

# 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: 40041

	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.									
Α										
	Facility Contact Change	UST Owner C			<u> </u>	7 Owner	/Operator Information	Change		
Ħ	Type of Facility Change	Property Owr		ide	╌┟		/ Name / Location Cha			
岗	UST System Modification		UST Operator Change				ial Responsibility Cha	0		
	New UST System(s)		Ü				,	5		
В										
FACI	LITY NAME	IAGILI	1 1 147-41	LATITUDE (37.71010	01 to 41.8		LONGITUDE (-88.165351 to -8	84.671035)		
	oford Express			41.0		8	-85.1180	00		
14	LITY ADDRESS (number and street) 16 Oxford St.			PARCEL I	NUMBER					
E C	rt Wayne	IN 46806	ı	Allen			(260) 745-5	5111		
С		TYPE OF FA	ACILIT	Y (Check all th	at app	ly)				
	Auto Dealership	Commercial				Airport	Hydrant System			
	Hospital	ズ Gas Station				Industr	rial			
	Petroleum Distributor	Railroad				Reside	ential			
	Trucking or Transport	Utilities				Unmar	nned			
	Marina	School				Other:				
D			PREPA	RED BY						
PREF			М	LAST NAME				SUFFIX		
	Chris	Dunifon	Ios		Izin oons					
5015 Meadow Ln Fort Wayne STATE IN 46809										
TELE	is terphone number (260) 433-6232   JOB TITLE   EMAIL ADDRESS   Chrisdunifon@gmail.com									
Ε	-		UST (	OWNER						
			TYPE O	F OWNER						
	Federal Government	State Gov	/ernmen	t		City / L	ocal Government			
	Commercial					Other:				
Optio	n 1: UST OWNER NAME (Business Name as regist	ered with the Secretary of	State)		BUSINE	SS ID (From	the Secretary of State)			
Ontio	n 2: UST OWNER NAME (If a Public Agency or othe	er entity )								
Opus		Grady /								
_	n 3: UST OWNER NAME (If in Individual Capacity)		_	•						
PREF	FIRST NAME		MI	LAST NAME				SUFFIX		
UST	OWNER ADDRESS (Listed in Options 1-3)									
PRIN	CIPAL OFFICE ADDRESS or PRIMARY RESIDENT	AL ADDRESS (Number a	nd Street, no	P.O. Box)	ADDRE	SS (line 2)				
		T		_						
CITY		STATE	ZIP COD	E	EFFEC	TIVE DATE OF	F OWNERSHIP (MM/DD/YYYY)	)		
TELE	PHONE NUMBER	EMAIL ADDRESS (Option	n 3 Individuai	Capacity)	JOB TIT	LE (Option 3	Individual Capacity)			
		, ,		,			• •			
	TACT FOR BUSINESS / PUBLIC AGENCY (Listed i	n Option 1 or 2)	That	LACTNALS				OUEEN		
PKE	REFIX FIRST NAME MI LAST NAME SUFFIX									
PRIN	CIPAL OFFICE ADDRESS or PRIMARY RESIDENT	TAL ADDRESS (Number a	nd Street, no	P.O. Box)	ADDRE	SS (line 2)				
CITY		STATE	ZIP COD	F	JOB TIT	TE				
0111		SIAIE	2,, 000	_	1000 111					
TELE	PHONE NUMBER	EMAIL ADDRESS								

