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: 5495

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

| Facility Contact Change | Owner/Operator Information Change | Facility Name / Location Change | Facility Name / Location Change | Facility Name / Location Change | Owner/Operator Information Chang

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	Type of Facility Change	X	Property Ov	vner Ch	ang	je			Facility	Name /	Location C	hang	е
X	UST System Modification	X	UST Operat	or Char	nge			X	Financi	al Resp	onsibility Cl	nange	9
	New UST System(s)												
В			FACIL	ITY N		IE / LOC							
fo	ility NAME rmer Russiaville Auto	Te	chs			40.4°	710101 10 41 171 50				DE (-88.165351 to .272238		
	ILITY ADDRESS (number and street) 5 W Main St					PAR	34-(-26-1	28-03	39.000-0	021	
Rı	ussiaville	STA	TE ZIP CODE N 46979			How				TELEPHON	NE NUMBER		
С			TYPE OF F	ACILI	TY	(Check a	ll that ap	plg	/)				
	Auto Dealership	\Box	Commercial							Hydrant	System		
	Hospital	X	Gas Station		***				Industri	al			
	Petroleum Distributor		Railroad						Reside	ntial			
	Trucking or Transport		Utilities						Unman	neď			
	Marina		School						Other:				
D				PREF	PAI	RED BY							
PREI	FIX FIRST NAME Anna			M		LAST NAME Millar						S	UFFIX
74	28 Rockville Road			ianap				\$TA	IN	zip c 46	ODE 214		
TELE	(317) 347-1111	B TITLE				EMAIL ADDRES		ar(@iwm	cons	ult.com		
Ε				UST	0	WNER							
				TYPE	OF	OWNER							
	Federal Government		State Go	vernme	ent					ocal Gov	vernment		
	Commercial								Other:				
R	n 1: UST OWNER NAME (Business Name as regi DOP Partnership LLC			f State)			BUSI	VESS	1D (From th 2023		171624	17	
·	n 2: UST OWNER NAME (If a Public Agency or of		ity)										
Optio PREf	n 3: UST OWNER NAME (If in Individual Capacity) IX FIRST NAME)		МІ	T	LAST NAME						sı	JFFIX
UST	OWNER ADDRESS (Listed in Options 1-3)		·····										
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Ri	ıssiaville		STATE			9	EFFE	CTIV			12023	n	
	PHONE NUMBER (765) 513-5021		L ADDRESS (Optio	n 3 Individu	uəl C	apacity)	JOB T	ITLE	(Option 3 In	dividual Caj	oacity)		
CON PREF	FACT FOR BUSINESS / PUBLIC AGENCY (Listed IX	in Opti	on 1 or 2)	IMI		LAST NAME						Ísi	JFFIX
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city Ru	ıssiaville		STATE IN	21P CO 469		9	_{ЈОВ Т}		ber				
TELE	PHONE NUMBER (765) 513-5021	EMAI	L ADDRESS		(ck0927	89@c	ım	ail.co	m			

FACILITY ID#	FACILITY NAME	iovillo	Λ	to To		_	,				
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Federal Govern	 ment	□ State		ernmen		t	MION		City / Local Governr	nent	
Commercial	71011	☑ Privat			`	_	•	- li	Other:		
Option 1: UST OPERATOR N	IAME (Business Name as regis	1 i i i i i i i i i		of State)	—	_	E	BUSIN	NESS ID (From the Secretary of Sta	te)	
Roop Partne	rship LLC							_	2023081417	<u> 16247</u>	
Option 2: UST OPERATOR N	IAME (If a Public Agency or oth	ier entity)	********			_	:				
Onton 2: UST OPERATOR N	IAME (If in Individual Capacity)			<u></u>			I	High			
PREFIX FIRST NAME	PURE (II III II III III III II III III III			MI	LAS	ŧΤ	NAME				SUFFIX
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	SS or PRIMARY RESIDENTAL	ADDRESS (Nun	nber an	d Street, no	5 P.O. I	Во)X) A	ADDRI	RESS (line 2)		
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ाप Russiaville			TATE IN	ZIP CODE 4697			D	DATE	BEGAN OPERATING (MM/DD/YY 12/21/20		
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CONTACT FOR BUSINESS /	PUBLIC AGENCY (Listed in O	ption 1 or 2)									Terredy
refix first Name Ms. Charnpr	reet			AM	Ka		NAME LIF				SUFFIX
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CITY			TATE	ZIP CODE				JOB TI			
Russiaville	Ico	MAIL ADDRESS	<u>IN</u>	4697	<u>/y</u>	_	[]'	Me	ember		
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REFIX FIRST NAME	-			MI			NAME				SUFFIX
Mr. Rick	SS or PRIMARY RESIDENTAL	ADDDESS (Nua	- haran	2 Street or			igh	*DDB1	ESS (line 2)		<u> </u>
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Russiaville			IN	4697	79_		<u> </u>	Me	ember		
(765) 51	3-5021	IAIL ADDRESS			ric	cŀ	ksingh05	;@g	gmail.com		

