

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: 4524

	The information requested is	requir	ed by 32	9 IAC 9. T	his form s pround Sto	should only orage Tank	be used:	for facili		previousl			
Α						OTIFIC							
	ility Contact Change		UST C	wner C	hange					Owner/	/Ope	erator Information	Change
ПТур	e of Facility Change	X	Proper	ty Own	er Chan	ige				Facility	Na	me / Location Ch	ange
X UST	System Modification		UST C	perator	Change	е				Financ	ial F	Responsibility Cha	ange
New	/ UST System(s)												
В			E)	CILIT	Y NAI	VIE / LO	CAT	ON					
FACILITY N					ong ang arawar	LATITUDE	(37.71010	01 to 41.8		73)	LON	GITUDE (-88, 165351 to -	
	Food Mart						38.9					-87.0833	76
	DDRESS (number and street) Vest Broad Street						PARCEL			I-04-C	21	-058.000-02	1
Lyons	3	STAT		CODE 7443-4	4744	Gr Gr	eene				TELE	PHONE NUMBER (812) 659-2	.511
сl		Т	YPE	OF FA	CILIT	Y (Chec	k all th	at api	υlν	1			
	Dealership		Comm					1	_		Нус	drant System	
Hos	· · · · · · · · · · · · · · · · · · ·	岗	Gas S	tation				Ī	=	Industr	<u> </u>		
<u> </u>	oleum Distributor	Ħ	Railroa	ad		····		i	뒥	Reside	ntia	l	
Truc	king or Transport	П	Utilitie	S				Ī	뒥	Unman	ned		
Mari		П	Schoo	ļ						Other:			
ם		Surgiti			REPA	RED E	Ý						
PREFIX F	FIRST NAME			areas construction and the	Mi	LAST NAM	E			.,,			SUFFIX
	Troy				<u> </u>	Smith)						
7428	Rockville Road			India	napol	lis		S	TAT	E IN		21P CODE 46214	
TELEPHON		nne esi	dent			EMAIL ADI		smit	h@	@iwm	СО	nsult.com	
E					UST C	WNEF	1						
				7	YPE OI	F OWNE	R						
Fede	eral Government		Sta	ate Gov	ernment	t				City / Le	ocal	Government	
 ;	nmercial		النستا	vate						Other:			
	ST OWNER NAME (Business Name as registe Shakti Inc.	ered w	ith the Se	cretary of S	tate)			BUSIN	ESS			cretary of State) 1031173512	
	STOWNER NAME (If a Public Agency or other	er entit	עו					10000000	ugiggis	ZU I	10	1001173312	
•		27 C77111	,										
	TOWNER NAME (If in Individual Capacity) TRST NAME		·		Мі	LAST NAM	E						SUFFIX
					l								
UST OWNE	R ADDRESS (Listed in Options 1-3) OFFICE ADDRESS or PRIMARY RESIDENT.	Δ1 ΔΓ	DDESS /	Numberan	i Straat no	P.O. Box1		ADDRE	22	(line 2)			
	/est Broad Street	AL AU	,D, (COO (1	vomber and	2 02001, 710	1 .O. DOX		robric	-00	(MI)O 2)			
CITY				STATE	ZIP CODE			EFFEC	TIVE			NERSHIP (MM/DD/YYYY)	
Lyons				IN	4744	13-474	4	l		(02/	/06/2017	
TELEPHON					3 Individual						ndividi	ual Capacity)	
	(609) 217-9298 OR BUSINESS / PUBLIC AGENCY (Listed in			11420	<u> </u>	gmail.c	OHI	Pre	SI	dent			
PREFIX F	IRST NAME	· Optic	n 1 VI Z)		MI	LAST NAM	=						SUFFIX
	Sachinkumar					Patel							
PRINCIPAL	OFFICE ADDRESS or PRIMARY RESIDENT.	AL AC	DRESS (I	Number and	d Street, no	P.O. Box)		ADDRE	SS ((line 2)			
CITY				STATE	ZIP CODE			_{ЈОВ ТІТ}		dent			
TELEPHONE	E NUMBER	EMAIL	ADDRES	SS	L			1					
	1												