FAC	1LITY ID # 40041	Oxford Ex	rpress										
F		FIN	IANCIAL	RESP	ONSI	BIL	ΙŢ	ΓΥ (Check	k all th	at apply)			
	Federal or State G							•			ments		
靣	Local Government owner or operator is maintaining financial responsibility for this site												
	The UST owner is maintaining financial responsibility for this site												
	The UST operator is maintaining financial responsibility for this site												
П	I have met the fina												on of the
빝	following mechani		that apply) .	If you	are us	ing t	_						
Ш	Financial Test of S	Self Insurance				Ш	4	Excess Lia					
Guarantee Insurance and Risk Retention Gro									ion Grou	ıp Coverage			
$\sqsubseteq$	Surety Bond					Ш	4	Loan Com					
$\sqsubseteq$	Letter of Credit					Щ	Certificate of Deposit						
H	Trust Fund					Щ	_	Standby Ti					
$\parallel$	Local Governmen		est			Щ	4	Local Gove			al Test		
ш	Local Governmen		g			<u>                                     </u>	4	Local Gove				0.0.44(0) 14	
	If utilizing the ELTF fo	r FR, i acknowledge	e the requirem ability to pro								ursuant to	9-8-11(b) and (	c) and
G													
Ť					PE OF								
	Federal Governme	ent	Sta	ite Gov	ernmen	t				City / Lo	ocal Gov	ernment	
	Commercial		Pri	vate			Other:						
Optio	Option 1: UST OPERATOR NAME (Business Name as registered with the Secretary of State)								BUSINE	SS ID (From th	ne Secretary	of State)	
Ontic	an O. LICT ODEDATOD NAM	IF (If a Dublic Assessment	athar antity										
Орис	on 2: UST OPERATOR NAM	E (II a Public Agency of	outer entity)										
	on 3: UST OPERATOR NAM	E (If in Individual Capac	city)										
PRE	FIX FIRST NAME				MI	LAS	LAST NAME SUFFIX						
UST	OPERATOR ADDRESS (Lis	sted in Options 1-3)											
PRIN	ICIPAL OFFICE ADDRESS	or PRIMARY RESIDEN	TAL ADDRESS (I	Number an	d Street, no	P.O. I	Во	x)	ADDRES	SS (line 2)			
CITY	,			STATE	ZIP CODI	=			DATE BE	EGAN OPERA	TING /MM/F	)D/VVVI	
0111				OTATE	Zii GODi	CODE DATE BEGAN OPERATING (MM/DD/YYYY)				(וווישי			
TELE	EPHONE NUMBER		EMAIL ADDRES	SS (Option	3 Individual	dividual Capacity) JOB TITLE (Option 3 Individual Capacity)				pacity)			
CON PRE	ITACT FOR BUSINESS / PU FIX FIRST NAME	BLIC AGENCY (Listed	in Option 1 or 2)		MI	LAST NAME SUFFIX							
PRIN	ICIPAL OFFICE ADDRESS	or PRIMARY RESIDEN	TAL ADDRESS (I	Number an	d Street, no	P.O. I	Во	ox)	ADDRES	SS (line 2)			
				Io	I								
CITY				STATE	ZIP CODI	=			JOB TIT	LE			
TELE	EPHONE NUMBER		EMAIL ADDRES	SS									
Н			<u> </u>	FAC	CILITY	CC	10	NTACT					
CON	CONTACT INDIVIDUAL NAME												
PREFIX FIRST NAME MI LAST NAME SUFF							SUFFIX						
PRIN	ICIPAL OFFICE ADDRESS	or PRIMARY RESIDEN	TAL ADDRESS (I	Number an	d Street, no	P.O. I	Во	ox)	ADDRES	SS (line 2)			
			,							,			
CITY	,			STATE	ZIP CODI	E			JOB TIT	LE			
	EDUONE NUMBER		IEMAN ADDES										
ELE	ELEPHONE NUMBER EMAIL ADDRESS												

