



KING
OIL, INC.

P.O. BOX 371 WALTON, INDIANA 46994

TELEPHONE (574) 626-2514

January 26, 2006

Mr. John Mendel
100 N. Senate Ave.
Room 1101
PO Box 6015
Indianapolis IN 46206

Dear Mr. Mendel:

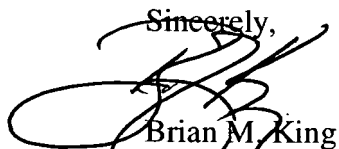
In regards to our phone conversation on the matter of tank closure/ownership at the location of 300 W. Walnut in Kokomo, IN, I am afraid that I do not have much help for you at this time.

King Oil supplied a Mr. Roger Ryan during the early 90's who was leasing the station from either a Mr. Olin Bolinger (I believe to be deceased now) or his son, Michael Bolinger. King Oil then did lease the station in the late 90's from Michael Bolinger. That lease ended I believe late '98 or early '99. I do believe that Mr. Bolinger owned the tanks.

After our lease had expired, we have had no responsibility nor taken any actions at that site. My father remembers seeing the tanks removed sometime in the year 2000, but can not recall who was removing the tanks. As I mentioned in our phone conversation, there is now a professional building on that site.

If I come upon any further information, I will forward it to your attention.

Sincerely,



Brian M. King
Vice president

BOLINGER BOLINGER & KUNTZ
ATTORNEYS AT LAW

MICHAEL O. BOLINGER
MARK E. KUNTZ

L. OWEN BOLINGER
(1924 - 1996)

215 NORTH WASHINGTON
KOKOMO, INDIANA 46901
PHONE (765) 457-8151
FAX (765) 457-8300

November 12, 2001
(dictated November 9, 2001)

Indiana Department of Revenue
Underground Storage Tank Division
Indiana Government Center North
100 North Senate Avenue
Indianapolis, IN 46204

Re: Underground Storage Tank Taxes

Dear Sir:

Please find enclosed documents that you have sent to me. I have attempted to fill them out as best I can.

Please be advised the tanks you are attempting to tax were removed in June, 2000. Find enclosed various documents that were filed at the time the tanks were moved. I have also enclosed a copy of the analytical report that came from Certified Tank Services, who removed the tanks.

I do not believe that I owe the tax, as the tanks have been removed.

I have filled out the form as best I can, but since I was never involved in the operation of the business and know very little about the tanks themselves, I have simply filled it out as best I can do.

You recently sent me a similar bill to the one that I received this date. I sent you a check to pay the tax, but also advised your that the tanks had been removed. I think that money should be refunded to me and I do not believe that I owe you any more.

RECEIVED

NOV 15 2001

DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT
OFFICE OF LAND QUALITY

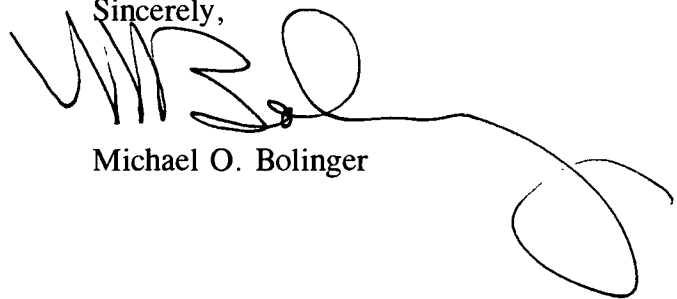
Indiana Department of Revenue
Underground Storage Tank Division
Indianapolis, Indiana
November 12, 2001
page 2

It is my understanding that this matter is presently going to be heard at a tax protest hearing in front of John Miller.

I do not want to be tagged with another penalty. If I am in danger of that, please respond to my letter and tell me that I should pay the tax and, if it is determined that I do not owe it, it will be refunded to me, thereby avoiding any possible penalty levy.

Thank you for your attention.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Bolinger', with a long horizontal line extending to the right and a large loop at the end.

Michael O. Bolinger

MOB:lr

cc: John Miller
Indiana Department of Revenue
Legal Division
VIA Facsimile (317) 233-6489

NOTIFICATION FOR UNDERGROUND STORAGE TANKS

RETURN COMPLETED FORMS TO: Indiana Department of Environmental Management
 Office of Environmental Response, UST Branch
 100 North Senate Avenue
 P.O. Box 7015
 Indianapolis, Indiana 46207-7015
 UST: (317) 308-3064 LUST: (317) 308-3088



Facility ID Number	2 8 1 4 P
Owner ID Number	
Federal ID Number	
EPA ID Number	

A Notification is required by Federal and State laws for all storage tanks that are operational or have been used to store regulated substances since January 1, 1974. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act (RCRA) and Indiana Code 329 IAC 9, as amended. Specific detailed instructions for the completion of this form may be found in the Underground Storage Tank Branch Guidance Manual (Rev. 11/95), on page 4 of this form or by contacting the UST Branch at the above address.

TYPE OF NOTIFICATION

THIS NOTIFICATION FORM PROVIDES INFORMATION FOR (CHECK ALL THAT APPLY):

<input type="radio"/> A NEW FACILITY	<input type="radio"/> A CHANGE OF OWNERSHIP	<input type="radio"/> A TEMPORARY CLOSURE
<input type="radio"/> A NEW OWNER	<input type="radio"/> A SYSTEM UPGRADE	<input type="radio"/> A REQUEST FOR CLOSURE
<input type="radio"/> A NEW TANK	<input type="radio"/> AN ADDRESS CHANGE	<input checked="" type="radio"/> A PERMANENT CLOSURE WITH CLOSURE REPORT
<input type="radio"/> A NEW OPERATOR	<input type="radio"/> OTHER _____	

OWNER OF TANKS	OPERATOR OF FACILITY
OWNER NAME MICHAEL OR L. OWEN BOLINGER	OPERATOR NAME (IF SAME AS OWNER, MARK BOX HERE [])
MAILING ADDRESS 215 N. WASHINGTON	MAILING ADDRESS
CITY KOKOMO STATE IN	CITY
ZIP CODE 46901 TELEPHONE () - () - ()	ZIP CODE TELEPHONE () - () - ()

TANK/FACILITY LOCATION	TYPE OF FACILITY/OWNER
FACILITY NAME (IF SAME AS OWNER, MARK BOX HERE [])	TYPE OF OWNER (Please Check One) <input checked="" type="radio"/> PRIVATE/BUSINESS <input type="radio"/> STATE GOVERNMENT <input type="radio"/> LOCAL GOVERNMENT <input type="radio"/> FEDERAL GOVERNMENT GSA FACILITY (ID# _____) <input type="radio"/> OTHER _____
MAILING ADDRESS (IF SAME AS OWNER, MARK BOX HERE []) 300 W. WALNUT	
LOCATION OF TANKS	TYPE OF OPERATION (Please Check One) <input checked="" type="radio"/> MOTOR VEHICLE FUEL DISPENSING STATION <input type="radio"/> COMMERCIAL <input type="radio"/> RESIDENTIAL <input type="radio"/> INDUSTRIAL <input type="radio"/> AGRICULTURE <input type="radio"/> OTHER _____
CITY KOKOMO, IND	
ZIP CODE 46901 COUNTY NOWARD	EFFECTIVE DATE OF OWNERSHIP ____/____/____

D CONSULTANT/CONTRACTOR COMPLIANCE CERTIFICATION

OATH: I certify that the information concerning installation, upgrade, or closure provided in this notification is true and correct to the best of my knowledge.

NAME OF CONTRACTOR/CONSULTANT SEE ATTACHED	NAME OF COMPANY
SIGNATURE OF CONTRACTOR (IN INK - NO PHOTOCOPIES WILL BE ACCEPTED)	CERTIFICATION NUMBER —
	DATE 1 / 1

CONTACT AT TANK LOCATION

NAME OF CONTACT PERSON AT TANK LOCATION MICHAEL O. BOLINGER	NUMBER OF TANKS AT THIS LOCATION
JOB TITLE OWNER TELEPHONE NUMBER (765) 457-8151	NUMBER OF PAGES ATTACHED TO THIS NOTIFICATION

OWNER CERTIFICATION

OATH: I certify that under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

NAME AND TITLE OF OWNER OR AUTHORIZED REPRESENTATIVE [Signature]	DATE 1 / 1
SIGNATURE OF OWNER (IN INK - NO PHOTOCOPIES WILL BE ACCEPTED)	

