukhjinder</b>		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) <b>203 N Main St, P O Box 528</b>		ADDRESS (line 2)	
CITY <b>North Liberty</b>	STATE <b>IN</b>	ZIP CODE <b>46554</b>	JOB TITLE <b>President</b>
TELEPHONE NUMBER <b>(219) 210-0622</b>	EMAIL ADDRESS <b>singhrj1@aol.com</b>		

FACILITY ID # <b>15672</b>		FACILITY NAME <b>Phillips 66</b>			
<b>I DEEDED PROPERTY OWNER</b>					
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) <b>S &amp; R Lucky Mart INC.</b>				BUSINESS ID (From the Secretary of State) <b>2012041000379</b>	
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) <b>203 N Main St, P O Box 528</b>				ADDRESS (line 2)	
CITY <b>North Liberty</b>		STATE <b>IN</b>	ZIP CODE <b>46554</b>	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) <b>02/24/2022</b>	
TELEPHONE NUMBER <b>(219) 210-0622</b>		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
	<b>Sukhjinder</b>		<b>Singh</b>		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) <b>203 N MAIN ST, P O BOX</b>				ADDRESS (line 2)	
CITY <b>North Liberty</b>		STATE <b>IN</b>	ZIP CODE <b>46554</b>	JOB TITLE <b>President</b>	
TELEPHONE NUMBER <b>(219) 210-0622</b>		EMAIL ADDRESS <b>singhrj1@aol.com</b>			
<b>J ACTIVE LAND CONTRACT PROPERTY OWNER (If applicable)</b>					
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 # <b>15672</b>		FACILITY NAME <b>Phillips 66</b>			
<b>K CONTRACTOR</b>					
<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		
<b>L POTENTIALLY INTERESTED PARTIES</b>					
INTERESTED PARTY NAME <b>Tanks Data</b>			E-MAIL ADDRESS <b>tanksdata@gmail.com</b>		
INTERESTED PARTY NAME <b>Tanks Data</b>			E-MAIL ADDRESS <b>contact@tanksdata.com</b>		
INTERESTED PARTY NAME			E-MAIL ADDRESS		
<b>M FACILITY SITE MAP</b>					
<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 # <b>15672</b>		FACILITY NAME <b>Phillips 66</b>			
Complete one column for each tank or compartment. See instructions for compartment identification numbering.					
<b>N</b>	<b>IDENTIFICATION OF UNDERGROUND STORAGE TANKS</b>				
IDEM UST REGISTRATION NUMBER	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
PART OF A COMPARTMENTED UST (Y/N)	NO <input type="checkbox"/>	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	01/01/1984	01/01/1984	01/01/1991	01/01/1991	
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE	01/01/1984	01/01/1984	01/01/1991	01/01/1991	
(gallons) ESTIMATED TOTAL CAPACITY	8,000	8,000	2,000	6,000	
MANIFOLDED (Y/N)	YES <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	
MANIFOLDED TO COMPARTMENT ID NUMBER					
<b>O</b>	<b>STATUS OF UNDERGROUND STORAGE TANKS</b>				
CURRENT STATUS	IN USE <input type="checkbox"/>	IN USE <input type="checkbox"/>	IN USE <input type="checkbox"/>	IN USE <input type="checkbox"/>	
(mm/dd/yyyy) STATUS DATE	06/17/2024	06/17/2024	06/17/2024	06/17/2024	
<b>P</b>	<b>SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS</b>				
PETROLEUM	GSL - Gasoline <input type="checkbox"/>	GSL - Gasoline <input type="checkbox"/>	KER - Kerosene <input type="checkbox"/>	GSL - Gasoline <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"/>	YES <input type="checkbox"/>	
<b>Q</b>	<b>UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES</b>				
MANUFACTURER					
MODEL					
MATERIAL OF CONSTRUCTION	Steel <input type="checkbox"/>	Steel <input type="checkbox"/>	Steel <input type="checkbox"/>	Steel <input type="checkbox"/>	
SECONDARY CONTAINMENT					
<b>R</b>	<b>UNDERGROUND STORAGE TANK CORROSION PROTECTION</b>				
CORROSION PROTECTION TYPE	<input type="checkbox"/>	<input type="checkbox"/>	Sacrificial Anode <input type="checkbox"/>	Sacrificial Anode <input type="checkbox"/>	
(mm/dd/yyyy) ANODE INSTALLATION DATE					
INTERIOR LINING	YES <input type="checkbox"/>	YES <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(mm/dd/yyyy) LINER INSTALLATION DATE	08/28/1997	08/28/1997			
(specify) OTHER					
<b>S</b>	<b>PIPING CONSTRUCTION AND PROTECTION</b>				
MANUFACTURER					
MODEL					
(mm/dd/yyyy) DATE INSTALLED					
MATERIAL	Rigid Fiberglass <input type="checkbox"/>	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)					
PRODUCT DELIVERY METHOD	Pressurized <input type="checkbox"/>	Pressurized <input type="checkbox"/>	European Suction <input type="checkbox"/>	Pressurized <input type="checkbox"/>	

