



# 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: **16563**

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 type="checkbox"/>	UST System Modification	<input type="checkbox"/>	UST Operator Change	<input type="checkbox"/>	Financial Responsibility Change
<input checked="" type="checkbox"/>	New UST System(s)				
B FACILITY NAME / LOCATION					
FACILITY NAME <b>Petro Stopping Center</b>			LATITUDE (37.710101 to 41.866773) <b>39.318400</b>	LONGITUDE (-88.165351 to -84.671035) <b>-85.327700</b>	
FACILITY ADDRESS (number and street) <b>1409 S. County Road #850E</b>			PARCEL NUMBER <b>16-09-17-000-007.000-011</b>		
CITY <b>Greensburg</b>	STATE <b>IN</b>	ZIP CODE <b>47240</b>	COUNTY <b>Decatur</b>	TELEPHONE NUMBER <b>(812) 663-2333</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 checked="" type="checkbox"/>	Other: Truck stop; truck repair
D PREPARED BY					
PREFIX	FIRST NAME <b>Rob</b>	MI	LAST NAME <b>Porges</b>	SUFFIX	
ADDRESS <b>24601 Center Ridge Road</b>		CITY <b>Westlake</b>		STATE <b>OH</b>	ZIP CODE <b>44145</b>
TELEPHONE NUMBER <b>(440) 808-7368</b>		JOB TITLE <b>Sr. Director</b>		EMAIL ADDRESS <b>rporges@ta-petro.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 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) <b>Highway Ventures Properties LLC</b>			BUSINESS ID (From the Secretary of State) <b>2007053100227</b>		
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) <b>Two Newton Place, 255 Washington St, Ste 300</b>			ADDRESS (line 2)		
CITY <b>Newton</b>		STATE <b>MA</b>	ZIP CODE <b>02458</b>	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) <b>06/11/2021</b>	
TELEPHONE NUMBER <b>(440) 808-7368</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 <b>Rob</b>	MI	LAST NAME <b>Porges</b>	SUFFIX	
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) <b>24601 Center Ridge Road</b>			ADDRESS (line 2) <b>24601 Center Ridge Road</b>		
CITY <b>Westlake</b>		STATE <b>OH</b>	ZIP CODE <b>44145</b>	JOB TITLE <b>Sr. Director</b>	
TELEPHONE NUMBER <b>(440) 808-7368</b>		EMAIL ADDRESS <b>rporges@ta-petro.com</b>			

FACILITY ID # <b>16563</b>		FACILITY NAME <b>Petro Stopping Center</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 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)	
<b>TA Operating LLC</b>		<b>2007022200469</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	LAST NAME
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)	
<b>24601 Center Ridge Road</b>			
CITY	STATE	ZIP CODE	DATE BEGAN OPERATING (MM/DD/YYYY)
<b>Westlake</b>	<b>OH</b>	<b>44145</b>	<b>07/12/2012</b>
TELEPHONE NUMBER	EMAIL ADDRESS (Option 3 Individual Capacity)		JOB TITLE (Option 3 Individual Capacity)
<b>(440) 808-7368</b>			
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)			
PREFIX	FIRST NAME	MI	LAST NAME
	<b>Rob</b>		<b>Porges</b>
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (line 2)	
<b>24601 Center Ridge Road</b>			
CITY	STATE	ZIP CODE	JOB TITLE
<b>Westlake</b>	<b>OH</b>	<b>44145</b>	<b>Sr. Director</b>
TELEPHONE NUMBER	EMAIL ADDRESS		
<b>(440) 808-7368</b>	<b>rporges@ta-petro.com</b>		
<b>H FACILITY CONTACT</b>			
CONTACT INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	LAST NAME
	<b>Gary</b>		<b>Copeland</b>
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (line 2)	
<b>1409 S. County Road #850E</b>			
CITY	STATE	ZIP CODE	JOB TITLE
<b>Greensburg</b>	<b>IN</b>	<b>47240</b>	<b>General Manager</b>
TELEPHONE NUMBER	EMAIL ADDRESS		
<b>(812) 663-2333</b>	<b>gcopeland@ta-petro.com</b>		