FAC	4524	Lyons Foo	d Mart						
F		FIN	VANCIAL	RESF	ONS	BIL	ITY (Chec	ck all that apply)	
П	Federal or State (•	ponsibility requirements	
	Local Governmer	nt owner or opera	ator is main	taining	financia	al res	ponsibility 1	for this site	
X	The UST owner is	s maintaining fin	ancial resp	onsibilit	y for thi	s site	}		
\boxtimes	The UST operato	r is maintaining	financial res	sponsib	ility for	this s	ite		
\boxtimes	I have met the fin	ancial responsib	ility require	ments (in acco	rdan	ce with 329	IAC 9-8) by using one or a com	bination of the
	following mechan	isms: (check all	that apply)	. If you	are us			t must be checked as well.	
	Financial Test of	Self Insurance						iability Trust Fund (State Fund)	
	Guarantee							e and Risk Retention Group Cove	erage
	Surety Bond						-	nmitment Letter	
	Letter of Credit						· [e of Deposit	
	Trust Fund							Trust Fund	
	Local Governmer	nt Bond Rating T	est				Local Gov	vernment Financial Test	
	Local Governmer						11	vernment Fund	
	If utilizing the ELTF for	or FR, I acknowledg					lity to pay the anism when i	e applicable amount pursuant to 9-8-11(I	o) and (c) and
G			ability to his	10,010,01000	atantana, ng kanga		ATOR		
9							RATOR		
П	Federal Governm	ent	□St	ate Gov				City / Local Governmen	nt
H	Commercial			ivate	011111101	••	 	Other:	
Optio	on 1: UST OPERATOR NAM	ME (Business Name as i	: L		of State)			BUSINESS ID (From the Secretary of State)	
	nbashakti Inc							201701031173	512
Optio	on 2: UST OPERATOR NAM	AE (If a Public Agency o	r other entity)						
Option PRE	on 3: UST OPERATOR NAME	AE (If in Individual Capa	city)		MI	LAS	T NAME		SUFFIX
UST	OPERATOR ADDRESS (LI ICIPAL OFFICE ADDRESS	sted in Options 1-3)	TAL ADDRESS	(Number an	d Street, n	o P.O. I	Boxl	ADDRESS (line 2)	
	0 West Broad		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					, , , , , , , , , , , , , , , , , , , ,	
CITY				STATE	ZIP COL			DATE BEGAN OPERATING (MM/DD/YYYY)	
	ons			IN	1		1744	02/06/2017	
TEL	PHONE NUMBER	0000	EMAIL ADDRE	, ,		,		JOB TITLE (Option 3 Individual Capacity)	
001	(609) 217			11420	103 <u>@</u>	gma	ail.com	President	
	TACT FOR BUSINESS / PL FIX FIRST NAME	JBLIC AGENCY (Listed	in Opeon Torz)		MI	LAS	TNAME		SUFFIX
Ì	Sachinkur	nar				Pa	atel		
PRIN	CIPAL OFFICE ADDRESS	or PRIMARY RESIDEN	TAL ADDRESS	(Number an	d Street, n	o P.O. I	Вох)	ADDRESS (line 2)	
OUTO				STATE	ZIP COD	NE.		JOB TITLE	
CITY				SIAIE	217 COL	<i>i</i>		JOB TITLE	
TELE	PHONE NUMBER		EMAIL ADDRÉ	SS	<u> </u>				
Н				FΔ(NI ITY	/ CC	NTACT		
CON	TACT INDIVIDUAL NAME								
PRE	FIX FIRST NAME Sachinkur	nar			MI		TNAME a tel		SUFFIX
PRIN	CIPAL OFFICE ADDRESS		TAL ADDRESS	(Number an	d Street, n			ADDRESS (line 2)	
	,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
CITY				STATE	ZIP COD	E		JOBTITLE	
								President	
TELE	PHONE NUMBER (609) 217	-9298	EMAIL ADDRES	SS		sac	hin1420	003@gmail.com	