PROPERTY OWNER ADDRESS (Listed in Options 1-3) PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) 215 W Main St CITY Russiaville IN 46979 TELEPHONE NUMBER (765) 513-5021 CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2) PREFIX FIRST NAME Ms. Charnpreet PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) 215 W Main St CITY PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) STATE ZIP CODE JOB TITLE ADDRESS (line 2) IN LAST NAME Kaur PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) 215 W Main St	
TYPE OF OWNER Federal Government	
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215 W Main St	
CITY STATE ZIP CODE JOB TITLE	
Russiaville IN 46979 Member	
TELEPHONE NUMBER EMAIL ADDRESS	
(765) 513-5021 ck092789@gmail.com	***.**
J ACTIVE LAND CONTRACT PROPERTY OWNER (if applicable)	
TYPE OF OWNER State Government City / Local Government	
Federal Government State Government City / Local Government Commercial Private 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)	
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Option 3: PROPERTY OWNER NAME (If in Individual Capacity) PREFIX FIRST NAME MI LAST NAME	UFFIX
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TELEPHONE NUMBER EMAIL ADDRESS	

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	5495	pormer R	ussiaville /	tuto le	ecns			
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	LUDEO	INDIANA DEDARTMENT	T OF HOMELAND SECU	DULA 1 DIVISIO			INSPECTION DATE	
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		OR CONTRACTOR THA	PERFORMED OR MAN	IAGED WORK	ON SITE			
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Man	dy Hall			1	all@iwmc	onsult.co	om	
INTEREST	TED PARTY NAME			E-MAIL	ADDRESS			
Troy	Smith			tsm	ith@iwmo	consult.c	om	
NTEREST	TED PARTY NAME			E-MAIL	ADDRESS			