RECEIVED

NOV 15 2001

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF LAND QUALITY

FACILITY NAME _____ FACILITY ID. _____ PAGE _____ OF _____

DESCRIPTION OF UNDERGROUND STORAGE TANK SYSTEM

E		COMPLETE A COLUMN FOR EACH TANK. ATTACH ADDITIONAL SHEETS WHEN NUMBER OF TANKS EXCEEDS SIX.					
GENERAL	SEQUENTIAL TANK NUMBER	1	2	3	4		
	OWNER-SPECIFIED TANK NUMBER						
	DATE INSTALLED	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
	CAPACITY (GALLONS)	_____	_____	_____	_____	_____	_____
TANK STATUS	COMPLETE ONLY ONE OF 1, 2 OR 3.	1. CURRENTLY IN USE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		DATE BROUGHT INTO USE	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
		2. TEMPORARILY OUT OF USE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	DATE LAST USED	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	
	1, 2 OR 3 MUST BE COMPLETED IF SECTIONS 4 OR 5 ARE SELECTED.	3. PERMANENTLY OUT OF USE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		DATE REMOVED FROM GROUND	6/2000	6/2000	6/2000	6/2000	__/__/__
DATE FILLED IN-PLACE		__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	
G	SUBSTANCE CURRENTLY OR LAST STORED (COMPLETE ONLY ONE OF 1, 2 OR 3)	4. REQUESTING CLOSURE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		TO BE REMOVED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		TO BE FILLED IN-PLACE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G	SUBSTANCE CURRENTLY OR LAST STORED (COMPLETE ONLY ONE OF 1, 2 OR 3)	5. CHANGE-IN-SERVICE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		REGULATED TO UNREGULATED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		UNREGULATED TO REGULATED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H	TANK CONSTRUCTION	1. PETROLEUM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		DIESEL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		KEROSENE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		GASOLINE	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
		USED OIL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H	TANK CONSTRUCTION	OTHER (specify)	_____	_____	_____	_____	_____
		2. HAZARDOUS SUBSTANCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		CERCLA SUBSTANCE or Chemical Abstract Service Number	_____	_____	_____	_____	_____
H	TANK CONSTRUCTION	MIXTURE OF SUBSTANCES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		3. UNKNOWN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		INTERNAL PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I	TYPE	STEEL	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
		CONCRETE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		FIBERGLASS/PLASTIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		UNKNOWN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		OTHER (specify)	_____	_____	_____	_____	_____
I	TYPE	INTERNAL PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		INTERIOR LINING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		NONE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I	TYPE	EXTERNAL PROTECTION	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
		CATHODIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		PAINTED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		FIBERGLASS/PLASTIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		NONE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I	TYPE	UNKNOWN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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		OTHER (specify)	_____	_____	_____	_____	_____
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I	METHOD	INTERNAL PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		EXTERNAL PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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I	METHOD	INTERNAL PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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I	METHOD	INTERNAL PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		EXTERNAL PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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		EXTERNAL PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		OTHER (specify)	_____	_____	_____	_____	_____
I	METHOD	INTERNAL PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		EXTERNAL PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		OTHER (specify)	_____	_____	_____	_____	_____
I	METHOD	INTERNAL PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		EXTERNAL PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		OTHER (specify)	_____	_____	_____	_____	_____
I	METHOD	INTERNAL PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		EXTERNAL PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		OTHER (specify)	_____	_____	_____	_____	_____
I	METHOD	INTERNAL PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		EXTERNAL PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		OTHER (specify)	_____	_____	_____	_____	_____
I	METHOD	INTERNAL PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		EXTERNAL PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		OTHER (specify)	_____	_____	_____	_____	_____
I	METHOD	INTERNAL PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		EXTERNAL PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		OTHER (specify)	_____	_____	_____	_____	_____
I	METHOD	INTERNAL PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		EXTERNAL PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		OTHER (specify)	_____	_____	_____	_____	_____
I	METHOD	INTERNAL PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		EXTERNAL PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		OTHER (specify)	_____	_____	_____	_____	_____
I	METHOD	INTERNAL PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		EXTERNAL PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		OTHER (specify)	_____	_____	_____	_____	_____
I	METHOD	INTERNAL PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		EXTERNAL PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		OTHER (specify)	_____	_____	_____	_____	_____
I	METHOD	INTERNAL PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		EXTERNAL PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		OTHER (specify)	_____	_____	_____	_____	_____
I	METHOD	INTERNAL PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		EXTERNAL PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		OTHER (specify)	_____	_____	_____	_____	_____
I	METHOD	INTERNAL PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		EXTERNAL PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FACILITY NAME _____ FACILITY ID. _____ PAGE _____ OF _____

DESCRIPTION OF UNDERGROUND STORAGE TANK SYSTEMS (CONTINUED)

COMPLETE A COLUMN FOR EACH TANK. ATTACH ADDITIONAL SHEETS WHEN THE NUMBER OF TANKS EXCEEDS SIX.

Sequential Tank Number

RELEASE DETECTION	(Only for use with tanks 2000 gallons or smaller) Manual Tank Gauging (Can only be used for 10 years) Tank Tightness Testing With Daily Inventory Controls (ATG must perform monthly leak test) Automatic Tank Gauging (Site Assessment required for use) Vapor Monitoring (Site Assessment required for use) Ground Water Monitoring Interstitial Monitoring Within a Secondary Barrier Interstitial Monitoring Within Secondary Containment (Required for pressurized piping only) Automatic Line Leak Detectors (Required if tank leak detection does not cover piping) Line Tightness Testing Statistical Inventory Reconciliation (SIR) Another Method (Please specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
		Must be tested at 60 day or 3 year intervals, depending on type of system.	For Coated Steel Tanks with Cathodic Protection - Impressed Current Sacrificial Anodes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			For Coated Steel Piping with Cathodic Protection - Impressed Current Sacrificial Anodes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			Another Method (Please specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			(Required for most tanks) Catchment Basins (Valve attached to fill pipe) Automatic Shutoff Devices (MUST be audible to fuel delivery personnel) Overfill Alarms (Not recommended for use with suction piping) Ball Float Valves Another Method (Please specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				Installer is certified by the tank and piping manufacturer. Contractor is certified by the Office of the State Fire Marshal. Work inspected/certified by a registered professional engineer. Work inspected by the Office of the State Fire Marshal. All work has been completed. Another method of compliance was used (specify below).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CATHODIC	Indicate compliance specific to this installation upgrade, or closure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
SPILL	(Required for most tanks) Catchment Basins (Valve attached to fill pipe) Automatic Shutoff Devices (MUST be audible to fuel delivery personnel) Overfill Alarms (Not recommended for use with suction piping) Ball Float Valves Another Method (Please specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
CONTRACTOR	Indicate compliance specific to this installation upgrade, or closure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

CERTIFICATION OF FINANCIAL RESPONSIBILITY

N I have financial responsibility in accordance with Subtitle I Subpart H (Specify below).

FINANCIAL

<input type="radio"/> Self-Insurance	<input type="radio"/> Letter of Credit
<input type="radio"/> Insurance & Risk Retention Group Coverage	<input type="radio"/> Local Government - Bond Rating Test
<input type="radio"/> Trust Agreement	<input type="radio"/> Local Government - Financial Test
<input type="radio"/> Guarantee	<input type="radio"/> Local Government - Guarantee
<input type="radio"/> Surety Bond	<input type="radio"/> Local Government - Fund.

30 - DAY REQUEST FOR TANK CLOSURE

O To request a tank closure, mark the Request for Closure oval in Type of Notification in Section A, complete sections B, C, D, E, and mark O. REQUESTING CLOSURE in section F. Complete the remaining sections (G-N) and fill in the requested information below.

CLOSURE REQUEST

PROPOSED CONTRACTOR

CONTRACTOR NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____ TELEPHONE _____

CONTACT PERSON _____ CERTIFICATION NUMBER _____

LUST INCIDENT INFORMATION

LUST INCIDENT NUMBER, IF APPLICABLE _____

DATE INCIDENT REPORTED _____

NOTE: Any tank closures must be performed by persons certified by the Indiana State Fire Marshal, the Indiana Department of Environmental Management, the Indiana State Fire Marshal, and IDEM's US 1 Section must be notified 14 days prior to closure. Please report to the Leaking Underground Storage Tank Section at (317) 308-3067 if signs of soil or groundwater contamination are observed.

INDIANA STATE FIRE MARSHAL (317) 232-2222

BOLINGER BOLINGER & KUNTZ
ATTORNEYS AT LAW

MICHAEL O. BOLINGER
MARK E. KUNTZ
L. OWEN BOLINGER, 1924-1996

215 NORTH WASHINGTON
KOKOMO, INDIANA 46901
PHONE (765) 457-8151
FAX (765) 457-8300

November 12, 2001

Mr. Robert L. McGurer
Tax Analyst - Indiana Dept of Revenue
Indiana Government Center N
100 N Senate Avenue
Indianapolis, IN 46204-2253

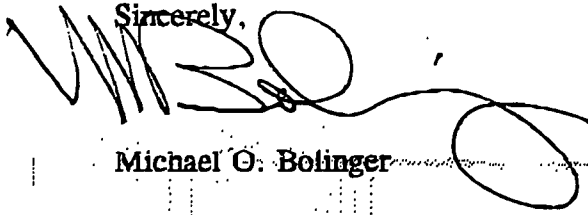
RE: Underground Storage Tanks

Dear Mr. McGurer:

I am in receipt of your letter dated November 8, 2001, in which the amount of money that the Indiana Department of Environmental Management claims is due from me is set forth. Please be advised that I protest the penalties.

It is my understanding that this matter is going to be heard before a hearing officer at some point in time.

Sincerely,



Michael O. Bolinger

MOB/dkp

BOLINGER BOLINGER & KUNTZ
ATTORNEYS AT LAW

MICHAEL O. BOLINGER
MARK E. KUNTZ

215 NORTH WASHINGTON
KOKOMO, INDIANA 46901
PHONE (765) 457-8151
FAX (765) 457-8300

L. OWEN BOLINGER
(1924 - 1996)

November 5, 2001

Mr. Robert L. McGurer
Tax Analyst - Environmental
Indiana Department of Revenue
100 North Senate Avenue
Indianapolis, IN 46204-2253

Mr. John Miller
Department of Revenue
IGCN - Room N-247
100 North Senate Avenue
Indianapolis, IN 46204-2253

VIA Facsimile (317) 233-6489

Mr. John Mendel
Indiana Department of
Environmental Management
Post Office Box 7015
Indianapolis, IN 46207-7015

Re: Underground Storage Tank 2814

Gentlemen:

I have received your letter regarding taxes that are allegedly unpaid on certain underground storage tanks. Please consider this letter to be a written protest as outlined in Mr. McGuere's letter of October 24, 2001.

You need to understand the background of the situation.

First of all, I did not purchase the former filling station property. I was unfortunate enough to have inherited it upon my father's death on October 26, 1996, although I did not get any control over it until late in 1997. Up until that time, my father, L. Owen Bolinger was involved in the leasing of the filling station. I had nothing to do with the operation of the business, the leasing of the property, payment of taxes or anything else.

Indiana Department of Revenue/
Environmental Management
November 5, 2001
page 2

It is my understanding that prior to his death, my father leased the property to Roger Ryan, who was supposed to have paid the storage tank fees.

After the death of my father, the property was leased by William King, who operates King Oil, also known as Maracor. Unknown to me, Mr. King owned one of the four storage tanks. While he leased the property, he advises me that he paid the tax on the fuel tank that he owned. I have never received any bill of any kind from the Department of Revenue or anyone else regarding unpaid taxes on the remaining three tanks. That is, I did not receive any bill until sometime in 2000.