	ACILITY NAME Lyons Food	——— Mart						
	-yo		EDE	PRO	PERTY OW	NER		
. Late the second contract of the second cont					F OWNER			
Federal Government	t	Sta	ate Gov	ernmen	it		City / Local Government	
Commercial		::	ivate				Other:	
Option 1: PROPERTY OWNER NAM Ambashakti Inc.	IE (Business Name as re	egistered with	ı the Secret	lary of Stau	e)	BUSINE	SS ID (From the Secretary of State) 2017010311735	12
Option 2: PROPERTY OWNER NAM	ME (If a Public Agency or	other entity)						· -
Option 3: PROPERTY OWNER NAM	ΛΕ (If in Individual Capac	city)				385438		
PREFIX FIRST NAME				MI	LAST NAME			SUFFIX
PROPERTY OWNER ADDRESS (LI	sted in Options 1-3) PRIMARY RESIDENTAL	ADDRESS ((Number an	d Street, n	o P.O. Box)	ADDRES	SS (līne 2)	
230 West Broad S							•	
Lyons		,	STATE	ZIP COD 4744	43-4744		TIVE DATE OF OWNERSHIP (MMDD/Y) 05/01/2017	<i>(</i> YY)
TELEPHONE NUMBER		MAIL ADDRES					LE (Option 3 Individual Capacity)	
(609) 217-9			11420	103@	gmail.com	Pres	sident	
PREFIX FIRST NAME Sachinkuma		pour (or z)		MI	Patel			SUFFIX
PRINCIPAL OFFICE ADDRESS or F		. ADDRESS (Number an	d Street, no		ADDRES	SS (Ene 2)	
CITY			STATE	ZIP COD	Ē	JOB TIT	LE	
TELEPHONE NUMBER	EW	IAIL ADDRES	}S					
	ACTIVE LA	NID CC	NITDI	OTD	DODEDTY	MAINE	R (If applicable)	
J	AUTIVE	HAD CO			F OWNER	AAIAT	К (п аррпсаме)	
Federal Government	t	Sta	ate Gove				City / Local Government	
Commercial			vate				Other:	
Option 1: PROPERTY OWNER NAM	IE (Business Name as re	egistered with	the Secret	ary of State	9)	BUSINE	SS ID (From the Secretary of State)	
Option 2: PROPERTY OWNER NAM	IS III a Dublic Agency or	olher entity\				20.4524.443		
Openia. PROPERTY OWNER NAM	ic (ii a room Agency or	other entity)						
Option 3: PROPERTY OWNER NAM	E (If in Individual Capac	ity)		Terr	ILAST NAME	The state of the s	2000	SUFFIX
PREFIX FIRST NAME				MI	LAS) NAME			BOLLIX
PROPERTY OWNER ADDRESS (LIS				<u></u>				<u> </u>
PRINCIPAL OFFICE ADDRESS or P	RIMARY RESIDENTAL	ADDRESS (I	Number and	d Street, no) P.O. Box)	ADDRES	SS (line 2)	
CITY			STATE	ZIP COD	E	EFFECT	IVE DATE OF OWNERSHIP (MM/DD/YY	71)
TELEPHONE NUMBER JOB TIT	ΊĒ	EMAIL AD	DRESS (O	ption 3 Indi	ividual Capacity)	PROPOS	SED END DATE (MM/DD/YYYY)	
CONTACT FOR BUSINESS / PUBLIC PREFIX FIRST NAME	C AGENCY (Listed in O	ption 1 or 2)		MI	LAST NAME	<u> </u>		ISUFFIX
TACIN TINOTIVISE				ļ				
PRINCIPAL OFFICE ADDRESS or P	RIMARY RESIDENTAL	ADDRESS (/	Vumber and	d Street, no	P.O. Box)	ADDRES	SS (line 2)	<u></u>
CITY		·····	STATE	ZIP CODI	E	JOB TIT	LE	
TELEPHONE NUMBER	EM	AIL ADDRES	s					

K	4524	Lyons Foo	d Mart					
				CONT	RACTOR			
	TALLATION INSPECT	ED BY A REGISTERED	REGIS	STRATION ID:			REGISTRATION DATE	
MAN		ALLATION CHECKLIST	'S HAVE BEEN COM	PLETED AND	INSTALLER CE	RTIFIED BY TANK AN		
		VDIANA DEPARTMENT	OF HOMELAND SEC	CURITY / DIVISIO	N OF FIRE AND B	JILDING SAFETY	INSPECTION DATE	1
		ME (Business Name as					(mm/dd/yyyy From the Secretary of	
CONTAC PREFIX	TINFORMATION FOR	CONTRACTOR THAT	PERFORMED OR M	ANAGED WORK	ON SITE LAST NAME			SUFFIX
-KELIX	FIRST WAME			193/1	LAGI IVANE			
PRINCIPA	L AL OFFICE ADDRESS	or PRIMARY RESIDEN	ITAL ADDRESS (Nur	nber and Street, r	o P.O. Box)	ADDRESS (line	2)	
HTY			S	TATE ZIP CO	DE	IDHS CERTIFIC	CATION NUMBER	
CLEDUC	NE NUMBER		JEHAR ADDRESS					
ELEPTR	NE NUMBER		EMAIL ADDRESS					
- 23 3 3 3 3 3			DOTENE	LATE AZERE	TENENTE	DADTIC		
L	TED PARTY NAME		POIENI		ADDRESS	PARTIES		
	A Smith			1		onsult.com		
NTERES	TED PARTY NAME			E-MAIL	ADDRESS			
	dy Hall					onsult.com		
NTERES	TEO PARTY NAME			E-MAIL	ADDRESS			
					Y SITE MA			

