



**EXCESS LIABILITY TRUST FUND**  
**ELIGIBILITY APPLICATION**

State Form 55459 (R5 / 7-23)

TO BE COMPLETED BY IDEM	
Date Submitted (mm/dd/yyyy)	
Incident Number	202301509

**INSTRUCTIONS:** Submit this form when applying for an eligibility determination. There must be a release reporting date and incident number for the release from leaking aboveground/underground storage tank(s). **SUBMITTAL INSTRUCTIONS:** E-mail completed form and any additional information (optional) to the following: [ELTFEligibility@idem.IN.gov](mailto:ELTFEligibility@idem.IN.gov)

**TO BE COMPLETED BY APPLICANT**

**SECTION 1 - APPLICANT INFORMATION**

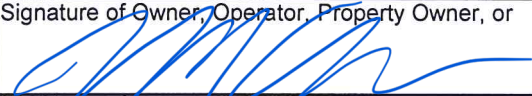
Name of Applicant/Eligible Party Pilot Travel Centers LLC		Mailing Address (Number and Street) 5508 Lonas Drive	
City, State, ZIP Code Knoxville, TN 37909		E-mail Address Joey.Cupp@PilotTravelCenters.com	
Applicant/Eligible Party Contact Joey Cupp		Contact Title Env. Compliance Manager	Contact Telephone Number (with Area Code) (865) 588-7488
Name of Contact Person Concerning Claim Issues Stacey Henry		Contact Company Name Pinnacle EMS	Contact Telephone Number (with Area Code) (754) 220-4908
Contact E-mail Address shenry@pinnacleems.com			

**SECTION 2 - SITE INFORMATION**

Facility Identification Number 16312	Date Incident Reported to IDEM (mm/dd/yyyy) 01/24/2023	Incident Number 202301509
Name of Facility Pilot Travel Center #037	IDEM Project Manager Lauren Welch	County Where Facility is Located Johnson County
Facility Address (Number and Street) 2962 East 500 North		City, State, ZIP Code Whiteland, IN 46184

**SECTION 3 - SIGNATURE OF OWNER/OPERATOR, PROPERTY OWNER, OR ATTORNEY-IN-FACT**

I understand that pursuant to Indiana Code 13-23-9-6, I may be subject to criminal prosecution for submitting false and/or inaccurate information on this application. Please check the box below and submit proper documentation if signing under a Power of Attorney for the eligible party.

Signature of Owner, Operator, Property Owner, or 		<input type="checkbox"/> Attorney-in-Fact	Date Signed (mm/dd/yyyy) 06/18/2024
Mr./Ms. Mr.	Print Name Joey Cupp	Title UST Owner	Company Pilot Travel Centers LLC

## Tennis, Morgan L (IDEM)

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**From:** Stacey L. Henry <shenry@pinnacleems.com>  
**Sent:** Tuesday, June 25, 2024 2:20 PM  
**To:** IDEM ELTF Eligibility  
**Subject:** ELTF 202301509 Eligibility Application  
**Attachments:** ELTF 202301509 Eligibility Application 2024-06-25 #.5.pdf

**Categories:** LUST Eligibility

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Hello,

Please see the attached submittal.

Thanks,



**Stacey Henry**

*Program Manager*

**Pinnacle Environmental Management Support**

📞: 754.220.4908

📍: 1255 S Military Trail, Suite 210, Deerfield Beach, FL 33442

🌐: [www.pinnacleems.com](http://www.pinnacleems.com)



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