



**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: **1501**

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 Rochester North				LATITUDE (37.710101 to 41.866773) 41.070350			LONGITUDE (-88.165351 to -84.671035) -86.216150		
FACILITY ADDRESS (number and street) 400 N Main Street					PARCEL NUMBER				
CITY Rochester			STATE IN	ZIP CODE 46975	COUNTY Fulton		TELEPHONE NUMBER (574) 223-7164		
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 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 type="checkbox"/>	Other:				
D PREPARED BY									
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX					
	Dean	K	Good						
ADDRESS 1201 N US Hwy 35				CITY Winamac		STATE IN		ZIP CODE 46996	
TELEPHONE NUMBER (574) 946-4863		JOB TITLE Sec Treas		EMAIL ADDRESS deangood@goodoilcompany.com					
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 checked="" 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)				
Good Oil Company Inc					197612-013				
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)					ADDRESS (line 2)				
1201 N US Hwy 35									
CITY Winamac			STATE IN	ZIP CODE 46996	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 09/26/2003				
TELEPHONE NUMBER (574) 946-4863		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					
	Dean	K	Good						
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)					ADDRESS (line 2)				
1201 N US Hwy 35									
CITY Winamac			STATE IN	ZIP CODE 46996	JOB TITLE Sec Treas				
TELEPHONE NUMBER (574) 946-4863		EMAIL ADDRESS deangood@goodoilcompany.com							

FACILITY ID # <b>1501</b>		FACILITY NAME <b>Rochester North</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 checked="" 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 checked="" 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 type="checkbox"/> City / Local Government	
<input type="checkbox"/> Commercial	<input checked="" type="checkbox"/> Private	<input type="checkbox"/> Other:	
Option 1: UST OPERATOR NAME (Business Name as registered with the Secretary of State) <b>Good Oil Company Inc</b>		BUSINESS ID (From the Secretary of State) <b>197612-013</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 SUFFIX
UST OPERATOR ADDRESS (Listed in Options 1-3)			
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) <b>1201 N US Hwy 35</b>		ADDRESS (line 2)	
CITY <b>Winamac</b>	STATE <b>IN</b>	ZIP CODE <b>46996</b>	DATE BEGAN OPERATING (MM/DD/YYYY)
TELEPHONE NUMBER <b>(574) 946-4863</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>Dean</b>	<b>K</b>	<b>Good</b>
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) <b>1201 N US Hwy 35</b>		ADDRESS (line 2)	
CITY <b>Winamac</b>	STATE <b>IN</b>	ZIP CODE <b>46996</b>	JOB TITLE <b>Sec Treas</b>
TELEPHONE NUMBER <b>(574) 946-4863</b>	EMAIL ADDRESS <b>deangood@goodoilcompany.com</b>		
<b>H FACILITY CONTACT</b>			
CONTACT INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
	<b>Dean</b>	<b>K</b>	<b>Good</b>
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) <b>1201 N US Hwy 35</b>		ADDRESS (line 2)	
CITY <b>Winamac</b>	STATE <b>IN</b>	ZIP CODE <b>46996</b>	JOB TITLE <b>Sec Treas</b>
TELEPHONE NUMBER <b>(574) 946-4863</b>	EMAIL ADDRESS <b>deangood@goodoilcomapny.com</b>		

FACILITY ID # <b>1501</b>		FACILITY NAME <b>Rochester North</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 type="checkbox"/> Commercial		<input checked="" type="checkbox"/> Private		<input type="checkbox"/> Other:	
Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State) <b>Good Oil Company Inc</b>				BUSINESS ID (From the Secretary of State) <b>197612-013</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>1201 N US Hwy 35</b>				ADDRESS (line 2)	
CITY <b>Winamac</b>		STATE <b>IN</b>	ZIP CODE <b>46996</b>	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) <b>09/26/2003</b>	
TELEPHONE NUMBER <b>(574) 946-4863</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>Dean</b>	<b>K</b>	<b>Good</b>		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) <b>1201 N US Hwy 35</b>				ADDRESS (line 2)	
CITY <b>Winamac</b>		STATE <b>IN</b>	ZIP CODE <b>46996</b>	JOB TITLE <b>Sec Treas</b>	
TELEPHONE NUMBER <b>(574) 946-4863</b>		EMAIL ADDRESS <b>deangood@goodoilcompany.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>1501</b>		FACILITY NAME <b>Rochester North</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 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			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
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 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>			
<p><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>			