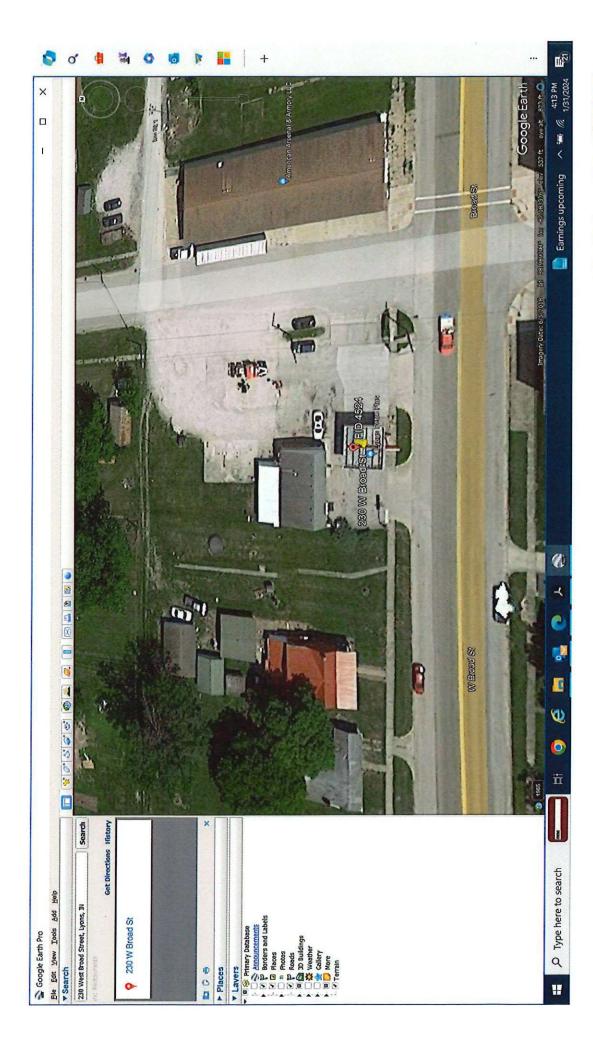
FACILITY ID# FACILITY NAME Lyons Foo	d Mart			
Complete one column for ea		nt. See instructions fo	r compartment identific	ation numbering.
N IDEN	TIFICATION OF U	NDERGROUND S	TORAGE TANKS	
IDEM UST REGISTRATION NUMBER	1	2	3	4
PART OF A COMPARTMENTED UST (Y/N	NO	NO	NO	NO
NUMBER OF COMPARTMENTS IN US	ı			
COMPARTMENT IDENTIFICATION NUMBER	₹			
(mm/dd/yyyy) DATE INSTALLED	04/01/1990	04/01/1990	04/01/1990	01/01/1985
(mm/dd/yyyy) DAYE FIRST BROUGHT INTO US	04/01/1990	04/01/1990	04/01/1990	01/01/1985
(gallons) ESTIMATED TOTAL CAPACITY	6,000	6,000	4,000	4,000
Manifolded (Ym	NO	NO	NO ·	NO
Manifolded to compartment id number				
o s	TATUS OF UNDE	RGROUND STOR	AGE TANKS	
CURRENT STATUS	IN USE	IN USE	IN USE	IN USE
(mm/dd/yyyy) STATUS DATE				
P SUBSTANCES CURF	RENTLY OR LAST	STORED IN UND	ERGROUND STO	RAGE TANKS
	GSL - Gasoline	GSL - Gasoline	DSL - Diesel	DSL - Diesel
Maximum ethanol y		10		
MAXIMUM BIOFUEL 9				
(specify) OTHER				
HAZARDOUS SUBSTANCE	•			
CHEMICAL ABSTRACT SERVICE NUMBER				
MIXTURE OF SUBSTANCES				
PRODUCT IS COMPATIBLE WITH TANK (Y/H)	YES	YES	YES	YES
QUIDERGR	OUND STORAGE	TANK CONSTRU	JCTION ATTRIBU	TES
MANUFACTURER				
WODEL				
MATERIAL OF CONSTRUCTION	Steel	Steel	Steel	Steel
SECONDARY CONTAINMENT	· · · · · · · · · · · · · · · · · · ·	Not Applicable	Not Applicable	Not Applicable
			SION PROTECTIO	
CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
INTERIOR LINING				
(mm/dd/yyyy) LINER INSTALLATION DATE				
(specify) OTHER	· ·			
S	PIPING CONSTR	UCTION AND PRO	OTECTION	
MANUFACTURER				
MODEL				
(mn/dd/yyyy) DATE INSTALLED	04/01/1990	04/01/1990	04/01/1990	01/01/1985
MATERIAL		Steel	Steel	Steel
SECONDARY CONTAINMENT		Not Applicable	Not Applicable	Not Applicable
CORROSION PROTECTION TYPE		Galvanic CP	Galvanic CP	Galvanic CP
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/H)	YES	YES	YES	YES
PRODUCT DELIVERY METHOD	Pressurized	Pressurized	Pressurized	Pressurized