FACI	40041	FACILITY NAMI Oxford		ess									
I			•	DE	EDE	PRO	PERTY OV	VNER					
					7	TYPE (	OF OWNER						
	Federal Govern	nment		St	State Government City / Local Government								
П	Commercial			Pr	ivate			Ī	Ī	Other:			
Optio	Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State)							BUSINE	SS	ID (From the Secretary of State)			
Optio	on 2: PROPERTY OWN	ER NAME (If a Public	Agency or ot	her entity	)								
04:-	O DECENTY OWN	ED NAME (III)	1 -10										
PRE	on 3: PROPERTY OWN FIX FIRST NAME	ER NAME (IT IN INGIVIO	duai Capacity,	)		MI	LAST NAME					SUFFIX	
	PERTY OWNER ADDR			DDECC	/Ni mahawam	od Chronek s	a B.O. Bayl	ADDDE	.00	(line 2)			
PRIN	ICIPAL OFFICE ADDR	=55 of PRIMARY RES	SIDENTAL AL	DUKESS	(Number an	a Street, r	10 Р.О. ВОХ)	ADDRES	:55	(line 2)			
CITY	•				STATE	ZIP COI	DF.	EFFECT	TIV	E DATE OF OWNERSHIP (MM/DD/Y)	<u>~~~</u>		
					017112	Z., 00.	<i>5</i> 2	211201		E BITTE OF OWNERORIII (MINIDE)	,		
TELE	PHONE NUMBER		EMAII	L ADDRE	SS (Option	3 Individu	al Capacity)	JOB TIT	ΓLE	(Option 3 Individual Capacity)			
	TACT FOR BUSINESS	/ PUBLIC AGENCY (L	Listed in Option	on 1 or 2)									
PREI	FIX FIRST NAME					MI	LAST NAME					SUFFIX	
DDIN	ICIDAL OFFICE ADDD	ESS as DRIMARY DES	DIDENTAL AF	DDECC	/Ni mahawa	d Ctroot a	DO Box	ADDDE		(line 2)			
PKIIN	ICIPAL OFFICE ADDR	=55 01 PRIMARY RES	SIDENTAL AL	DUKESS	(Number an	a Street, r	ю Р.О. Вох)	ADDRES	:00	(line 2)			
CITY	,				STATE	ZIP COI	)F	JOB TIT	TLF				
							_						
TELE	PHONE NUMBER		EMAII	_ ADDRE	SS								
J		ACTI\	/F I AN	D CC	NTRA	CT P	ROPERTY	OWNE	R	(If applicable)			
		AOTT					OF OWNER	OTTIL		(п иррпсиыс)			
П	Federal Govern	 nment		Пst	ate Gov			Г	7	City / Local Government			
片	Commercial	mone			ivate	011111101		—	╡	Other:			
Optic	on 1: PROPERTY OWN	ER NAME (Business I	Name as regis			ecretary of State ) BUS				BUSINESS ID (From the Secretary of State)			
`		,	J			•	,			,			
Optio	on 2: PROPERTY OWN	ER NAME (If a Public	Agency or ot	her entity	)								
	on 3: PROPERTY OWN FIX FIRST NAME	ER NAME (If in Individ	dual Capacity,	)		MI	LAST NAME					CHEEN	
FKE	FIX FIRST NAME					IVII	LAST NAME					SUFFIX	
PRO	PERTY OWNER ADDR	RESS (Listed in Option	s 1-3)									<u> </u>	
	ICIPAL OFFICE ADDR			DRESS	(Number an	d Street, r	no P.O. Box)	ADDRES	SS	(line 2)			
CITY	•				STATE	ZIP COI	DE	EFFECT	TIV	E DATE OF OWNERSHIP (MM/DD/Y)	YY)		
ILELE	EPHONE NUMBER	JOB TITLE		EMAIL AI	DDRESS (C	ption 3 In	dividual Capacity)	PROPO	SE	D END DATE (MM/DD/YYYY)			
CON	TACT EOD BUSINESS	/ PUBLIC AGENCY //	isted in Ontic	on 1 or 2)									
PREI	TACT FOR BUSINESS FIX FIRST NAME	/ I OBLIC AGENCY (L	Listed III OPIII	(2 ווע ווע		MI	LAST NAME					SUFFIX	
PRIN	ICIPAL OFFICE ADDR	ESS or PRIMARY RES	SIDENTAL AD	DRESS	(Number an	d Street, r	no P.O. Box)	ADDRES	SS	(line 2)			
L													
CITY	<del>,</del>				STATE	ZIP COI	DE	JOB TIT	TLE				
I ELE	EPHONE NUMBER		EMAII	L ADDRE	SS								

FAC	40041	Oxford Expr	ess									
K	K CONTRACTOR											
Ė	INSTALLATION INSPECTE ENGINEER	ED BY A REGISTERED	REGISTRAT				REGISTRATION DATE (mm/dd/yyyy)					
F		TIDED'S INSTALLATION CHECKLISTS HAVE BEEN COMPLETED AND				INSTALLER CERTIFIED BY TANK AND PIPING MANUFACTURER						
F		DIANA DEPARTMENT OF H	OMELAND SECURIT	Y / DIVISIO	N OF FIRE AND BUILD	ING SAFETY	INSPECTION DATE					
CON	NTRACTOR BUSINESS NAM	IE (Business Name as registe	ered with the Secretar	y of State)		BUSINESS ID (	(mm/dd/yyyy) From the Secretary of State)					
CON	NITACT INFORMATION FOR	CONTRACTOR THAT PERF	OPMED OF MANAC	ED WORK	ON SITE							
	FIRST NAME	CONTRACTOR THAT FERE	ORIVIED OR IVIANAG	MI	LAST NAME			SUFFIX				
DDU	NOIDA OFFICE ADDRESS	- PDIMADY DECIDENTAL	ADDDEOG (Alvertere		Dunifon							
PKII	NCIPAL OFFICE ADDRESS	or PRIMARY RESIDENTAL A	ADDRESS (Number a	ina Street, n	о Р.О. Box)	ADDRESS (line	(2)					
CIT	Y		STATE	ZIP COD	DE	IDHS CERTIFIC	CATION NUMBER					
TEI	EDITONE NUMBER	15.44	ALL ADDRESS									
ILEL	EPHONE NUMBER	EMA	AIL ADDRESS									
ı		F	OTENTIAL	LY IN	TERESTED F	PARTIFS						
INTI	ERESTED PARTY NAME		JILITIAL		ADDRESS	, X 1 1 LO						
INIT	EDECTED DADTY NAME			E MANU	*DDD500							
INII	ERESTED PARTY NAME			E-MAIL A	ADDRESS							
INTI	ERESTED PARTY NAME			E-MAIL A	ADDRESS							
M					SITE MAP							
		etch the facility (tank lict stored. Label str					ds, buildings, etc.). Ir	ісійае тапк				

