



**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: **6152**

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 type="checkbox"/> UST Owner Change	<input type="checkbox"/> Owner/Operator Information Change
<input type="checkbox"/> Type of Facility Change	<input type="checkbox"/> Property Owner Change	<input type="checkbox"/> Facility Name / Location Change
<input checked="" type="checkbox"/> UST System Modification	<input 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>HOOSTER POINT EXPRESS</b>		LATITUDE (37.710101 to 41.866773) <b>40.924223</b>	LONGITUDE (-88.155351 to -84.671035) <b>-86.938962</b>
FACILITY ADDRESS (number and street) <b>294 US-24</b>		PARCEL NUMBER <b>85-10-36-200-012.000-007</b>	
CITY <b>WABASH</b>	STATE <b>IN</b>	ZIP CODE <b>46992</b>	COUNTY <b>WABASH</b>
TELEPHONE NUMBER <b>260-563-1499</b>			

**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 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 <b>JOSH</b>	MI	LAST NAME <b>COLLINS</b>	SUFFIX
ADDRESS <b>2829 E SR124</b>		CITY <b>BLUFFTON</b>	STATE <b>IN</b>	ZIP CODE <b>46714</b>
TELEPHONE NUMBER <b>260-824-2220</b>	JOB TITLE <b>COMPLIANCE DIRECTOR</b>	EMAIL ADDRESS <b>JCOLLINS@NOIL.OIL.COM</b>		

**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 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)

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)	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 #	FACILITY NAME
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<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 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 type="checkbox"/>	Guarantee
<input type="checkbox"/>	Surety Bond
<input type="checkbox"/>	Letter of Credit
<input type="checkbox"/>	Trust Fund
<input type="checkbox"/>	Local Government Bond Rating Test
<input type="checkbox"/>	Local Government Guarantee
<input type="checkbox"/>	Excess Liability Trust Fund (State Fund)
<input type="checkbox"/>	Insurance and Risk Retention Group Coverage
<input type="checkbox"/>	Loan Commitment Letter
<input type="checkbox"/>	Certificate of Deposit
<input type="checkbox"/>	Standby Trust Fund
<input type="checkbox"/>	Local Government Financial Test
<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"/>	Commercial			
<input type="checkbox"/>	State Government			
<input 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)				
BUSINESS ID (From the Secretary of State)				
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)		ADDRESS (line 2)		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (line 2)		
CITY	STATE	ZIP CODE	DATE BEGAN OPERATING (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			