FACI	4524	Lyons Foo	d Mart			
	IDEM UST REG	ISTRATION NUMBER	1	2	3	4
	COMPARTMENT IDENT	TIFICATION NUMBER				
T		UNDEI	RGROUND STORA	GE TANK RELEA	SE DETECTION	
	PRIMARY UST R		ATG 0.2gph monthl	· · · · · · · · · · · · · · · · · · ·		ATG 0.2gph monthi
		MANUFACTURER				3.1
		MODEL		*******		
	SECONDARY UST R	ELEASE DETECTION				
		MANUFACTURER				
		MODEL				
U		U	NDERGROUND PI	PING RELEASE D	ETECTION	
	PRIMARY PIPING R		Annual Line Tightne			Annual Line Tightne
		MANUFACTURER				
		MODEL				
n	SECONDARY PIPING R EAK DETECTOR REQUIRED FOR			ELLD w/Annual Tes	ELLD w/Annual Tes	ELLD w/Annual Tes
-,		MANUFACTURER	***************************************			
		MODEL				
	TERTIARY PIPING R	ELEASE DETECTION				
		MANUFACTURER				
		MODEL				
٧		SP	ILL AND OVERFIL	L PREVENTION E	QUIPMENT	
	CATCHMENT BA	ASIN / SPILL BUCKET	Standard Spill Buck	Standard Spill Buck	Standard Spill Buck	Standard Spill Buck
	(mm/dd/yy)	y) DATE INSTALLED				
		MANUFACTURER				
		MODEL				
		FILL LATITUDE	001000001	38.989094	38.989094	38.989094
		FILL LONGITUDE	0.,000.0	-87.083376	-87.083376	-87.083376
	PRIMARY OVERFILL PREV	ENTION EQUIPMENT	Flow Restrictor / Ba	Flow Restrictor / Ba	Flow Restrictor / Ba	Flow Restrictor / Ba
	(mm/dd/yyy	y) DATE INSTALLED		****		
		MANUFACTURER				
		MODEL				
		ULLAGE SET POINT				
SEC	CONDARY OVERFILL PREV					
	(mm/dd/yyy	y) DATE INSTALLED				
		MANUFACTURER				
	6/	MODEL ULLAGE SET POINT				
				NO	NO	NO
	UNDER DISPENSER CONT			NO	NO	NO
	immiddl	MANUFACTURER y) DATE INSTALLED				
	SUBMERSIBLE TURB			NO	NO	NO
	ODMENDINE TORD	MANUFACTURER	****			110
	/mm/dd/vvv	y) DATE INSTALLED				
	(23/5/5	·· ····				

