



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: **10735**

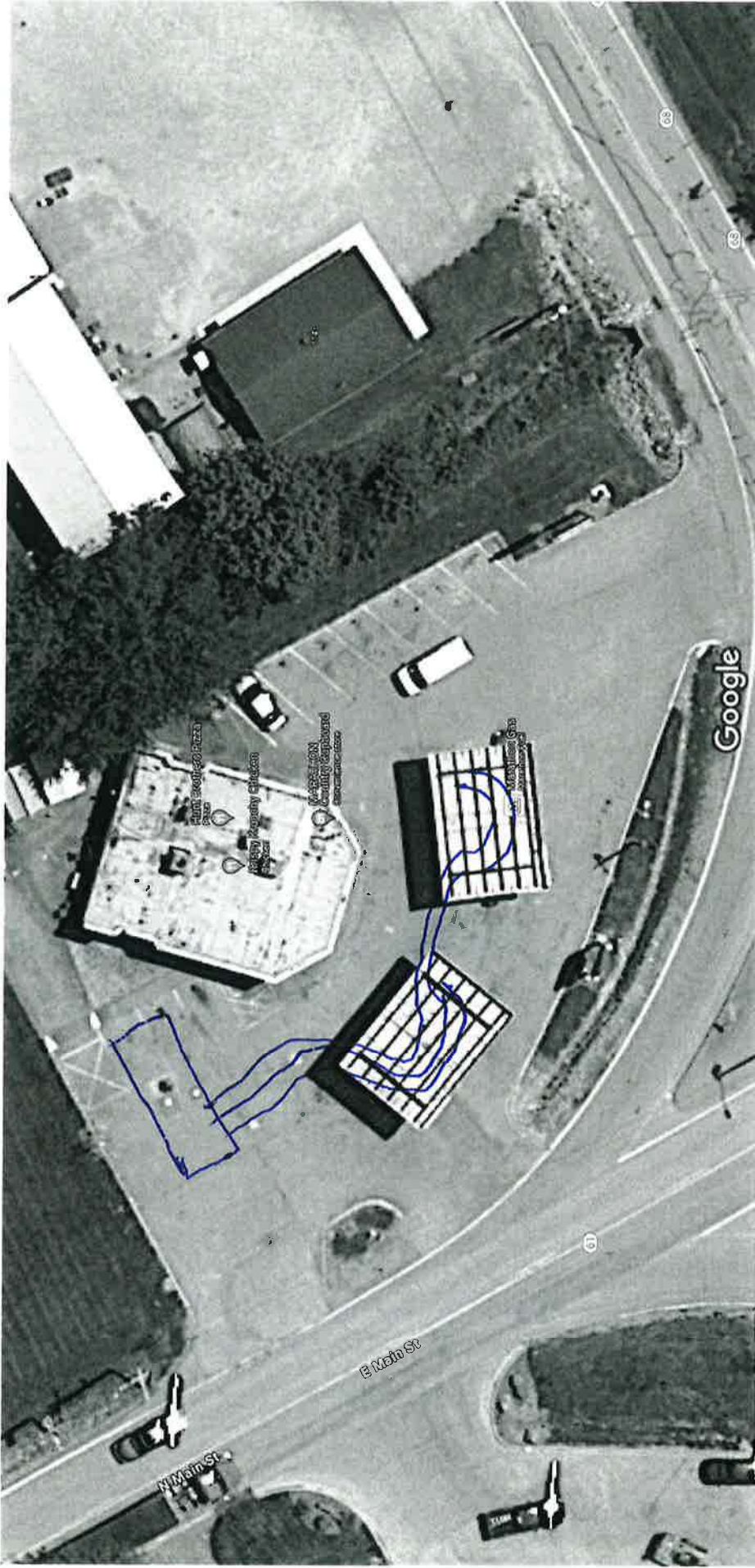
The information requested is required by 329 IAC 9. This form should only be used for facilities previously registered with the IDEM Underground Storage Tank program.

