



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 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 checked="" 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 Lyons Food Mart		LATITUDE (37.710101 to 41.866773) 38.989094	LONGITUDE (-88.165351 to -84.671035) -87.083376
FACILITY ADDRESS (number and street) 230 West Broad Street		PARCEL NUMBER 28-14-04-021-058.000-021	
CITY Lyons	STATE IN	ZIP CODE 47443-4744	COUNTY Greene
		TELEPHONE NUMBER (812) 659-2511	

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 Troy	MI A	LAST NAME Smith	SUFFIX
ADDRESS 7428 Rockville Road		CITY Indianapolis	STATE IN	ZIP CODE 46214
TELEPHONE NUMBER (317) 347-1111	JOB TITLE President	EMAIL ADDRESS tsmith@iwmconsult.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) Ambashakti Inc.	BUSINESS ID (From the Secretary of State) 201701031173512
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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
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UST OWNER ADDRESS (Listed in Options 1-3)

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 230 West Broad Street	ADDRESS (line 2)
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CITY Lyons	STATE IN	ZIP CODE 47443-4744	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 02/06/2017
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TELEPHONE NUMBER (609) 217-9298	EMAIL ADDRESS (Option 3 Individual Capacity) sachin142003@gmail.com	JOB TITLE (Option 3 Individual Capacity) President
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CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)

PREFIX	FIRST NAME Sachinkumar	MI	LAST NAME Patel	SUFFIX
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PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)	ADDRESS (line 2)
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CITY	STATE	ZIP CODE	JOB TITLE President
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TELEPHONE NUMBER	EMAIL ADDRESS
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FACILITY ID # 4524		FACILITY NAME Lyons Food Mart	
F FINANCIAL RESPONSIBILITY (Check all that apply)			
<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 checked="" 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). If you are using the ELTF it must be checked as well.			
<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 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.			
G UST OPERATOR			
TYPE OF OPERATOR			
<input type="checkbox"/> Federal Government		<input type="checkbox"/> State Government	
<input type="checkbox"/> Commercial		<input type="checkbox"/> Private	
		<input type="checkbox"/> City / Local Government	
		<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)	
Ambashakti Inc.		201701031173512	
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)		ADDRESS (line 2)	
230 West Broad Street			
CITY	STATE	ZIP CODE	DATE BEGAN OPERATING (MM/DD/YYYY)
Lyons	IN	47443-4744	02/06/2017
TELEPHONE NUMBER	EMAIL ADDRESS (Option 3 Individual Capacity)		JOB TITLE (Option 3 Individual Capacity)
(609) 217-9298	sachin142003@gmail.com		President
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
	Sachinkumar		Patel
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		
H FACILITY CONTACT			
CONTACT INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
	Sachinkumar		Patel
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (line 2)	
CITY	STATE	ZIP CODE	JOB TITLE
			President
TELEPHONE NUMBER	EMAIL ADDRESS		
(609) 217-9298	sachin142003@gmail.com		

FACILITY ID # 4524		FACILITY NAME Lyons Food Mart			
I DEEDED PROPERTY 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 type="checkbox"/> Private		<input type="checkbox"/> Other:	
Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State) Ambashakti Inc.				BUSINESS ID (From the Secretary of State) 201701031173512	
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) 230 West Broad Street				ADDRESS (line 2)	
CITY Lyons		STATE IN	ZIP CODE 47443-4744	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 05/01/2017	
TELEPHONE NUMBER (609) 217-9298	EMAIL ADDRESS (Option 3 Individual Capacity) sachin142003@gmail.com		JOB TITLE (Option 3 Individual Capacity) President		
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
	Sachinkumar		Patel		
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			
J ACTIVE LAND CONTRACT PROPERTY OWNER (If applicable)					
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 # 4524	FACILITY NAME Lyons Food Mart
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K	CONTRACTOR
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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	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			

L	POTENTIALLY INTERESTED PARTIES
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INTERESTED PARTY NAME Troy A Smith	E-MAIL ADDRESS tsmith@iwmconsult.com
INTERESTED PARTY NAME Mandy Hall	E-MAIL ADDRESS mhall@iwmconsult.com
INTERESTED PARTY NAME	E-MAIL ADDRESS

