

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						F	acility	ID N	Jumber	19473	
The information requested	is require	ed by 329 l	AC 9. TI	his form s	hould o						
	THE STREET		-			nk program					
Facility Contact Change		EMPTHEFAMILIES PA	Same and the same of	A STATE OF THE STA	JIIF	CATIO	N)unor/O	naratar Inform	ation Char
Type of Facility Change						Operator Information Change Name / Location Change					
	_=							_			
UST System Modification		UST Ope	erator	Change	9				Inancia	Responsibilit	y Change
New UST System(s)	File										
B FACILITY NAME		FAC	HLIT	Y NAI		LOCAT		00077	2) [1	ONGITUDE (-88.165	0544- 0467400
Thorntons Store 47 FACILITY ADDRESS (number and street)						32233		321		85.713222-	
2980 Highway 62 East	STATE	E ZIP CO	ne ne		10	OUNTY				1-025.000	
Jeffersonville	IN	l 471	30		(Clark	10.00			(812) 28	
C		YPE O		CILITY	Y (Ch	eck all t	hat ap				
Auto Dealership		Commer						=+	750	ydrant Systen	1
Hospital		Gas Stat	ion					_	ndustria		
Petroleum Distributor		Railroad							Resident	tial	
Trucking or Transport		Utilities							Jnmann	ed	
Marina		School							Other:		
D			P	REPA	RED	BY					
PREFIX FIRST NAME Maggie				МІ	Sel	augh					SUF
2600 James Thornton Wa	-	100	ouis	sville			(STATE	KY	ZIP CODE 40245	
	OB TITLE Compl	iance C	oord	inator	EMAIL	comp	liand	cede	ept@r	nythorntor	ns.com
E				UST C	NWC	ER					
			Т	YPE OF	F OW	NER					
Federal Government		State	Gove	vernment				City / Lo	cal Governme	nt	
Commercial		Priva	0.000000					Other:			
Option 1: UST OWNER NAME (Business Name as re	gistered w	ith the Secre	tary of St	tate) BUSINESS ID (Froi					Secretary of State)	R	
Thorntons LLC	-4544						A City Section		l	97112243	
Option 2: UST OWNER NAME (If a Public Agency or	otner entity	у)									
Option 3: UST OWNER NAME (If in Individual Capacit	ty)										
PREFIX FIRST NAME				МІ	LAST	IAME					SUF
ust owner address (Listed in Options 1.3) PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDE 2600 James Thornton Wa		DRESS (Nui	mber and	d Street, no	P.O. Bo.	<i>(</i>)	ADDR	RESS (I	ine 2)		
CITY Louisville		S	TATE KY	ZIP CODE 4024			EFFE	CTIVE		2/10/1995	
TELEPHONE NUMBER (502) 425-8055		ADDRESS mplianc					4.00	TITLE (Option 3 Inc	lividual Capacity)	
CONTACT FOR BUSINESS / PUBLIC AGENCY (Liste PREFIX FIRST NAME	ed in Optio	on 1 or 2)		1	LACT	e					Tour
				МІ	LAST	III/NESS/S					SUF
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDI	ENTAL AD					x)		RESS (I	line 2)		
CITY		S	TATE	ZIP CODE	E		JOB T	TITLE			
TELEPHONE NUMBER	EMAIL	LADDRESS							1000		199

