To 10

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: **5458**

	The information requested is	requi	red by 329	9 IAC 9. T	his form	should o	nly be used f	for facili		previously			
Α.							nk program.						
A	Facility Contact Change	т—				OHE	CATIO	N Tr	_	Ourner	On 6	ratar Information	Changa
屵	Facility Contact Change Type of Facility Change	ዙ		wner Cl		200		- 	╡			erator Information	ŭ
븼	UST System Modification	ዙ	Property Owner Change UST Operator Change					 	Facility Name / Location Change Financial Responsibility Change			•	
읚	New UST System(s)		[]OST Operator Change					ĮL	_	rillalici	iai r	esponsibility Char	ige
J	New UST System(s)			OIL IT	NA NIA		COATI						
B	LITY NAME		FA	CILII	Y NA		OCATI		3667	773)	LONG	GITUDE (-88.165351 to -84	(671035)
	tgo					LAIIIC	41.59				LOIVE	-87.18300	
FACI	LITY ADDRESS (number and street) 01 Melton Rd					-!	PARCEL I	NUMBER	₹		51	-001.000-01	
P	ortage		STATE ZIP CODE 46368				ounty Porter					PHONE NUMBER (219) 713-0	771
С		T	YPE (OF FA	CILIT	Y (Ch	eck all th	at ap	ply	<i>'</i>)			
	Auto Dealership 🔀 Commercial][Ĭ		Hyd	rant System	
	Hospital	X						[Industrial			
	Petroleum Distributor		Railroa	ıd						Residential			
	Trucking or Transport		Utilities	3					Unman	ned			
	Marina		School					[Other:			
D	PREPARED BY												
PRE	FIX FIRST NAME				MI	LAST N	IAME						SUFFIX
ADDI	RESS			CITY				Is	TAT	F		ZIP CODE	
ADDI	DIVESS SITTLE STATE OF THE STAT												
TELE	PHONE NUMBER JOE	3 TITLE				EMAIL	ADDRESS						
Ε						OWNI							
						F OWI	NER		_				
l	Federal Government		_	te Gove	ernmer								
	Commercial n 1: UST OWNER NAME (Business Name as regis	-4 d :	انتا	vate	4a4a \	Other: BUSINESS ID (From the Secretary of State)							
Pa	ntiala Petroleum LLC	siereu i	with the Set	relary or S	iale)			BUSIN	ESS	200)81	111000257	
	n 2: UST OWNER NAME (If a Public Agency or oth	her enti	ity)										
Optio	n 3: UST OWNER NAME (If in Individual Capacity) IX FIRST NAME)			MI	LAST N	IAME						SUFFIX
	OWNER ADDRESS (Listed in Options 1-3) CIPAL OFFICE ADDRESS or PRIMARY RESIDEN	JTAI A	DDRESS (A	Number and	d Street in	o P O Box	•)	ADDRE	-ss	(line 2)			
	01 Melton Rd						,			(=)			
CITY				STATE	ZIP COD	E CO		EFFEC	TIV	E DATE OF	OWN	NERSHIP (MM/DD/YYYY)	
	ortage			IN	463							21/2017	
TELE	PHONE NUMBER (219) 713-0771	EMA	IL ADDRES	S (Option :	3 Individua	al Capacity)	JOB TI	TLE	(Option 3 I	ndivid	ual Capacity)	
	FACT FOR BUSINESS / PUBLIC AGENCY (Listed	I in Opti	ion 1 or 2)										
PRE	Kuldip				MI	Sin							SUFFIX
PRIN	CIPAL OFFICE ADDRESS or PRIMARY RESIDEN	NTAL A	DDRESS (I	Number and	d Street, n			ADDRE	ESS	(line 2)			-!
60	01 Melton Rd												
	ITY STATE ZIP CO				ZIP COE 463								
TELE	PHONE NUMBER (219) 713-0771	singhk1957@yahoo.com											