PACI	5495 former Ru	ussiaville Au	ıto T	Гесhs					
	Complete one column for ea	ich tank or compar	tment	. See inst	ructions fo	or c	ompartment identi	ficati	on numbering.
N		TIFICATION O							
	IDEM UST REGISTRATION NUMBER	R 1			2		3		
	PART OF A COMPARTMENTED UST (Y/N	ηNO	Y	NO		₹	NO	¥	
	NUMBER OF COMPARTMENTS IN US	т			******				
	COMPARTMENT IDENTIFICATION NUMBER	R						-	
	(mm/dd/yyyy) DATE INSTALLES	p 06/01/1983	3	06/0	1/1983		06/01/1983		
,	(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE	e 06/01/1983	3	06/0	1/1983		06/01/1983		
	(gallons) ESTIMATED TOTAL CAPACITY	6,000 f		5	,000		6,000		
	MANIFOLDED (Y/N	YES	T	YES		▼	NO	₩	
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0		TATUS OF UN							
		S TEMP CLOSED				_		₹	
	(mm/dd/yyyy) STATUS DATE			06/13/20			06/13/2024		
Р	SUBSTANCES CURF	RENTLY OR L	AST	STORE	אט או כ	DE	RGROUND ST	OR	AGE TANKS
	PETROLEUM	MGSL - Gasoline	· 🔽	GSL - G	asoline	¥	DSL - Diesel	₹	
	MAXIMUM ETHANOL 9	h							
	MAXIMUM BIOFUEL 9	fs.							
	(specify) OTHER	3							
	HAZARDOUS SUBSTANCE	Ē.							
	CHEMICAL ABSTRACT SERVICE NUMBER	3							
	MIXTURE OF SUBSTANCES	3							
	PRODUCT IS COMPATIBLE WITH TANK (Y/N)			YES		_	YES	Y	
Q	UNDERGF	ROUND STORA	AGE	TANK C	ONSTR	UC	TION ATTRIB	UTE	3 8
	MANUFACTURES	3							
	MODEL	L							
	MATERIAL OF CONSTRUCTION	Steel	¥	Steel		¥	Steel	▼	
	SECONDARY CONTAINMENT				<u> </u>				
R	UNDERG	GROUND STOP	RAG	ETANK	CORRC	SI	ON PROTECT	ION	
	CORROSION PROTECTION TYPE	Impressed Curr	e▼	Impresse	d Curre	₹	Impressed Curre	₹	
	(mm/dd/yyyy) ANODE INSTALLATION DATE	±							
	INTERIOR LINING	,							
	(mm/dd/yyyy) LINER INSTALLATION DATE	<u> </u>							
	(specify) OTHER								
S		PIPING CONS	TRU	ICTION	AND PR	₹ 01	FECTION		
_	MANUFACTURER								
	MODEL								
	(mm/dd/yyyy) DATE INSTALLED	0010111000			1/1983		06/01/1983		
	MATERIAL	Rigid Fiberglass	3 🔻	Rigid Fib	erglass [Rigid Fiberglass	▼	
	SECONDARY CONTAINMENT	j							
	CORROSION PROTECTION TYPE	i					m.		
	(mm/dd/yyyy) ANODE INSTALLATION DATE								
	PRODUCT IS COMPATIBLE WITH PIPING (Y/N)			YES		 }	YES		
	PRODUCT DELIVERY METHOD	Pressurized	V	Pressuriz	zed [Y	Pressurized	¥	

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	IDEM UST REGISTRATION N	JMBER	1	2	3	
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	CATCHMENT BASIN / SPILL BI				Standard Spill Bu	
	(mm/dd/yyyy) DATE INST				- Books	
	MANUFACT	TURER				***************************************
	N.	MODEL				
	FILL LAT	ITUDE	40.417150	40.417150	40.417150	
	FILL LONG	ITUDE	-86.272238	-86.272238	-86.272238	
	PRIMARY OVERFILL PREVENTION EQUIP	MENT	Flow Restrictor / 🔽	Flow Restrictor / 💌	Flow Restrictor / 💌	
	(mm/dd/yyyy) DATE INST/	ALLED				
	MANUFACT	TURER				
	h	MODEL				
	% ULLAGE SET	POINT				
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	MANUFACT	URER				
	N	IODEL				
	% ULLAGE SET	POINT				
	UNDER DISPENSER CONTAINMENT PRE	ESENT	YES - Not Testable	YES - Not Testable	YES - Not Testable	
	MANUFACT	URER				
	(mm/dd/yyyy) DATE INSTA	ALLED				
	SUBMERSIBLE TURBINE SUMP PRE	SENT				
	MANUFACT	URER				
	(mm/dd/yyyy) DATE INSTA	\LLED	:			