M	FACILITY SITE MAP
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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 # 4524	FACILITY NAME Lyons Food Mart
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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	1	2	3	4
PART OF A COMPARTMENTED UST (Y/N)	NO	NO	NO	NO
NUMBER OF COMPARTMENTS IN UST				
COMPARTMENT IDENTIFICATION NUMBER				
(mm/dd/yyyy) DATE INSTALLED	04/01/1990	04/01/1990	04/01/1990	01/01/1985
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE	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 (Y/N)	NO	NO	NO	NO
MANIFOLDED TO COMPARTMENT ID NUMBER				

O STATUS OF UNDERGROUND STORAGE TANKS				
CURRENT STATUS	IN USE	IN USE	IN USE	IN USE
(mm/dd/yyyy) STATUS DATE				

P SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS				
PETROLEUM	GSL - Gasoline	GSL - Gasoline	DSL - Diesel	DSL - Diesel
MAXIMUM ETHANOL %	10	10		
MAXIMUM BIOFUEL %				
(specify) OTHER				
HAZARDOUS SUBSTANCE				
CHEMICAL ABSTRACT SERVICE NUMBER				
MIXTURE OF SUBSTANCES				
PRODUCT IS COMPATIBLE WITH TANK (Y/N)	YES	YES	YES	YES

Q UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES				
MANUFACTURER				
MODEL				
MATERIAL OF CONSTRUCTION	Steel	Steel	Steel	Steel
SECONDARY CONTAINMENT	Not Applicable	Not Applicable	Not Applicable	Not Applicable

R UNDERGROUND STORAGE TANK CORROSION PROTECTION				
CORROSION PROTECTION TYPE	Sacrificial Anodes (I	Sacrificial Anodes (I	Sacrificial Anodes (I	Sacrificial Anodes (I
(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	04/01/1990	04/01/1990	04/01/1990	01/01/1985
MATERIAL	Steel	Steel	Steel	Steel
SECONDARY CONTAINMENT	Not Applicable	Not Applicable	Not Applicable	Not Applicable
CORROSION PROTECTION TYPE	Galvanic CP	Galvanic CP	Galvanic CP	Galvanic CP
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)	YES	YES	YES	YES
PRODUCT DELIVERY METHOD	Pressurized	Pressurized	Pressurized	Pressurized

FACILITY ID # 4524		FACILITY NAME Lyons Food Mart			
IDEM UST REGISTRATION NUMBER		1	2	3	4
COMPARTMENT IDENTIFICATION NUMBER					
T	UNDERGROUND STORAGE TANK RELEASE DETECTION				
PRIMARY UST RELEASE DETECTION	ATG 0.2gph monthl	ATG 0.2gph monthl	ATG 0.2gph monthl	ATG 0.2gph monthl	
MANUFACTURER					
MODEL					
SECONDARY UST RELEASE DETECTION					
MANUFACTURER					
MODEL					
U	UNDERGROUND PIPING RELEASE DETECTION				
PRIMARY PIPING RELEASE DETECTION	Annual Line Tightne	Annual Line Tightne	Annual Line Tightne	Annual Line Tightne	
MANUFACTURER					
MODEL					
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)	ALLD w/Annual Tes	ELLD w/Annual Tes	ELLD w/Annual Tes	ELLD w/Annual Tes	
MANUFACTURER					
MODEL					
TERTIARY PIPING RELEASE DETECTION					
MANUFACTURER					
MODEL					
V	SPILL AND OVERFILL PREVENTION EQUIPMENT				
CATCHMENT BASIN / SPILL BUCKET	Standard Spill Buck	Standard Spill Buck	Standard Spill Buck	Standard Spill Buck	
(mm/dd/yyyy) DATE INSTALLED					
MANUFACTURER					
MODEL					
FILL LATITUDE	38.989094	38.989094	38.989094	38.989094	
FILL LONGITUDE	-87.083376	-87.083376	-87.083376	-87.083376	
PRIMARY OVERFILL PREVENTION EQUIPMENT	Flow Restrictor / Ba	Flow Restrictor / Ba	Flow Restrictor / Ba	Flow Restrictor / Ba	
(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	NO	NO	NO	NO	
MANUFACTURER					
(mm/dd/yyyy) DATE INSTALLED					
SUBMERSIBLE TURBINE SUMP PRESENT	NO	NO	NO	NO	
MANUFACTURER					
(mm/dd/yyyy) DATE INSTALLED					