40041 Oxford Express								
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					
PART OF A COMPARTMENTED UST (Y/N)	YES [	▼	YES	$\blacksquare$				
NUMBER OF COMPARTMENTS IN UST	2		2					
COMPARTMENT IDENTIFICATION NUMBER	1		2					
(mm/dd/yyyy) DATE INSTALLED								
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE								
(gallons) ESTIMATED TOTAL CAPACITY	11,904		6,321					
MANIFOLDED (Y/N)	NO [	<b>T</b>	NO	$\blacksquare$				
MANIFOLDED TO COMPARTMENT ID NUMBER								
0 8	TATUS OF UND	ER	GROUND STO	DRA	GE TANKS			
CURRENT STATUS	IN USE	▼	IN USE	$\blacksquare$				
(mm/dd/yyyy) STATUS DATE			05/03/2023					
P SUBSTANCES CURR	ENTLY OR LAS	T	STORED IN U	NDE	RGROUND STOR	AGE TANKS		
PETROLEUM	GSL - Gasoline	▼	GSL - Gasoline	$\blacksquare$				
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	$\blacksquare$				
Q UNDERGR	OUND STORAG	ìΕ	TANK CONST	RUC	CTION ATTRIBUTE	S		
MANUFACTURER	Xerxes		Xerxes					
MODEL	12000gal 10' dia D	W	6000gas 10' dia	DW				
MATERIAL OF CONSTRUCTION	Fiberglass	▼	Fiberglass	$\blacksquare$				
SECONDARY CONTAINMENT	Double-walled	<b>•</b>	Double-walled	$\blacksquare$				
R UNDERG	ROUND STORA	١G	E TANK CORF	ROS	ION PROTECTION			
CORROSION PROTECTION TYPE	Not Applicable	▼	Not Applicable	▼				
(mm/dd/yyyy) ANODE INSTALLATION DATE								
INTERIOR LINING								
(mm/dd/yyyy) LINER INSTALLATION DATE								
(specify) OTHER								
S	PIPING CONST	Rι	JCTION AND P	PRO	TECTION			
MANUFACTURER	APT		APT					
MODEL	2nd gen		2nd gen					
(mm/dd/yyyy) DATE INSTALLED								
MATERIAL	Flexible Compos	▼	Flexible Compo	s▼				
SECONDARY CONTAINMENT	Double-walled	▼	Double-walled	▼				
CORROSION PROTECTION TYPE	Not Applicable	<b>V</b>	Not Applicable	$\blacksquare$				
(mm/dd/yyyy) ANODE INSTALLATION DATE								
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)		<b>V</b>	YES	▼				
PRODUCT DELIVERY METHOD	Pressurized	▼	Pressurized					