200000000000000000000000000000000000000	9473	Thornton	s Store	. 17								
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F	F- 11 0t-t-			AL RESP			_					
늗			U.B.///							pility requirements		
片	Local Governme	CONTRACTOR OF THE PROPERTY OF	5-30-2-30-50-50-XV-55-30-	and the second s			_	onsibility to	or this	s site		
	The UST owner		TO THE PARTY OF TH				_	200				
X	The UST operat		THE CONTRACTOR OF THE PARTY OF	a management of the contract o	ALTERNATION CONTRACTOR				1400	2 0)	-1-1	
										9-8) by using one or a con t be checked as well.	ibinatio	n or the
\vdash	Financial Test of			51 9). 11 3 00	uio uo		_			Trust Fund (State Fund)		
H	Guarantee					K	-			Risk Retention Group Cov	erage	
片	Surety Bond					븀	4	Loan Com			olugo	
片	Letter of Credit					峀	4	Certificate				
Ħ	Trust Fund					峀	=+	Standby Tr				-
H	Local Governme	nt Bond Ratino	Test			╁	4			ent Financial Test		
片	Local Governme					恄	4		vernment Fund			
To 9	If utilizing the ELTF	for FR, I acknowle					SAL		SURGIA NO PERSON	able amount pursuant to 9-8-11	(b) and (c	and
			ability t	o provide pro	A				equest	ted.		
G					ST O	HW LOCAL DES		PERSONAL PROPERTY.				
	Ir 0			-1		_		RATOR		По:н. И I О		
닏	Federal Govern	nent	_	State Gov	ernmer	nt	_		_	City / Local Governme	ent	
	Commercial on 1: UST OPERATOR N.	AME / Rusiness Name	as registered y	Private	of State \		_		DUCIN	Other: NESS ID (From the Secretary of State)		
	norntons LLC		as registered v	vitir trie Gecretary	or state)				BUSIN	NESS ID (From the Secretary of State)		
	on 2: UST OPERATOR N.		y or other enti	ty)								
Optio	on 3: UST OPERATOR N. FIX FIRST NAME	AME (If in Individual Ca	apacity)		М	LAS	ST.	NAME				SUFFIX
UST	OPERATOR ADDRESS	Listed in Options 1-3)										
	OO James T			ESS (Number an	d Street, r	10 P.O. I	Bo	ox)	ADDR	RESS (line 2)		
CITY		TOTTION Wa	у	STATE	ZIP COI	DE	_		DATE	BEGAN OPERATING (MM/DD/YYYY	(
Lo	ouisville			KY	402				V-50/2-X-50-51	e distributivo de distributivo de del propositivo de la compansión de la compansión de la compansión de la comp		
TEL	EPHONE NUMBER			DDRESS (Option						FITLE (Option 3 Individual Capacity)		
	(502) 42			liancedep	t@my	thor	nt	tons.com				
CON	FIX FIRST NAME	PUBLIC AGENCY (Lis	ted in Option 1	or 2)	MI	LAS	ST	NAME				SUFFIX
PRIN	NCIPAL OFFICE ADDRES	S or PRIMARY RESID	ENTAL ADDR	RESS (Number ar	nd Street, r	10 P.O.	Вс	ox)	ADDR	RESS (line 2)		
CITY	(STATE	ZIP COI	DE			JOB T	TITLE		
TEL	EPHONE NUMBER		EMAIL A	DDRESS					<u> </u>			
Н				FΔ	CILIT	V CC	7	NTACT	Signal Control			
CON	TACT INDIVIDUAL NAM								(0)541			
PRE		Operator or	Duty		MI	LAS	T	NAME				SUFFIX
PRI	NCIPAL OFFICE ADDRES			RESS (Number at	nd Street i	70 P O	R	nx)	IADDR	RESS (line 2)		
A. 4.2.V.					0 001, /		_					
CITY	Υ			STATE	ZIP CO	DE			JOB T	TITLE		
TEL	EPHONE NUMBER (812) 28	4-0795	EMAIL A	DDRESS						-		