FACILITY ID # 4524	FACILITY NAME Lyons Food Mart
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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 #		FACILITY NAME	
4524		Lyons Food Mart	
IDEM UST REGISTRATION NUMBER			
COMPARTMENT IDENTIFICATION NUMBER			
T	UNDERGROUND STORAGE TANK RELEASE DETECTION		
PRIMARY UST RELEASE DETECTION			
MANUFACTURER			
MODEL			
SECONDARY UST RELEASE DETECTION			
MANUFACTURER			
MODEL			
U	UNDERGROUND PIPING RELEASE DETECTION		
PRIMARY PIPING RELEASE DETECTION			
MANUFACTURER			
MODEL			
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)			
MANUFACTURER			
MODEL			
TERTIARY PIPING RELEASE DETECTION			
MANUFACTURER			
MODEL			
V	SPILL AND OVERFILL PREVENTION EQUIPMENT		
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 # 4524	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
	Mr. Sachinkumar		Patel
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank)	
President		Ambushakti Inc	
SIGNATURE			DATE (MM/DD/YYYY)
<i>S. Patel</i>			02/02/2024

UST OPERATOR CERTIFICATION

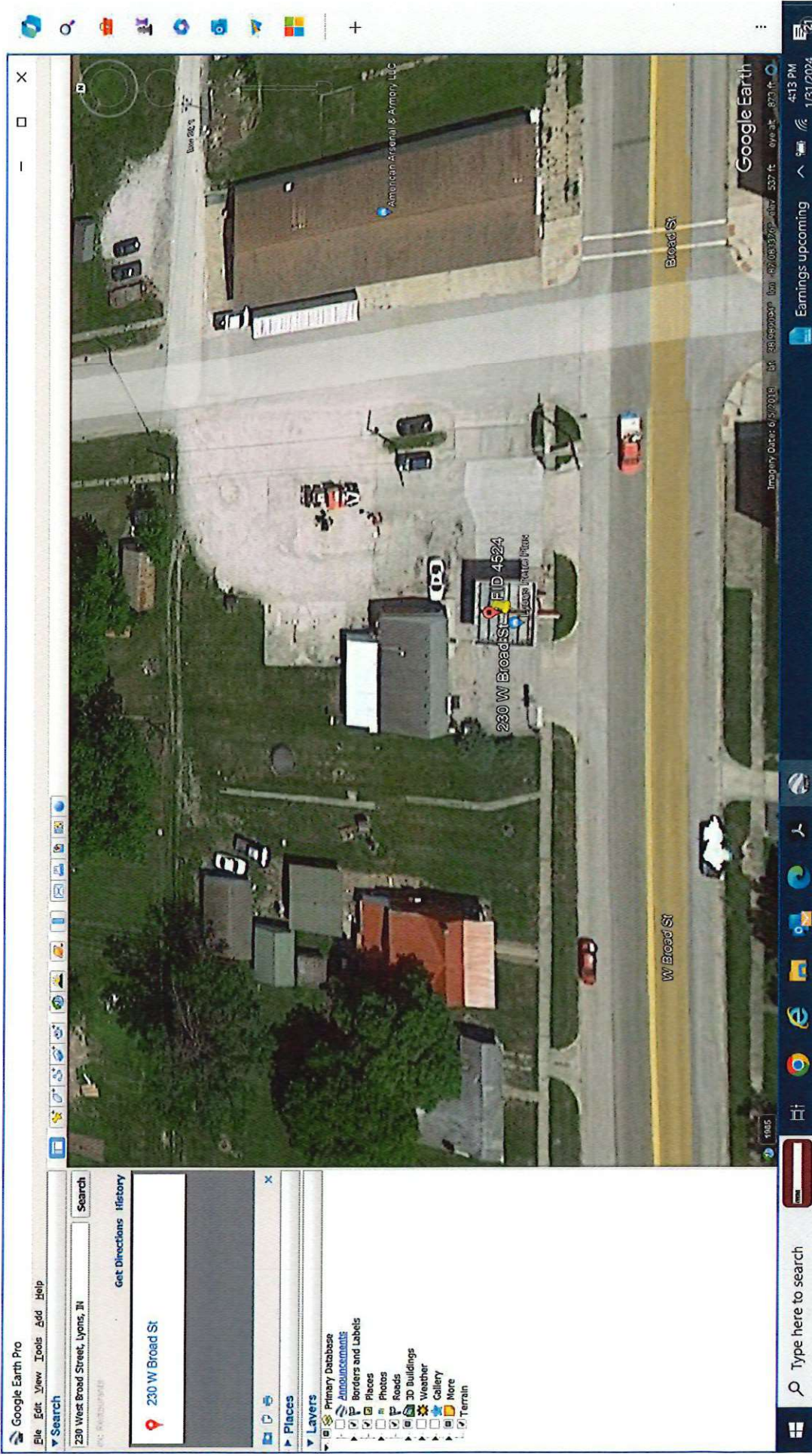
I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-23-14-2, that the statements and representations in this document are true, accurate, and complete. I further certify compliance with the following requirements in accordance 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
	Mr. Sachinkumar		Patel
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank)	
President		Ambushakti Inc	
SIGNATURE			DATE (MM/DD/YYYY)
<i>S. Patel</i>			02/02/24