40041 ACILITY ID# FACILITY NAME Oxford Express									
IDEM UST REGISTRATION NUMBER	1	2							
COMPARTMENT IDENTIFICATION NUMBER	1	2							
T UNDE	RGROUND STORA	GE TANK RELEA	SE DETECTION						
PRIMARY UST RELEASE DETECTION	T-								
MANUFACTURE	Incon	Incon							
MODE	- FMP-EIS	FMP-EIS							
SECONDARY UST RELEASE DETECTION	ATG CSLD	ATG CSLD 🔽							
MANUFACTURE	Incon	Incon							
MODE	EVO 550	EVO 550							
U	NDERGROUND PI	PING RELEASE D	ETECTION						
PRIMARY PIPING RELEASE DETECTION	Interstitial Monito	Interstitial Monito							
MANUFACTURE	Incon	Incon							
MODE	- FMP-USL	FMP-ULS							
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING		ALLD w/Annual ᠯ <b>▽</b>							
MANUFACTURE	1								
MODEL	-								
TERTIARY PIPING RELEASE DETECTION	N/A	N/A							
MANUFACTURE	R								
MODEL	-								
V	PILL AND OVERFIL	L PREVENTION E	QUIPMENT						
CATCHMENT BASIN / SPILL BUCKET	Standard Spill Bป <b>ั</b>	Standard Spill Bu <b></b> ■							
(mm/dd/yyyy) DATE INSTALLEI									
MANUFACTURE	Emco Wheaton	Emco Wheaton							
MODEI									
FILL LATITUDE		41.053330							
FILL LONGITUDE	-85.118110	-85.118050							
PRIMARY OVERFILL PREVENTION EQUIPMENT									
(mm/dd/yyyy) DATE INSTALLED									
MANUFACTURE									
MODEI									
% ULLAGE SET POINT									
SECONDARY OVERFILL PREVENTION EQUIPMENT		N/A 🔽							
(mm/dd/yyyy) DATE INSTALLED									
MANUFACTUREF									
MODEL									
% ULLAGE SET POINT		\(\(\begin{array}{cccccccccccccccccccccccccccccccccccc							
UNDER DISPENSER CONTAINMENT PRESENT		YES - Testable							
MANUFACTUREF									
(mm/dd/yyyy) DATE INSTALLED SUBMERSIBLE TURBINE SUMP PRESENT		YES - Testable							
SUBMERSIBLE TURBINE SUMP PRESENT MANUFACTUREF		YES - Testable 🔽							
(mm/dd/yyyy) DATE INSTALLEI									
(IIIIII GG/JYJY) DATE INGTALLEL									

FACI	40041 FACILITY NAME Oxford Ex	press			
	Complete one column for each		. See instructions for c	ompartment identification	on numberina.
N		IFICATION OF UN			
	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				
0	S	TATUS OF UNDER	GROUND STORA	GE TANKS	
	CURRENT STATUS				
	(mm/dd/yyyy) STATUS DATE				
Р	SUBSTANCES CURR	ENTLY OR LAST	STORED IN UNDE	RGROUND STOR	AGE 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	UNDERGR	OUND STORAGE	TANK CONSTRUC	CTION ATTRIBUTE	S
	MANUFACTURER				
	MODEL				
	MATERIAL OF CONSTRUCTION				
	SECONDARY CONTAINMENT				
R	UNDERG	ROUND STORAG	E TANK CORROS	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				
	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			I	

40041 April Ex		press									
		SISTRATION NUMBER									
COMPARTMENT IDENTIFICATION NUMBER											
Т		UNDER	RGROUND STORA	GE TANK RELEA	SE DETECTION						
Ť	PRIMARY UST R	RELEASE DETECTION	TOTAL OTTOTAL								
		MANUFACTURER									
		MODEL									
	SECONDARY UST R	RELEASE DETECTION									
		MANUFACTURER									
		MODEL									
U		U	IDERGROUND PIPING RELEASE DETECTION								
	PRIMARY PIPING R	RELEASE DETECTION									
		MANUFACTURER									
		MODEL									
(I	SECONDARY PIPING R LEAK DETECTOR REQUIRED FO										
		MANUFACTURER									
		MODEL									
	TERTIARY PIPING R	RELEASE DETECTION									
		MANUFACTURER									
		MODEL									
٧	SF		ILL AND OVERFILL PREVENTION EQUIPMENT								
	CATCHMENT BA	ASIN / SPILL BUCKET									
	(mm/dd/yy)	yy) DATE INSTALLED									
		MANUFACTURER									
		MODEL FILL LATITUDE									
		FILL LONGITUDE									
	PRIMARY OVERFILL PREV										
		yy) DATE INSTALLED									
	(	MANUFACTURER									
		MODEL									
	%	% ULLAGE SET POINT									
SE	CONDARY OVERFILL PREV	VENTION EQUIPMENT									
	(mm/dd/yy	yy) DATE INSTALLED									
		MANUFACTURER									
		MODEL									
	% ULLAGE SET POINT										
	UNDER DISPENSER CON	ITAINMENT PRESENT									
		MANUFACTURER									
	(mm/dd/yy	yy) DATE INSTALLED									
	SUBMERSIBLE TURE	BINE SUMP PRESENT									
		MANUFACTURER									
	(mm/dd/yy	yy) DATE INSTALLED									