FACILITY ID # FACILITY NAME			,					
19473 Thornto	ns Sto							
		DE	100		OPERTY OV	VNER		
		— 1			OF OWNER		Tassy and	
Federal Government			te Gov	ernme	nt		City / Local Governm	ent
Commercial			vate				Other:	
Option 1: PROPERTY OWNER NAME (Business N Eastmoor Acres Realty (the Secre	tary of Sta	ate)	BUSINI	ESS ID (From the Secretary of State 19940506	
Option 2: PROPERTY OWNER NAME (If a Public			9)			100000	10040000	
	3							
Option 3: PROPERTY OWNER NAME (If in Individ	lual Capacity)							
PREFIX FIRST NAME				М	LAST NAME			SUFFIX
PROPERTY OWNER ADDRESS (Listed in Options	s 1-3)							
PRINCIPAL OFFICE ADDRESS or PRIMARY RES	SIDENTAL AD	DRESS (Number an	d Street,	no P.O. Box)	ADDRE	ESS (line 2)	
P.O. Box 7066			Ior. To	Tain on				
Louisville			STATE KY	ZIP CO	257-0066	EFFEC	TIVE DATE OF OWNERSHIP (MM/	DD/YYYY)
TELEPHONE NUMBER	EMAIL	ADDRES			ial Capacity)	JOB TI	TLE (Option 3 Individual Capacity)	
(502) 897-5214			10.5					
CONTACT FOR BUSINESS / PUBLIC AGENCY (L	isted in Optic	on 1 or 2)						
PREFIX FIRST NAME				МІ	LAST NAME			SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RES	SIDENTAL AD	DRESS (Number an	d Street.	no P.O. Box)	ADDRE	ESS (line 2)	
		,			•		,	
CITY			STATE	ZIP CO	DE	JOB TI	TLE	
TELEPHONE NUMBER	EMAIL	ADDRES	SS			7.12		
J ACTIV	/E LAN	D CC				OWNE	R (If applicable)	
				ar Atministration	OF OWNER	TF	710:: //	
Federal Government		=	te Gov	ernme	nt	I.	City / Local Governm	ent
Commercial Option 1: PROPERTY OWNER NAME (Business N	Vame as regis		vate	tany of Sta	ale \	IRUSINI	Other: ESS ID (From the Secretary of State	
Option 1.1 NOT EIXTT OWNER NAME (Basiness)	varne as regis	stered with	i ilie Secie	lary or Sic	ate)	BOSIN	LSS ID (From the Secretary of State	,
Option 2: PROPERTY OWNER NAME (If a Public.	Agency or oth	ner entity)	1)			2/2/2020		
Option 3: PROPERTY OWNER NAME (If in Individ	lual Capacity)			IMI	LAST NAME			SUFFIX
FREFIX FIRST NAME				IVII	LAST NAME			SUFFIX
PROPERTY OWNER ADDRESS (Listed in Options	s 1-3)							
PRINCIPAL OFFICE ADDRESS or PRIMARY RES	SIDENTAL AD	DRESS (Number an	d Street,	no P.O. Box)	ADDRE	ESS (line 2)	
CITY			ICTATE	Tzin co	.D.F.		TIVE DATE OF OWNEDOWN (AM	VDD 44444
CITY			STATE	ZIP CO	IDE .	EFFEC	TIVE DATE OF OWNERSHIP (MM)	(מאלטט (מאלטט
TELEPHONE NUMBER JOB TITLE		EMAIL AD	DRESS (C	Option 3 In	ndividual Capacity)	PROPO	OSED END DATE (MM/DD/YYYY)	
CONTACT FOR BUSINESS / PUBLIC AGENCY (L	isted in Optic	on 1 or 2)		Tou.				1
PREFIX FIRST NAME				MI	LAST NAME			SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RES	SIDENTAL AD	DRESS (Number ar	d Street.	no P.O. Box)	ADDRE	ESS (line 2)	
		an America (America)			and the second of the second o		ocean and the Tip	
CITY			STATE	ZIP CO	DE	JOB TI	TLE	
						5(4)		
TELEPHONE NUMBER	EMAIL	ADDRES	SS	- (

