

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 requeste	ed is req	uired by 3	29 IAC 9. 1 EM Under	This form s around Sta	should or orage Ta	nly be used fon nk program.	or facilit	ies previousl	y registered with the	ne	
Α							CATION	1				
	Facility Contact Change		UST Owner Change					Owner/Operator Information Change				
	Type of Facility Change		Property Owner Change					Facility Name / Location Change				
区	UST System Modification] UST	Operator	Change	е			Financ	ial Responsibi	lity Chan	ge
	New UST System(s)											
В			F	ACILIT	'Y NAI		OCATIO					
FAC	LITY NAME					LATITU	DE (37.710101			LONGITUDE (-88.1	65351 to -84. 21615(
	ochester North LITY ADDRESS (number and street)					<u> </u>	41.07			-00.2	210150	
	00 N Main Street						ANOLEN	OMBE	•			
CITY	ochester			6975			Ulton			(574) 2		64
C			TYPE	OF FA	CILIT	Y (Ch	eck all tha	at app	oly)			
	Auto Dealership	I		nercial			And the second s	ΙĹ		Hydrant Syste	em	
Ī	Hospital	 	Gas S	Station					Industr	rial		
Ī	Petroleum Distributor		Railro	oad					Reside	ntial		
	Trucking or Transport		Utilitie	es					Unmar	nned		
	Marina		School	ol					Other:			
D				F	PREPA	RED	BY					
PRE	L				MI	LAST N	_					SUFFIX
4 DD	Dean RESS			CITY	K	God	Ju	Is	TATE	ZIP CODE		
12	201 N US Hwy 35				amac	· Ime			IN	46996		
TELE	PHONE NUMBER (574) 946-4863	JOB TIT Sec	Trea	s		EMAIL	address deang	9000	l@good	doilcompa	ny.con	1
E					UST (Company of the Control of the Contro	The state of the s					
			T1		TYPE O		NER	T =	=1			
	Federal Government			tate Gov	ernmen	<u> </u>	City / Local Government Other:				ent	
	Commercial on 1: UST OWNER NAME (Business Name as	ragistara	[لنبسبنا]	rivate	Stata \			BUSINE		the Secretary of State)	
	ood Oil Company Inc	iedistere	i with the o	secretary or C	naio j	197612-013						
	on 2: UST OWNER NAME (If a Public Agency of	or other e	ntity)									
		-71.4										
PRE	nn 3: UST OWNER NAME (If in Individual Capa FIX FIRST NAME	сну)			MI	LAST NAME						SUFFIX
	OWNER ADDRESS (Listed in Options 1-3)											<u> </u>
	CIPAL OFFICE ADDRESS OF PRIMARY RESIDENCE TO THE PRIMARY RESIDENCE OF T	DENTAL	ADDRESS	(Number an	d Street, no	P.O. Box)	ADDRE	SS (line 2)			
CITY	-			STATE	ZIP CODE			EFFEC		OWNERSHIP (MM/		**
			IN	4699			09/26/2003 JOB TITLE (Option 3 Individual Capacity)					
TELE	PHONE NUMBER (574) 946-4863	EM	AIL ADDRI	ESS (Option	3 Individual	Capacity		JOB III	ILE (Option 3)	тамача Сараску)		
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)					ΔME					SUFFIX		
PREFIX FIRST NAME Dean			K	God								
	ICIPAL OFFICE ADDRESS or PRIMARY RESI	DENTAL	ADDRESS	(Number an	d Street, no	P.O. Box)	ADDRE	SS (line 2)			
				ZIP CODE								
Winamac IN 469				4699	996 Sec Treas							
IELE	(574) 946-4863 EMAIL ADDRESS deangood@goodoilcompany.com											