FAC	5458	Citgo										
F		FIN	IANCIAL	RESF	ONSI	BIL	ITY (Ch	eck all that apply)				
	Federal or State G						-	sponsibility requirements	3			
	Local Governmen	t owner or opera	itor is maint	aining i	financia	l res	ponsibilit	y for this site				
	The UST owner is	maintaining fina	ancial respo	nsibility	for this	site						
	The UST operator	<u> </u>			-							
\boxtimes		•	•	•				29 IAC 9-8) by using one it must be checked as		n of the		
П	Financial Test of S		11 37			ΤĞ	Excess Liability Trust Fund (State Fund)					
Ī	Guarantee						Insuran	Insurance and Risk Retention Group Coverage				
	Surety Bond						Loan Co	ommitment Letter				
	Letter of Credit						Certifica	ate of Deposit				
	Trust Fund						Standby	/ Trust Fund				
	Local Government Bond Rating Test						Local G	overnment Financial Tes	t			
	Local Government Guarantee						Local G	overnment 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.											
G	UST OPERATOR											
_							RATOR					
	Federal Government State Governm					t		City / Local Government				
×								Other:				
	on 1: UST OPERATOR NAM		egistered with the	Secretary	of State)			BUSINESS ID (From the Secret	ary of State)			
	Patiala Petroleum LLC							200811	1000257			
Optio	on 2: UST OPERATOR NAM	IE (If a Public Agency or	other entity)									
Optio	on 3: UST OPERATOR NAM	IE (If in Individual Capac	city)									
PRE	FIX FIRST NAME				МІ	LAST NAME SUFFI				SUFFIX		
UST	OPERATOR ADDRESS (Lis	sted in Ontions 1-3)										
PRIN	ICIPAL OFFICE ADDRESS	or PRIMARY RESIDENT	TAL ADDRESS (A	Number an	d Street, no	P.O. I	Вох)	ADDRESS (line 2)				
	001 Melton F	₹d										
CITY	ortage			STATE	ZIP CODI 4630				DATE BEGAN OPERATING (MM/DD/YYYY) 08/21/2017			
	EPHONE NUMBER		EMAIL ADDRES				city)	JOB TITLE (Option 3 Individual				
	(219) 713	-0771		. ,			*/		, ,,			
	TACT FOR BUSINESS / PU	DUID ACENIOV (III III	n Option 1 or 2)		Iva:	II AC	E NIA NAE			OUEEIV		
PRE	FIX FIRST NAME Kuldip				МІ		ngh			SUFFIX		
PRIN	ICIPAL OFFICE ADDRESS	or PRIMARY RESIDEN	TAL ADDRESS (I	Number an	nd Street, no			ADDRESS (line 2)				
60	001 Melton F	₹d										
CITY				STATE	ZIP CODI			JOB TITLE				
	ortage		IEMAII ADDDEO	IN	4630	08		Member				
IELI	EPHONE NUMBER (219) 713	-0771	EMAIL ADDRES	S	5	sin	ghk19	57@yahoo.com				
Н				FAG	CILITY	CC	NTAC					
CON	CONTACT INDIVIDUAL NAME											
FKE	PREFIX FIRST NAME Kuldip				IVII		ngh			SUFFIX		
	ICIPAL OFFICE ADDRESS		TAL ADDRESS (I	Number an	d Street, no			ADDRESS (line 2)		<u> </u>		
	001 Melton F	Ka										
P	ortage			STATE	21P CODI 463			Member				
	EPHONE NUMBER EMAIL ADDRESS					ahk19	1957@yahoo.com					