19473	Thorntons Sto	ore 47				
K		CON	TRACTOR			
	ECTED BY A REGISTERED	REGISTRATION ID:		T F	REGISTRATION DATE	
MANUFACTURER'S	INSTALLATION CHECKLISTS HAV	VE BEEN COMPLETED AND	INSTALLER CE	RTIFIED BY TANK AND	(mm/dd/yyyy) O PIPING MANUFACTURER	
WORK INSPECTED I	BY INDIANA DEPARTMENT OF H	OMELAND SECURITY / DIVIS			INSPECTION DATE	
	NAME (Business Name as registe			CONTROL CONTRO	(mm/dd/yyyy) From the Secretary of State)	
	•	10	•		,,	
CONTACT INFORMATION PREFIX FIRST NAME	FOR CONTRACTOR THAT PERF					Teureix
FREFIX FIRST NAME		М	LAST NAME			SUFFIX
PRINCIPAL OFFICE ADDR	ESS or PRIMARY RESIDENTAL A	ADDRESS (Number and Street	no P.O. Box)	ADDRESS (line	2)	
CITY		STATE ZIP C	ODE	IDHS CERTIFIC.	ATION NUMBER	
TELEPHONE NUMBER	IEMA	AL ADDRESS				
TEEET TONE NOMBER	LWA	NE ADDRESS				
		POTENTIALLY IN	ITEDESTE	DADTIES		
■ I INTERESTED PARTY NAM			L ADDRESS	PARTIES		
INTERESTED PARTY NAM	1E	E-MAI	L ADDRESS			
NITEDECTED DADTY NA						
INTERESTED PARTY NAM	IE.	E-MAI	L ADDRESS			
M			TY SITE MA			

19473	Thorntons	Store 47			
Comple	te one column for eac	h tank or compartmen	t. See instructions for	compartment identifica	tion numbering.
N	IDENT	IFICATION OF U	NDERGROUND ST	ORAGE TANKS	
IDEM (JST REGISTRATION NUMBER	1	2	3	4
PART OF A	COMPARTMENTED UST (Y/N)	NO	NO	NO	NO
NUMBER	OF COMPARTMENTS IN UST	0	0	0	0
COMPARTME	NT IDENTIFICATION NUMBER	n/a	n/a	n/a	n/a
(m	ım/dd/yyyy) DATE INSTALLED	02/10/1995	02/10/1995	02/10/1995	02/10/1995
(mm/dd/yyyy) DAT	E FIRST BROUGHT INTO USE				
(gallons) E	STIMATED TOTAL CAPACITY	12,000	12,000	12,000	6,000
	MANIFOLDED (Y/N)	NO	NO	NO	NO
MANIFOLDED TO	COMPARTMENT ID NUMBER				
0	S	TATUS OF UNDE	RGROUND STOR	AGE TANKS	
	CURRENT STATUS	TEMP CLOSED	TEMP CLOSED	TEMP CLOSED	TEMP CLOSED
	(mm/dd/yyyy) STATUS DATE	06/14/2024	06/14/2024	06/14/2024	06/14/2024
P SUB	STANCES CURR	ENTLY OR LAST	STORED IN UND	ERGROUND STOR	RAGE TANKS
		GSL - Gasoline	GSL - Gasoline	GSL - Gasoline	DSL - Diesel
	MAXIMUM ETHANOL %	001 0000000	GGE GGGGIIIIG	GGE GGGGIIIG	DOL DIGGGI
	MAXIMUM BIOFUEL %				
	(specify) OTHER				
	HAZARDOUS SUBSTANCE				
CHEMICAL A	BSTRACT SERVICE NUMBER				
	MIXTURE OF SUBSTANCES				+
PRODUCT IS CO	OMPATIBLE WITH TANK (Y/N)	VEQ	YES	YES	YES
Q				CTION ATTRIBUT	
<u> </u>	MANUFACTURER	Cont. Solutions			
	MODEL	Cont. Solutions	Cont. Solutions	Cont. Solutions	Cont. Solutions
		Fibereless	Filesentese	Filesonies	
Ma	ATERIAL OF CONSTRUCTION SECONDARY CONTAINMENT	Fibergiass	Fiberglass	Fiberglass	Fiberglass
-		DOLIND OTODAO	E TANK CORDO	NON PROTECTION	
R				SION PROTECTION	
	RROSION PROTECTION TYPE	Not Applicable	Not Applicable	Not Applicable	Not Applicable
(mm/dd/yyyy)	ANODE INSTALLATION DATE				
	INTERIOR LINING				
(mm/dd/yyyy)	LINER INSTALLATION DATE				
	(specify) OTHER				
S		PIPING CONSTR	UCTION AND PRO	TECTION	
	MANUFACTURER	Ameron	Ameron	Ameron	Ameron
	MODEL				
(m	ım/dd/yyyy) DATE INSTALLED	02/10/1995	02/10/1995	02/10/1995	02/10/1995
	MATERIAL	Rigid Fiberglass	Rigid Fiberglass	Rigid Fiberglass	Rigid Fiberglass
	SECONDARY CONTAINMENT	Not Applicable	Not Applicable	Not Applicable	Not Applicable
COI	RROSION PROTECTION TYPE		- Alliana	W-W-	
(mm/dd/yyyy)	ANODE INSTALLATION DATE				
PRODUCT IS CO	MPATIBLE WITH PIPING (Y/N)	YES	YES	YES	YES
Р	RODUCT DELIVERY METHOD	Pressurized	Pressurized	Pressurized	Pressurized

