



**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: **13938**

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 checked="" 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 type="checkbox"/> New UST System(s)		

B FACILITY NAME / LOCATION			
FACILITY NAME Kosciusko County Highway Dept.		LATITUDE (37.710101 to 41.866773)	LONGITUDE (-88.165351 to -84.671035)
FACILITY ADDRESS (number and street) 2936 E Old road 30		PARCEL NUMBER	
CITY Warsaw	STATE IN	ZIP CODE 46582	COUNTY Kosciusko
		TELEPHONE NUMBER (574) 372-2356	

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 Mr.	FIRST NAME Steve	MI A	LAST NAME Moriarty	SUFFIX
ADDRESS 100 W Center Street		CITY Warsaw	STATE IN	ZIP CODE 46580
TELEPHONE NUMBER (574) 372-2356	JOB TITLE Superintendent	EMAIL ADDRESS smoriarty@kosciusko.in.com		

E UST OWNER		
TYPE OF OWNER		
<input type="checkbox"/> Federal Government	<input type="checkbox"/> State Government	<input checked="" 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) Kosciusko County Board of Commissioners	

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) 100 W Center St	ADDRESS (line 2)		
CITY Warsaw	STATE IN	ZIP CODE 46580	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)
TELEPHONE NUMBER (574) 267-4444	EMAIL ADDRESS (Option 3 Individual Capacity)	JOB TITLE (Option 3 Individual Capacity)	

CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)				
PREFIX Mr.	FIRST NAME Steve	MI A	LAST NAME Moriarty	SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 2936 E Old Road 30		ADDRESS (line 2)		
CITY Warsaw	STATE IN	ZIP CODE 46582	JOB TITLE Superintendent	
TELEPHONE NUMBER (574) 372-2356	EMAIL ADDRESS smoriarty@kosciusko.in.gov			

FACILITY ID # <b>13938</b>		FACILITY NAME <b>Kosciusko County Highway Dept.</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 checked="" 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). <b>If you are using the ELTF it must be checked as well.</b>			
<input type="checkbox"/> Financial Test of Self Insurance		<input 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>			
<b>TYPE OF OPERATOR</b>			
<input type="checkbox"/> Federal Government		<input type="checkbox"/> State Government	
<input type="checkbox"/> Commercial		<input checked="" type="checkbox"/> City / Local Government	
<input type="checkbox"/> Private		<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)			
<b>Kosciusko County Board of Commissioners</b>			
Option 3: UST OPERATOR NAME (If in Individual Capacity)			
PREFIX	FIRST NAME	MI	LAST NAME
UST OPERATOR ADDRESS (Listed in Options 1-3)			
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (line 2)	
<b>100 W Center Street</b>			
CITY	STATE	ZIP CODE	DATE BEGAN OPERATING (MM/DD/YYYY)
<b>Warsaw</b>	<b>IN</b>	<b>46580</b>	
TELEPHONE NUMBER	EMAIL ADDRESS (Option 3 Individual Capacity)		JOB TITLE (Option 3 Individual Capacity)
<b>(574) 267-4444</b>			
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)			
PREFIX	FIRST NAME	MI	LAST NAME
<b>Mr.</b>	<b>Steve</b>	<b>A</b>	<b>Moriarty</b>
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (line 2)	
<b>2936 E Old Road 30</b>			
CITY	STATE	ZIP CODE	JOB TITLE
<b>Warsaw</b>	<b>IN</b>	<b>46582</b>	<b>Superintendent</b>
TELEPHONE NUMBER	EMAIL ADDRESS		
<b>(574) 372-2356</b>	<b>smoriarty@kosciusko.in.gov</b>		
<b>H FACILITY CONTACT</b>			
CONTACT INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	LAST NAME
<b>Mr.</b>	<b>Steve</b>	<b>A</b>	<b>Moriarty</b>
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (line 2)	
<b>2936 E Old Road 30</b>			
CITY	STATE	ZIP CODE	JOB TITLE
<b>Warsaw</b>	<b>IN</b>	<b>46582</b>	<b>Superintendent</b>
TELEPHONE NUMBER	EMAIL ADDRESS		
<b>(574) 372-2356</b>			