FACILITY ID# FACILITY NAME Rochester Nort)									
F		FIN	ANCI	AL R	ESF	ONSI	BIL	IΤ\	(Check	call th	at apply)		
	Federal or State C												
Ħ	Local Government owner or operator is maintaining financial responsibility for this site												
卤													
Ħ	The UST operator is maintaining financial responsibility for this site												
	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). If you are using the ELTF it must be checked as well.												
	Financial Test of Self Insurance						区				rust Fund (State Fund)		
	Guarantee								nsurance and Risk Retention Group Coverage				
	Surety Bond						N N	<u>'</u>	oan Comi				
	Letter of Credit						Щ	ч	ertificate				
	Trust Fund						빌	<u>' </u>	tandby Tr				
	Local Governmen		est				$\perp \!\!\! \perp$	4			nt Financial Test		
	Local Governmen			· Judanile				• •	ocal Gove			and (a)	and
	If utilizing the ELTF fo	r FR, I acknowledge	the requality to	uiremei o provid	nt to m de prod	aintain tr of of that	ie abii mech	iity t anis	to pay the a sm when re	equested	le amount pursuant to 9-8-11(b I.	and (c)	anu
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9					CT-04/1/6/R04/2/C-10	PE OF	W. 1967, 125 0 120	OR THE PERSON NAMED IN	and a contract of the contract	611222047510000			2010 15 10 10 10 10 10 10 10 10 10 10 10 10 10
П	Federal Governme	ent		State	e Gov	ernmer	it			City / Local Government			
Ħ	Commercial			Priva	/ate				Other:				
	on 1: UST OPERATOR NAM		gistered w	ith the S	ecretary	of State)	."			BUSINESS ID (From the Secretary of State)			
	ood Oil Comp							197612-013					
Optio	on 2: UST OPERATOR NAM	IE (If a Public Agency or	other entity	y)									
Option 3: UST OPERATOR NAME (If in Individual Capacity)			ity)										
PRE				Mi			LAS	LAST NAME					SUFFIX
LICT	OPERATOR ADDRESS (LI	eted in Options 1-3)											
PRIN	ICIPAL OFFICE ADDRESS	or PRIMARY RESIDENT	AL ADDRE	ESS (Nu	mber an	d Street, no	P.O. l	Вох)		ADDRES	SS (line 2)		
	201 N US Hwy	35								5.000.00	50111 ODEDATINO (1111/0DAGGE)		
CITY	inamac			STATE ZIP CODE IN 46996						DATE BE	EGAN OPERATING (MM/DD/YYYY)		
	PHONE NUMBER		EMAIL AD	DRESS	RESS (Option 3 Individual Capacity)				JOB TITI	LE (Option 3 Individual Capacity)			
	(574) 946							-					
	TACT FOR BUSINESS / PL		n Option 1	or 2)		That	Ti AC	AIA T	ME				SUFFIX
PRE	FIX FIRST NAME Dean					MI LAST NAME K Good							001111
PRIN	ICIPAL OFFICE ADDRESS	or PRIMARY RESIDENT	AL ADDRI	ESS (Nu	ımber ar					ADDRES	SS (line 2)		
12	01 N US Hwy	35											
CITY				S	TATE					Sec Treas			
Winamac IN TELEPHONE NUMBER IEMAIL ADDRESS				409	90			360	ITEAS				
IEL	(574) 946-4863 deangood@goodoilcompany.com												
Н					FAG	CILITY	/ CC	NC	TACT				10.00
CON	TACT INDIVIDUAL NAME					[MI	ILAS	T NA	AME				SUFFIX
PREFIX FIRST NAME Dean			K	_	00								
	CIPAL OFFICE ADDRESS		TAL ADDRI	ESS (Nu	ımber ar	nd Street, n				ADDRES	SS (line 2)		L
12	201 N US Hwy	35											
			IN	ZIP COD 469				Sec	Treas				
TELEPHONE NUMBER EMAIL ADDRESS				angood@goodoilcomapny.com									