FACI	4524 Lyons F	ood Mart			
	Complete one column for	each tank or compartme	ent. See instructions for	compartment identificati	on numbering.
N		ENTIFICATION OF U			
	IDEM UST REGISTRATION NUM	VBER			
	PART OF A COMPARTMENTED UST	(Y/N)			
	NUMBER OF COMPARTMENTS IN	ı ust			
	COMPARTMENT IDENTIFICATION NUM	MBER			
	(mm/dd/yyyy) DATE INSTAL	LLED			
	(mm/dd/yyyy) DATE FIRST BROUGHT INTO) USE			
	(gallons) ESTIMATED TOTAL CAPA	\CITY			
	MANIFOLDED	(Y/N)			
	MANIFOLDED TO COMPARTMENT ID NUM				
0		STATUS OF UNDE	RGROUND STORA	AGE TANKS	•
	CURRENT STA	ATUS			<u></u>
	(mm/dd/yyyy) STATUS E				L
Р	SUBSTANCES CU	IRRENTLY OR LAS	T STORED IN UNDI	ERGROUND STOR	AGE TANKS
	PETROL	LEUM			
	MAXIMUM ETHANO	OL %			
	MAXIMUM BIOFUI	IEL %			
	(specify) OT	THER			
	HAZARDOUS SUBSTA	ANCE			
	CHEMICAL ABSTRACT SERVICE NUM	ABER			
	MIXTURE OF SUBSTAN				
<u> </u>	PRODUCT IS COMPATIBLE WITH TANK				
Q	UNDER	GROUND STORAG	E TANK CONSTRU	CTION ATTRIBUTE	≣S ·
	MANUFACTU	JRER			
ĺ	МС	ODEL			
	MATERIAL OF CONSTRUC	TION			
Ĺ,	SECONDARY CONTAINN				
R	UNDE	RGROUND STORA	GE TANK CORROS	ION PROTECTION	<u> </u>
	CORROSION PROTECTION T				
	(mm/dd/yyyy) ANODE INSTALLATION D	DATE			
	INTERIOR LIP	<u> </u>	·····		
	(mm/dd/yyyy) LINER INSTALLATION D		<u></u>		
	(specify) OT				
S		PIPING CONSTR	RUCTION AND PRO	TECTION	
	MANUFACTU	JRER			
	МО	DDEL			
	(mm/dd/yyyy) DATE INSTAL				
	MATE			<u></u>	
	SECONDARY CONTAINM	 			
	CORROSION PROTECTION T	—			
	(mm/dd/yyyy) ANODE INSTALLATION D				
	PRODUCT IS COMPATIBLE WITH PIPING (********			
	PRODUCT DELIVERY METI	нор			

FACI	4524	Lyons Food	d Mart			
	IDEM UST REG	SISTRATION NUMBER				
	COMPARTMENT IDEN	ITIFICATION NUMBER				
Т		UNDE	RGROUND STOR	AGE TANK RELEA	SE DETECTION	
	PRIMARY UST R	RELEASE DETECTION				
		MANUFACTURER				
		MODEL				
	SECONDARY UST R	RELEASE DETECTION				
		MANUFACTURER			:	
		MODEL				
U			NDEBGBOLIND B	I IPING RELEASE D	DETECTION	
	PRIMARY PIPING F	RELEASE DETECTION				
	. ,	MANUFACTURER				
		MODEL				
	SECONDARY PIPING F	RELEASE DETECTION				
(L	EAK DETECTOR REQUIRED FO	R PRESSURIZED PIPING) MANUFACTURER				
		MODEL				
	TEOTIA DV DIDING E	RELEASE DETECTION		<u> </u>	<u> </u>	
	TERREARTTERIOR	MANUFACTURER				
		MODEL				
V			II I AND OVEREI	L LL PREVENTION F	OUDMENT	
	CATCHMENT B	ASIN / SPILL BUCKET				
		yy) DATE INSTALLED				
	(mare early)	MANUFACTURER				
		MODEL				
		FILL LATITUDE				
		FILL LONGITUDE				
	PRIMARY OVERFILL PREV	/ENTION EQUIPMENT				
		yy) DATE INSTALLED				
	,	MANUFACTURER	Ann.			··········
		MODEL				
	%	ULLAGE SET POINT				
SEC	ONDARY OVERFILL PREV	ENTION EQUIPMENT				
	(mm/dd/yy	yy) DATE INSTALLED				
		MANUFACTURER				
		MODEL		·····		
	%	ULLAGE SET POINT				
	UNDER DISPENSER CON	TAINMENT PRESENT				
		MANUFACTURER				
	(mm/dd/yyy	yy) DATE INSTALLED				
	SUBMERSIBLE TURE	BINE SUMP PRESENT				
		MANUFACTURER	***************************************			
	(mm/dd/yy)	yy) DATE INSTALLED				