FACILITY ID # <b>15672</b>		FACILITY NAME <b>Phillips 66</b>			
IDEM UST REGISTRATION NUMBER		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
COMPARTMENT IDENTIFICATION NUMBER					
<b>T</b>	<b>UNDERGROUND STORAGE TANK RELEASE DETECTION</b>				
PRIMARY UST RELEASE DETECTION	ATG CSLD	ATG CSLD	ATG CSLD	ATG CSLD	ATG CSLD
MANUFACTURER					
MODEL					
SECONDARY UST RELEASE DETECTION					
MANUFACTURER					
MODEL					
<b>U</b>	<b>UNDERGROUND PIPING RELEASE DETECTION</b>				
PRIMARY PIPING RELEASE DETECTION	Annual Line Tigh	Annual Line Tigh	Annual Line Tigh	Annual Line Tigh	Annual Line Tigh
MANUFACTURER					
MODEL					
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)					
MANUFACTURER					
MODEL					
TERTIARY PIPING RELEASE DETECTION					
MANUFACTURER					
MODEL					
<b>V</b>	<b>SPILL AND OVERFILL PREVENTION EQUIPMENT</b>				
CATCHMENT BASIN / SPILL BUCKET	Standard Spill Bu	Standard Spill Bu	Standard Spill Bu	Standard Spill Bu	Standard Spill Bu
(mm/dd/yyyy) DATE INSTALLED					
MANUFACTURER					
MODEL					
FILL LATITUDE					
FILL LONGITUDE					
PRIMARY OVERFILL PREVENTION EQUIPMENT	Overfill Alarm	Overfill Alarm	Overfill Alarm	Overfill Alarm	Overfill Alarm
(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 # <b>15672</b>	FACILITY NAME <b>Phillips 66</b>
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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	<b>5</b>	<b>6</b>		
PART OF A COMPARTMENTED UST (Y/N)	NO <input type="checkbox"/>	NO <input type="checkbox"/>		
NUMBER OF COMPARTMENTS IN UST				
COMPARTMENT IDENTIFICATION NUMBER				
(mm/dd/yyyy) DATE INSTALLED	01/01/1991	01/01/1991		
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE	01/01/1991	01/01/1991		
(gallons) ESTIMATED TOTAL CAPACITY	6000	4000		
MANIFOLDED (Y/N)	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
MANIFOLDED TO COMPARTMENT ID NUMBER				

**O STATUS OF UNDERGROUND STORAGE TANKS**

CURRENT STATUS	IN USE <input type="checkbox"/>	IN USE <input type="checkbox"/>		
(mm/dd/yyyy) STATUS DATE	06/17/2024	06/17/2024		

**P SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS**

PETROLEUM	DSL - Diesel <input type="checkbox"/>	GSL - Gasoline <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"/>		