19473 FACILITY ID# Thorntons	Store 47			
IDEM UST REGISTRATION NUMBER	1	2	3	4
COMPARTMENT IDENTIFICATION NUMBER	n/a	n/a	n/a	n/a
T UNDEI	RGROUND STORA	GE TANK RELEA	SE DETECTION	
PRIMARY UST RELEASE DETECTION	ATG CSLD	ATG CSLD	ATG CSLD	ATG CSLD
MANUFACTURER				
MODEL				
SECONDARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				
U U	NDERGROUND PI	PING RELEASE D	ETECTION	
PRIMARY PIPING RELEASE DETECTION				0.2anh/0.1anh FLL
MANUFACTURER	o.zgpii/o. igpii zzzi	o.zgpii/o. igpii zzzi	0.2gpm0.1gpm EEEt	0.2gpii/0.1gpii EEE
MODEL				
SECONDARY PIPING RELEASE DETECTION				
(LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING) MANUFACTURER				
MODEL				
TERTIARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				
	ULL AND OVEREI	I DDEVENTION F	OUDMENT	
		L PREVENTION E		
CATCHMENT BASIN / SPILL BUCKET			Doublewall Spill Bu	
(mm/dd/yyyy) DATE INSTALLED	02/10/1995	02/10/1995	02/10/1995	02/10/1995
MANUFACTURER				
MODEL				
FILL LATITUDE				
FILL LONGITUDE			The second of th	St. M. 1997 Secretary To September (1993)
PRIMARY OVERFILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED	02/10/1995	02/10/1995	02/10/1995	02/10/1995
MANUFACTURER				
MODEL				
% ULLAGE SET POINT	95	95	95	95
SECONDARY OVERFILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
% ULLAGE SET POINT				
UNDER DISPENSER CONTAINMENT PRESENT	NO	NO	NO	NO
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				
SUBMERSIBLE TURBINE SUMP PRESENT	YES - Not Testable	YES - Not Testable	YES - Not Testable	YES - Not Testable
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				