FACILITY ID #	TRANSACTION ID - FOR STATE USE ONLY				
5495					
	UST OWN	ER CE	RTIFICATION		1, 1, 1, 1, 1
I swear or affirm, under	penalty of perjury as specified by IC	35-44.1	-2-1 and other penalties specified by	y IC 13-30-10 and IC	(3-23-14-
			e, accurate, and complete. I further	certify compliance w	ith the
	In accordance with 329 IAC 9-2-2(e)				
	ks and piping under 40 GFR 280.20.		**		
	of steel tanks and piping under 40 C oder 40 CFR 280 Subpart D.	FK 280.	20.		
(4) Financial responsible					
OWNER'S AUTHORIZED REPRE					
PREFIX FIRST NAME		W.	LAST NAME	·········	SUFFIX
Charnpre	et		Kaur		
TITLE OF AUTHORIZED REPRES	SENTATIVE	1	Y NAVE (If Individual Leave Blank)		
Member \	h }a	Roo	p Partnership LLC		
SIGNATURE	A.			DATE (MANDONYYYY)	
1/000	and (-				
	UST OPERA	TOR	CERTIFICATION		
swear or affirm, under			-2-1 and other penalties specified by	/ IC 13-30-10 and IC 1	3-23-14-
2, that the statements a	nd representations in this document	are true	, accurate, and complete. I further	certify compliance w	ith the
	in accordance with 329 IAC 9-2-2(e):	;			
1, ,	ks and piping under 40 CFR 280.20.				
	of steel tanks and piping under 40 C	FR 280.	20.		
(3) Release detection un	der 40 CFR 280 Subpart D.				
OPERATOR'S AUTHORIZED REP					
PREFIX FIRST NAME		制	LAST HALLE		SUFFIX
Charnpree	et .		Kaur		
TITLE OF AUTHORIZED REPRES			NAME (Il Individual Leave Blank)		
Member		Roor	Partnership LLC		
SIGNATURE	south		•	DATE (MIMODYYYY)	
	CONTRACT	OR C	ERTIFICATION		
CERTIFIED INDIVIDUAL NAME PREFIX FIRST NAME		M)	LAST NAME		ISUFFIX
THE PART OF THE PA					
OATH: I swear or altirm. u	nder penalty of perjury as specified by	/ IC 35-4-	1.1-2-1 and other penalties specified b	y IC 13-30-10 and IC 1	3-23-14-
2, that work performed on	the UST system complies with metho	ds speci	led in 329 IAC 9 and 40 CFR 280, Subj	part C.	
SIGNATURE	EMAIL ADDRESS			DATE (MIMODA	mm
	<u> </u>			······································	