**Q UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES**

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

**R UNDERGROUND STORAGE TANK CORROSION PROTECTION**



CORROSION PROTECTION TYPE	Sacrificial Anode <input type="checkbox"/>	Sacrificial Anode <input type="checkbox"/>		
(mm/dd/yyyy) ANODE INSTALLATION DATE				
INTERIOR LINING	<input type="checkbox"/>	<input type="checkbox"/>		
(mm/dd/yyyy) LINER INSTALLATION DATE				
(specify) OTHER				

**S PIPING CONSTRUCTION AND PROTECTION**

MANUFACTURER				
MODEL				
(mm/dd/yyyy) DATE INSTALLED				
MATERIAL	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)				
PRODUCT DELIVERY METHOD	Pressurized <input type="checkbox"/>	Pressurized <input type="checkbox"/>		

FACILITY ID #		FACILITY NAME	
15672		Phillips 66	
IDEM UST REGISTRATION NUMBER		5	6
COMPARTMENT IDENTIFICATION NUMBER			
<b>T</b>	<b>UNDERGROUND STORAGE TANK RELEASE DETECTION</b>		
PRIMARY UST RELEASE DETECTION	ATG CSLD	ATG CSLD	
MANUFACTURER			
MODEL			
SECONDARY UST RELEASE DETECTION			
MANUFACTURER			
MODEL			
<b>U</b>	<b>UNDERGROUND PIPING RELEASE DETECTION</b>		
PRIMARY PIPING RELEASE DETECTION	Annual Line Tigh	Annual Line Tigh	
MANUFACTURER			
MODEL			
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)			
MANUFACTURER			
MODEL			
TERTIARY PIPING RELEASE DETECTION			
MANUFACTURER			
MODEL			
<b>V</b>	<b>SPILL AND OVERFILL PREVENTION EQUIPMENT</b>		
CATCHMENT BASIN / SPILL BUCKET	Standard Spill Bu	Standard Spill Bu	
(mm/dd/yyyy) DATE INSTALLED			
MANUFACTURER			
MODEL			
FILL LATITUDE			
FILL LONGITUDE			
PRIMARY OVERFILL PREVENTION EQUIPMENT	Overfill Alarm	Overfill Alarm	
(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 # <b>15672</b>		TRANSACTION ID - FOR STATE USE ONLY	
<b>UST OWNER CERTIFICATION</b>			
<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
	Sukhjinder		Singh
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank)	
President		S & R Lucky Mart INC	
SIGNATURE  <a href="#">Sukhjinder Singh (Jun 17, 2024 12:29 EDT)</a>			DATE (MM/DD/YYYY) 17/06/2024
<b>UST OPERATOR CERTIFICATION</b>			
<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
	Sukhjinder		Singh
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank)	
President		S & R Lucky Mart INC	
SIGNATURE  <a href="#">Sukhjinder Singh (Jun 17, 2024 12:29 EDT)</a>			DATE (MM/DD/YYYY) 17/06/2024
<b>CONTRACTOR CERTIFICATION</b>			
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)






# FID-15672-NF-06.17.2024

Final Audit Report

2024-06-17

Created:	2024-06-17
By:	Tanks Data (tanksdata01@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAqYvM7G4Jj9awf_rRBqsrbclyueINCAFR

## "FID-15672-NF-06.17.2024" History

-  Document created by Tanks Data (tanksdata01@gmail.com)  
2024-06-17 - 4:26:08 PM GMT
-  Document emailed to Sukhjinder Singh (singhrj1@aol.com) for signature  
2024-06-17 - 4:26:18 PM GMT
-  Email viewed by Sukhjinder Singh (singhrj1@aol.com)  
2024-06-17 - 4:29:22 PM GMT
-  Document e-signed by Sukhjinder Singh (singhrj1@aol.com)  
Signature Date: 2024-06-17 - 4:29:46 PM GMT - Time Source: server
-  Agreement completed.  
2024-06-17 - 4:29:46 PM GMT

**EXHIBIT A**

PARCEL I: Lot Numbered Sixty-nine (69) and a parcel of land 37 feet in width, North and South, taken off of and from the entire length of the North side of Lot Numbered Seventy-four (74), all as shown on the recorded Original Plat of the Town of North Liberty in St. Joseph County, Indiana, together with the East One-Half (1/2) of the vacated alley lying West and adjacent to said lots.