CONTRACTOR CERTIFICATION

CERTIFIED INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	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 complies with methods specified in 329 IAC 9 and 40 CFR 280, Subpart C.			
SIGNATURE		EMAIL ADDRESS	DATE (MM/DD/YYYY)



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**
Address: **Lyons, IN, 47443, USA**

Jurisdiction of **Indiana** Business Entity
Formation: 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**

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[Assumed Name History](#)

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S STATE RD 67 452, Service Station

Ambashakti, Inc

General Information

Parcel Number
28-14-04-021-058.000-021
28-14-04-021-058.000-021
Parent Parcel Number
0210016500

Ownership

Ambashakti, Inc
140 Kimber Ln
EVANSVILLE, IN 47715

Legal
021-00165-00 ORIG, PT 41 (71 X 52)
ORIG LOT 42 Contract Sale
11/2
4/04

Transfer Of Ownership

Date Owner Doc ID Code Book/Page Sale Price
05/01/2017 Ambashakti, Inc 2017/1603 \$120,000
06/06/2011 Hasler Oil Company I 40/727 \$225,000
11/24/2004 Hasler, Orville D I \$225,000
01/01/1900 HASLER, ORVILLE D & \$00

Notes

Property Class 452
Service Station

COMMERCIAL

Valuation Records (work in progress values are not certified values and are subject to change)

Assessment Year	2022	2021	2020	2019
Reason For Change	AA	AA	AA	AA
As Of Date	06/30/2023	07/05/2022	06/30/2021	07/01/2020
Valuation Method	Indiana Cost Mod	Indiana Cost Mod	Indiana Cost Mod	Indiana Cost Mod
Equalization Factor	Indiana Cost Mod	Indiana Cost Mod	Indiana Cost Mod	Indiana Cost Mod
Notice Required				
Land	\$5,800	\$5,800	\$5,800	\$5,800
Land Res(1)	\$00	\$00	\$00	\$00
Land Non Res(2)	\$00	\$00	\$00	\$00
Land Non Res(3)	\$5,800	\$5,800	\$5,800	\$5,800
Improvement	\$44,700	\$46,100	\$42,800	\$42,800
Imp Res(1)	\$00	\$00	\$00	\$00
Imp Non Res(2)	\$00	\$00	\$00	\$00
Imp Non Res(3)	\$44,700	\$46,100	\$42,800	\$42,800
Total	\$50,500	\$51,900	\$48,600	\$48,600
Total Res(1)	\$00	\$00	\$00	\$00
Total Non Res(2)	\$00	\$00	\$00	\$00
Total Non Res(3)	\$50,500	\$51,900	\$48,600	\$48,600

Land Data

Land Type	Soil	Act Front	Size	Act Rate	Ext Value	Value
Fci		71	71x52	\$34	\$2,414	\$2,410
Fci		52	52x165	\$65	\$3,380	\$3,380

Calculated Acreage
0.28

Developer Discount
Parcel Acreage
0.28

Land Computations
Calculated Acreage
0.28

Submitted

404

Submitted

Characteristics

Topography Level
Public Utilities All
Streets or Roads Paved, Alley

Printed Wednesday, January 31, 2024

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 Updated
Attachments: 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

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Direct: (317) 565-1618

Email: mhall@iwmconsult.com