FACILITY ID# FRANSACTION ID - FOR STATE USE ONLY UST OWNER CERTIFICATION 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) SUFFIX つのどれ 02 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) SUFFIX CONTRACTOR CERTIFICATION CERTIFIED INDIVIOUAL NAME SUFFIX LAST NAME 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 compiles with methods specified in 329 IAC 9 and 40 CFR 280, Subpart C. DATE (MM/DD/YYYY) EMAIL ADDRESS SIGNATURE



38,989094 -87,083376 FID 4524

(https://inbiz.in.gov)



Business Details

Print Entity Details

Business Name: AMBASHAKTI INC

Business ID: 201701031173512

Entity Type:

Domestic For-Profit Corporation

Business Status: Active

Creation Date: 01/03/2017

Inactive Date:

Principal Office 230 WEST BROAD ST,

Expiration Date: Perpetual

Jurisdiction of Indiana

Formation:

Address: Lyons, IN, 47443, USA

Business Entity

Report Due 01/31/2025

Date:

Years Due:

Incorporators Information

Title	Name	Address	
Incorporator	SACHINKUMAR PATEL	140 KIMBER LN, Evansville, IN, 47715, USA	
Incorporator	AJITKUMAR PATEL	140 KIMBER LN, Evansville, IN, 47715, USA	

Page 1 of 1, records 1 to 2 of 2

Governing Person Information

Title	Name	Address
President	SACHINKUMAR PATEL	3811 TREY CT, Newburgh, IN, 47630, USA
Vice President	AJITKUMAR PATEL	3811 TREY CT, Newburgh, IN, 47630, USA

Page 1 of 1, records 1 to 2 of 2

Registered Agent Information

Type: Individual

Name: VYOMESH JOSHI

Address: 230 WEST BROAD ST, Lyons, IN, 47443, USA

Back

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Filing History

Name History

Assumed Name History

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COMMERCIAL	2109-021	
	452, Service Station	
	S STATE RD 67	
	Ambashakti, Inc	Ourserbis
	21	nation

28-14-64-021-058.000-021	Ambashakti, Inc		S STATE RD 67	4	452, Service Station			COMMERCIAL/ 2109-021
General Information	ð	Ownership			Transfer Of Ownership			Notes
58.000-021	Ambashakti, Inc 140 Kimber Ln		Date OFIGURE O	Owner	Doc ID Code	le Book/Page	Sale Price	
Parent Parcel Number 0210016500	EVANSVILLE, IN	47715		Haster Oil Company I	2011/11003		\$225,000	
				Hasler, Orville D I		40/727	\$225,000	
	021-00165-00 OE	Legal 1001-00165-00 OBIG PT 41 (71 V 52)	L 0081/10/10	HASLER, URVILLE U &			00\$	
化物件的 有不 的复数人名英格兰	ORIG LO	ORIG LOT 42 Contract Sale						
Property Class 452 Service Station	11/2 4/04		S	COMMERCIAL				
	Α.	Valuation Records (wor	k in progress v	alues are not certifie	ds (work in progress values are not certified values and are subject to change)	ect to change)		
			2023	2022	2021	2020	2019	
Location Information		Reason For Change	AA	AA	Ą	AA	Ą	
County Greene			06/30/2023		06/30/2021	07/01/2020	06/28/2019	
Township		Valuation Method Equalization Factor	Indiana Cost Mod F		Indiana Cost Mod Indiana Cost Mod Indiana Cost Mod Indiana Cost Mod	na Cost Mod Indiar	na Cost Mod	
WASHINGTON TOWNSHIP		Notice Required						
District 021 (Local)		Land	\$5,800	\$5,800	\$5,800	\$5,800	\$5,800	
School Corp		Land Non Res(2)	800	e G	000 8000 8000	\$00 800 800 800 800 800 800 800 800 800	200	
WHILE RIVER VALLEY CONSOLID,	ATED	Improvement	\$44.700		\$42,800	\$42,800	\$2,000	
Neighborhood 2109-021		Imp Res(1)	00%		00%	008	800	
		Imp Non Res(3)	\$44,700		\$42,800	\$42,800	\$42,800	
7 (P. 17 (17 (17 (17 (17 (17 (17 (17 (17 (17		Total	\$50,500	\$51,	\$48,600	\$48,600	\$48,600	
Location Address		Total Non Res(2)	009		008	008		Land Computations
S STATE RD 67		Total Non Res(3)	\$50,500		\$48,600	\$48,600	\$48,600	Calculated Acreage
LYONS, IN 47443				Land Data				Developer Discount
Zoning	Land Prices	Soil Act ID Front	Size	Adj	Jj Ext Be Value	1000円の 200円の 200円	Value	Parcel Acreage
	Fci	77	71x52				\$2,410	
10000000000000000000000000000000000000	Foi	52 5	52x165	\$65				
								人名 经经济的 人名英格兰人姓氏
1. S.								· · · · · · · · · · · · · · · · · · ·
								11. 11. 11. 12. 11. 11. 11. 11. 11. 11.
The property of T								
Topography								
Level								
Public Utilities All								
Streets or Roads								· · · · · · · · · · · · · · · · · · ·
Faved, Alley								
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)								11 (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
Printed Wednesday, January 31, 2024	24							
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Characteristics Topography Level