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 type="checkbox"/>	UST System Modification	<input type="checkbox"/>	UST Operator Change	<input type="checkbox"/>	Financial Responsibility Change					
<input checked="" type="checkbox"/>	New UST System(s)									
B FACILITY NAME / LOCATION										
FACILITY NAME Jaydev Incorporated				LATITUDE (37.710101 to 41.866773) 38.196862			LONGITUDE (-88.165351 to -84.671035) -87.296575			
FACILITY ADDRESS (number and street) 100 West Highway 68					PARCEL NUMBER 87-05-03-306-055.000-010					
CITY Lynnville			STATE IN	ZIP CODE 47619		COUNTY Warrick		TELEPHONE NUMBER (812) 205-1139		
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 Ms	FIRST NAME Mandy			MI L	LAST NAME Hall			SUFFIX		
ADDRESS 7428 Rockville Road				CITY Indianapolis			STATE IN	ZIP CODE 46214		
TELEPHONE NUMBER (317) 347-1111			JOB TITLE Project Manager		EMAIL ADDRESS mhall@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) Maa Krupa LLC						BUSINESS ID (From the Secretary of State) 201802201241837				
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) 100 West SR 61 & 68						ADDRESS (line 2)				
CITY Lynnville			STATE IN	ZIP CODE 47619		EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 04/25/2018				
TELEPHONE NUMBER (812) 205-1139			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		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 100 West SR 61 & 68						ADDRESS (line 2)				
CITY Lynnville			STATE IN	ZIP CODE 47619		JOB TITLE President				
TELEPHONE NUMBER (812) 205-1139			EMAIL ADDRESS Garyplyn2010@yahoo.com							

FACILITY ID # 10735		FACILITY NAME Jaydev Incorporated			
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 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). 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"/> 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) Jaydev, Inc.				BUSINESS ID (From the Secretary of State) 201804231254411	
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) 100 West Highway 68				ADDRESS (line 2)	
CITY Lynnville		STATE IN	ZIP CODE 47619	DATE BEGAN OPERATING (MM/DD/YYYY) 04/25/2018	
TELEPHONE NUMBER (812) 205-1139		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
Mr	Rinaben	S	Patel		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 100 West Highway 68				ADDRESS (line 2)	
CITY Lynnville		STATE IN	ZIP CODE 47619	JOB TITLE President	
TELEPHONE NUMBER (812) 205-1139		EMAIL ADDRESS Garyplyn2010@yahoo.com			
H FACILITY CONTACT					
CONTACT INDIVIDUAL NAME					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
Ms	Rinaben	S	Patel		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 100 West Highway 68				ADDRESS (line 2)	
CITY Lynnville		STATE IN	ZIP CODE 47619	JOB TITLE President	
TELEPHONE NUMBER (812) 205-1139		EMAIL ADDRESS Garyplyn2010@yahoo.com			

FACILITY ID # 10735		FACILITY NAME Jaydev Incorporated			
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 checked="" type="checkbox"/> Private		<input type="checkbox"/> Other:	
Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State) Maa Krupa LLC				BUSINESS ID (From the Secretary of State) 201802201241837	
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) 100 West SR 61 & 68				ADDRESS (line 2)	
CITY Lynnville		STATE IN	ZIP CODE 47619	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 04/25/2018	
TELEPHONE NUMBER (812) 205-1139		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
Mr	Rinaben	S	Patel		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 100 West SR 61 & 68				ADDRESS (line 2)	
CITY Lynnville		STATE IN	ZIP CODE 47619	JOB TITLE President	
TELEPHONE NUMBER (812) 205-1139		EMAIL ADDRESS Garyplyn2010@yahoo.com			
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		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 # 10735		FACILITY NAME Jaydev Incorporated	
K CONTRACTOR			
<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 checked="" 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> Hinderliter Construction, Inc.		BUSINESS ID <i>(From the Secretary of State)</i> 1990010993	
CONTACT INFORMATION FOR CONTRACTOR THAT PERFORMED OR MANAGED WORK ON SITE			
PREFIX Mr	FIRST NAME Mark	MI	LAST NAME Katowitz
SUFFIX			
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS <i>(Number and Street, no P.O. Box)</i> 3601 N St. Joseph Avenue		ADDRESS <i>(line 2)</i>	
CITY Evansville	STATE IN	ZIP CODE 47720	IDHS CERTIFICATION NUMBER UC2003842018
TELEPHONE NUMBER (812) 425-4137	EMAIL ADDRESS Mark.k@hinderliterconstruction.com		
L POTENTIALLY INTERESTED PARTIES			
INTERESTED PARTY NAME Mandy Hall, IWM Consulting Group LLC		E-MAIL ADDRESS mhall@iwmconsult.com	
INTERESTED PARTY NAME Troy Smith, IWM Consulting Group LLC		E-MAIL ADDRESS tsmith@iwmconsult.com	
INTERESTED PARTY NAME		E-MAIL ADDRESS	
M FACILITY SITE MAP			
<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>			