			_									
FACILIT	5458	Citgo	Ē									
I				DE	EDE) PRO	OPERTY OV	WNER				
						TYPE (OF OWNER					
\square F	ederal Goverr	nment		∏Sta	ate Gov	ernme	nt		City / Local Governm	ent		
	ommercial			Pri	vate			- l i	Other:			
Option 1	: PROPERTY OWN	ER NAME (Business N	Name as re	gistered witi	h the Secre	tary of Sta	ate)	BUSIN	IESS ID (From the Secretary of State	0057		
		Oleum LLO		other entity					2008111000)257		
Option 2	PROPERTY OWN	ER NAME (II a Public I	Agency or (ouner entity	,							
Option 3	: PROPERTY OWN	ER NAME (If in Individ	lual Capaci	ty)		1				Tau many		
PREFIX	FIRST NAME				MI LAST N				SUFFIX			
PROPE	RTY OWNER ADDR	ESS (Listed in Options	s 1-3)				!					
	1 Melton	SS OF PRIMARY RES	SIDENTAL /	ADDRESS ((Number an	nd Street, i	no P.O. Box)	ADDR	ESS (line 2)			
CITY Por	tage				STATE	ZIP CODE EFFEC			FFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 08/21/2017			
	TELEPHONE NUMBER EMAIL ADDR							JOB T	ITLE (Option 3 Individual Capacity)	•		
	$(219)7^{2}$											
CONTA: PREFIX	T FOR BUSINESS FIRST NAME	/ PUBLIC AGENCY (L	isted in Op	otion 1 or 2)		MI	LAST NAME			SUFFIX		
	Kuldip						Singh					
PRINCIPAL OFFICE ADDRESS OF PRIMARY RESIDENTAL ADDRESS (Number at 6001 Melton Rd						d Street,	no P.O. Box)	ADDR	ESS (line 2)	I		
CITY	i Mellon	Nu			STATE	ZIP CO	DE	JOB T	ITLE			
Portage				IN	463			ember				
TELEPH	(219) 7	AIL ADDRE	SS		sinahk19	57@v	yahoo.com					
J	(/F Ι Δ	ND CC	NTRA				R (If applicable)			
		AOTT		115 00			OF OWNER	O 111111	ir (ii applicable)			
□IF	ederal Goverr	nment		∏Sta	ate Gov			II	City / Local Governm	ent		
Hic	ommercial			Pri	vate			i	Other:			
Option 1	: PROPERTY OWN	ER NAME (Business N	lame as re			tary of Sta	ate)	BUSÍN	BUSINESS ID (From the Secretary of State)			
0	DDODEDTY OWAL	ED NAME (If a Dublic	4	-41								
Option 2	: PROPERTY OWN	ER NAME (If a Public	Agency or (otner entity ,)							
Option 3	: PROPERTY OWN	ER NAME (If in Individ	lual Capaci	ty)		MI	LAST NAME			SUFFIX		
FILLIX	I INST NAME					l'VII	LAST NAIVIL			30111X		
		ESS (Listed in Options		1000000		10/		LADDD	500 (*: -0)	<u>I</u>		
PRINCI	PAL OFFICE ADDRE	ESS or PRIMARY RES	SIDENTAL /	ADDRESS (Number an	ia Street, i	no P.O. Box)	ADDR	ESS (line 2)			
CITY					STATE	ZIP CO	DE	EFFE	CTIVE DATE OF OWNERSHIP (MM/	DD/YYYY)		
TELEPH	IONE NUMBER	JOB TITLE		EMAIL AD	DRESS (C	Option 3 In	dividual Capacity)	PROP	OSED END DATE (MM/DD/YYYY)			
		/ PUBLIC AGENCY (L	isted in Op	otion 1 or 2)		IM	LACTNAME	·		IOUEEN		
PREFIX	FIRST NAME					MI	LAST NAME			SUFFIX		
PRINCIP	PAL OFFICE ADDRE	ESS or PRIMARY RES	SIDENTAL /	ADDRESS (Number an	d Street,	no P.O. Box)	ADDR	ESS (line 2)			
CITY					STATE	ZIP CO	DE	JOB T	ITLE			
TEL FPH	IONE NUMBER		IFM	AIL ADDRES	SS							
			[-,,,,		-							