FACILITY ID # <b>16563</b>		FACILITY NAME <b>Petro Stopping Center</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 type="checkbox"/> Private		<input type="checkbox"/> Other:	
Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State) <b>Highway Ventures Properties LLC</b>				BUSINESS ID (From the Secretary of State) <b>2007053100227</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>Two Newton Place, 255 Washington St, Ste 300ad</b>				ADDRESS (line 2)	
CITY <b>Newton</b>		STATE <b>MA</b>	ZIP CODE <b>02458</b>	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) <b>06/11/2021</b>	
TELEPHONE NUMBER <b>(440) 808-7368</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>Rob</b>		<b>Porges</b>		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) <b>24601 Center Ridge Road</b>				ADDRESS (line 2)	
CITY <b>Westlake</b>		STATE <b>OH</b>	ZIP CODE <b>44118</b>	JOB TITLE <b>Sr. Director</b>	
TELEPHONE NUMBER <b>(440) 808-7368</b>		EMAIL ADDRESS <b>rporges@ta-petro.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>16563</b>		FACILITY NAME <b>Petro Stopping Center</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 checked="" 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> <b>K&amp;W Fueling Systems</b>				BUSINESS ID <i>(From the Secretary of State)</i> <b>1989090534</b>	
CONTACT INFORMATION FOR CONTRACTOR THAT PERFORMED OR MANAGED WORK ON SITE					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
	<b>Kyle</b>		<b>Tague</b>		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS <i>(Number and Street, no P.O. Box)</i> <b>1537 S 275 W</b>				ADDRESS <i>(line 2)</i>	
CITY <b>Rushville</b>		STATE <b>IN</b>	ZIP CODE <b>46173</b>	IDHS CERTIFICATION NUMBER <b>UC108806</b>	
TELEPHONE NUMBER <b>(765) 932-4980</b>		EMAIL ADDRESS <b>ktague@kwfuelingsystems.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>					
<p>See attached map for new tank location</p>					

FACILITY ID # <b>16563</b>		FACILITY NAME <b>Petro Stopping Center</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>11</b>			
PART OF A COMPARTMENTED UST (Y/N)	NO			
NUMBER OF COMPARTMENTS IN UST	1			
COMPARTMENT IDENTIFICATION NUMBER				
(mm/dd/yyyy) DATE INSTALLED	05/23/2024			
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE	06/21/2024			
(gallons) ESTIMATED TOTAL CAPACITY	19,951			
MANIFOLDED (Y/N)	NO			
MANIFOLDED TO COMPARTMENT ID NUMBER				
<b>O</b>	<b>STATUS OF UNDERGROUND STORAGE TANKS</b>			
CURRENT STATUS	IN USE			
(mm/dd/yyyy) STATUS DATE				
<b>P</b>	<b>SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS</b>			
PETROLEUM				
MAXIMUM ETHANOL %				
MAXIMUM BIOFUEL %	100			
(specify) OTHER	Bio Diesel			
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	Containment Solut			
MODEL	77338127			
MATERIAL OF CONSTRUCTION	Fiberglass			
SECONDARY CONTAINMENT	Double-walled			
<b>R</b>	<b>UNDERGROUND STORAGE TANK CORROSION PROTECTION</b>			
CORROSION PROTECTION TYPE	Not Applicable			
(mm/dd/yyyy) ANODE INSTALLATION DATE				
INTERIOR LINING	NO			
(mm/dd/yyyy) LINER INSTALLATION DATE				
(specify) OTHER				
<b>S</b>	<b>PIPING CONSTRUCTION AND PROTECTION</b>			
MANUFACTURER	NOV Fiber. Syst.			
MODEL	33884381			
(mm/dd/yyyy) DATE INSTALLED	06/14/2024			
MATERIAL	Rigid Fiberglass			
SECONDARY CONTAINMENT	Double-walled			
CORROSION PROTECTION TYPE	Not Applicable			
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)	YES			
PRODUCT DELIVERY METHOD	Pressurized			