FACILITY ID #		FACILITY NAME		
10735		Jaydev Incorporated		
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	
PART OF A COMPARTMENTED UST (Y/N)	YES	YES	YES	
NUMBER OF COMPARTMENTS IN UST	3	3	3	
COMPARTMENT IDENTIFICATION NUMBER	1	2	3	
(mm/dd/yyyy) DATE INSTALLED	04/18/2024	04/18/2024	04/18/2024	
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE	05/16/2024	05/16/2024	05/16/2024	
(gallons) ESTIMATED TOTAL CAPACITY	11,000	4,500	4,500	
MANIFOLDED (Y/N)	NO	NO	NO	
MANIFOLDED TO COMPARTMENT ID NUMBER				
O	STATUS OF UNDERGROUND STORAGE TANKS			
CURRENT STATUS	IN USE	IN USE	IN USE	
(mm/dd/yyyy) STATUS DATE	06/11/2024	06/11/2024	06/11/2024	
P	SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS			
PETROLEUM	GSL - Gasoline	GSL - Gasoline	DSL - Diesel	
MAXIMUM ETHANOL %	10	10		
MAXIMUM BIOFUEL %				
(specify) OTHER	Unleaded	Premium		
HAZARDOUS SUBSTANCE				
CHEMICAL ABSTRACT SERVICE NUMBER				
MIXTURE OF SUBSTANCES				
PRODUCT IS COMPATIBLE WITH TANK (Y/N)	YES	YES	YES	
Q	UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES			
MANUFACTURER	Modern Welding			
MODEL	Glassteel II			
MATERIAL OF CONSTRUCTION	FRP Jacketed Stee			
SECONDARY CONTAINMENT	Double-walled			
R	UNDERGROUND STORAGE TANK CORROSION PROTECTION			
CORROSION PROTECTION TYPE	Not Applicable	Not Applicable	Not Applicable	
(mm/dd/yyyy) ANODE INSTALLATION DATE				
INTERIOR LINING				
(mm/dd/yyyy) LINER INSTALLATION DATE				
(specify) OTHER				
S	PIPING CONSTRUCTION AND PROTECTION			
MANUFACTURER	Opw	Opw	Opw	
MODEL	FlexWorks	FlexWorks	FlexWorks	
(mm/dd/yyyy) DATE INSTALLED	04/29/2024	04/29/2024	04/29/2024	
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 # 10735		FACILITY NAME Jaydev Incorporated		
IDEM UST REGISTRATION NUMBER		1	2	3
COMPARTMENT IDENTIFICATION NUMBER		1	2	3
T	UNDERGROUND STORAGE TANK RELEASE DETECTION			
PRIMARY UST RELEASE DETECTION	ATG Interstitial Mon	ATG Interstitial Mon	ATG Interstitial Mon	
MANUFACTURER	Veeder Root	Veeder Root	Veeder Root	
MODEL	TLS-350	TLS-350	TLS-350	
SECONDARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				
U	UNDERGROUND PIPING RELEASE DETECTION			
PRIMARY PIPING RELEASE DETECTION	Interstitial Monitorin	Interstitial Monitorin	Interstitial Monitorin	
MANUFACTURER	Veeder Root	Veeder Root	Veeder Root	
MODEL	TLS-350	TLS 350	TLS 350	
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)	Annual Line Tightne	Annual Line Tightne	Annual Line Tightne	
MANUFACTURER				
MODEL				
TERTIARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				
V	SPILL AND OVERFILL PREVENTION EQUIPMENT			
CATCHMENT BASIN / SPILL BUCKET	Doublewall Spill Bu	Doublewall Spill Bu	Doublewall Spill Bu	
(mm/dd/yyyy) DATE INSTALLED	04/24/2024	04/24/2024	04/24/2024	
MANUFACTURER	Emco Wheaton	Emco Wheaton	Emco Wheaton	
MODEL	A-1004EVR-316S	A-1004EVR-316S	A-1004EVR-316S	
FILL LATITUDE	87.296708	87.296791	87.296657	
FILL LONGITUDE	38.196986	38.196962	38.197017	
PRIMARY OVERFILL PREVENTION EQUIPMENT	Auto Shutoff / Flapp	Auto Shutoff / Flapp	Auto Shutoff / Flapp	
(mm/dd/yyyy) DATE INSTALLED	05/13/2024	05/13/2024	05/13/2024	
MANUFACTURER	Emco Wheaton	Emco Wheaton	Emco Wheaton	
MODEL	A-1100EVR	A-1100EVR	A-1100EVR	
% ULLAGE SET POINT	95	95	95	
SECONDARY OVERFILL PREVENTION EQUIPMENT	N/A	N/A	N/A	
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
% ULLAGE SET POINT				
UNDER DISPENSER CONTAINMENT PRESENT	YES - Testable	YES - Testable	YES - Testable	
MANUFACTURER	Petroleum Contain	Petroleum Contain	Petroleum Contain	
(mm/dd/yyyy) DATE INSTALLED	04/26/2024	04/26/2024	04/26/2024	
SUBMERSIBLE TURBINE SUMP PRESENT	YES - Testable	YES - Testable	YES - Testable	
MANUFACTURER	Petroleum Contain	Petroleum Contain	Petroleum Contain	
(mm/dd/yyyy) DATE INSTALLED	04/23/2024	04/23/2024	04/23/2024	