FAC	1LITY ID # 5458	Citgo						
K		<u>, </u>		CONT	RACTOR			
	INSTALLATION INSPECTE ENGINEER	ED BY A REGISTERED	REGISTRAT			REGISTRATION DATE (mm/dd/yyyy)		
		ALLATION CHECKLISTS HAV	VE BEEN COMPLETE	ED AND	INSTALLER CERTIF	IED BY TANK AN	D PIPING MANUFACTURER	
П		DIANA DEPARTMENT OF H	OMELAND SECURIT	Y / DIVISIO	N OF FIRE AND BUILD	ING SAFETY	INSPECTION DATE (mm/dd/yyyy)	
CON	ITRACTOR BUSINESS NAM	IE (Business Name as registe	ered with the Secretar	y of State)		BUSINESS ID (From the Secretary of State)	
CON	ITACT INICODMATION COD	CONTRACTOR THAT BERE	ODMED OD MANAC	ED WORK	ONISITE			
	FIX FIRST NAME	CONTRACTOR THAT PERF	ORMED OR MANAG	MI	LAST NAME			SUFFIX
201	JOIDA OFFICE ADDRESS	DDIMARY DEGIDENTAL	DDD500 (4)			IADDDEGG #	0)	
PRII	NCIPAL OFFICE ADDRESS	or PRIMARY RESIDENTAL A	ADDRESS (Number a	ina Street, n	10 P.U. Box)	ADDRESS (line	2)	
CITY	·		STATE	ZIP COD	DE	IDHS CERTIFIC	CATION NUMBER	
TEL	EPHONE NUMBER	EMA	AIL ADDRESS					
_			OTENTIAL	I V INI	TERESTED F	ADTIES		
L Inte	RESTED PARTY NAME	F	OTENTIAL		ADDRESS	AKIIES		
	anks Data				ksdata@gr	mail.con	า	
	RESTED PARTY NAME				ADDRESS	edata or	am.	
	Tanks Data INTERESTED PARTY NAME				tact@tank	Suala.co	וווכ	
M			FA	CILIT	Y SITE MAP			
		etch the facility (tank act stored. Label str					ds, buildings, etc.). Ir	nclude tank

FACII		tgo						
			h tank or compartr	nent	See instructions	for c	compartment identificati	on numbering
N	Complete one col		· · · · · · · · · · · · · · · · · · ·				ORAGE TANKS	on name on ig.
	IDEM UST REGISTR	ATION NUMBER	1		2			
	PART OF A COMPARTME	NTED UST (Y/N)	NO	\blacksquare	NO	\blacksquare		
	NUMBER OF COMPAR	TMENTS IN UST						
	COMPARTMENT IDENTIFICATION NUMBER							
	(mm/dd/yyyy) D	ATE INSTALLED	07/15/1996		07/15/1996			
(mm/dd/yyyy) DATE FIRST BRO	UGHT INTO USE						
	(gallons) ESTIMATED TO	TAL CAPACITY	12,000		8,000			
	MA	NIFOLDED (Y/N)						
	MANIFOLDED TO COMPARTME	ENT ID NUMBER						
0		S	TATUS OF UNI	DEF	RGROUND STO	DRA	GE TANKS	
	CURRENT STATUS		IN USE	\blacksquare	IN USE	\blacksquare		
	(mm/dd/yyyy) STATUS DATE	06/14/2024		06/14/2024			
Р	SUBSTANC	ES CURR	ENTLY OR LA	ST	STORED IN UI	NDE	RGROUND STOR	AGE TANKS
		PETROLEUM	GSL - Gasoline	lacksquare	GSL - Gasoline	\blacksquare		
	MAXIM	UM ETHANOL %						
	MAXIN	NUM BIOFUEL %						
	(specify) OTHER						
	HAZARDO	US SUBSTANCE						
	CHEMICAL ABSTRACT SE	RVICE NUMBER						
	MIXTURE O	F SUBSTANCES						
	PRODUCT IS COMPATIBLE V				YES	\blacksquare		
Q	U	<u>NDERGR</u>	OUND STORA	GE	TANK CONST	RU	CTION ATTRIBUTE	S
	М	ANUFACTURER						
		MODEL						
	MATERIAL OF C	CONSTRUCTION	Fiberglass	\blacksquare	Fiberglass	\blacksquare		
			Double-walled		Double-walled	lacksquare		
R		UNDERG	ROUND STOR	AG	E TANK CORF	ROS	ION PROTECTION	
	CORROSION PRO	TECTION TYPE						
	(mm/dd/yyyy) ANODE INSTA	LLATION DATE						
	IN	TERIOR LINING						
	(mm/dd/yyyy) LINER INSTA	ALLATION DATE						
	(specify) OTHER						
S			PIPING CONS	TRU	JCTION AND P	PRO	TECTION	-
	М	ANUFACTURER						
		MODEL						
	(mm/dd/yyyy) D	ATE INSTALLED		_	04/02/2024			
			Rigid Fiberglass		Rigid Fiberglass			
			Double-walled		Double-walled	\blacksquare		
	CORROSION PRO							
	(mm/dd/yyyy) ANODE INSTA							
	PRODUCT IS COMPATIBLE WI		Dun and win and		Dan and district			
	PRODUCT DEL	IVERY METHOD	Pressurized		Pressurized	\blacksquare		