FACILITY ID # 1501	Rochester	North								
		T. Daniel	DEEL			PERTY OV	VNER		E and	
		1,1				F OWNER		المالة		
Federal Governm							City / Local Government			
Commercial			Private		taning Otal		IDI ICINIC	Other: SS ID (From the Secretary of Si	fate)	
Option 1: PROPERTY OWNER Good Oil Comp	any Inc			Secre	tary or State	*)	BUSINE	197612-0		
Option 2: PROPERTY OWNER	NAME (If a Public Agency	or other e	ntity)							
Option 3: PROPERTY OWNER PREFIX FIRST NAME	NAME (If in Individual Ca	pacity)			MI	LAST NAME				
DRODEDTY OVANED ADDDESS	2 (Listed in Onlines 4.2)									
PROPERTY OWNER ADDRESS PRINCIPAL OFFICE ADDRESS 1201 N US Hwy	or PRIMARY RESIDENT	AL ADDRE	SS (Numi	ber an	d Street, no	P.O. Box)	ADDRES	SS (line 2)		
CITY Winamac				NTE	ZIP COD		EFFECT	FIVE DATE OF OWNERSHIP (A		
TELEPHONE NUMBER		EMAIL ADI			3 Individual	Capacity)	JOB TIT	LE (Option 3 Individual Capacity	()	
(574) 946										
CONTACT FOR BUSINESS / PU PREFIX FIRST NAME	JBLIC AGENCY (Listed in	n Option 1 o	or 2)		IMI	LAST NAME				SUFFIX
Dean					K	Good				
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) 1201 N US Hwy 35						P.O. Box)	ADDRES	SS (line 2)		<u></u>
CITY			STATE ZIP CODE				JOB TIT			
Winamac			IN 46996			96	Sec	Treas		
TELEPHONE NUMBER (574) 946	EMAIL ADI	deangood@goodoilcompany.com								
J	ACTIVE L	AND	CONT	TR#	ACT P	ROPERTY	OWNE	R (If applicable)		
					TYPE O	F OWNER				
Federal Governm	ent	State Government						City / Local Govern	ment	
Commercial			Private					Other:		
Option 1: PROPERTY OWNER	NAME (Business Name a	s registered	d with the	Secre	tary of State	•)	BUSINE	SS ID (From the Secretary of S	tate)	
Option 2: PROPERTY OWNER	NAME (If a Public Agency	or other ei	ntity)							368 84
Option 3: PROPERTY OWNER PREFIX IFIRST NAME	NAME (If in Individual Ca	pacity)	city)			MI LAST NAME				SUFFIX
						Z TO TO THE				
PROPERTY OWNER ADDRESS PRINCIPAL OFFICE ADDRESS	S (Listed in Options 1-3) or PRIMARY RESIDENT	AL ADDRE	SS (Numl	ber an	d Street, no	P.O. Box)	ADDRES	SS (line 2)		
CITY			ISTA	STATE ZIP CODE			EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)			
CITT			0.7		L., 00D	ZIP CODE				
TELEPHONE NUMBER JOE	3 TITLE	EMAI	IL ADDRE	SS (O	ption 3 Indi	vidual Capacity)	PROPO	SED END DATE (MM/DD/YYY))	
CONTACT FOR BUSINESS / PU	JBLIC AGENCY (Listed in	Option 1 o	or 2)		IMI	LAST NAME				SUFFIX
PREFIX FIRST NAME					IAN	CAOT WANTE				
PRINCIPAL OFFICE ADDRESS	or PRIMARY RESIDENT	AL ADDRE	SS (Numi	ber an	d Street, no	P.O. Box)	ADDRE	SS (line 2)		
CITY			STATE ZIP COI			E JOB TITLE		LE		
TELEPHONE NUMBER		EMAIL ADI	DRESS							

FACILITY ID # 1501	Rochester North		· · · · · · · · · · · · · · · · · · ·	
K		CONTRAC	TOR	
INSTALLATION INSPEC	TED BY A REGISTERED REGI	STRATION ID:		REGISTRATION DATE (mm/dd/yyyy)
	TALLATION CHECKLISTS HAVE BEEN COM	IPLETED AND INST	ALLER CERTIFIED BY TANK A	ND PIPING MANUFACTURER
WORK INSPECTED BY	NDIANA DEPARTMENT OF HOMELAND SE	CURITY / DIVISION OF FI	RE AND BUILDING SAFETY	INSPECTION DATE (mm/dd/yyyy)
	ME (Business Name as registered with the S			(From the Secretary of State)
	R CONTRACTOR THAT PERFORMED OR M	MANAGED WORK ON SIT		
PREFIX FIRST NAME	R CONTRACTOR THAT PERFORMED OR N	MI LAST	NAME	SUFFIX
	S or PRIMARY RESIDENTAL ADDRESS (Nu.	mbarand Street, no B.O. I	ox) ADDRESS (lir	20.21
PRINCIPAL OFFICE ADDRES	S OF PRIMARY RESIDENTAL ADDRESS (MA	imber and Street, no F.O. L	DDNEGG (III)	
CITY	S	TATE ZIP CODE	IDHS CERTIF	ICATION NUMBER
	ISMA ADDRESS			
TELEPHONE NUMBER	EMAIL ADDRESS			
	POTENT	TALLY INTER	STED PARTIES	
INTERESTED PARTY NAME	IVILINI	E-MAIL ADDRE		
		E MAD ADDE	20	
INTERESTED PARTY NAME		E-MAIL ADDRES	55	
INTERESTED PARTY NAME		E-MAIL ADDRES	SS	
j				
M		FACILITY SI	TE MAP	
In the space below, si	ketch the facility (tanks, piping, duct stored. Label streets or oth	tank manway locat per landmarks. Shi	ions, vents, pump Islai ow North if direction ki	nds, buildings, etc.). Include tank nown.
sizes and type of prot	nuct Stored. Labor Streets or on	ior faramanor on		