I employed Certified Services Incorporated to remove all of the tanks. The tanks were actually removed in June, 2000. My file indicates that I sent the necessary paperwork that had been filed out by Certified Services to the Department of Environmental Management in July, 2000. While I did not want the tanks removed until August of 2000, they took them out in June. The lease I had with King did not terminate until August, 2000. King had not operated the business since January of 2000. It was my understanding that removing the tanks would terminate my duty to pay any tax regarding the storage tanks.

I do not think the Department of Environmental Management knew that one of the tanks was owned by Mr. King. I will let John Mendel, to whom I'm sending a copy of this letter, consider how this fact affects the billing.

Sometime in early 2001 I received a bill saying that I owed \$360.00 in delinquent tank tax. I sent a letter in response that I did not believe that I owed the money, since the tanks had been removed. I think I was incorrect about that in that the bill I received was for 2000, which would be for 1999 clearly prior to the removal of the tanks. Not realizing this at the time, I sent a letter to the Department of Revenue saying that I did not believe that I owed the money. Some months later I received another bill for the same amount. I responded by sending a copy of the same letter and saying that I did not believe that I owed it. About three weeks ago I received another notice saying that I owed the tax. I sent the check with a letter protesting same to the Department of Environmental Management, having been advised to do so by a lady named Loreoda at Environmental Management. She advised me that she would look into the matter and try to straighten it out. If I did not owe the tax, a refund would be forthcoming. Following this conversation with her, I received the current disputed bills which go all the way back to 1988, when I did not own the property.

I recently received a receipt for registration of the tanks, which I don't think is correct, since the tanks are gone.

Indiana Department of Revenue/
Environmental Management
November 5, 2001
page 3

Frankly, I think that Roger Ryan or my father have paid the taxes that are due and that a record of that has not yet been located. I think that the government should have filed a claim against the estate of my late father for any amounts that were due. The time for filing such a claim is long since expired. I think that I owe some part of tax that was accrued after the date of my father's death and prior to the removal of the tanks in June, 2000.

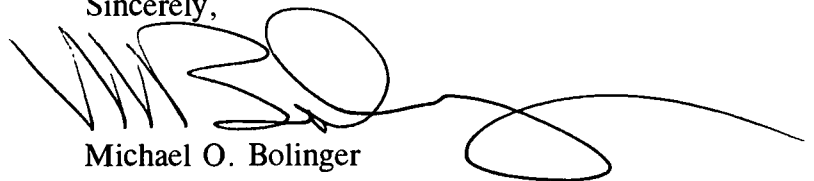
I am willing to pay whatever tax is due. However, I believe the environmental penalties are completely out of line, as I have done nothing to harm the environment and am an innocent victim getting tagged for taxes that may have not been paid when I had nothing to do with it.

Assuming that Mr. Mendel figures out whether or not any of the storage tank taxes were paid by Mr. Ryan and/or my father and makes an adjustment for those taxes paid by Mr. King, I am willing to pay whatever tax remains absent the environmental penalty.

I note that Indiana Code 13-23-14-3 (b)(2) and (4) provides for an escape of the penalty by persons such as myself.

I will be happy to make a trip to Indianapolis to sit down with any of you and try to resolve this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Bolinger', with a long horizontal flourish extending to the right.

Michael O. Bolinger

MOB:lr

BOLINGER BOLINGER & KUNTZ

Attorneys at Law
215 North Washington
Kokomo, Indiana 46901
765-457-8151 - Phone
765-457-8300 - Fax

Facsimile Transmittal

Date:

11-1-01

(317) 234-0428

Attention:

From:

Michael O. Bolinger

Number of Pages (including cover sheet):

11

Comment(s):

This transmission contains PRIVILEGED AND CONFIDENTIAL information which is intended only for the addressee. If you are not an authorized and intended recipient, any copying or further dissemination of this facsimile is strictly prohibited. If you determine that you have received it in error, we ask that you notify us by telephone and mail the material to us at the above address. We will gladly reimburse your expense in complying with this request.

FORM
UST-1

INDIANA UNDERGROUND
STORAGE TANK FEE RETURN

THE DEPARTMENT OF REVENUE WILL NOT PROCESS ANY
APPLICATION WHICH DOES NOT CONTAIN A FEDERAL
IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER, AND A
SIGNATURE OF OWNER OR OFFICER OF THE COMPANY.

FOR OFFICE USE ONLY

**PAYMENT: 1
DUE: DEC 15
2000**

PM DATE
PYMT AMT
2001

Annual Amount Due:	\$360.00	If Late, Enter Penalty:	Environmental Penalty:
Installment Payment Due:	\$360.00	If Late, Enter Interest:	Total Amount Paid:

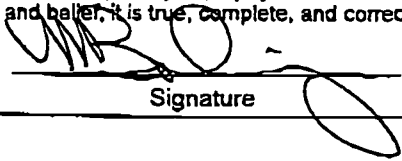
OWNER	Michael O. Bolinger	OWNER'S IDENTIFICATION NUMBER	19179
ADDRESS	215 N Washington	FEDERAL/SSN NUMBER	
CITY/ST/ZIP	Kokomo, IN 46901-	TAXPAYER'S TID NUMBER	
PLEASE CHECK OFF EACH FACILITY AND NUMBER OF TANKS THAT WERE NOT PROPERLY CLOSED OR REMOVED AS OF JULY 1, 2000. THE DEPARTMENT CANNOT PROCESS ANY RETURN IF THE FACILITIES HAVE NOT BEEN CHECKED OFF PROPERLY.		TELEPHONE NUMBER	(765) 457-8151

Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks
2814 P 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ALL TANKS WERE REMOVED BY JUNE 28, 2000.

1-317-234-0428

Under the penalty of perjury, I have examined this return (including any accompanying schedules and statements) and to the best of my knowledge and belief, it is true, complete, and correct.


✓
11/11/00
765-457-8151

 Signature Title Date Daytime Phone Number

MAIL THE COMPLETED RETURN AND PAYMENT TO:

Indiana Department of Revenue
Fuel and Environmental Tax Section
Ameriplex - Logan Building
5150 Decatur Boulevard
Indianapolis, IN 46241-9564

Certified Tank Services, Inc.
8977 W SR 14
Winamac, IN 46996

Invoice

Invoice Number:
00-168

Invoice Date:
Sep 26, 2000

Voice: 219-946-6511
Fax: 219-946-7003

Duplicate

Page:
1

Sold To:
Mike Bolinger
215 N. Washington St.
Kokomo, IN 46901

Customer ID: BOL100

Customer PO	Payment Terms	Due Date	Sales Rep ID
	Net 20 Days	10/16/00	

Quantity	Item	Description	Unit Price	Extension
4.00		Dispose of (4) additional drums of petroleum sludge/ tank debris Drum disposal	315.00	1,260.00

Subtotal	1,260.00
Sales Tax	
Total Invoice Amount	1,260.00
Payment Received	
TOTAL	1,260.00

Check No:

TestAmerica, Inc. Indianapolis Division
6964 Hillsdale Ct., Indianapolis, IN 46250
Phone: (317) 842-4261 FAX: (317) 842-4286

TO: Mr. Edward Jacobs
COMPANY: CERTIFIED TANK SERVICES

FROM: Ken Busch
COMPANY: Indianapolis Division
PHONE: (317)842-4261

SENT ON: Mon Sep 25 17:12:51 2000

NUMBER OF PAGES (INCLUDING COVER): 6

COMMENTS:

PLEASE CALL NUMBER ABOVE IF FAX TRANSMISSION IS INCOMPLETE.

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ANALYTICAL REPORT

Mr. Edward Jacobs
CERTIFIED TANK SERVICES
8977 West State Road 14
Winamac, IN 46996

09/25/2000

Job Number: 00.04861

Page 1 of 5

Enclosed are the Analytical Results for the following samples submitted to TestAmerica, Inc. Indianapolis Division for analysis:

Project Description: KOKOMO MARATHON

Sample Number	Sample Description	Date Taken	Time Taken	Date Received
275192	TANK 1 NORTH END	09/08/2000	08:45	09/14/2000
275193	TANK 1 SOUTH END	09/08/2000	08:45	09/14/2000
275194	TANK 2 NORTH END	09/08/2000	09:05	09/14/2000
275195	TANK 2 SOUTH END	09/08/2000	09:05	09/14/2000
275196	TANK 3 NORTH END	09/08/2000	09:20	09/14/2000
275197	TANK 3 SOUTH END	09/08/2000	09:20	09/14/2000
275198	TANK 4 NORTH END	09/08/2000	09:30	09/14/2000
275199	TANK 4 SOUTH END	09/08/2000	09:30	09/14/2000
275200	NORTH WALL @ - 4'	09/08/2000	10:10	09/14/2000
275201	SOUTH WALL @ - 4'	09/08/2000	10:10	09/14/2000
275202	EAST WALL @ - 4'	09/08/2000	10:15	09/14/2000
275203	WEST WALL @ - 4'	09/08/2000	10:10	09/14/2000
275204	ISLAND #1 @3'	09/08/2000	10:15	09/14/2000
275205	ISLAND #2 @3'	09/08/2000	10:15	09/14/2000
275206	EXCAVATED SOIL	09/08/2000	10:40	09/14/2000

TestAmerica, Inc. certifies that the analytical results contained herein apply only to the specific samples analyzed.

TestAmerica Incorporated-Indianapolis Division is in compliance with the National Environmental Laboratory Accreditation Program (NELAP) Standards.

Reproduction of this analytical report is permitted only in its entirety.