5458 FACILITY ID# FACILITY NAME Citgo								
	IDEM UST REG	ISTRATION NUMBER	1	ī	2			
	COMPARTMENT IDEN		•	1				
Т		UNDER	RGROUND STOR	5 Δ	GF TANK RFI	FΔ	SE DETECTION	
	PRIMARY UST R		ATG 0.2gph mon	_				
		MANUFACTURER	711 0 0.29p11 111011 <u> </u>	7	7.11 © 0.2gp1111101			
		MODEL		1				
	SECONDARY UST R	ELEASE DETECTION						
		MANUFACTURER						
		MODEL						
U		U	NDERGROUND I	PII	PING RELEAS	E D	ETECTION	
	PRIMARY PIPING R		0.2gph/0.1gph E l	_				
		MANUFACTURER	01 01	7	01 01			
		MODEL						
а	SECONDARY PIPING R	ELEASE DETECTION	Annual Line Tigh	J.	Annual Line Tigh	1		
,-		MANUFACTURER	3	7				
		MODEL						
TERTIARY PIPING RELEASE DETECTION			i					
	MANUFACTURER							
		MODEL						
٧		SP	ILL AND OVERF	:IL	L PREVENTIC)N E	QUIPMENT	
	CATCHMENT BA	ASIN / SPILL BUCKET	Standard Spill Bu	1	Standard Spill B	ι		
	(mm/dd/yy	yy) DATE INSTALLED						
		MANUFACTURER						
		MODEL						
		FILL LATITUDE						
		FILL LONGITUDE						
	PRIMARY OVERFILL PREV	ENTION EQUIPMENT	Auto Shutoff / Fla	₹	Auto Shutoff / FI	æ✓		
	(mm/dd/yy	yy) DATE INSTALLED						
		MANUFACTURER						
		MODEL						
	%	ULLAGE SET POINT						
SE	CONDARY OVERFILL PREV	ENTION EQUIPMENT						
	(mm/dd/yyy	yy) DATE INSTALLED						
		MANUFACTURER		_				
		MODEL		_				
		ULLAGE SET POINT	VEO = E	7	VEO T :::		<u> </u>	
	UNDER DISPENSER CONTAINMENT PRESENT		YES - Lestable		YES - Testable			
	MANUFACTURER		04/02/2024	\dashv	04/02/2024			
	(mm/dd/yyyy) DATE INSTALLED SUBMERSIBLE TURBINE SUMP PRESENT		• ., •	=	04/02/2024 YES - Testable	V		
	OODMEROIDEL TURE	MANUFACTURER	1 LO - 1 estable	4	169 - 169 (able			
	(mm/dd/vv	yy) DATE INSTALLED	04/02/2024	\dashv	04/02/2024			
	,		0-1/02/202 7	- 1	0-T/02/2024		I	i l