FACILITY ID# FACILITY NAME Rochester	North			
Complete one column for eac				on numbering.
N IDENT	IFICATION OF UN	DERGROUND ST	ORAGE TANKS	
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				
0 5	TATUS OF UNDER	GROUND STORA	GE TANKS	
CURRENT STATUS	IN USE	IN USE	IN USE	
(mm/dd/yyyy) STATUS DATE		02/27/2024	02/27/2024	
P SUBSTANCES CURR	ENTLY OR LAST	STORED IN UNDE	RGROUND STOR	AGE TANKS
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	
Q UNDERGR	OUND STORAGE	TANK CONSTRUC	CTION ATTRIBUTE	: S
MANUFACTURER				
MODEL				
MATERIAL OF CONSTRUCTION	Fiberglass	Fiberglass	Fiberglass	
SECONDARY CONTAINMENT		Not Applicable	Not Applicable	
l I			ION PROTECTION	
CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
INTERIOR LINING				
(mm/dd/yyyy) LINER INSTALLATION DATE				
(specify) OTHER				
S	PIPING CONSTRU	JCTION AND PRO	TECTION	
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 Rochester	North			
IDEM UST REGISTRATION NUMBER				
COMPARTMENT IDENTIFICATION NUMBER				
T UNDE	RGROUND STORA	GE TANK RELEA	SE DETECTION	
PRIMARY UST RELEASE DETECTION				
MANUFACTURER	VR	VR	VR	
MODEL	350	350	350	
SECONDARY UST RELEASE DETECTION	N/A	N/A	N/A	
MANUFACTURER				
MODEL				
U	NDERGROUND PI	PING RELEASE D	ETECTION	
PRIMARY PIPING RELEASE DETECTION				
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				
V SP	ILL AND OVERFIL	L PREVENTION B	QUIPMENT	
CATCHMENT BASIN / SPILL BUCKET				
(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	Market		
% 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			VEO T. ()	
SUBMERSIBLE TURBINE SUMP PRESENT	YES - Not Testable	YES - Not Testable	YES - Lestable	
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				

FACILITY ID#	TRANSACTION ID - FOR S	TATE USE ONLY					
1501	1501						
UST OWNER CERTIFICATION							
I swear or affirm, unde 2, that the statements following requirement (1) Installation of all ta (2) Cathodic protection (3) Release detection u (4) Financial responsit	and representations i s in accordance with nks and piping under n of steel tanks and pi under 40 CFR 280 Sub bility under 329 IAC 9-	n this documen 329 IAC 9-2-2(e) 40 CFR 280.20. ping under 40 0 part D.	t are true :	e, accurate, and c	nalties specified by complete. I further	y IC 13-30-10 and IC 13-23-14 certify compliance with the	
PREFIX FIRST NAME	CESENTATIVE (FIRM OF TYPE)		MI	LAST NAME		SUFFIX	
Dean			K	Good			
TITLE OF AUTHORIZED REPR	ESENTATIVE			Y NAME (If Individual Le	*		
Sec Treas			Good	d Oil Compa	iny Inc		
SIGNATURE	Food					DATE (MM/DD/YYYY) 06/06/2024	
		UST OPERA	ATOR	CERTIFICAT	ION		
(1) Installation of all ta (2) Cathodic protection (3) Release detection u (4) Financial responsit	n of steel tanks and pi under 40 CFR 280 Sub pility under 329 IAC 9-	ping under 40 0 part D. 8.		20.			
OPERATOR'S AUTHORIZED R	EPRESENTATIVE (Print or Ty	pe)	IMI	ILAST NAME		SUFFIX	
Dean			l" K	Good			
TITLE OF AUTHORIZED REPR	ESENTATIVE			Y NAME (If Individual Le	ave Blank)		
Sec Treas				d Oil Compa			
SIGNATURE Sear Sort						DATE (MM/DD/YYY) 06/06/2024	
		CONTRAC	TOR C	ERTIFICATION	NC		
CERTIFIED INDIVIDUAL NAME PREFIX FIRST NAME			IMI	ILAST NAME		SUFFIX	
THE INTERIOR							
OATH: I swear or affirm	, under penalty of perju	ry as specified b	y IC 35-4	4.1-2-1 and other	penalties specified t	by IC 13-30-10 and IC 13-23-14-	
2, that work performed of SIGNATURE	on the UST system con	iplies with metho IEMAIL ADDRESS	ous spec	ried in 329 IAC 9 8	anu 40 CFK 280, SUD	DATE (MM/DD/YYYY)	
SIGNATURE		EMAIL ADDINESS				J	

Kreegar, Cynthia

Cell 574 242 0518

From: Sent: To: Subject: Attachments:	Shaffer, Mark B Wednesday, June 19, 2024 4:16 PM IDEM USTregistration FW: Rochester North FID 1501 20240606134920305.pdf							
Updated NF for FID 1501								
mark								
Original Message From: Dean Good <deangood@goodoilcompany.com> Sent: Thursday, June 6, 2024 1:45 PM Fo: IDEM USTCompliance (USTcompliance) <ustcompliance@idem.in.gov> Subject: Rochester North FID 1501</ustcompliance@idem.in.gov></deangood@goodoilcompany.com>								
**** 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 le	ak method on the DSL							
Dean Good Sec. / Treas. Good Oil Company Inc. Office 574-946-4863								