ANALYTICAL REPORT

Mr. Edward Jacobs
 CERTIFIED TANK SERVICES
 8977 West State Road 14
 Winamac, IN 46996

09/25/2000

Job No. 00.04861

Page 2 of 5

Date Received: 09/14/2000

Job Description: KOKOMO MARATHON

Sample Number / Sample I.D.	Sample Date/	Analyst	Reporting			
Parameters	Wet Wt. Result	Flag	Units	Date & Time Analyzed	Method	Limit
275192	TANK 1 NORTH END	09/08/2000 08:45				
TPH - GC/FID Volatile (NONAQ)	<20.		mg/kg	tvS 09/24/2000 03:06	SW 8015B	<20.
275193	TANK 1 SOUTH END	09/08/2000 08:45				
TPH - GC/FID Volatile (NONAQ)	<20.		mg/kg	tvS 09/24/2000 03:53	SW 8015B	<20.
275194	TANK 2 NORTH END	09/08/2000 09:05				
TPH - GC/FID Volatile (NONAQ)	<20.		mg/kg	tvS 09/24/2000 04:41	SW 8015B	<20.
275195	TANK 2 SOUTH END	09/08/2000 09:05				
TPH - GC/FID Volatile (NONAQ)	35		mg/kg	tvS 09/24/2000 05:29	SW 8015B	<20.
275196	TANK 3 NORTH END	09/08/2000 09:20				
TPH - GC/FID Volatile (NONAQ)	<20.		mg/kg	tvS 09/24/2000 06:16	SW 8015B	<20.

ANALYTICAL REPORT

Mr. Edward Jacobs
 CERTIFIED TANK SERVICES
 8977 West State Road 14
 Winamac, IN 46996

09/25/2000

Job No.: 00.04801

Page 3 of 5

Date Received: 09/14/2000.

Job Description: KOKOMO MARATHON

Sample Number / Sample I.D. Parameters	Wet Wt.	Result	Flag	Sample Date/ Units	Analyst Date & Time Analyzed	Method	Reporting Limit
275197				TANK 3 SOUTH END	09/08/2000 09:20		
TPH - GC/FID Volatile (NONAQ)	<20.			mg/kg	tvS 09/24/2000 07:04	SW 8015B	<20.
275198				TANK 4 NORTH END	09/08/2000 09:30		
TPH - GC/FID Volatile (NONAQ)	<20.			mg/kg	tvS 09/24/2000 07:51	SW 8015B	<20.
275199				TANK 4 SOUTH END	09/08/2000 09:30		
TPH - GC/FID Volatile (NONAQ)	<20.			mg/kg	tvS 09/24/2000 08:39	SW 8015B	<20.
275200				NORTH WALL @ - 4'	09/08/2000 10:10		
TPH - GC/FID Volatile (NONAQ)	<20.			mg/kg	tvS 09/24/2000 14:14	SW 8015B	<20.
275201				SOUTH WALL @ - 4'	09/08/2000 10:10		
TPH - GC/FID Volatile (NONAQ)	<20.			mg/kg	tvS 09/24/2000 16:36	SW 8015B	<20.

ANALYTICAL REPORT

Mr. Edward Jacobs
 CERTIFIED TANK SERVICES
 8977 West State Road 14
 Winamac, IN 46996

09/25/2000

Job No.: 00.04861
 Page 4 of 5

Date Received: 09/14/2000
 Job Description: KOKOMO MARATHON

Sample Number / Sample I.D. Parameters	Wet Wt.	Result	Flag	Sample Date/ Units	Analyst Date & Time Analyzed	Method	Reporting Limit
275202				09/08/2000 10:15			
TPH - GC/FID Volatile (NONAQ)	<20			mg/kg	tvS 09/24/2000 17:24	SW 8015B	<20.
275203				09/08/2000 10:10			
TPH - GC/FID Volatile (NONAQ)	<20.			mg/kg	tvS 09/24/2000 18:12	SW 8015B	<20.
275204				09/08/2000 10:15			
TPH - GC/FID Volatile (NONAQ)	<20.			mg/kg	tvS 09/24/2000 18:59	SW 8015B	<20.
275205				09/08/2000 10:15			
TPH - GC/FID Volatile (NONAQ)	<20.			mg/kg	tvS 09/24/2000 19:47	SW 8015B	<20.
275206				09/08/2000 10:40			
TPH - GC/FID Volatile (NONAQ)	<20.			mg/kg	tvS 09/24/2000 20:34	SW 8015B	<20.

Page 5 of 5

KEY TO ABBREVIATIONS

- Less than, when appearing in the result column, indicates analyte not detected at or above the Reporting Limit.
- % Percent: To convert ppm to %, divide result by 10,000. To convert % to ppm, multiply the result by 10,000.
- Indicates the Reporting Limit is elevated due to insufficient sample volume.
- mg/L Part per million; Concentration in units of milligrams of analyte per Liter of aqueous sample.
- ug/L Part per billion; Concentration in units of micrograms of analyte per Liter of aqueous sample.
- mg/kg Part per million; Concentration in units of milligrams of analyte per Kilogram of non-aqueous sample.
- ug/kg Part per billion; Concentration in units of micrograms of analyte per Kilogram of non-aqueous sample.
- a Indicates the sample concentration was quantitated using a diesel fuel standard.
- b Indicates the analyte of interest was also found in the method blank.
- c Sample resembles unknown Hydrocarbon.
- dh When indicated, the result is reported on a dry weight basis. The contribution of the moisture content in the sample has been subtracted when calculating the concentration.
- d1 Indicates the analyte has elevated Reporting Limit due to high concentration.
- d2 Indicates the analyte has elevated Reporting Limit due to matrix.
- e Indicates the reported concentration is estimated.
- g Indicates the sample concentration was quantitated using a gasoline standard.
- n Indicates the sample was analyzed past recommended holding time.
- l Insufficient spike concentration due to high analyte concentration in the sample.
- j Indicates the reported concentration is below the Reporting Limit.
- k Indicates the sample concentration was quantitated using a kerosene standard.
- l Indicates an MS/MSD was not analyzed due to insufficient sample. An LCS / LCS Duplicate provided for precision.
- m Indicates the sample concentration was quantitated using a mineral spirits standard.
- o Indicates the sample concentration was quantitated using a motor oil standard.
- p Indicates the sample was post spiked due to sample matrix.
- q Indicates MS/MSD exceeded control limits. The associated sample may exhibit similar matrix bias. All other quality control indicators are in control.
- r Indicates the sample was received past recommended holding time.
- u Indicates the sample was received improperly preserved and/or improperly contained.
- uj Indicates the result is below the Reporting Limit and is considered estimated.

Instructions for UST-1 Underground Storage Tank Fee Return

Who Should File This Form?

Anyone who owns an underground storage tank as of July 1st of the current year must file this return and pay the fee unless exempted by State Law. This form was mailed because our records indicate an underground storage tank(s) was in use on the assessment day of July 1st of the year in question. If you believe the tanks are exempt from this fee, you must complete the notification form and send it to the Indiana Department of Environmental Management (I.D.E.M.).

Tanks Exempted Under State Law.

Underground storage tanks which are exempt from this fee include: (a) regulated tanks properly and permanently closed or removed before July 1st of the year in question; (b) tanks used for storing heating fuel for use on the same premises; (c) farm or residential tanks storing motor fuel for noncommercial use, with a capacity of less than 1,000 gallons.

For more information on exemptions or state rules and guidelines regarding permanent closure of regulated tanks, contact the Indiana Department of Environmental Management (I.D.E.M.) at 317-308-3064.

How Are These Fees Used?

The purpose of the fee is for the Excess Liability Fund that provides financial support to "qualified" underground storage tank applicants for leaking underground storage tank cleanups. Applicants must comply timely with all State Laws regarding the notification maintenance and fee payment requirements for underground storage tanks in order to be eligible for assistance. For more information about the Excess Liability Fund and its qualifications, contact I.D.E.M. at (317) 308-3080.

Who Do I Pay These Fees To?

Fees must be made payable to the Indiana Department of Revenue. These fees are mandated by law and serve a very useful purpose. This money supports an Excess Liability Fund that is available to address financial concerns related to underground storage tank cleanups. However, these funds are only available to "qualified" applicants, which means you must have met all filing requirements and have paid all your tank fees timely. In many respects, these fees are similar to insurance premiums, i.e. you derive a direct benefit from paying them timely if you ever need access to the fund.

Are Tank Fees Prorated?

No. The underground storage tank fees are not "prorated". These fees are calculated on a fiscal year beginning July 1 on any tank that has not been properly closed or removed before the billing date according to State Law.

FID, SSN, SIGNATURE.

The Indiana Department of Revenue will not process any application, which does not contain a Federal Identification Number (FID) or Social Security Number (SSN) and a signature of the owner or officer of the company. Failure to provide this information could result in penalty and interest charges.

Owner's Name and Address.

This area reflects your legal ownership name and address. It is very important that a physical address (not a P.O. Box Number) be provided. This will help to ensure your underground storage fee return will be received in a timely manner. However, you may include a P.O. Box number along with your physical address.

Annual Amount Due, Installment Payment Due.

If your annual amount due is \$500.00 or less, you must pay the entire amount due by the due date indicated on the First Payment UST-1 Form. If your annual amount due is over \$500.00, you may pay by installment payments. Each UST-1 form has a due date in which your installment is due. It is extremely important that you pay your fees timely to avoid the Environmental Penalty of up to \$50.00 per tank, per day, for each day past the due date.

Owner Identification Number.

The Indiana Department of Environmental Management assigns this number to each owner that has registered all facilities in accordance with State Laws. Each owner should have only one owner identification.

Facility Identification Number.

The Indiana Department of Environmental Management assigns this number to identify each facility that has been registered under a specific owner identification number.

Facility and Tank Information.

Each facility number has the number of tanks registered to that facility and a box next to it. It is very important that you check off each facility you want your payment to be applied to. Failure to provide this information may delay the processing of your return and cause penalty and interest to be applied to your account. If the number of tank(s) is incorrect, you may make the correction and the Change Form must be completed and attached to your return showing the correct number of tanks at that facility with an explanation.

Penalty and Interest.

If your return is mailed after the due date, you must include penalty and interest. Penalty for filing after the due date is 10% of the fee due. To obtain the interest amount due, call the Department of Revenue at (317) 615-2695. For information concerning Environmental Penalties please call the Indiana Department of Environmental Management (I.D.E.M.) at (317) 234-0343. All penalties and interest should be sent with your payment.

Questions?

If you have any questions concerning your billing please call the Indiana Department of Revenue at (317) 615-2695. If you have questions about tank regulation or registration or the environmental penalty, please call the Indiana Department of Environmental Management (I.D.E.M.) at (317) 308-3064.