FACILITY ID #		FACILITY NAME		
1501		Rochester North		
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				
PART OF A COMPARTMENTED UST (Y/N)	NO	NO	NO	
NUMBER OF COMPARTMENTS IN UST	1	1	1	
COMPARTMENT IDENTIFICATION NUMBER				
(mm/dd/yyyy) DATE INSTALLED	06/01/1998	06/01/1998	06/01/1998	
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE	06/01/1998	06/01/1998	06/01/1998	
(gallons) ESTIMATED TOTAL CAPACITY	12,000	6,000	2,000	
MANIFOLDED (Y/N)	NO	NO	NO	
MANIFOLDED TO COMPARTMENT ID NUMBER				
<b>O</b>	<b>STATUS OF UNDERGROUND STORAGE TANKS</b>			
CURRENT STATUS	IN USE	IN USE	IN USE	
(mm/dd/yyyy) STATUS DATE	02/27/2024	02/27/2024	02/27/2024	
<b>P</b>	<b>SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS</b>			
PETROLEUM	GSL - Gasoline	GSL - Gasoline	DSL - Diesel	
MAXIMUM ETHANOL %	10	10		
MAXIMUM BIOFUEL %			0	
(specify) OTHER				
HAZARDOUS SUBSTANCE				
CHEMICAL ABSTRACT SERVICE NUMBER				
MIXTURE OF SUBSTANCES				
PRODUCT IS COMPATIBLE WITH TANK (Y/N)	YES	YES	YES	
<b>Q</b>	<b>UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES</b>			
MANUFACTURER				
MODEL				
MATERIAL OF CONSTRUCTION	Fiberglass	Fiberglass	Fiberglass	
SECONDARY CONTAINMENT	Not Applicable	Not Applicable	Not Applicable	
<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	Environ	Environ	OPW	
MODEL				
(mm/dd/yyyy) DATE INSTALLED				
MATERIAL	Flexible Composite	Flexible Composite	Flexible Composite	
SECONDARY CONTAINMENT	Double-walled	Double-walled	Double-walled	
CORROSION PROTECTION TYPE	Not Applicable	Not Applicable	Not Applicable	
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)	YES	YES	YES	
PRODUCT DELIVERY METHOD	Pressurized	Pressurized	Pressurized	


FACILITY ID #		FACILITY NAME		
1501		Rochester North		
IDEM UST REGISTRATION NUMBER				
COMPARTMENT IDENTIFICATION NUMBER				
<b>T</b>	<b>UNDERGROUND STORAGE TANK RELEASE DETECTION</b>			
PRIMARY UST RELEASE DETECTION	ATG 0.2gph monthl	ATG 0.2gph monthl	ATG 0.2gph monthl	
MANUFACTURER	VR	VR	VR	
MODEL	350	350	350	
SECONDARY UST RELEASE DETECTION	N/A	N/A	N/A	
MANUFACTURER				
MODEL				
<b>U</b>	<b>UNDERGROUND PIPING RELEASE DETECTION</b>			
PRIMARY PIPING RELEASE DETECTION	0.2gph/0.1gph ELLI	0.2gph/0.1gph ELLI	Interstitial Monitorin	
MANUFACTURER	VR	VR	VR	
MODEL	350	350	350	
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)	ALLD w/Annual Tes	ALLD w/Annual Tes	ALLD w/Annual Tes	
MANUFACTURER				
MODEL				
TERTIARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				
<b>V</b>	<b>SPILL AND OVERFILL PREVENTION EQUIPMENT</b>			
CATCHMENT BASIN / SPILL BUCKET	Standard Spill Buck	Standard Spill Buck	Standard Spill Buck	
(mm/dd/yyyy) DATE INSTALLED	01/25/2020			
MANUFACTURER	OPW	OPW	OPW	
MODEL				
FILL LATITUDE	41.070350	41.070350	41.070350	
FILL LONGITUDE	-86.216150	-86.216150	-86.216150	
PRIMARY OVERFILL PREVENTION EQUIPMENT	Auto Shutoff / Flapp	Auto Shutoff / Flapp	Auto Shutoff / Flapp	
(mm/dd/yyyy) DATE INSTALLED		09/09/2021		
MANUFACTURER	OPW	OPW	OPW	
MODEL	71SO			
% ULLAGE SET POINT	95	95	95	
SECONDARY OVERFILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
% ULLAGE SET POINT				
UNDER DISPENSER CONTAINMENT PRESENT	YES - Not Testable	YES - Not Testable	YES - Testable	
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				
SUBMERSIBLE TURBINE SUMP PRESENT	YES - Not Testable	YES - Not Testable	YES - Testable	
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				

FACILITY ID # <b>1501</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):

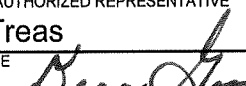
- (1) Installation of all tanks and piping under 40 CFR 280.20.
- (2) Cathodic protection of steel tanks and piping under 40 CFR 280.20.
- (3) Release detection under 40 CFR 280 Subpart D.
- (4) Financial responsibility under 329 IAC 9-8.

OWNER'S AUTHORIZED REPRESENTATIVE (Print or Type)				
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Dean	K	Good	
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank)		
Sec Treas		Good Oil Company Inc		
SIGNATURE			DATE (MM/DD/YYYY)	
			06/06/2024	

### 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	FIRST NAME	MI	LAST NAME	SUFFIX
	Dean	K	Good	
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank)		
Sec Treas		Good Oil Company Inc		
SIGNATURE			DATE (MM/DD/YYYY)	
			06/06/2024	

### CONTRACTOR CERTIFICATION

CERTIFIED INDIVIDUAL NAME				
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
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)

## Kreegar, Cynthia

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**From:** Shaffer, Mark B  
**Sent:** Wednesday, June 19, 2024 4:16 PM  
**To:** IDEM USTregistration  
**Subject:** FW: Rochester North FID 1501  
**Attachments:** 20240606134920305.pdf

Updated NF for FID 1501

mark

-----Original Message-----

From: Dean Good <deangood@goodoilcompany.com>  
Sent: Thursday, June 6, 2024 1:45 PM  
To: IDEM USTCompliance (USTcompliance) <USTCompliance@idem.IN.gov>  
Subject: Rochester North FID 1501

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

Updated 45223 showing IM as leak method on the DSL

Dean Good  
Sec. / Treas.  
Good Oil Company Inc.  
Office 574-946-4863  
Cell 574 242 0518