<b>H FACILITY CONTACT</b>				
CONTACT INDIVIDUAL NAME				
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 #		FACILITY NAME							
<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 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)						ADDRESS (line 2)			
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)									
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						
<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)						ADDRESS (line 2)			
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)									
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>6152</b>	FACILITY NAME <b>Hoosier Point</b>			
<b>K CONTRACTOR</b>				
<input type="checkbox"/> INSTALLATION INSPECTED BY A REGISTERED ENGINEER	REGISTRATION ID: _____	REGISTRATION DATE <small>(mm/dd/yyyy)</small>		
<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 <small>(mm/dd/yyyy)</small>			
CONTRACTOR BUSINESS NAME <small>(Business Name as registered with the Secretary of State)</small> <b>CBD Service LLC</b>		BUSINESS ID <small>(From the Secretary of State)</small> <b>92-1952265</b>		
CONTACT INFORMATION FOR CONTRACTOR THAT PERFORMED OR MANAGED WORK ON SITE				
PREFIX	FIRST NAME <b>Chris</b>	MI <b>B</b>	LAST NAME <b>Dunifon</b>	SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS <small>(Number and Street, no P.O. Box)</small> <b>5015 Meadow Ln</b>			ADDRESS <small>(line 2)</small>	
CITY <b>Fort Wayne</b>	STATE <b>IN</b>	ZIP CODE <b>46809</b>	IDHS CERTIFICATION NUMBER <b>UC2019OH13010</b>	
TELEPHONE NUMBER <b>(260) 433-6232</b>	EMAIL ADDRESS <b>chrisdunifon@gmail.com</b>			
<b>L POTENTIALLY INTERESTED PARTIES</b>				
INTERESTED PARTY NAME			E-MAIL ADDRESS	
INTERESTED PARTY NAME			E-MAIL ADDRESS	
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 #		FACILITY NAME			
Complete one column for each tank or compartment. See instructions for compartment identification numbering.					
<b>N</b>	<b>IDENTIFICATION OF UNDERGROUND STORAGE TANKS</b>				
ITEM UST REGISTRATION NUMBER	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
PART OF A COMPARTMENTED UST (Y/N)	NO	NO	NO	NO	
NUMBER OF COMPARTMENTS IN UST	1	1	1	1	
COMPARTMENT IDENTIFICATION NUMBER	Unleaded	Premium	Diesel	REC-90	
(mm/dd/yyyy) DATE INSTALLED					
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE					
(gallons) ESTIMATED TOTAL CAPACITY				2,000	
MANIFOLDED (Y/N)	NO	NO	NO	NO	
MANIFOLDED TO COMPARTMENT ID NUMBER					
<b>O</b>	<b>STATUS OF UNDERGROUND STORAGE TANKS</b>				
CURRENT STATUS					
(mm/dd/yyyy) STATUS DATE					
<b>P</b>	<b>SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS</b>				
PETROLEUM				GSL - Gasoline	
MAXIMUM ETHANOL %				0	
MAXIMUM BIOFUEL %					
(specify) OTHER					
HAZARDOUS SUBSTANCE					
CHEMICAL ABSTRACT SERVICE NUMBER					
MIXTURE OF SUBSTANCES					
PRODUCT IS COMPATIBLE WITH TANK (Y/N)				YES	
<b>Q</b>	<b>UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES</b>				
MANUFACTURER					
MODEL					
MATERIAL OF CONSTRUCTION					
SECONDARY CONTAINMENT					
<b>R</b>	<b>UNDERGROUND STORAGE TANK CORROSION PROTECTION</b>				
CORROSION PROTECTION TYPE					
(mm/dd/yyyy) ANODE INSTALLATION DATE					
INTERIOR LINING					
(mm/dd/yyyy) LINER INSTALLATION DATE					
(specify) OTHER					
<b>S</b>	<b>PIPING CONSTRUCTION AND PROTECTION</b>				
MANUFACTURER					
MODEL					
(mm/dd/yyyy) DATE INSTALLED					
MATERIAL				Flexible Composite	
SECONDARY CONTAINMENT				Double-walled	
CORROSION PROTECTION TYPE					
(mm/dd/yyyy) ANODE INSTALLATION DATE					
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)					
PRODUCT DELIVERY METHOD					

FACILITY ID # <b>6152</b>		FACILITY NAME <b>Hoosier Point</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					
MANUFACTURER					
MODEL					
SECONDARY UST RELEASE DETECTION					
MANUFACTURER					
MODEL					
<b>U</b>	<b>UNDERGROUND PIPING RELEASE DETECTION</b>				
PRIMARY PIPING RELEASE DETECTION					
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					
(mm/dd/yyyy) DATE INSTALLED					
MANUFACTURER					
MODEL					
FILL LATITUDE					
FILL LONGITUDE					
PRIMARY OVERFILL PREVENTION EQUIPMENT		Overfill Alarm <input checked="" type="checkbox"/>	Overfill Alarm <input checked="" type="checkbox"/>	Overfill Alarm <input checked="" type="checkbox"/>	Overfill Alarm <input checked="" type="checkbox"/>
(mm/dd/yyyy) DATE INSTALLED		06/17/2024	06/17/2024	06/17/2024	06/17/2024
MANUFACTURER		Incon	Incon	Incon	Incon
MODEL		RA2	RA2	RA2	RA2
% ULLAGE SET POINT		87	87	87	87
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>6152</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 <i>(Print or Type)</i>			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME <i>(If Individual Leave Blank)</i>	
SIGNATURE			DATE (MM/DD/YYYY)
<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 <i>(Print or Type)</i>			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME <i>(If Individual Leave Blank)</i>	
SIGNATURE			DATE (MM/DD/YYYY)
<b>CONTRACTOR CERTIFICATION</b>			
CERTIFIED INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
	Chris Dunifon	B	Dunifon
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)
		chrisdunifon@gmail.com	06/17/2024