FACI	5458 FACILITY NAME Citgo									
	Complete one column for	each tank or compartme	nt. See instructions for o	compartment identification	on numberina.					
N		NTIFICATION OF U								
	IDEM UST REGISTRATION NUM	IBER								
	PART OF A COMPARTMENTED UST	(Y/N)								
	NUMBER OF COMPARTMENTS IN	ust								
	COMPARTMENT IDENTIFICATION NUM	IBER								
	(mm/dd/yyyy) DATE INSTAI	LED								
(mm/dd/yyyy) DATE FIRST BROUGHT INTO	USE								
	(gallons) ESTIMATED TOTAL CAPA	CITY								
	MANIFOLDED	(Y/N)								
	MANIFOLDED TO COMPARTMENT ID NUN	IBER								
0		STATUS OF UNDE	ATUS OF UNDERGROUND STORAGE TANKS							
	CURRENT STA	ATUS								
	(mm/dd/yyyy) STATUS [DATE								
Р	SUBSTANCES CU	RRENTLY OR LAST	STORED IN UNDE	RGROUND STOR	AGE TANKS					
	PETROL	EUM								
	MAXIMUM ETHAN	DL %								
	MAXIMUM BIOFU	EL %								
	(specify) OT	HER								
	HAZARDOUS SUBSTA	NCE								
	CHEMICAL ABSTRACT SERVICE NUM	IBER								
	MIXTURE OF SUBSTAN	ICES								
	PRODUCT IS COMPATIBLE WITH TANK	(Y/N)								
Q	UNDER	GROUND STORAGI	E TANK CONSTRU	CTION ATTRIBUTE	S					
	MANUFACTU	IRER								
	МС	DDEL								
	MATERIAL OF CONSTRUC	TION								
	SECONDARY CONTAINS	IENT								
R	UNDE	RGROUND STORAG	ROUND STORAGE TANK CORROSION PROTECTION							
	CORROSION PROTECTION	ГҮРЕ								
	(mm/dd/yyyy) ANODE INSTALLATION [DATE								
	INTERIOR LI	NING								
	(mm/dd/yyyy) LINER INSTALLATION [DATE								
	(specify) O1	HER								
S		PIPING CONSTR	RUCTION AND PRO	TECTION						
	MANUFACTU	IRER								
	МС	DDEL								
	(mm/dd/yyyy) DATE INSTAI	LED								
	MATE	RIAL								
	SECONDARY CONTAINS	IENT								
	CORROSION PROTECTION	ГҮРЕ								
	(mm/dd/yyyy) ANODE INSTALLATION [DATE								
	PRODUCT IS COMPATIBLE WITH PIPING	(Y/N)								
	PRODUCT DELIVERY MET	HOD								

FAC	5458 FACILITY ID# FACILITY NAME Citgo					
	IDEM UST REG	SISTRATION NUMBER				
COMPARTMENT IDENTIFICATION NUMBER						
Т		UNDE	RGROUND STORA	AGE TANK RELEA	SE DETECTION	
Ť	PRIMARY UST R	RELEASE DETECTION				
		MANUFACTURER				
		MODEL				
	SECONDARY UST R	RELEASE DETECTION				
		MANUFACTURER				
		MODEL				
U		U	NDERGROUND PI	PING RELEASE D	ETECTION	
	PRIMARY PIPING R	RELEASE DETECTION				
		MANUFACTURER				
		MODEL				
(1	SECONDARY PIPING R LEAK DETECTOR REQUIRED FO					
		MANUFACTURER				
		MODEL				
	TERTIARY PIPING RELEASE DETECTION					
		MANUFACTURER				
		MODEL				
٧		SP	ILL AND OVERFIL	L PREVENTION E	QUIPMENT	
	CATCHMENT BA	ASIN / SPILL BUCKET				
	(mm/dd/yy	yy) DATE INSTALLED				
		MANUFACTURER				
		MODEL FILL LATITUDE				
		FILL LONGITUDE				
	PRIMARY OVERFILL PREV					
		yy) DATE INSTALLED				
	(11111111111111111111111111111111111111	MANUFACTURER				
		MODEL				
	9/	% ULLAGE SET POINT				
SE	CONDARY OVERFILL PREV	VENTION EQUIPMENT				
	(mm/dd/yy	yy) DATE INSTALLED				
		MANUFACTURER				
		MODEL				
	%	6 ULLAGE SET POINT				
	UNDER DISPENSER CON	ITAINMENT PRESENT				
	MANUFACTURER					
	(mm/dd/yy	yy) DATE INSTALLED				
	SUBMERSIBLE TURE	BINE SUMP PRESENT				
		MANUFACTURER				
	(mm/dd/yyyy) DATE INSTALLED					