PARCEL II: A parcel of land Twenty-nine (29) feet in width, North and South, taken off of the entire length of the South side of Lot Numbered Seventy-four (74) as shown on the Original Plat of the Town of North Liberty, St. Joseph County, Indiana, together with the East One-Half (1/2) of the vacated alley lying West and adjacent to said lots.

State of Indiana County of St. Joseph ss

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named **Rajinder Singh, Managing Member of LSS Real Estate, LLC, an Indiana Limited Liability Company** who acknowledged the execution of the foregoing Deed and who, having been duly sworn, stated that the representations therein contained are true.

WITNESS, my hand and Seal this 24<sup>th</sup> day of February, 2022

My Commission Expires: \_\_\_\_\_

Natna Roromy  
Signature of Notary Public

Commission No. \_\_\_\_\_

Printed Name of Notary \_\_\_\_\_

Notary Public County and State of Residence \_\_\_\_\_

This instrument was prepared by:  
Andrew R. Drake, Attorney-at-Law  
11711 N. Pennsylvania St., Suite 110, Carmel, IN 46032

Property Address:  
203 North Main Street, North Liberty, IN 46554

Grantee's Address and Mail Tax Statements To:  
203 N. Main Street / PO Box 529  
North Liberty, IN 46554 / North Liberty, IN 46554



I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law. Andrew R. Drake

008-1047-0882  
008-1047-0886

SD FMI TV

Transfer 56230  
Taxing Unit North Liberty  
Date 03/07/2022

**2022-06839**

RECORDED AS PRESENTED ON  
03/07/2022 09:13 AM  
MARY BETH WISNIEWSKI  
ST. JOSEPH COUNTY  
RECORDER  
PGS: 3 FEES: 25.00

Tax ID Number(s): 71-12-29-481-010 000-035,  
71-12-29-481-011 000-035

**WARRANTY DEED**

**THIS INDENTURE WITNESSETH THAT**

LSS Real Estate, LLC, an Indiana Limited Liability Company

**CONVEY(S) AND WARRANT(S) TO**

S & R Lucky Mart Inc., for Ten Dollars and other valuable consideration the receipt whereof is hereby acknowledged, the following described REAL ESTATE in Saint Joseph County, in the State of Indiana, to wit:

**MH SEE ATTACHED EXHIBIT "A"**

Subject to Real Estate taxes now due and payable and thereafter.

Subject to covenants, restrictions and easements of record.

The undersigned person(s) executing this deed on behalf of the Limited Liability Company represent and certify that they are a current member/manager of said Limited Liability Company and have been fully empowered by a proper meeting and vote of the Limited Liability Company members to execute and deliver this deed.

IN WITNESS WHEREOF, the Grantor has executed this deed this 24<sup>th</sup> day of February, 2022

LSS Real Estate, LLC, an Indiana Limited Liability Company

Rajinder Singh  
By: Rajinder Singh  
Title: Managing Member

DULY ENTERED FOR TAXATION  
ST. JOSEPH CO. INDIANA  
SUBJECT TO FINAL ACCEPTANCE  
FOR TRANSFER

## Kreegar, Cynthia

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**From:** TanksData <Tanksdata@gmail.com>  
**Sent:** Monday, June 17, 2024 1:53 PM  
**To:** IDEM USTregistration  
**Cc:** G Rajinder Singh Elkart (FID 15672,15294,264); Sukhjinder Singh(FID 15672,15294)  
**Subject:** UST Facility ID #15672  
**Attachments:** FID-15672--DEED.pdf; FID-15672-NF-06.17.2024 - signed.pdf

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

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Hello,

I Hope you are doing well.

Pls find attached herewith updated Notification Form & Warranty deed for ownership backup for the subject mentioned FID.

Owner/Operator has been copied on this email.

Please let me know if you have any questions.

Thanks,

Team

**Tanks Data**

317.645.0215

317.300.6065



<https://tanksdata.com/>

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