DEPARTMENT OF REVENUE
INDIANA GOVERNMENT CENTER NORTH
100 N. SENATE AVE.

October 24, 2001

Michael O. Bolinger
215 N. Washington
Kokomo, IN. 46901

RE: Underground Storage Tank Taxes

Dear Mr. Bolinger,

The Indiana Department of Environmental Management, (I.D.E.M.) has determined that under the Environmental Tax Law, IC 13-23-12-1 you should be billed for failure to pay your Underground Storage Tank Taxes.

Enclosed you will find the UST-1 Forms indicating the years that have not been paid.

Therefore, you have until November 23, 2001, which is thirty (30) days from the date of this proposed assessment to either pay these taxes or file a written protest.

Should you have any questions concerning payment of these billings, you may call the Indiana Department of Revenue at (317) 615-2590.

Should you have any questions concerning your Underground Storage Tank Account, you may call the Indiana Department of Environmental Management at (317) 234-0343.

Please make all checks payable to Indiana Department of Revenue.

Respectfully,

Robert L. McGurer
Tax Analyst
Environmental Tax
Indiana Department of Revenue



FORM
UST-1

INDIANA UNDERGROUND STORAGE TANK FEE RETURN

THE DEPARTMENT OF REVENUE WILL NOT PROCESS ANY APPLICATION WHICH DOES NOT CONTAIN A FEDERAL IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER, AND A SIGNATURE OF OWNER OR OFFICER OF THE COMPANY.

FOR OFFICE USE ONLY

**PAYMENT: 1
DUE: DEC 15
1999**

PM DATE
PYMT AMT
2000

Annual Amount Due: \$360.00	If Late, Enter Penalty: \$36.00	Environmental Penalty: \$8,000.00
Installment Payment Due: \$360.00	If Late, Enter Interest: \$52.16	Total Amount Paid:

OWNER Michael O. Bolinger	OWNER'S IDENTIFICATION NUMBER 19179
ADDRESS 215 N Washington	FEDERAL/SSN NUMBER 351022500
CITY/ST/ZIP Kokomo, IN 46901-	TAXPAYER'S TID NUMBER [REDACTED]
	TELEPHONE NUMBER (765) 457-8151

PLEASE CHECK OFF EACH FACILITY AND NUMBER OF TANKS THAT WERE NOT PROPERLY CLOSED OR REMOVED AS OF JULY 1, 1999. THE DEPARTMENT CANNOT PROCESS ANY RETURN IF THE FACILITIES HAVE NOT BEEN CHECKED OFF PROPERLY.

Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks
2814 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TOTAL AMOUNT DUE 11-23-01
FOR 2000**

\$ 8,448.16

Under the penalty of perjury, I have examined this return (including any accompanying schedules and statements) and to the best of my knowledge and belief, it is true, complete, and correct.

Signature

Title

Date

Daytime Phone Number

MAIL THE COMPLETED RETURN AND PAYMENT TO:

Indiana Department of Revenue
Fuel and Environmental Tax Section
Ameriplex - Logan Building
5150 Decatur Boulevard
Indianapolis, IN 46241-9564



FORM
UST-1

INDIANA UNDERGROUND
STORAGE TANK FEE RETURN

THE DEPARTMENT OF REVENUE WILL NOT PROCESS ANY APPLICATION WHICH DOES NOT CONTAIN A FEDERAL IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER, AND A SIGNATURE OF OWNER OR OFFICER OF THE COMPANY.

FOR OFFICE USE ONLY

**PAYMENT: 1
DUE: DEC 15
1997**

PM DATE
PYMT AMT
1998

Annual Amount Due: \$1,160.00	If Late, Enter Penalty: \$116.00	Environmental Penalty: \$8000.00
Installment Payment Due: \$290.00	If Late, Enter Interest: \$330.48	Total Amount Paid:

OWNER Michael O. Bolinger	OWNER'S IDENTIFICATION NUMBER 19179
ADDRESS 215 N Washington	FEDERAL/SSN NUMBER 351022500
CITY/ST/ZIP Kokomo, IN 46901-	TAXPAYER'S TID NUMBER
	TELEPHONE NUMBER (765) 457-8151

PLEASE CHECK OFF EACH FACILITY AND NUMBER OF TANKS THAT WERE NOT PROPERLY CLOSED OR REMOVED AS OF JULY 1, 1997. THE DEPARTMENT CANNOT PROCESS ANY RETURN IF THE FACILITIES HAVE NOT BEEN CHECKED OFF PROPERLY.

Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks
2814	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TOTAL AMOUNT DUE 11-23-01
FOR 1998
\$ 9,606.48**

Under the penalty of perjury, I have examined this return (including any accompanying schedules and statements) and to the best of my knowledge and belief, it is true, complete, and correct.

Signature Title Date Daytime Phone Number

MAIL THE COMPLETED RETURN AND PAYMENT TO:
Indiana Department of Revenue
Fuel and Environmental Tax Section
Ameriplex - Logan Building
5150 Decatur Boulevard
Indianapolis, IN 46241-9564



FORM
UST-1

INDIANA UNDERGROUND STORAGE TANK FEE RETURN

THE DEPARTMENT OF REVENUE WILL NOT PROCESS ANY APPLICATION WHICH DOES NOT CONTAIN A FEDERAL IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER, AND A SIGNATURE OF OWNER OR OFFICER OF THE COMPANY.

FOR OFFICE USE ONLY

**PAYMENT: 1
DUE: DEC 15
1996**

PM DATE
PYMT AMT
1997

Annual Amount Due: \$1,160.00	If Late, Enter Penalty: \$116.00	Environmental Penalty: \$8,000.00
Installment Payment Due: \$290.00	If Late, Enter Interest: \$411.68	Total Amount Paid:

OWNER Michael O. Bolinger
 ADDRESS 215 N Washington
 CITY/ST/ZIP Kokomo, IN 46901-

OWNER'S IDENTIFICATION NUMBER 19179
 FEDERAL/SSN NUMBER 351022500
 TAXPAYER'S TID NUMBER [REDACTED]
 TELEPHONE NUMBER (765) 457-8151

PLEASE CHECK OFF EACH FACILITY AND NUMBER OF TANKS THAT WERE NOT PROPERLY CLOSED OR REMOVED AS OF JULY 1, 1996. THE DEPARTMENT CANNOT PROCESS ANY RETURN IF THE FACILITIES HAVE NOT BEEN CHECKED OFF PROPERLY.

Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks
2814 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL AMOUNT DUE 11-23-01 FOR 1997

\$ 9,687.68

Under the penalty of perjury, I have examined this return (including any accompanying schedules and statements) and to the best of my knowledge and belief, it is true, complete, and correct.

Signature

Title

Date

Daytime Phone Number

MAIL THE COMPLETED RETURN AND PAYMENT TO:

Indiana Department of Revenue
Fuel and Environmental Tax Section
Ameriplex - Logan Building
5150 Decatur Boulevard
Indianapolis, IN 46241-9564



FORM
UST-1

INDIANA UNDERGROUND STORAGE TANK FEE RETURN

THE DEPARTMENT OF REVENUE WILL NOT PROCESS ANY APPLICATION WHICH DOES NOT CONTAIN A FEDERAL IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER, AND A SIGNATURE OF OWNER OR OFFICER OF THE COMPANY.

FOR OFFICE USE ONLY

**PAYMENT: 1
DUE: DEC 15
1995**

PM DATE
PYMT AMT
1996

Annual Amount Due: \$1,160.00	If Late, Enter Penalty: \$116.00	Environmental Penalty: \$8,000.00
Installment Payment Due: \$290.00	If Late, Enter Interest: \$492.50	Total Amount Paid:

OWNER **Michael O. Bolinger**
 ADDRESS **215 N Washington**
 CITY/ST/ZIP **Kokomo, IN 46901-**

OWNER'S IDENTIFICATION NUMBER **19179**
 FEDERAL/SSN NUMBER **351022500**
 TAXPAYER'S TID NUMBER **[REDACTED]**
 TELEPHONE NUMBER **(765) 457-8151**

PLEASE CHECK OFF EACH FACILITY AND NUMBER OF TANKS THAT WERE NOT PROPERLY CLOSED OR REMOVED AS OF JULY 1, 1995. THE DEPARTMENT CANNOT PROCESS ANY RETURN IF THE FACILITIES HAVE NOT BEEN CHECKED OFF PROPERLY.

Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks
2814 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL AMOUNT DUE 11-23-01 FOR 1996

\$ 9,768.50

Under the penalty of perjury, I have examined this return (including any accompanying schedules and statements) and to the best of my knowledge and belief, it is true, complete, and correct.

Signature

Title

Date

Daytime Phone Number

MAIL THE COMPLETED RETURN AND PAYMENT TO:

Indiana Department of Revenue
Fuel and Environmental Tax Section
Ameriplex - Logan Building
5150 Decatur Boulevard
Indianapolis, IN 46241-9564



FORM
UST-1

INDIANA UNDERGROUND STORAGE TANK FEE RETURN

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FOR OFFICE USE ONLY

PM DATE
PYMT AMT
1995

**PAYMENT: 1
DUE: DEC 15
1994**

Annual Amount Due: \$1,160.00	If Late, Enter Penalty: \$116.00	Environmental Penalty: \$8,000.00
Installment Payment Due: \$290.00	If Late, Enter Interest: \$562.71	Total Amount Paid:

OWNER Michael O. Bolinger	OWNER'S IDENTIFICATION NUMBER 19179
ADDRESS 215 N Washington	FEDERAL/SSN NUMBER 351022500
CITY/ST/ZIP Kokomo, IN 46901-	TAXPAYER'S TID NUMBER [REDACTED]
PLEASE CHECK OFF EACH FACILITY AND NUMBER OF TANKS THAT WERE NOT PROPERLY CLOSED OR REMOVED AS OF JULY 1, 1994. THE DEPARTMENT CANNOT PROCESS ANY RETURN IF THE FACILITIES HAVE NOT BEEN CHECKED OFF PROPERLY.	TELEPHONE NUMBER (765) 457-8151

Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks
2814 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TOTAL AMOUNT DUE 11-23-01
FOR 1995**

\$ 9,838.71

Under the penalty of perjury, I have examined this return (including any accompanying schedules and statements) and to the best of my knowledge and belief, it is true, complete, and correct.