FACILITY ID # 5458	TRANSACTION ID - FOR S	TATE USE ONLY								
0400	<u> </u>									
		UST OWN	IER CE	RTIFICATION						
I swear or affirm, under	penalty of perjury as	s 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 a	nd representations i	n this documen	t are true	e, accurate, and complete	e. I further o	ertify compliance w	ith the			
following requirements	in accordance with	329 IAC 9-2-2(e)):							
(1) Installation of all tan	ks and piping under	40 CFR 280.20.								
(2) Cathodic protection	of steel tanks and pi	iping under 40 (CFR 280.	20.						
(3) Release detection un	nder 40 CFR 280 Sub	part D.								
(4) Financial responsible	ility under 329 IAC 9-	8.								
OWNER'S AUTHORIZED REPRE	SENTATIVE (Print or Type)		IMI							
PREFIX FIRST NAME				LAST NAME		SUFFIX				
Kuldip				Singh						
TITLE OF AUTHORIZED REPRESENTATIVE				COMPANY NAME (If Individual Leave Blank)						
Member			Patia	ala Petroleum L	LC					
SIGNATURE						DATE (MM/DD/YYYY)				
Kuldin Singh (Jun 15, 2024 09:20 C	DT)				15/06/2024					
Millionigh (ann 11) / William III		UST OPERA	ATOR (CERTIFICATION						
I swear or affirm, under	penalty of periury a	s specified by IC	35-44 1	-2-1 and other penalties	specified by	IC 13-30-10 and IC	13-23-14-			
				e, accurate, and complete						
following requirements	•			,, accarace, and compres						
(1) Installation of all tan		` ,								
(2) Cathodic protection				20						
(3) Release detection un	•	. •								
(4) Financial responsible										
OPERATOR'S AUTHORIZED RE	•									
PREFIX FIRST NAME		7	MI	LAST NAME			SUFFIX			
Kuldip				Singh						
TITLE OF AUTHORIZED REPRE	SENTATIVE		COMPAN'	Y NAME (If Individual Leave Blank))					
Member				ala Petroleum Ĺ						
SIGNATURE						DATE (MM/DD/YYYY)				
Kuldip Singh (Jun 15, 2024 09:20 CD	T)					15/06/2024				
		CONTRAC	TOR C	ERTIFICATION						
CERTIFIED INDIVIDUAL NAME										
PREFIX FIRST NAME			MI	LAST NAME			SUFFIX			
OATH: I swear or affirm,	under penalty of perju	ry as specified b	oy IC 35-4	4.1-2-1 and other penaltie	s specified b	y IC 13-30-10 and IC	13-23-14-			
2, that work performed o		nplies with metho		ified in 329 IAC 9 and 40 C		part C.				
SIGNATURE		EMAIL ADDRESS				DATE (MM/DD)	/YYYY)			

FID-5458-NF-06.14.2024

Final Audit Report 2024-06-15

Created: 2024-06-14

By: Tanks Data (tanksdata01@gmail.com)

Status: Signed

Transaction ID: CBJCHBCAABAA1W0CDxwBowEcoTihQL1XRedC_HD9PxqV

"FID-5458-NF-06.14.2024" History

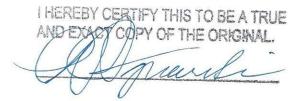
Document created by Tanks Data (tanksdata01@gmail.com) 2024-06-14 - 6:02:30 PM GMT

Document emailed to Kuldip Singh (singhk1957@yahoo.com) for signature 2024-06-14 - 6:02:39 PM GMT

Email viewed by Kuldip Singh (singhk1957@yahoo.com) 2024-06-15 - 2:19:13 PM GMT

Document e-signed by Kuldip Singh (singhk1957@yahoo.com)
Signature Date: 2024-06-15 - 2:20:03 PM GMT - Time Source: server

Agreement completed. 2024-06-15 - 2:20:03 PM GMT



Tax ID No.