## Kreegar, Cynthia

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**From:** Ware, Jordan M  
**Sent:** Tuesday, June 18, 2024 10:54 AM  
**To:** IDEM USTregistration  
**Subject:** FW: Hoosier Point FID 6152  
**Attachments:** NF FID 6152 20240618.pdf

Good morning,

Please see the attached notification form for FID 6152 that was submitted in response to a violation letter. Not all requested information was provided.

Please let me know if you have any questions.

Thank you,



**Jordan Ware**

Compliance Manager | UST Compliance Section  
Petroleum Branch | Office of Land Quality  
Indiana Department of Environmental Management

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(317) 232-2045 | [jmware@idem.in.gov](mailto:jmware@idem.in.gov)



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**From:** Josh Collins <jcollins@natloil.com>  
**Sent:** Tuesday, June 18, 2024 6:47 AM  
**To:** Ware, Jordan M <JMWare@idem.IN.gov>  
**Subject:** RE: Hoosier Point FID 6152

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Good Morning,

Here is the updated UST form with the correction you asked for. Also, here is the test results for the overfill for all tanks.

I have Corptec coming down to install anodes in the STP ' sumps. Once that is completed then we should be back to RTC. Thanks

Josh Collins  
Compliance Director  
National Oil & Gas  
1-260-466-9880



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**From:** Ware, Jordan M <[JMWare@idem.IN.gov](mailto:JMWare@idem.IN.gov)>  
**Sent:** Thursday, May 2, 2024 11:51 AM  
**To:** Josh Collins <[jcollins@natloil.com](mailto:jcollins@natloil.com)>  
**Subject:** RE: Hoosier Point FID 6152

Good morning. Josh,

The testing documentation that was attached has already been submitted and accounted for. After review of the notification form, below are the items still needed for a possible return to compliance:

- 1) Update notification form : In addition to the information provided on the submitted notification form, additional information is needed. The piping should be indicated as fiberglass double-wall for all USTs and installation dates for that piping needs to be noted as well
- 2) Repair documentation and passing test for the REG spill bucket : I have noted you are waiting for the results
- 3) Documentation that the metal piping components in the DSL STP sump is isolated from backfill and/or wrapped
- 4) Overfill Testing : I have noted that the site is installing an external overfill alarm
- 5) Repair documentation and passing test for the DSL UST

Please let me know if you have any questions.

Thank you,



**Jordan Ware**

Compliance Manager | UST Compliance Section  
Petroleum Branch | Office of Land Quality  
Indiana Department of Environmental Management

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(317) 232-2045 | [jmware@idem.in.gov](mailto:jmware@idem.in.gov)



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**From:** Josh Collins <[jcollins@natloil.com](mailto:jcollins@natloil.com)>  
**Sent:** Thursday, May 2, 2024 7:08 AM  
**To:** IDEM USTCompliance (USTcompliance) <[USTCompliance@idem.IN.gov](mailto:USTCompliance@idem.IN.gov)>  
**Cc:** Ware, Jordan M <[JMWare@idem.IN.gov](mailto:JMWare@idem.IN.gov)>  
**Subject:** Hoosier Point FID 6152

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Good Morning,

Here is some of hat you will need for the inspection.

I have the Spill bucket s tested but waiting on the test results. I also have an Overfill alarm for all tanks being installed and waiting on parts to come in. I will be working on the rest. Thanks.

Josh Collins

Compliance Director  
National Oil & Gas  
1-260-466-9880