FACILITY ID #		FACILITY NAME		
16563		Petro Stopping Center		
IDEM UST REGISTRATION NUMBER		11		
COMPARTMENT IDENTIFICATION NUMBER				
<b>T</b>	<b>UNDERGROUND STORAGE TANK RELEASE DETECTION</b>			
PRIMARY UST RELEASE DETECTION	ATG Interstitial Mon			
MANUFACTURER	Veeder Root			
MODEL	0794380-208			
SECONDARY UST RELEASE DETECTION	ATG CSLD			
MANUFACTURER	Veeder Root			
MODEL	330160-002			
<b>U</b>	<b>UNDERGROUND PIPING RELEASE DETECTION</b>			
PRIMARY PIPING RELEASE DETECTION	Interstitial Monitoring			
MANUFACTURER	Veeder Root			
MODEL	0794380-208			
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)	ALLD w/Annual Tes			
MANUFACTURER	Franklin Fueling			
MODEL	403171901			
TERTIARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				
<b>V</b>	<b>SPILL AND OVERFILL PREVENTION EQUIPMENT</b>			
CATCHMENT BASIN / SPILL BUCKET	Doublewall Spill Buc			
(mm/dd/yyyy) DATE INSTALLED	06/01/2024			
MANUFACTURER	OPW			
MODEL	1C-3122D			
FILL LATITUDE	39.318333			
FILL LONGITUDE	-85.327222			
PRIMARY OVERFILL PREVENTION EQUIPMENT	Auto Shutoff / Flapp			
(mm/dd/yyyy) DATE INSTALLED	06/14/2024			
MANUFACTURER	OPW			
MODEL	71SOM-412C			
% ULLAGE SET POINT	95			
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	YES - Testable			
MANUFACTURER	Bravo			
(mm/dd/yyyy) DATE INSTALLED	06/01/2024			

FACILITY ID # <b>16563</b>	FACILITY NAME <b>Petro Stopping Center</b>
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Complete one column for each tank or compartment. See instructions for compartment identification numbering.

<b>N</b>	<b>IDENTIFICATION OF UNDERGROUND STORAGE TANKS</b>
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IDEM UST REGISTRATION NUMBER				
PART OF A COMPARTMENTED UST (Y/N)				
NUMBER OF COMPARTMENTS IN UST				
COMPARTMENT IDENTIFICATION NUMBER				
(mm/dd/yyyy) DATE INSTALLED				
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE				
(gallons) ESTIMATED TOTAL CAPACITY				
MANIFOLDED (Y/N)				
MANIFOLDED TO COMPARTMENT ID NUMBER				

<b>O</b>	<b>STATUS OF UNDERGROUND STORAGE TANKS</b>
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CURRENT STATUS				
(mm/dd/yyyy) STATUS DATE				

<b>P</b>	<b>SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS</b>
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PETROLEUM				
MAXIMUM ETHANOL %				
MAXIMUM BIOFUEL %				
(specify) OTHER				
HAZARDOUS SUBSTANCE				
CHEMICAL ABSTRACT SERVICE NUMBER				
MIXTURE OF SUBSTANCES				
PRODUCT IS COMPATIBLE WITH TANK (Y/N)				

<b>Q</b>	<b>UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES</b>
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MANUFACTURER				
MODEL				
MATERIAL OF CONSTRUCTION				
SECONDARY CONTAINMENT				

<b>R</b>	<b>UNDERGROUND STORAGE TANK CORROSION PROTECTION</b>
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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>
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MANUFACTURER				
MODEL				
(mm/dd/yyyy) DATE INSTALLED				
MATERIAL				
SECONDARY CONTAINMENT				
CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)				
PRODUCT DELIVERY METHOD				

FACILITY ID # <b>16563</b>		FACILITY NAME <b>Petro Stopping Center</b>	
IDEM UST REGISTRATION NUMBER			
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			
(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>16563</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
	Todd		Hargreaves
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank)	
President		Highway Ventures Properties LLC	
SIGNATURE		DATE (MM/DD/YYYY)	
Digitally signed by: Highway Ventures Properties LLC By: <i>Todd Hargreaves</i> 038BBB8DB6844FE...		Todd Hargreaves, President	7/1/2024
<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
	Rob		Porges
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank)	
Sr. Director		TA Operating LLC	
SIGNATURE		DATE (MM/DD/YYYY)	
Rob Porges		06/18/2024	
<b>CONTRACTOR CERTIFICATION</b>			
CERTIFIED INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	LAST NAME
	Kyle	A	Tague
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)
<i>Kyle Tague</i>		ktague@kwfuelingsystems.com	06/14/2024

NO.	DATE	REVISION DESCRIPTION
1.	12/15/22	INITIAL ISSUE

**DISCLAIMER:**  
 THIS DRAWING IS THE PROPERTY OF DIAMOND Z ENGINEERING, INC. AND IS TO BE USED ONLY FOR THE SPECIFIC PROJECT AND SITE INDICATED THEREON. NO PART OF THIS DRAWING IS TO BE REPRODUCED, COPIED, OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, WITHOUT THE WRITTEN AUTHORIZATION OF DIAMOND Z ENGINEERING, INC. THE USER OF THIS DRAWING SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS FROM ALL APPLICABLE LOCAL, STATE, AND FEDERAL AGENCIES.