FACILITY	′ ID #	TRANSACTION ID - FOR S	STATE USE ONLY								
	40041										
	UST OWNER CERTIFICATION										
l swea	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	2, that the statements and representations in this document are true, accurate, and complete. I further certify compliance with the										
followi	following requirements in accordance with 329 IAC 9-2-2(e):										
(1) Inst	(1) Installation of all tanks and piping under 40 CFR 280.20.										
(2) Cat	hodic protection	of steel tanks and p	iping under 40 C	FR 280.2	20.						
(3) Rel	ease detection u	nder 40 CFR 280 Sul	bpart D.								
(4) Fin	ancial responsib	ility under 329 IAC 9	-8.								
		ESENTATIVE (Print or Type)									
PREFIX	FIRST NAME			MI	LAST NAME		SUFFIX				
TITLE OF	AUTHORIZED REPRE	SENTATIVE		COMPANY	NAME (If Individual Leave Blank)						
SIGNATU	JRE					DATE (MM/DD/YYYY)					
			<b>UST OPERA</b>	TOR (	CERTIFICATION						
I swea	r or affirm, under	penalty of perjury a	s specified by IC	35-44.1	-2-1 and other penalties specifi	fied by IC 13-30-10 and	IC 13-23-14-				
2, that	the statements a	and representations	in this document	are true	e, accurate, and complete. I fur	rther certify complianc	e with the				
followi	ing requirements	in accordance with	329 IAC 9-2-2(e):								
(1) Inst	tallation of all tar	nks and piping unde	r 40 CFR 280.20.								
(2) Cat	hodic protection	of steel tanks and p	iping under 40 C	FR 280.2	20.						
(3) Rel	ease detection u	nder 40 CFR 280 Sul	bpart D.								
(4) Fin	ancial responsib	ility under 329 IAC 9	-8.								
OPERAT	OR'S AUTHORIZED RE	PRESENTATIVE (Print or T	уре)								
PREFIX	FIRST NAME			MI	LAST NAME		SUFFIX				
TITLE OF	AUTHORIZED REPRE	SENTATIVE		COMPANY	NAME (If Individual Leave Blank)						
SIGNATU	JRE					DATE (MM/DD/YYYY)					
						, , ,					
			CONTRACT	OR C	ERTIFICATION						
	D INDIVIDUAL NAME						I a				
PREFIX	FIRST NAME			М	LAST NAME		SUFFIX				
	Chris			В	Dunifon						
OATH:	I swear or affirm,	under penalty of perj	ury as specified by	/ IC 35-4	4.1-2-1 and other penalties spec	ified by IC 13-30-10 and	IC 13-23-14-				
		n the UST system co		ds speci	fied in 329 IAC 9 and 40 CFR 280	0, Subpart C.					
SIGNATU		) · /	EMAIL ADDRESS				/DD/YYYY)				
۱ <u>۱</u>	U~ -	11/	Ichrisdunif	on@	gmail.com	103/2	7/2024				

## McCarthy, Keegan

From: Ware, Jordan M

Sent: Friday, June 28, 2024 11:32 AM

**IDEM USTregistration** To: FW: FID # 40041 **Subject: Attachments:** 45223 form.pdf

#### Good morning,

Please see the attached notification form for FID 40041. It was submitted in response to a violation letter. All requested information has been provided.

Please let me know if you have any questions.

#### Thank you,



#### Jordan Ware

Compliance Manager | UST Compliance Section Petroleum Branch | Office of Land Quality Indiana Department of Environmental Management

(317) 232-2045 | jmware@idem.in.gov









From: Chris Dunifon <chrisdunifon@gmail.com>

Sent: Friday, June 28, 2024 8:22 AM

To: IDEM USTCompliance (USTcompliance) < USTCompliance@idem.IN.gov>

**Subject:** FID # 40041

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

Here is the corrected form.

**CBD Service LLC** Chris Dunifon Fort Wayne, IN chrisdunifon@gmail.com 260-433-6232