_____	_____	_____	_____
Signature	Title	Date	Daytime Phone Number

MAIL THE COMPLETED RETURN AND PAYMENT TO:

Indiana Department of Revenue
Fuel and Environmental Tax Section
Ameriplex - Logan Building
5150 Decatur Boulevard
Indianapolis, IN 46241-9564



FORM
UST-1

INDIANA UNDERGROUND STORAGE TANK FEE RETURN

THE DEPARTMENT OF REVENUE WILL NOT PROCESS ANY APPLICATION WHICH DOES NOT CONTAIN A FEDERAL IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER, AND A SIGNATURE OF OWNER OR OFFICER OF THE COMPANY.

FOR OFFICE USE ONLY

**PAYMENT: 1
DUE: DEC 15
1993**

PM DATE
PYMT AMT
1994

Annual Amount Due: \$1,160.00	If Late, Enter Penalty: \$116.00	Environmental Penalty: \$8,000.00
Installment Payment Due: \$290.00	If Late, Enter Interest: \$643.91	Total Amount Paid:

OWNER Michael O. Bolinger	OWNER'S IDENTIFICATION NUMBER 19179
ADDRESS 215 N Washington	FEDERAL/SSN NUMBER 351022500
CITY/ST/ZIP Kokomo, IN 46901-	TAXPAYER'S TID NUMBER [REDACTED]
PLEASE CHECK OFF EACH FACILITY AND NUMBER OF TANKS THAT WERE NOT PROPERLY CLOSED OR REMOVED AS OF JULY 1, 1993. THE DEPARTMENT CANNOT PROCESS ANY RETURN IF THE FACILITIES HAVE NOT BEEN CHECKED OFF PROPERLY.	TELEPHONE NUMBER (765) 457-8151

Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks
2814 4 <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TOTAL AMOUNT DUE 11-23-01
FOR 1994**

\$ 9,919.91

Under the penalty of perjury, I have examined this return (including any accompanying schedules and statements) and to the best of my knowledge and belief, it is true, complete, and correct.

Signature

Title

Date

Daytime Phone Number

MAIL THE COMPLETED RETURN AND PAYMENT TO:

Indiana Department of Revenue
Fuel and Environmental Tax Section
Ameriplex - Logan Building
5150 Decatur Boulevard
Indianapolis, IN 46241-9564



FORM
UST-1

INDIANA UNDERGROUND STORAGE TANK FEE RETURN

THE DEPARTMENT OF REVENUE WILL NOT PROCESS ANY APPLICATION WHICH DOES NOT CONTAIN A FEDERAL IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER, AND A SIGNATURE OF OWNER OR OFFICER OF THE COMPANY.

FOR OFFICE USE ONLY

**PAYMENT: 1
DUE: DEC 15
1992**

PM DATE
PYMT AMT
1993

Annual Amount Due: \$1,160.00	If Late, Enter Penalty: \$116.00	Environmental Penalty: \$8,000.00
Installment Payment Due: \$290.00	If Late, Enter Interest: \$725.71	Total Amount Paid:

OWNER Michael O. Bolinger	OWNER'S IDENTIFICATION NUMBER 19179
ADDRESS 215 N Washington	FEDERAL/SSN NUMBER 351022500
CITY/ST/ZIP Kokomo, IN 46901-	TAXPAYER'S TID NUMBER [REDACTED]
	TELEPHONE NUMBER (765) 457-8151

PLEASE CHECK OFF EACH FACILITY AND NUMBER OF TANKS THAT WERE NOT PROPERLY CLOSED OR REMOVED AS OF JULY 1, 1992. THE DEPARTMENT CANNOT PROCESS ANY RETURN IF THE FACILITIES HAVE NOT BEEN CHECKED OFF PROPERLY.

Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks
2814 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TOTAL AMOUNT DUE 11-23-01
FOR 1993**

\$ 10,001.71

Under the penalty of perjury, I have examined this return (including any accompanying schedules and statements) and to the best of my knowledge and belief, it is true, complete, and correct.

Signature Title Date Daytime Phone Number

MAIL THE COMPLETED RETURN AND PAYMENT TO:

Indiana Department of Revenue
Fuel and Environmental Tax Section
Ameriplex - Logan Building
5150 Decatur Boulevard
Indianapolis, IN 46241-9564



FORM
UST-1

INDIANA UNDERGROUND STORAGE TANK FEE RETURN

THE DEPARTMENT OF REVENUE WILL NOT PROCESS ANY APPLICATION WHICH DOES NOT CONTAIN A FEDERAL IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER, AND A SIGNATURE OF OWNER OR OFFICER OF THE COMPANY.

FOR OFFICE USE ONLY

**PAYMENT: 1
DUE: DEC 15
1991**

PM DATE
PYMT AMT
1992

Annual Amount Due: \$1,160.00	If Late, Enter Penalty: \$116.00	Environmental Penalty: \$8,000.00
Installment Payment Due: \$290.00	If Late, Enter Interest: \$820.04	Total Amount Paid:

OWNER Michael O. Bolinger	OWNER'S IDENTIFICATION NUMBER 19179
ADDRESS 215 N Washington	FEDERAL/SSN NUMBER 351022500
CITY/ST/ZIP Kokomo, IN 46901-	TAXPAYER'S TID NUMBER [REDACTED]
PLEASE CHECK OFF EACH FACILITY AND NUMBER OF TANKS THAT WERE NOT PROPERLY CLOSED OR REMOVED AS OF JULY 1, 1991. THE DEPARTMENT CANNOT PROCESS ANY RETURN IF THE FACILITIES HAVE NOT BEEN CHECKED OFF PROPERLY.	TELEPHONE NUMBER (765) 457-8151

Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks
2814	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TOTAL AMOUNT DUE 11-23-01
FOR 1992**

\$ 10,096.04

Under the penalty of perjury, I have examined this return (including any accompanying schedules and statements) and to the best of my knowledge and belief, it is true, complete, and correct.

Signature

Title

Date

Daytime Phone Number

MAIL THE COMPLETED RETURN AND PAYMENT TO:

Indiana Department of Revenue
Fuel and Environmental Tax Section
Ameriplex - Logan Building
5150 Decatur Boulevard
Indianapolis, IN 46241-9564



FORM
UST-1

INDIANA UNDERGROUND STORAGE TANK FEE RETURN

THE DEPARTMENT OF REVENUE WILL NOT PROCESS ANY APPLICATION WHICH DOES NOT CONTAIN A FEDERAL IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER, AND A SIGNATURE OF OWNER OR OFFICER OF THE COMPANY.

FOR OFFICE USE ONLY

**PAYMENT: 1
DUE: DEC 15
1990**

PM DATE
PYMT AMT
1991

Annual Amount Due: \$1,160.00	If Late, Enter Penalty: \$116.00	Environmental Penalty: \$8,000.00
Installment Payment Due: \$290.00	If Late, Enter Interest: \$911.88	Total Amount Paid:

OWNER Michael O. Bolinger	OWNER'S IDENTIFICATION NUMBER 19179
ADDRESS 215 N Washington	FEDERAL/SSN NUMBER 351022500
CITY/ST/ZIP Kokomo, IN 46901-	TAXPAYER'S TID NUMBER [REDACTED]
	TELEPHONE NUMBER (765) 457-8151

PLEASE CHECK OFF EACH FACILITY AND NUMBER OF TANKS THAT WERE NOT PROPERLY CLOSED OR REMOVED AS OF JULY 1, 1990. THE DEPARTMENT CANNOT PROCESS ANY RETURN IF THE FACILITIES HAVE NOT BEEN CHECKED OFF PROPERLY.

Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks
2814 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL AMOUNT DUE 11-23-01 FOR 1991

\$ 10,187.88

Under the penalty of perjury, I have examined this return (including any accompanying schedules and statements) and to the best of my knowledge and belief, it is true, complete, and correct.

_____ Signature	_____ Title	_____ Date	_____ Daytime Phone Number
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MAIL THE COMPLETED RETURN AND PAYMENT TO:

Indiana Department of Revenue
Fuel and Environmental Tax Section
Ameriplex - Logan Building
5150 Decatur Boulevard
Indianapolis, IN 46241-9564



FORM
UST-1

INDIANA UNDERGROUND STORAGE TANK FEE RETURN

THE DEPARTMENT OF REVENUE WILL NOT PROCESS ANY APPLICATION WHICH DOES NOT CONTAIN A FEDERAL IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER, AND A SIGNATURE OF OWNER OR OFFICER OF THE COMPANY.

FOR OFFICE USE ONLY

**PAYMENT: 1
DUE: DEC 15
1989**

PM DATE
PYMT AMT
1990

Annual Amount Due: \$1,160.00	If Late, Enter Penalty: \$116.00	Environmental Penalty: \$8,000.00
Installment Payment Due: \$290.00	If Late, Enter Interest: \$1,013.58	Total Amount Paid:

OWNER Michael O. Bolinger	OWNER'S IDENTIFICATION NUMBER 19179
ADDRESS 215 N Washington	FEDERAL/SSN NUMBER 351022500
CITY/ST/ZIP Kokomo, IN 46901-	TAXPAYER'S TID NUMBER [REDACTED]
	TELEPHONE NUMBER (765) 457-8151

PLEASE CHECK OFF EACH FACILITY AND NUMBER OF TANKS THAT WERE NOT PROPERLY CLOSED OR REMOVED AS OF JULY 1, 1989. THE DEPARTMENT CANNOT PROCESS ANY RETURN IF THE FACILITIES HAVE NOT BEEN CHECKED OFF PROPERLY.

Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks
2B14 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL AMOUNT DUE 11-23-01 FOR 1990

\$ 10,289.58

Under the penalty of perjury, I have examined this return (including any accompanying schedules and statements) and to the best of my knowledge and belief, it is true, complete, and correct.