34 08 96 438 638 666 634					ě		,	(
04-00-20-120-033:000-021	roop rannersing LLC	IIIP LLC		ZIO W Wain St	151		45	455, Commercial Garage	rcial G	arage		Russiaville Area Commerci	ierci 1//2
General Information	МO	Ownership				The	msfero	of Ownership	9			Notes	
Parcel Number	Roop Partnership LLC	LLC		Date	Owner			oc ID Cod	e Book	Doc ID Code Book/Page Adi Sale Price	ale Price V/I	1/6/2021 21RS: UPD LAND TYPE FROM COMM TO	ROM COMM TO
34-08-26-128-039.000-021	1009 Laurelwood			40/04/0000		() () () () () () () ()	•		2	e de la constante de la consta		RES.	
Forsi Darcel Number	Carmel, IN 46032			12/21/2023	Koop ra	Koop Partnership LLC		V-L WID	_	,	\$500,000 V	4010010040 4100. 1400100 01 00 0	0,000
			_	05/31/2011	GDM Par	GDM Partnership LLC		ΩM	<u>ر</u>	1	_	12/20/2016 1/15: MOVEU BLUG & PART CONC PAVE TO 34-08-26-128-004 000-021	PAKI CONC
			_	04/15/2003	McFauls,	McFauls, Darin & Sch		ΩM	_	-			
Tax ID:				44/00/4000	, GHANG	XO YO GU I GIAYHO							
	12024 00 00 00 00 00 00 00 00 00 00 00 00 00	Hegel		11/20/1999		בא פארו		מינ				5/26/2012 125/P: COMBINED PARC 128-001.000-021 &	ELS 34-08-26-
Routing Number	מי אספולאודים רס	28 50 0 44 W		0061/10/10	CHAND	CHANDLER KAYMON		O.N.	_	/		34-08-26-128-002.000-021 & 34-08-3	26-128-003,000-
08-26-100-021												021 TO BE 34-08-26-128-039.000-021	
Property Class 455								•					
Commercial Garage								Commercial	<u>~</u>				
					Valuatio	uation Records							
Year: 2024		Assessment Year	t Year	2		2023		2022		2021	2020		
Logation Information		Reason For Change	Change		AA	44		0.0		00	9 4		
County		Ac Of Date	Similar	0.79740	5 6	2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(ξ :		{	{		
Howard		As Or Dale				04/10/2023	Ď.		04/		04/07/2020		
•		Valuation Method		Indiana Cost Mod		Indiana Cost Mod	Indiana	Indiana Cost Mod	Indiana Cost Mod		Indiana Cost Mod		
Township		Equalization Factor	Factor	7.7	1.0000	1,0000		1,0000		1.0000	1,0000		
HONEY CREEK TOWNSHIP		Notice Required	iired	J	_								
District 021 (Local 021)		-]	1 5]					
RUSSIAVILLE TOWN		l and Rec (1)	-	r r	3 <i>9</i>	000,000		009'654	Á	\$55,600	434,500 000		
		Land Non F	() ()		2 6	9 6		9 6))	2 6		
School Corp 3490		Land Non Res (2)	(5) (5) (6) (6)	535	2 5	\$35 600		437 800	è	\$0 835 600	0.04 K94		
WESTERN		Improvement	2) 22	6434 800	2 2	244E 700		955,000 644E 700	Ó	953,000	934,000		
Neighborhood 600401-021		Imp Res (1)	: _	2	3 €		7	007,51	-	9 G	000,001&		
Russiaville Area Commercial		Imp Non Re	\$ (Z)) S	8 6		8 8		S S	S 65		
tela)acitoes		Imp Non Res (3)	(S)	\$131,	300	\$115,700	•	\$115,700	\$1(14.700	\$100,000		
26 26		Total		\$167,400	400	\$151,300	97	\$151,300	\$1,	\$140,300	\$134,500		
		Total Res (1)	: 		£0	\$ 0		\$0		\$0	\$0	Land Computatio	Su
Location Address (1)		Total Non Res (2)	es (2)	•	₽	80		S	,	80	0\$	Calculated Acreage	0.33
Z15 VV Main St		lotal Non F	WHITE STATES	\$157,400		\$151		\$151,300		\$140,300	\$134,500	Actual Frontage	110
Kussiaviile, IN 469/9		Land Data (Sta	-3	ard Depth: Res 1	s 132° Cl	1132 Base	ġ	Res 0' X 0', Cl	1 66' X 132"	;2')		Developer Discount	
	Land Pricing Soil	+04						Mostrot] {
Zoning .	Metho	ű.	Size Factor	tor Rate		Rate Value	i %	Factor C	Cap 1 C	Cap 2 Cap 3	Value	Farcel Acreage	0.33
												81 Legal Drain NV	0.00
Subdivision	<u>5</u>	110 11	110×132 1.	1.00 \$540	\$540	10 \$59,400	40%	1.0000	0.00	0.00 100.00	\$35,640	82 Public Roads NV	0.00
												83 UT Towers NV	0.00
												9 Homesite	0.00
Lot												91/92 Acres	
												7.0401 A 2401 A	5 6
Market Model												Total Acres Farmand	0.33
600401-C												Farmland Value	0\$
												Measured Acreage	0.00
Tonography Elocol Lorses												Avg Farmland Value/Acre	0.0
												Value of Farmland	\$0
. 11420142												Classified Total	\$0
Fublic Officies ERA												Farm / Classifed Value	80
												Homesite(s) Value	\$0
Streets or Roads TIF												91/92 Value	80
Paved, Sidewalk												Supp. Page Land Value	
Neighborhood Life Cycle Stage												CAP 1 Value	\$0
												CAP 2 Value	08
4												CAP 3 Value	\$35.600
Review Group 2020	Data Source Es	Estimated	Collector	tor 08/25/2020		RM	•	Appraiser				Total Value	\$35,600
								•				lotai vaius	900,000