19473 FACILITY NAME Thorntons	Store 47			
Complete one column for each		t See instructions for c	compartment identificati	on numbering
		NDERGROUND ST		on nambering.
IDEM UST REGISTRATION NUMBER	5			
PART OF A COMPARTMENTED UST (Y/N)				
NUMBER OF COMPARTMENTS IN UST	0			
COMPARTMENT IDENTIFICATION NUMBER	n/a			
(mm/dd/yyyy) DATE INSTALLED				
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE				
(gallons) ESTIMATED TOTAL CAPACITY	6000			
MANIFOLDED (Y/N)	NO			
MANIFOLDED TO COMPARTMENT ID NUMBER				
o s	TATUS OF UNDER	RGROUND STORA	GE TANKS	
CURRENT STATUS	TEMP CLOSED			
(mm/dd/yyyy) STATUS DATE	06/14/2024			
P SUBSTANCES CURF	RENTLY OR LAST	STORED IN UNDE	RGROUND STOR	AGE TANKS
PETROLEUM	KER - Kerosene			
MAXIMUM ETHANOL %	,			-
MAXIMUM BIOFUEL %				
(specify) OTHER				
HAZARDOUS SUBSTANCE	Kerosene			
CHEMICAL ABSTRACT SERVICE NUMBER	8008-20-6			
MIXTURE OF SUBSTANCES				
PRODUCT IS COMPATIBLE WITH TANK (Y/N)	YES			
Q UNDERGR	OUND STORAGE	TANK CONSTRUC	CTION ATTRIBUTE	ES
MANUFACTURER	Cont. Solutions			
MODEL				
MATERIAL OF CONSTRUCTION	Fiberglass			
SECONDARY CONTAINMENT	Not Applicable			
R UNDERG	ROUND STORAG	E TANK CORROS	ION PROTECTION	
CORROSION PROTECTION TYPE	Not Applicable			
(mm/dd/yyyy) ANODE INSTALLATION DATE				
INTERIOR LINING				
(mm/dd/yyyy) LINER INSTALLATION DATE				
(specify) OTHER				
S	PIPING CONSTRI	JCTION AND PRO	TECTION	
MANUFACTURER	Ameron			
MODEL				
(mm/dd/yyyy) DATE INSTALLED	02/10/1995			
MATERIAL	Rigid Fiberglass			
SECONDARY CONTAINMENT				
CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)	YES			
PRODUCT DELIVERY METHOD	Pressurized			

FACI	Thorntons	Store 47			
	IDEM UST REGISTRATION NUMBER	5			
	COMPARTMENT IDENTIFICATION NUMBER	n/a			
Т	UNDE		GE TANK RELEA	SE DETECTION	
100	PRIMARY UST RELEASE DETECTION		101 // 1111 / 1211/	DETECTION	
	MANUFACTURER				
	MODEL				
	SECONDARY UST RELEASE DETECTION				
	MANUFACTURER				
	MODEL				
U	U	NDERGROUND PI	PING RELEASE D	ETECTION	
	PRIMARY PIPING RELEASE DETECTION				
	MANUFACTURER	0, 0,			
	MODEL				
a	SECONDARY PIPING RELEASE DETECTION EAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)				
,,,	MANUFACTURER				
	MODEL				
	TERTIARY PIPING RELEASE DETECTION				
	MANUFACTURER				
	MODEL				
٧	SP	ILL AND OVERFIL	L PREVENTION E	QUIPMENT	
	CATCHMENT BASIN / SPILL BUCKET				
	(mm/dd/yyyy) DATE INSTALLED	02/10/1995			
	MANUFACTURER				
	MODEL				
	FILL LATITUDE				
	FILL LONGITUDE				
	PRIMARY OVERFILL PREVENTION EQUIPMENT	Auto Shutoff / Flapp			
	(mm/dd/yyyy) DATE INSTALLED	02/10/1995			
	MANUFACTURER				
	MODEL				
	% ULLAGE SET POINT	95			
SEC	CONDARY OVERFILL PREVENTION EQUIPMENT	N/A			
	(mm/dd/yyyy) DATE INSTALLED				
	MANUFACTURER				
	MODEL				
	% ULLAGE SET POINT				
	UNDER DISPENSER CONTAINMENT PRESENT	NO			
	MANUFACTURER				
	(mm/dd/yyyy) DATE INSTALLED				
ľ	SUBMERSIBLE TURBINE SUMP PRESENT	YES - Not Testable			
	MANUFACTURER				
	(mm/dd/yyyy) DATE INSTALLED				