64-05-01-351-001.000-016

WARRANTY DEED

THIS INDENTURE WITNESSETH THAT

Shamsher Singh

CONVEY(S) AND WARRANT(S) TO

Patiala Petroleum LLC, for Ten Dollars and other valuable consideration the receipt whereof is hereby acknowledged, the following described REAL ESTATE in Porter County, in the State of Indiana, to wit:

SEE ATTACHED EXHIBIT "A"

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

Subject to covenants, restrictions and easements of record.

The Grantor executing this deed represents and certifies that the terms of the unrecorded Land Contract entered into between the Grantor and Grantee herein have been fulfilled to completion.

TRANSFER FOR NO FURTHER CONSIDERATION

IN WITNESS WHEREOF, the Grantor has executed this Deed this 21st day of August, 2017.

Shamsher Singh

MTC File No.: 17-23359 (WD)

Page 1 of 3

State of Indiana, County of Lake ss:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named Shamsher Singh who acknowledged the execution of the foregoing Deed and who, having been duly sworn, stated

WITNESS, my hand and Seal this 21st day of August, 2017. August J. IGN

My Commission Expires:

Printed Name of Notary Public

Notary Public County and State of Residence

This instrument was prepared by:

Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602 202 S. Michigan Street, Ste. 300, South Bend, IN 46601

Property Address:

6001 Melton Road Portage, IN 46368

Grantee's Address and Mail Tax Statements To:

Signature of Notary Public

6001 Melton Road Portage, IN 46368

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.

MTC File No.: 17-23359 (WD)

Page 2 of 3

EXHIBIT A

Part of the Southwest Quarter of Section 1, Township 36 North, Range 7 West of the Second Principal Meridian, described as follows: Beginning at a point on the West line of the Southwest Quarter of the Southwest Quarter of said of U.S. Highway No. 20 and the West line of said Section 1; thence Northeasterly, along the South property line Highway No. 20 and along a curve to the right with a radius of 2814.93 feet, a distance of 230 feet, said point being said Section 1; thence South 0° 46′ 00″ West and parallel with the West line of the Southwest Quarter of 1, a distance of 304.01 feet; thence South 90° 00′ 00″ West and parallel with the North line of the Southwest Quarter of Southwest Quarter of said Section 1, a distance of 203.69 feet to the West line of the Southwest Quarter of Southwest Quarter of Southwest Quarter of said Section 1; thence North 0° 46′ 00″ East along the West line of the Southwest Quarter of the Southwest Quarter of said Section 1, a distance of 200 feet to the point of beginning, in the City of Portage, Porter County, Indiana.

MTC File No.: 17-23359 (WD)

Kreegar, Cynthia

From: IDEM USTCompliance (USTcompliance)
Sent: Tuesday, June 18, 2024 2:32 PM

To: IDEM USTregistration **Subject:** FW: UST Facility ID #5458

Attachments: FID-5458-NF-06.14.2024 - signed.pdf; FID-5458-Warranty Deed-08.21.2017.pdf

From: TanksData <Tanksdata@gmail.com> Sent: Monday, June 17, 2024 9:16 AM

To: IDEM USTregistration < USTregistration@idem.IN.gov>

Cc: Maniet, Carrie < CManiet@idem.IN.gov>

Subject: UST Facility ID #5458

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

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/

THE CONTENTS OF THIS EMAIL ARE CONFIDENTIAL. IT IS INTENDED FOR THE RECIPIENT ONLY. IT IS FORBIDDEN TO COPY, FORWARD OR IN ANY WAY REVEAL THE INFORMATION TO ANY ONE. PLEASE DELETE THE EMAIL IMMEDIATELY IF YOU RECEIVE IT BY MISTAKE.