34-08-26-128-039.000-021 General Coll Building	D-021 Roop General Information ng Pre. Use	Roop Partnership LLC mation Use Commercial Gara	rtnership LLC Commercial Garage	age	215	215 W Main St	n St		455, (455, Commercial Garage	l Garage	Pricing Key	R _L	Russiaville Area (Floop/Use Compuration GCI	Area C চ্যান্ত্র্যাত্য	Russiaville Area Commerci or/Use Computations	2/2
Description C/I Building C 01			istant					100.				Use	COMGAR	AR			
Height	Pre. Finish	Semi-Finished	ished									Use Area	6400 sqft	sqft			
Type N/A	# of Units	0		-								Area Not in Use		o sqft			
SB	8	Ţ	n									Use %	100.0%	%0			
Wall Type		1: 1(360')	ە)	40,	'n							Eff Perimeter	(1)	360'			
Heating		6400 sqft						1s Mil	2 MAS			PAR		ဖ			
A/C				***************************************				<u>.</u>				# of Units / AC	0	N/0			
Sprinkler											***************************************	Avg Unit sz[dpth	_				
		Recifine				Ę						Floor		_			
# 41 #	TF Built Up	Z	Metal]]]		₽					30,	Wall Height		. 4			
0		JL_	JL.	te								Base Rate	\$64.89	83			
0	4 Other]	j									Frame Adj	80	\$0.00			
inks		Gel (Adiristments	Sign									Wall Height Adj		\$0.00			
	Č	Prof Ext Sheat	reat Tris	Insulatio				Ş	(B)	0		Dock Floor	\$	\$0.00			
0][JL	Int liner				40	}			Roof Deck	80	\$0.00			
0	· 10	JL][Sand Prof.								Adj Base Rate		\$64.89			
J.E.		J			PFTR	PETRO PLUS 24	4		•			BPA Factor	*	1.00			
Description		Area		Value))						Sub Total (rate)		\$64.89			
			•						.09			Interior Finish	\$0	\$0.00			
												Partitions	80	\$0.00			
							•			•		Heating	\$0	\$0.00			
								_		m		A/C	\$0	\$0.00			
							2					Sprinkler	\$	\$0.00			
ial Features		Other Plumbing					Buil	Building Computations	Suojjeji			Lighting	\$0	\$0.00			
_	ue Description	Ë	>	Value Su	Sub-Total (all floors)	floors)	\$4	\$415,296 Gara	Garages		\$0	Unit Finish/SR	\$0	\$0.00			
Mezz 650sqft \$8,125	25			쭚	Racquetball/Squash	hash		\$0 Fire	Fireplaces		\$0	GCK Adj.	\$0	\$0.00			
				£	Theater Balcony	ج		\$0 Sub	Sub-Total (building)	(B)	\$431,421	S.F. Price	\$64	\$64.89			
				ď	Plumbing			\$8,000 Qua	Quality (Grade)		₩	Sub-Total					
				ŏ	Other Piumbing	C 3		\$0 Loca	Location Multiplier		0.87	Unit Cost	\$0	\$0.00			
				ςς	Special Features	es		\$8,125 Rep	Repl, Cost New		\$375,336	Elevated Floor	S	\$0.00			
				Δ	Exterior Features			\$0				Total (Use)	\$415,296	967			
	Conet	Your	#2	27	20.		Unimeny o	Summary of Improvements	Sjual								
Description Story	Type		4	Age nd	Rate 1		Adj Rate	Size	R C N		Remain. Abn Value Obs	ဦ	Mrkt	Cap 1 Ca	Cap 2 Cap 3		Improv Value
1: C/I Building C 01	1 Metal		1969	55 A				6,400 sqft	\$375,336	\$0%	\$75,070 0	0% 100% 1.000	1.510	0.00	0.00 100.00	10 \$113,400	,400
2: Paving C 01	1 Concrete		1965				\$3.31	7,320 sqft	\$24,200			0% 100% 1.000		0.00	0.00 100.00		\$7,300
3: Service Station, DetCPY		C 1995	1995	29 A	\$29.41	0.87 \$25	\$25,59	1,152 sqft	\$29,476	75%	\$7,370 0	0% 100% 1.000	1,510	0.00	0.00 100.00		\$11,100