Signature

Title

Date

Daytime Phone Number

MAIL THE COMPLETED RETURN AND PAYMENT TO:

Indiana Department of Revenue
Fuel and Environmental Tax Section
Ameriplex - Logan Building
5150 Decatur Boulevard
Indianapolis, IN 46241-9564



FORM
UST-1

INDIANA UNDERGROUND STORAGE TANK FEE RETURN

THE DEPARTMENT OF REVENUE WILL NOT PROCESS ANY APPLICATION WHICH DOES NOT CONTAIN A FEDERAL IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER, AND A SIGNATURE OF OWNER OR OFFICER OF THE COMPANY.

FOR OFFICE USE ONLY

**PAYMENT: 1
DUE: DEC 15
1988**

PM DATE
PYMT AMT
1989

Annual Amount Due:	\$360.00	If Late, Enter Penalty:	\$36.00	Environmental Penalty:	\$8,000.00
Installment Payment Due:	\$360.00	If Late, Enter Interest:	\$350.56	Total Amount Paid:	

OWNER	Michael O. Bolinger	OWNER'S IDENTIFICATION NUMBER	19179
ADDRESS	215 N Washington	FEDERAL/SSN NUMBER	351022500
CITY/ST/ZIP	Kokomo, IN 46901-	TAXPAYER'S TID NUMBER	[REDACTED]
PLEASE CHECK OFF EACH FACILITY AND NUMBER OF TANKS THAT WERE NOT PROPERLY CLOSED OR REMOVED AS OF JULY 1, 1988. THE DEPARTMENT CANNOT PROCESS ANY RETURN IF THE FACILITIES HAVE NOT BEEN CHECKED OFF PROPERLY.		TELEPHONE NUMBER	(765) 457-8151

Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks
2814	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TOTAL AMOUNT DUE 11-23-01
FOR 1989**

\$ 8,746.56

Under the penalty of perjury, I have examined this return (including any accompanying schedules and statements) and to the best of my knowledge and belief, it is true, complete, and correct.

Signature

Title

Date

Daytime Phone Number

MAIL THE COMPLETED RETURN AND PAYMENT TO:

Indiana Department of Revenue
Fuel and Environmental Tax Section
Ameriplex - Logan Building
5150 Decatur Boulevard
Indianapolis, IN 46241-9564



FORM
UST-1

INDIANA UNDERGROUND STORAGE TANK FEE RETURN

THE DEPARTMENT OF REVENUE WILL NOT PROCESS ANY APPLICATION WHICH DOES NOT CONTAIN A FEDERAL IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER, AND A SIGNATURE OF OWNER OR OFFICER OF THE COMPANY.

FOR OFFICE USE ONLY

PM DATE
PYMT AMT
1988

**PAYMENT: 1
DUE: DEC 15
1987**

Annual Amount Due: \$360.00	If Late, Enter Penalty: \$36.00	Environmental Penalty: \$8,000.00
Installment Payment Due: \$360.00	If Late, Enter Interest: \$383.95	Total Amount Paid:

OWNER Michael O. Bolinger	OWNER'S IDENTIFICATION NUMBER 19179
ADDRESS 215 N Washington	FEDERAL/SSN NUMBER 351022500
CITY/ST/ZIP Kokomo, IN 46901-	TAXPAYER'S TID NUMBER [REDACTED]
	TELEPHONE NUMBER (765) 457-8151

PLEASE CHECK OFF EACH FACILITY AND NUMBER OF TANKS THAT WERE NOT PROPERLY CLOSED OR REMOVED AS OF JULY 1, 1987. THE DEPARTMENT CANNOT PROCESS ANY RETURN IF THE FACILITIES HAVE NOT BEEN CHECKED OFF PROPERLY.

Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks	Facility Tanks
2814 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL AMOUNT DUE 11-23-01 FOR 1988

\$ 8,779.95

Under the penalty of perjury, I have examined this return (including any accompanying schedules and statements) and to the best of my knowledge and belief, it is true, complete, and correct.

_____	_____	_____	_____
Signature	Title	Date	Daytime Phone Number

MAIL THE COMPLETED RETURN AND PAYMENT TO:

Indiana Department of Revenue
Fuel and Environmental Tax Section
Ameriplax - Logan Building
5150 Decatur Boulevard
Indianapolis, IN 46241-9564

**TOTAL AMOUNT DUE 11-23-01
FOR 2000**

\$ 8,448.16

**TOTAL AMOUNT DUE 11-23-01
FOR 1997**

\$ 9,687.68

**TOTAL AMOUNT DUE 11-23-01
FOR 1995**

\$ 9,838.71

**TOTAL AMOUNT DUE 11-23-01
FOR 1993**

\$ 10,001.71

**TOTAL AMOUNT DUE 11-23-01
FOR 1991**

\$ 10,187.88

**TOTAL AMOUNT DUE 11-23-01
FOR 1989**

\$ 8,746.56

**TOTAL AMOUNT DUE 11-23-01
FOR 1998**

\$ 9,606.48

**TOTAL AMOUNT DUE 11-23-01
FOR 1996**

\$ 9,768.50

**TOTAL AMOUNT DUE 11-23-01
FOR 1994**

\$ 9,919.91

**TOTAL AMOUNT DUE 11-23-01
FOR 1992**

\$ 10,096.04

**TOTAL AMOUNT DUE 11-23-01
FOR 1990**

\$ 10,289.58

**TOTAL AMOUNT DUE 11-23-01
FOR 1988**

\$ 8,779.95

GRAND TOTAL: \$ 115,371.16



Indiana Department of Environmental Management
100 North Senate Ave.
P. O. Box 6015
Indianapolis, Indiana 46206-6015

DATE: 08/01/00 TELEFAX #: 234-8428
 TO: John Mendel TELEPHONE # 234-0343
 COMPANY/DIVISION: B TELEPHONE #: 308-3075
 FROM: Tracey Lovette NUMBER OF PAGES: 6
 DIVISION/PROGRAM: UST
 COMMENTS: John, let me know if you need anything else on this site. I will be giving enforcement a call because of other violations. I had delivered a new notification form so we should have a completed copy next week.

General Number 317-308-3017 Toll Free 1-800-451-6027 FAX Number 317-308-3175
Thanks Tracey

~~3935 4959~~

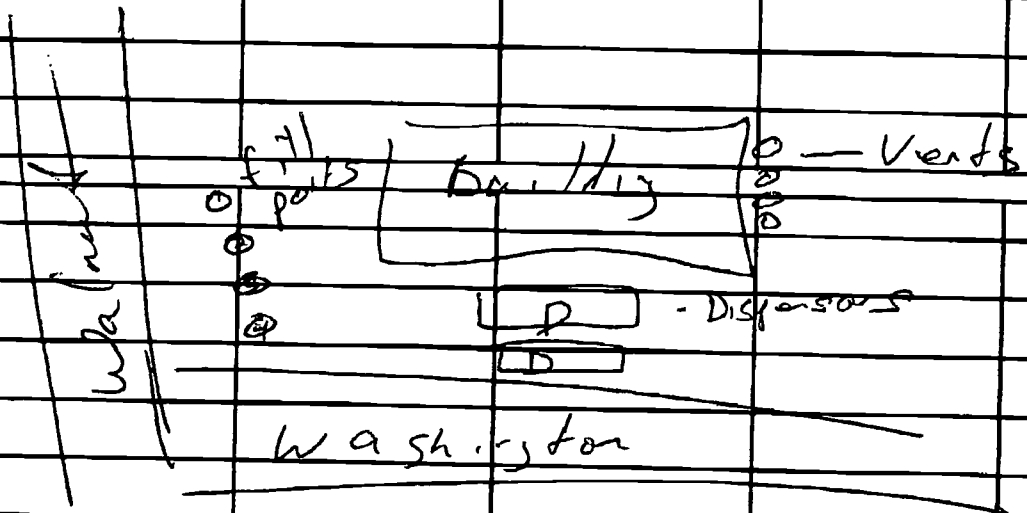
State Form 49216 (R/9-99)

Indiana Department of Environmental Management
Underground Storage Tank Compliance Inspection
(317) 308-3064



Date: 08/01/00 Time: 11:00am County: Howard Region: Kokomo
 Facility Name: Marathon (Mace Mart) Facility I.D. # 2814
 Facility Address: 300 W Walnut St Facility Phone # _____
 Owner Name: Michael Dalinge

Tank #:	1	2	3	4	5
Tank Type					
Tank Volume					
Tank Substance					
Leak Detection					
Overfill Method					
Spill Method					
CP (Tank)					
PIPING TYPE					
Pressure					
Suction					
Leak Detection					
Other					
CP (Piping)					
Tank Closure Date					
Temporary Closure					
RECORDS					
Latest TT Test (Tank)					
Latest LT Test					
Tank Lining Date					
Last CP Test (Galvanic)					
Last CP Test (Impressed)					



COMMENTS

3
Office use only

4 vent pipes on left side of Building front facing Washington Street
 4 fill ports located on Right side of Building / Walnut Street
 All fill ports accessible

REVENUE CERTIFICATE
 Yes No
 AFFIDAVIT
 Yes No

Facility Representative Signature: _____ State Inspector: Tracey Lovelace Date: _____

1 = In-compliance 2 = requires follow-up visit 3 = Non-compliance

2/97)

NOTIFICATION FOR UNDERGROUND STORAGE TANKS



COMPLETED FORMS TO: Indiana Department of Environmental Management
 Office of Environmental Response, UST Branch
 N1255, 100 North Senate Avenue
 P.O. Box 7015
 Indianapolis, Indiana 46207-7015
 UST: (317) 308-3064 LUST: (317) 308-3088

Facility ID Number	2	8	1	4				
Owner ID Number	9	4	6	3				
Federal ID Number								
EPA ID Number								

Notification is required by Federal and State laws for all storage tanks that are operational or have been used to store regulated substances since January 1, 1974. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act (RCRA) and Indiana Code 329 IAC 9, as amended. Specific detailed instructions for the completion of this form may be found in the Underground Storage Tank Technical Guidance Manual (Rev. 11/95), on page 4 of this form or by contacting the UST Branch at the above address.