**PROJECT ENGINEER SEAL**

**PROJECT TITLE:**  
 PETRO STOPPING CENTERS  
 GREENSBURG, IN  
 FACILITY #679

**BIO-DIESEL IN-LINE BLENDING SYSTEM ADDITION**

**SITE ADDRESS:**  
 1409 S CO ROAD 850 E  
 GREENSBURG, IN 47240  
 (812) 663-2333

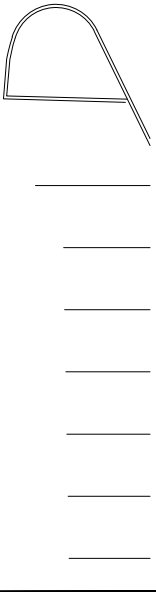
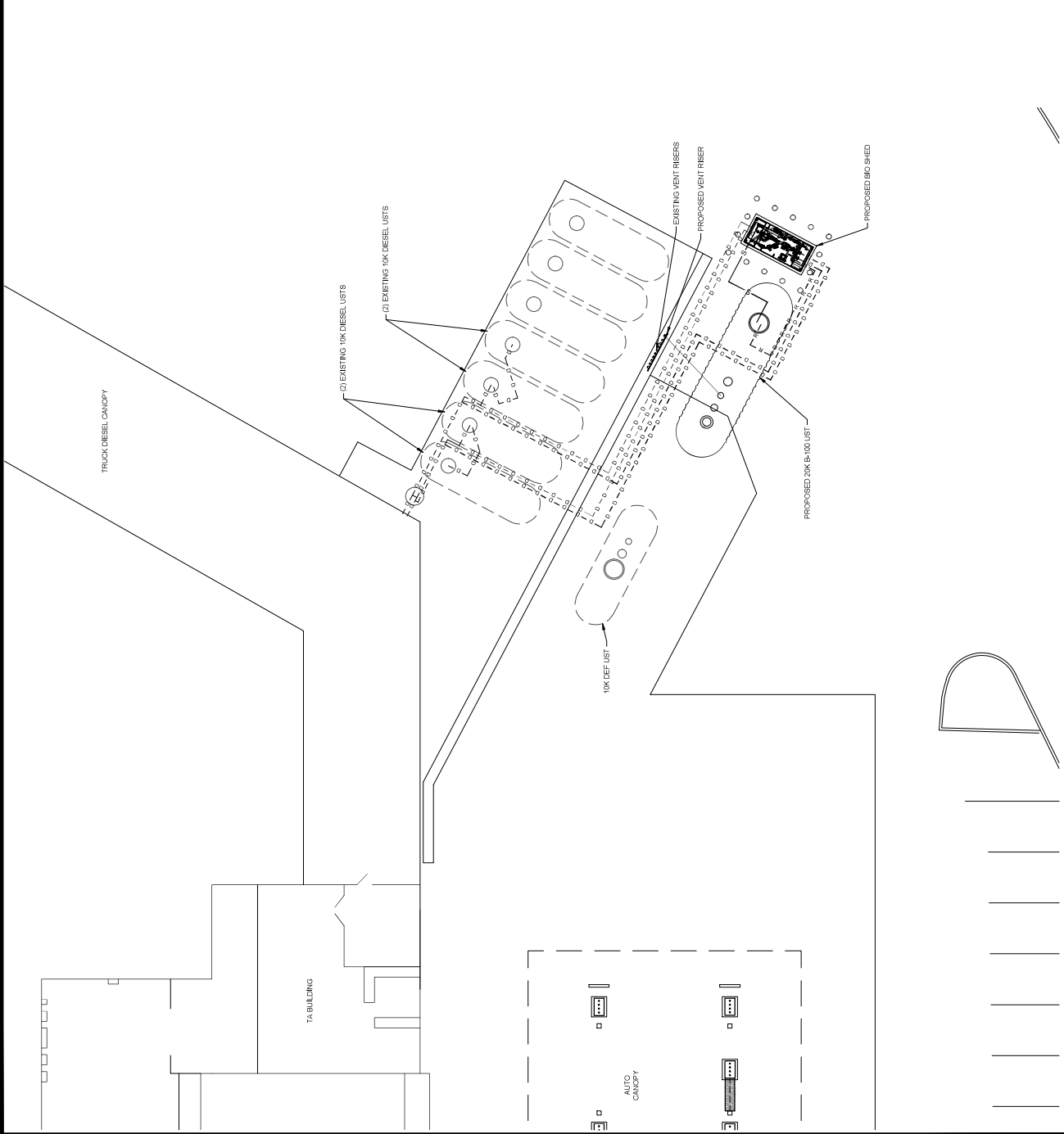
**SCALE:** AS SHOWN  
**DATE:** 12/15/2023  
**DESIGNED BY:** ATS  
**DRAWN BY:** ATS  
**CHECKED BY:** JRS  
**JOB NUMBER:** IN-4733  
**DRAWING TITLE:**