\$131,800

BUSINESS INFORMATION DIEGO MORALES INDIANA SECRETARY OF STATE 06/13/2024 12:48 PM

Business Details

Business Name: ROOP PARTNERSHIP LLC

Business ID: 202308141716247

Entity Type: Domestic Limited Liability Company

Business Status: Active

Expiration Date: Perpetual

Creation Date: 08/14/2023

Inactive Date:

215 V

Jurisdiction of Formation: Indiana

215 W MAIN ST, Russiaville, IN, 46979,

Principal Office Address: LISA

Business Entity Report Due Date:

Date: 08/31/2025

Years Due:

Governing Person Information

Title Name

Address

Member

CHARNPREET KAUR

100 LAURELWOOD, Carmel, IN, 46032, USA

Member

AMANPREET KAUR

4503 EVERGREEN TRAIL, Carmel, IN, 46074, USA

Member

LAKHWINDER SINGH

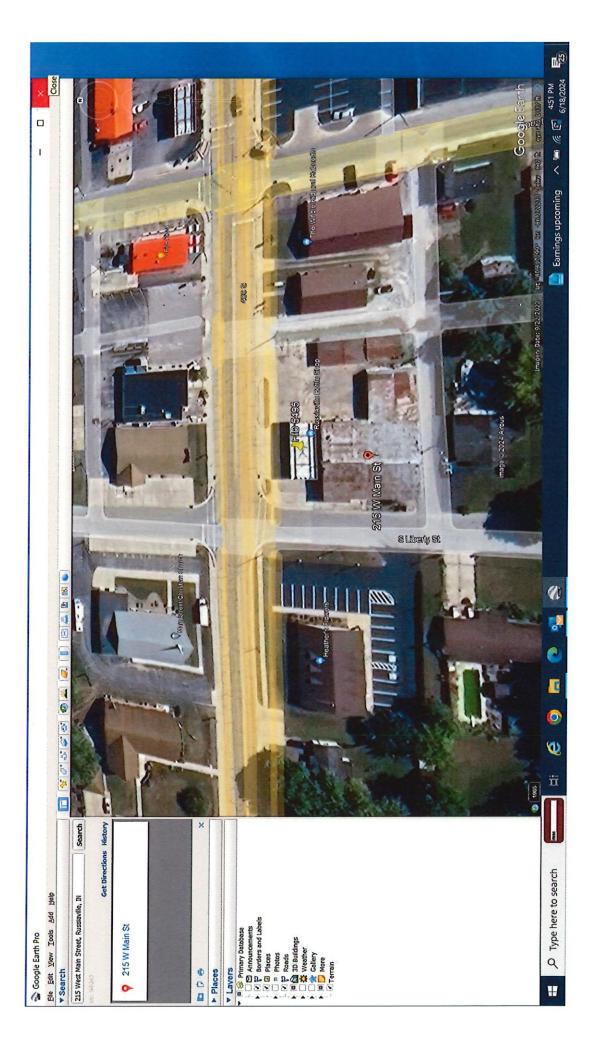
836 BOSTON DR, Kokomo, IN, 46902, USA

Registered Agent Information

Type: Individual

Name: CHARNPREET KAUR

Address: 1009 LAURELWOOD, Carmel, IN, 46032, USA



Subject:

RE: NF-FID 5495

From: Troy Smith

Sent: Tuesday, June 18, 2024 5:07 PM

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

<USTregistration@idem.IN.gov>

Cc: Mandy Hall <mhall@iwmconsult.com>; ricksingh05@gmail.com

Subject: NF-FID 5495

To Whom it May Concern,

Please see the attached Notification Form for FID 5495. We are showing a new owner that is officially putting the tanks into Temporary Closure. We also submitted the Application for 50% Eligibility to replace the plus 40 year old tanks. Lastly, noticed the site has 2 addresses 165 & 215 W Main Street. Please let us know which address you would like for us to use and we can resubmit the other application if needed.

If you should have any questions please ask,

Thanks,

Troy A Smith
President

IWM Consulting Group
7428 Rockville Road
Indianapolis, IN 46214

www.iwmconsult.com
317-347-1111 Office
317-402-6838 Mobile
317-968-9326 Direct