452, Service Station

S STATE RD 67

Ambashakti, Inc

28-14-04-021-058.000-021

Floor/Use Computatio

0 sqft 100.0%

Area Not In Use

Use %

Use Area

1849 sqft

Convenience Market

	General	General Information	
ccupancy	C/I Building C 01 Pre. Use	Pre. Use	Convenience Market
escription	C/I Building C 01 Fee, Transleg	131	
ton Height			

Description	C/I Building C 01			
Story Height	τ-			
	SB	മ	1	n
Wall Type			1(96),2(84)	
Heating			1849sqft	
A/C			1305sqft	

A/C					1305sqft
Sprinkler					
Plumbing RES/CI	ing F	RES/C			Roofing
	31	(A., 3	#		- 1
Full Bath	- 1	11	0		CONTROL OF THE CONTRO
Half Bath			-		
Kitchen Sinks		2.5	0	-	GCK Adjustments
Water Heaters			0	٠.	Control (control (con
Add Fixtures	- 5		2	- 1	
					The second secon

		11.	
	16:		
\$	34.	(1849) 15 Br 5 Cri Building C 01	\$\$
		້ອ	
400	70.	5.	
14.2-200 14.2-14.2-14.2-14.2-Paving C 01			

A DESCRIPTION OF THE PROPERTY OF THE PROPERTY

Paving C 01

Area

Description

Build See See See See See See See See See Se	Building Computations
60 00 00 00 00 00 00 00 00 00 00 00 00 0	
10 10 10 10 10 10 10 10 10 10 10 10 10 1	
1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	
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(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	

Other Plumbing Description

Special Features Description

(1) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)

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				S	mmary Of	Improve	ments							
	0 0 0		Year Eff	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ပ္ပ	200				11 11 11 11 11 11 11 11 11 11 11 11 11				100
Description	(1) (3) (4) (4) (5) (4)	0.0000000000000000000000000000000000000	Grade Built Year	S,	pu	13 13 13 14		Size	79 4 (3) 40(5)	is, is	(3) (3) (4) (5) (5)	PC Nbhd	Mrkt	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
C/I Building C 01			C 1956 1976		⋖							100% 0.9300	1.0500	
Paving C 01			C 1990 1990		٧			2200 sqft				100% 0.9300	1.0500	
Paving C 01			C 1956 1970		∢			4250 sqft				100% 0.9300	1.0500	
Service Station, DetCPY C 01	°Y C 01		C 1985 1985		⋖			624 soft				100% 0.9300	1,0500	

Kreegar, Cynthia

From: Mandy Hall <mhall@iwmconsult.com>
Sent: Wednesday, June 26, 2024 9:06 AM

To: IDEM USTregistration; IDEM USTCompliance (USTcompliance)

Cc: Sachin Patel

Subject:FID 4524 UST NF UpdatedAttachments:UST NF_FID 4524_6-25-2024.pdf

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

Good Morning UST Compliance/Registration,

Please see the attached UST NF updated with the correct installation date for the offroad diesel UST.

Let us know if you have any questions.

Sincerely,

IWM Consulting Group LLC

Mandy Hall, CHMM Project Manager **7428 Rockville Road**

Indianapolis, IN 46214 Office: (317) 347-1111

Direct: (317) 565-1618

Email: mhall@iwmconsult.com