FACILITY ID # 10735	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 Mr	FIRST NAME Rinaben	MI S	LAST NAME Patel
TITLE OF AUTHORIZED REPRESENTATIVE President		COMPANY NAME (If Individual Leave Blank) Maa Krupa LLC	
SIGNATURE <i>Rinaben S. Patel</i>			DATE (MM/DD/YYYY) 06/18/24

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 Mr	FIRST NAME Rinaben	MI S	LAST NAME Patel
TITLE OF AUTHORIZED REPRESENTATIVE President		COMPANY NAME (If Individual Leave Blank) Jaydev, Inc.	
SIGNATURE <i>Rinaben S. Patel</i>			DATE (MM/DD/YYYY) 06/18/24

CONTRACTOR CERTIFICATION

CERTIFIED INDIVIDUAL NAME			
PREFIX Mr	FIRST NAME Mark	MI	LAST NAME Katowitz
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 <i>Mark Katowitz</i>		EMAIL ADDRESS Mark.k@hinderliterconstruction.com	DATE (MM/DD/YYYY) 06/11/2024

BUSINESS INFORMATION
DIEGO MORALES
INDIANA SECRETARY OF STATE
05/21/2024 08:48 AM

Business Details

Business Name: **MAA KRUPA LLC** Business ID: **201802201241837**
Entity Type: **Domestic Limited Liability Company** Business Status: **Active**
Creation Date: **02/20/2018** Inactive Date:
Principal Office Address: **100 W STATE RD 61 & 68, Lynnville, IN,
47619, USA** Expiration Date: **Perpetual**
Jurisdiction of Formation: **Indiana** Business Entity Report Due
Date: **02/28/2026**
Years Due:

Governing Person Information

Title	Name	Address
President	Rinaben S Patel	2177 State Rd 68, Lynnville, IN, 47619, USA

Registered Agent Information

Type: **Individual**
Name: **VYOMESH JOSHI**
Address: **100 W State Rd 61&68, Lynnville, IN, 47619, USA**

BUSINESS INFORMATION
DIEGO MORALES
INDIANA SECRETARY OF STATE
05/21/2024 08:54 AM

Business Details

Business Name: **JAYDEV INC** Business ID: **201804231254411**
Entity Type: **Domestic For-Profit Corporation** Business Status: **Active**
Creation Date: **04/23/2018** Inactive Date:
Principal Office Address: **100 WEST HWY 68, Lynnville, IN, 47619, USA** Expiration Date: **Perpetual**
Jurisdiction of Formation: **Indiana** Business Entity Report Due Date: **04/30/2026**
Years Due:

Governing Person Information

Title	Name	Address
President	Rinaben S Patel	2177 W State Rd 68, Lynnville, IN, 47619, USA

Incorporators Information

Name	Title	Address
Rinaben S Patel	Incorporator	2177 W State Rd 68, Lynnville, IN, 47619, USA

Registered Agent Information

Type: **Individual**
Name: **VYOMESH JOSHI**
Address: **100 WEST HWY 68, Lynnville, IN, 47619, USA**

Kreegar, Cynthia

From: Mandy Hall <mhall@iwmconsult.com>
Sent: Tuesday, June 18, 2024 11:24 AM
To: IDEM USTregistration
Cc: Troy Smith; garyplyn2010@yahoo.com
Subject: UST NF_FID 10735
Attachments: UST NF_FID 10735_6-18-2024.pdf

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

Good Morning UST Registrations,

Please see the attached UST NF with the newly installed tank details. Please let me know if you need anything else.

This site is approved for the 50% Eligibility program.

Thank you!

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