TYPE OF NOTIFICATION

THIS NOTIFICATION FORM PROVIDES INFORMATION FOR (CHECK ALL THAT APPLY):

- A NEW FACILITY
- A NEW OWNER
- A NEW TANK
- A NEW OPERATOR
- A CHANGE OF OWNERSHIP
- A SYSTEM UPGRADE
- AN ADDRESS CHANGE
- OTHER _____
- A TEMPORARY CLOSURE
- A REQUEST FOR CLOSURE
- A PERMANENT CLOSURE WITH CLOSURE REPORT

OWNER OF TANKS

OWNER NAME: William King **MOB**

MAILING ADDRESS: 300 W. Walnut

CITY: Kokomo STATE: IN

ZIP CODE: 46901 TELEPHONE: () -

OPERATOR OF FACILITY

OPERATOR NAME (IF SAME AS OWNER, MARK BOX HERE)

MAILING ADDRESS

CITY

ZIP CODE TELEPHONE

TANK/FACILITY LOCATION

FACILITY NAME (IF SAME AS OWNER, MARK BOX HERE)

MAILING ADDRESS (IF SAME AS OWNER, MARK BOX HERE)

LOCATION OF TANKS: 300 W. Walnut

CITY: Kokomo, In.

ZIP CODE: 46901 COUNTY: Howard

TYPE OF FACILITY/OWNER

<h4>TYPE OF OWNER</h4> <p>(Please Check One)</p> <input checked="" type="radio"/> PRIVATE/BUSINESS <input type="radio"/> STATE GOVERNMENT <input type="radio"/> LOCAL GOVERNMENT <input type="radio"/> FEDERAL GOVERNMENT <input type="radio"/> GSA FACILITY (ID# _____) <input type="radio"/> OTHER _____ EFFECTIVE DATE OF OWNERSHIP: ____/____/____	<h4>TYPE OF OPERATION</h4> <p>(Please Check One)</p> <input checked="" type="radio"/> MOTOR VEHICLE FUEL DISPENSING STATION <input type="radio"/> COMMERCIAL <input type="radio"/> RESIDENTIAL <input type="radio"/> INDUSTRIAL <input type="radio"/> AGRICULTURE <input type="radio"/> OTHER _____ GIS COORDINATES: _____
--	--

CONSULTANT/CONTRACTOR COMPLIANCE CERTIFICATION

OATH: I certify that the information concerning installation, upgrade, or closure provided in this notification is true and correct to the best of my knowledge.

NAME OF CONTRACTOR/CONSULTANT: Edward Jacobs

NAME OF COMPANY: Certified Tank Services, Inc.

SIGNATURE OF CONTRACTOR (IN INK - NO PHOTOCOPIES WILL BE ACCEPTED): *Edward D Jacobs*

CERTIFICATION NUMBER: UC2000663334 DATE: 7/14/00

CONTACT AT TANK LOCATION

NAME OF CONTACT PERSON AT TANK LOCATION: Michael Bolinger

JOB TITLE: _____ TELEPHONE NUMBER: (765) 457-8151

NUMBER OF TANKS AT THIS LOCATION: 4

NUMBER OF PAGES ATTACHED TO THIS NOTIFICATION: 2

OWNER CERTIFICATION

OATH: I certify that under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

NAME AND TITLE OF OWNER OR AUTHORIZED REPRESENTATIVE: Michael Bolinger

SIGNATURE OF OWNER (IN INK - NO PHOTOCOPIES WILL BE ACCEPTED): *Michael Bolinger* DATE: 18 JUL 00

STATE USE ONLY

R E C E I V E D

JUL 25 2000

FACILITY NAME

FACILITY ID. 2814

PAGE 2

OF 3

DESCRIPTION OF UNDERGROUND STORAGE TANK SYSTEM

COMPLETE A COLUMN FOR EACH TANK.		ATTACH ADDITIONAL SHEETS WHEN NUMBER OF TANKS EXCEEDS SIX.					
SEQUENTIAL TANK NUMBER		1	2	3	4		
OWNER-SPECIFIED TANK NUMBER		1	2	3	4		
DATE INSTALLED		unknown	unknown	unknown	unknown		
CAPACITY (GALLONS)		10,000	4,000	4,000	4,000		
COMPLETE ONLY ONE OF A, B, OR C.	A. CURRENTLY IN USE	0	0	0	0	0	0
	DATE BROUGHT INTO USE	11	11	11	11	11	11
	B. TEMPORARILY OUT OF USE	●	●	●	●	0	0
	DATE LAST USED	unknown	unknown	unknown	unknown		
	C. PERMANENTLY OUT OF USE					11	11
A, B OR C MUST BE COMPLETED IF SECTIONS D OR E ARE SELECTED.	DATE REMOVED FROM GROUND	11	11	11	11	11	11
	DATE FILLED IN-PLACE	11	11	11	11	11	11
	D. REQUESTING CLOSURE						
	TO BE REMOVED	●	●	●	●	0	0
	TO BE FILLED IN-PLACE	0	0	0	0	0	0
SUBSTANCE CURRENTLY OR LAST STORED (COMPLETE ONLY ONE OF A, B, OR C)	E. CHANGE-IN-SERVICE					0	0
	REGULATED TO UNREGULATED	0	0	0	0	0	0
	UNREGULATED TO REGULATED	0	0	0	0	0	0
	A. PETROLEUM						
	DIESEL	0	0	0	0	0	0
KEROSENE	0	0	0	0	0	0	
GASOLINE	●	●	●	●	0	0	
USED OIL	0	0	0	0	0	0	
OTHER (specify)							
B. HAZARDOUS SUBSTANCE	0	0	0	0	0	0	
CERCLA SUBSTANCE or							
Chemical Abstract Service Number							
MIXTURE OF SUBSTANCES	0	0	0	0	0	0	
C. UNKNOWN	0	0	0	0	0	0	
TANK CONSTRUCTION	STEEL	●	●	●	●	0	0
	CONCRETE	0	0	0	0	0	0
	FIBERGLASS/PLASTIC	0	0	0	0	0	0
	UNKNOWN	0	0	0	0	0	0
	OTHER (specify)						
INTERNAL PROTECTION	INTERIOR LINING	0	0	0	0	0	0
	NONE	●	●	●	●	0	0
	UNKNOWN	0	0	0	0	0	0
	OTHER (specify)						
EXTERNAL PROTECTION	CATHODIC	0	0	0	0	0	0
	PAINTED	0	0	0	0	0	0
	FIBERGLASS/PLASTIC	0	0	0	0	0	0
	NONE	0	0	0	0	0	0
	UNKNOWN	●	●	●	●	0	0
OTHER (specify)							
TYPE	BARE STEEL	0	0	0	0	0	0
	GALVANIZED STEEL	●	●	●	●	0	0
	FIBERGLASS REINFORCED PLASTIC	0	0	0	0	0	0
	CATHODIC PROTECTION	0	0	0	0	0	0
	UNKNOWN	0	0	0	0	0	0
OTHER (specify)							
METHOD	PRESSURIZED	0	0	0	0	0	0
	EUROPEAN SUCTION	0	0	0	0	0	0
	AMERICAN SUCTION	0	0	0	0	0	0

3223 (REV. 3/97)

CITY NAME

FACILITY ID. 2814

PAGE 3 OF 3

COMPLETE A COLUMN FOR EACH TANK.

ATTACH ADDITIONAL SHEETS WHEN THE NUMBER OF TANKS EXCEEDS SIX.

J	Sequential Tank Number					
	Manual Tank Gauging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Tank Tightness Testing With Inventory Controls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Automatic Tank Gauging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Vapor Monitoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Ground Water Monitoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Interstitial Monitoring Within a Secondary Barrier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Interstitial Monitoring Within Secondary Containment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Automatic Line Leak Detectors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Line Tightness Testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Statistical Inventory Reconciliation (SIR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Another Method (Please specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	For Coated Steel Tanks with Cathodic Protection - Impressed Current	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Sacrificial Anodes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	For Coated Steel Piping with Cathodic Protection - Impressed Current	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Sacrificial Anodes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Another Method (Please specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Catchment Basins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Automatic Shutoff Devices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Overfill Alarms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Ball Float Valves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Another Method (Please specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Indicate compliance specific to this installation upgrade, or closure	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Installer is certified by the tank and piping manufacturer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Contractor is certified by the Office of the State Fire Marshal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Work Inspected/Certified by a registered professional engineer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Work Inspected by the Office of the State Fire Marshal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	All work has been completed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Another method of compliance was used (specify below).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CERTIFICATION OF FINANCIAL RESPONSIBILITY

I have financial responsibility in accordance with Subtitle I Subpart H (Specify below).

- Self-Insurance
- Insurance & Risk Retention Group Coverage
- Trust Agreement
- Guarantee
- Surety Bond
- Letter of Credit
- Local Government - Bond Rating Test
- Local Government - Financial Test
- Local Government - Guarantee
- Local Government - Fund

30 - DAY REQUEST FOR TANK CLOSURE

To request a tank closure, mark the Request for Closure oval in Type of Notification in Section A, complete sections B, C, D, E, and mark D. REQUESTING CLOSURE in section F. Complete the remaining sections (G-N) and fill in the requested information below.

PROPOSED CONTRACTOR

CONTRACTOR NAME
Certified Tank Services, Inc.

MAILING ADDRESS
8977 W. State Road 14

CITY
Winamac STATE
In.

ZIP CODE
46996 TELEPHONE
(219) 946-6511

CONTACT PERSON
Ed Jacobs CERTIFICATION NUMBER
UC2000663334

LUST INCIDENT INFORMATION

LUST INCIDENT NUMBER, IF APPLICABLE

DATE INCIDENT REPORTED

***NOTE: Any tank closures must be performed by persons certified by the Indiana State Fire Marshal. City/County Fire Departments, the Indiana State Fire Marshal, and IDEM's UST Section must be notified 14 days prior to closure. Please report to the Leaking Underground Storage Tank Section at (317) 308-3067 if signs of soil or groundwater contamination are observed.**

Indiana State Fire Marshal (317) 232-2222