FACILITY ID # <b>13938</b>		FACILITY NAME <b>Kosciusko County Highway Dept.</b>			
<b>I DEEDED PROPERTY OWNER</b>					
TYPE OF OWNER					
<input type="checkbox"/> Federal Government		<input type="checkbox"/> State Government		<input checked="" 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) <b>Kosciusko County Board of Commissioners</b>					
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>100 W Center Street</b>				ADDRESS (line 2)	
CITY <b>Warsaw</b>		STATE <b>IN</b>	ZIP CODE <b>46580</b>	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)	
TELEPHONE NUMBER <b>(574) 267-4444</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>Mr.</b>	<b>Steve</b>	<b>A</b>	<b>Moriarty</b>		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) <b>2936 E Old Road 30</b>				ADDRESS (line 2)	
CITY <b>Warsaw</b>		STATE <b>IN</b>	ZIP CODE <b>46582</b>	JOB TITLE <b>Superintendent</b>	
TELEPHONE NUMBER <b>(574) 372-2356</b>	EMAIL ADDRESS <b>smoriarty@kosciusko.in.gov</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>13938</b>	FACILITY NAME <b>Kosciusko County Highway Dept.</b>
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<b>K</b>	<b>CONTRACTOR</b>
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<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			
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PREFIX	FIRST NAME	MI	LAST NAME <b>Rattie</b>	SUFFIX <b>SR</b>
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</b>	<b>POTENTIALLY INTERESTED PARTIES</b>
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INTERESTED PARTY NAME	E-MAIL ADDRESS
INTERESTED PARTY NAME	E-MAIL ADDRESS
INTERESTED PARTY NAME	E-MAIL ADDRESS

<b>M</b>	<b>FACILITY SITE MAP</b>
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*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.*

FACILITY ID # <b>13938</b>	FACILITY NAME Kosciusko County Highway Dept.
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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>4292</b>	<b>4292</b>		
PART OF A COMPARTMENTED UST (Y/N)	NO	NO		
NUMBER OF COMPARTMENTS IN UST	1	1		
COMPARTMENT IDENTIFICATION NUMBER				
(mm/dd/yyyy) DATE INSTALLED	08/14/1991	08/14/1991		
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE	08/14/1991	08/14/1991		
(gallons) ESTIMATED TOTAL CAPACITY	10,000	10,000		
MANIFOLDED (Y/N)	NO	NO		
MANIFOLDED TO COMPARTMENT ID NUMBER				

**O STATUS OF UNDERGROUND STORAGE TANKS**

CURRENT STATUS	IN USE	IN USE		
(mm/dd/yyyy) STATUS DATE				

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

PETROLEUM	DSL - Diesel	DSL - Diesel		
MAXIMUM ETHANOL %				
MAXIMUM BIOFUEL %				
(specify) OTHER				
HAZARDOUS SUBSTANCE				
CHEMICAL ABSTRACT SERVICE NUMBER				
MIXTURE OF SUBSTANCES				
PRODUCT IS COMPATIBLE WITH TANK (Y/N)	YES	YES		

**Q UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES**

MANUFACTURER				
MODEL				
MATERIAL OF CONSTRUCTION	Fiberglass	Fiberglass		
SECONDARY CONTAINMENT				

**R UNDERGROUND STORAGE TANK CORROSION PROTECTION**

CORROSION PROTECTION TYPE	Not Applicable	Not Applicable		
(mm/dd/yyyy) ANODE INSTALLATION DATE				
INTERIOR LINING				
(mm/dd/yyyy) LINER INSTALLATION DATE				
(specify) OTHER				

**S PIPING CONSTRUCTION AND PROTECTION**

MANUFACTURER	Ameron	Ameron		
MODEL				
(mm/dd/yyyy) DATE INSTALLED	08/14/1991	08/14/1991		
MATERIAL	Rigid Fiberglass	Rigid Fiberglass		
SECONDARY CONTAINMENT	Secondary Barrier	Secondary Barrier		
CORROSION PROTECTION TYPE	Not Applicable	Not Applicable		
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)	YES	YES		
PRODUCT DELIVERY METHOD	Pressurized	Pressurized		

FACILITY ID #	FACILITY NAME		
13938	Kosciusko County Highway Dept.		