FACILITY ID #	TRANSACTION ID - FOR STATE	JSE ONLY			
19473					
	U	ST OWNER CEI	RTIFICATION		
2, that the staten following require	under penalty of perjury as spenents and representations in this ments in accordance with 329 l	s document are true, AC 9-2-2(e):	2-1 and other penalties speci accurate, and complete. I fu	fied by IC 13-30-10 and I urther certify compliance	C 13-23-14- with the
	all tanks and piping under 40 C				
	ection of steel tanks and piping		J.		
	ction under 40 CFR 280 Subpart consibility under 329 IAC 9-8.	D.			
	D REPRESENTATIVE (Print or Type)				
PREFIX FIRST NAM		IMI IL	AST NAME ,		SUFFIX
Tim	othy		cooksey		00.11%
TITLE OF AUTHORIZE	sets Mc Ameri	company of the compan	NAME (If Individual Leave Blank) OFN TONS LLC		
SIGNATURE	1011			DATE (MM/DD/YYYY)	
1/4	1 Chm			6/12/	2024
//	/ / / UST	OPERATOR C	ERTIFICATION		
I swear or affirm.	under penalty of perjury as spe			fied by IC 13-30-10 and I	C 13-23-14-
2, that the staten	nents and representations in this	document are true.	accurate, and complete. I fu	irther certify compliance	with the
following require	ments in accordance with 329 l.	AC 9-2-2(e):		, , , , , , , , , , , , , , , , , , , ,	
(1) Installation of	all tanks and piping under 40 C	FR 280.20.			
	ection of steel tanks and piping).		
	tion under 40 CFR 280 Subpart				
(4) Financial resp	oonsibility under 329 IAC 9-8.				
OPERATOR'S AUTHOR	RIZED REPRESENTATIVE (Print or Type)				
PREFIX FIRST NAM			AST NAME		SUFFIX
Maggi	е		Sebaugh		
TITLE OF AUTHORIZE	REPRESENTATIVE	COMPANY	NAME (If Individual Leave Blank)		
Compliance	Coordinator	Thorn	tons LLC		
SIGNATURE	arequerite 84	augh		DATE (MM/DD/YYYY) 06/12/20	024
		NTRACTOR CE	RTIFICATION		
CERTIFIED INDIVIDUA PREFIX FIRST NAMI		IMI IL	AST NAME		
TRETA TIRST NAME	-	I ^{MI}	AST NAME		SUFFIX
OATH: I swear or	affirm, under penalty of perjury as	specified by IC 35-44.	1-2-1 and other penalties spec	cified by IC 13-30-10 and IC	C 13-23-14-
2, that work perfo	rmed on the UST system complies	with methods specifi	ed in 329 IAC 9 and 40 CFR 28	0, Subpart C.	
SIGNATURE	EMAIL	ADDRESS		DATE (MM/L	DD/YYYY)

Kreegar, Cynthia

From: IDEM USTCompliance (USTcompliance)
Sent: Tuesday, June 18, 2024 11:39 AM

To: IDEM USTregistration

Subject: FW: Facility ID 19473 Temporary Closure Form | Thorntons Store 47

Attachments: Store 47 Temporary Closure Permit 2024.pdf

From: Sebaugh, Maggie <maggie.sebaugh@bp.com>

Sent: Wednesday, June 12, 2024 4:34 PM

To: IDEM USTCompliance (USTcompliance) < USTCompliance@idem.IN.gov>

Cc: Salmon, Jeff <jeff.salmon@bp.com>

Subject: Facility ID 19473 Temporary Closure Form | Thorntons Store 47

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

Hello, please see attached notification form to inform the state that we will be putting all tanks at this site in temporary closure. Thank you!

Kind Regards,

Maggie Sebaugh

Compliance Coordinator Thorntons LLC | (502)579-3646 2600 James Thornton Way Louisville KY 40245