**PROPOSED FUEL AREA PLAN**

**KEY CONSTRUCTION NOTES:**

- INSTALL (1) 20,000 GALLON DOUBLE WALL FIBERGLASS ULL LISTED UNDERGROUND STORAGE TANK (UST) WITH 10% OVERFILL PROTECTION WHERE INDICATED ON PLAN. SEE TANK INSTALLATION SHEETS FOR DETAILS.
- INSTALL ONE INLET AND ONE OUTLET SUMP FOR BIO SHED. INSTALL NEW BIO SHED OVER SUMPS AND COMPLETE PIPING AND WIRING CONNECTIONS. SEE DETAILS ON SHEET 1-A.
- INTERCEPT AND INSTALL (2) 4" OVER 2" DOUBLE WALL FIBERGLASS PRODUCT PIPING FROM BIO SHED INLET SUMP TO EXISTING DIESEL TANKS AS SHOWN. ROUTE TO BIO BLENDING SHED INLET SUMP.
- INSTALL 4" OVER 3" DOUBLE WALL FIBERGLASS PRODUCT PIPING FROM BIO SHED OUTLET SUMP TO EXISTING DIESEL PRODUCT PIPING AND MAKE CONNECTIONS AS SHOWN.
- INSTALL 3" OVER 2" DOUBLE WALL FIBERGLASS PRODUCT PIPING FROM B100 TANK SUMP TO BIO SHED INLET SUMP FOR SUPPLY.
- INSTALL 3" OVER 2" DOUBLE WALL FIBERGLASS PRODUCT PIPING FROM B100 TANK SUMP TO BIO SHED OUTLET SUMP FOR RETURN.
- INSTALL 2" SINGLE WALL FIBERGLASS RIGID VENT PIPING FROM B100 UST TO VENT RISER.
- INSTALL VENT RISER ASSEMBLY AND OVERFILL ALARM.
- CHECK EMERGENCY STOP FUNCTION DURING DOWN TIME TO CONFIRM ALL DISPENSERS MINIMUM 20' AND MAXIMUM 100' FROM AN EMERGENCY STOP PER NFPA-30A. SEE SHEET 1-F FOR DETAILS.

- LEGEND:**
- DISPENSING POSITIONS NUMBER
  - S — BIO SUPPLY PRODUCT PIPING
  - R — BIO RETURN PRODUCT PIPING
  - D — DIESEL PRODUCT PIPING
  - V — VENT PIPING



**Kreegar, Cynthia**

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**From:** Rob Porges <RPorges@ta-petro.com>  
**Sent:** Tuesday, July 2, 2024 8:20 AM  
**To:** IDEM USTregistration  
**Subject:** Greensburg Petro (FID 16563)- Bio UST Install Notification  
**Attachments:** 2024 45223 fill-in- Bio UST Install 379- Final.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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Good morning! Please see the attached notification form for the installation of a new bio diesel UST at the Greensburg Petro location (FID 16563). Thanks!

**Rob Porges**

Sr. Director, Environmental Compliance | TravelCenters of America  
[rporges@ta-petro.com](mailto:rporges@ta-petro.com)  
Office: 440-808-7368  
Mobile: 440-570-1395



**Our Mission: Return every tr**