IDEM UST REGISTRATION NUMBER	4292	4292		
COMPARTMENT IDENTIFICATION NUMBER				

<b>T</b>	<b>UNDERGROUND STORAGE TANK RELEASE DETECTION</b>			
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PRIMARY UST RELEASE DETECTION	ATG 0.2gph monthl	ATG 0.2gph monthl		
MANUFACTURER	AutoStik	AutoStik		
MODEL	Jr	Jr		
SECONDARY UST RELEASE DETECTION	ATG CSLD	ATG CSLD		
MANUFACTURER	AutoStik	AutoStik		
MODEL	Jr	Jr		

<b>U</b>	<b>UNDERGROUND PIPING RELEASE DETECTION</b>			
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PRIMARY PIPING RELEASE DETECTION	Annual Line Tightne	Annual Line Tightne		
MANUFACTURER	Accurite	Accurite		
MODEL				
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)	MLLD	MLLD		
MANUFACTURER	Franklin Fueling	Franklin Fueling		
MODEL	STP-MLD-D	STP-MLD-D		
TERTIARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				

<b>V</b>	<b>SPILL AND OVERFILL PREVENTION EQUIPMENT</b>			
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CATCHMENT BASIN / SPILL BUCKET	Standard Spill Buck	Standard Spill Buck		
(mm/dd/yyyy) DATE INSTALLED	08/14/1991	08/14/1991		
MANUFACTURER	Universal	Universal		
MODEL	NA	NA		
FILL LATITUDE				
FILL LONGITUDE				
PRIMARY OVERFILL PREVENTION EQUIPMENT	Auto Shutoff / Flapp	Auto Shutoff / Flapp		
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER	EMCO Wheaton	EMCO Wheaton		
MODEL	A1100	A1100		
% ULLAGE SET POINT	90	90		
SECONDARY OVERFILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
% ULLAGE SET POINT				
UNDER DISPENSER CONTAINMENT PRESENT	NO	NO		
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				
SUBMERSIBLE TURBINE SUMP PRESENT	YES - Not Testable	YES - Not Testable		
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				

FACILITY ID # <b>13938</b>	FACILITY NAME <b>Kosciusko County Highway Dept.</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			
	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			
O	STATUS OF UNDERGROUND STORAGE TANKS			
	CURRENT STATUS			
	(mm/dd/yyyy) STATUS DATE			
P	SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS			
	PETROLEUM			
	MAXIMUM ETHANOL %			
	MAXIMUM BIOFUEL %			
	(specify) OTHER			
	HAZARDOUS SUBSTANCE			
	CHEMICAL ABSTRACT SERVICE NUMBER			
	MIXTURE OF SUBSTANCES			
	PRODUCT IS COMPATIBLE WITH TANK (Y/N)			
Q	UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES			
	MANUFACTURER			
	MODEL			
	MATERIAL OF CONSTRUCTION			
	SECONDARY CONTAINMENT			
R	UNDERGROUND STORAGE TANK CORROSION PROTECTION			
	CORROSION PROTECTION TYPE			
	(mm/dd/yyyy) ANODE INSTALLATION DATE			
	INTERIOR LINING			
	(mm/dd/yyyy) LINER INSTALLATION DATE			
	(specify) OTHER			
S	PIPING CONSTRUCTION AND PROTECTION			
	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>13938</b>	FACILITY NAME Kosciusko County Highway Dept.
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IDEM UST REGISTRATION NUMBER				
COMPARTMENT IDENTIFICATION NUMBER				

<b>T</b>	<b>UNDERGROUND STORAGE TANK RELEASE DETECTION</b>
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PRIMARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				
SECONDARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				

<b>U</b>	<b>UNDERGROUND PIPING RELEASE DETECTION</b>
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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>
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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>13938</b>	TRANSACTION ID - FOR STATE USE ONLY
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**UST OWNER CERTIFICATION**

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):

- (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.

OWNER'S AUTHORIZED REPRESENTATIVE (Print or Type)

PREFIX Mr.	FIRST NAME Steve	MI A	LAST NAME Moriarty	SUFFIX
TITLE OF AUTHORIZED REPRESENTATIVE Superintendent		COMPANY NAME (If Individual Leave Blank) Kosciusko County Highway Dept		
SIGNATURE <i>Stephen A. Moriarty</i>			DATE (MM/DD/YYYY) 06/11/2024	

**UST OPERATOR CERTIFICATION**

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):

- (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.

OPERATOR'S AUTHORIZED REPRESENTATIVE (Print or Type)

PREFIX Mr.	FIRST NAME Steve	MI A	LAST NAME Moriarty	SUFFIX
TITLE OF AUTHORIZED REPRESENTATIVE Superintendent		COMPANY NAME (If Individual Leave Blank) Kosciusko County Highway Dept.		
SIGNATURE <i>Stephen A. Moriarty</i>			DATE (MM/DD/YYYY) 06/11/2024	

**CONTRACTOR CERTIFICATION**

CERTIFIED INDIVIDUAL NAME

PREFIX Mr.	FIRST NAME Jim	MI E	LAST NAME Rattie	SUFFIX SR
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 <i>Jim Rattie</i>		EMAIL ADDRESS jim@gasequip.net		DATE (MM/DD/YYYY) 06/11/2024

## Kreegar, Cynthia

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**From:** Ware, Jordan M  
**Sent:** Tuesday, June 18, 2024 12:28 PM  
**To:** IDEM USTregistration  
**Subject:** FW: Notification Form FID 13938  
**Attachments:** Form 45223.pdf

Good afternoon,

Please see the attached notification form that was submitted for FID 13938 on 6/11/24 in response to violation letter. All request 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

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



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**From:** Blystone, Brandon <[BBlyston@idem.IN.gov](mailto:BBlyston@idem.IN.gov)>  
**Sent:** Tuesday, June 18, 2024 11:32 AM  
**To:** Ware, Jordan M <[JMWare@idem.IN.gov](mailto:JMWare@idem.IN.gov)>  
**Subject:** FW: Notification Form



Indiana Department of  
Environmental Management

**Brandon Blystone**

*Environmental Manager, UST Compliance  
Section*

• (463) 271-5699 • [BBlyston@idem.IN.gov](mailto:BBlyston@idem.IN.gov)

*Protecting Hoosiers and Our Environment*

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| | | | | [www.idem.IN.gov](http://www.idem.IN.gov)

Help us improve!

IDEM values your feedback



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**From:** Steve Moriarty <[smoriarty@kosciusko.in.gov](mailto:smoriarty@kosciusko.in.gov)>

**Sent:** Tuesday, June 11, 2024 11:41 AM

**To:** Blystone, Brandon <[BBlyston@idem.IN.gov](mailto:BBlyston@idem.IN.gov)>

**Cc:** [smoriarty@kcgov.com](mailto:smoriarty@kcgov.com); Angie Arnett <[aarnett@kosciusko.in.gov](mailto:aarnett@kosciusko.in.gov)>; Highway Highway <[highway@kosciusko.in.gov](mailto:highway@kosciusko.in.gov)>; Troy Kintzel <[tkintzel@kosciusko.in.gov](mailto:tkintzel@kosciusko.in.gov)>; [jim@gasequips.net](mailto:jim@gasequips.net)

**Subject:** Re: Notification Form

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Brandon,

Thank you very much for all the help. I have attached the quote for fixing the spill buckets that will be fixed in the next month. Please see all the attached documents that you have asked for. Please let me know if you have any other questions or concerns.

On Tue, Jun 11, 2024 at 9:30 AM Blystone, Brandon <[BBlyston@idem.in.gov](mailto:BBlyston@idem.in.gov)> wrote:

Please fill out and return to me or [USTcompliance@idem.in.gov](mailto:USTcompliance@idem.in.gov)



Indiana Department of  
Environmental Management

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## Brandon Blystone

*Environmental Manager, UST Compliance  
Section*

• (463) 271-5699 • [BBlyston@idem.IN.gov](mailto:BBlyston@idem.IN.gov)

*Protecting Hoosiers and Our Environment*

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Help us improve!

IDEM values your feedback



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Steve Moriarty  
Superintendent

Kosciusko County Highway Department



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