



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: **1793**

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

A TYPE OF NOTIFICATION

<input type="checkbox"/> Facility Contact Change	<input checked="" type="checkbox"/> UST Owner Change	<input type="checkbox"/> Owner/Operator Information Change
<input type="checkbox"/> Type of Facility Change	<input checked="" type="checkbox"/> Property Owner Change	<input type="checkbox"/> Facility Name / Location Change
<input type="checkbox"/> UST System Modification	<input checked="" type="checkbox"/> UST Operator Change	<input type="checkbox"/> Financial Responsibility Change
<input type="checkbox"/> New UST System(s)		

B FACILITY NAME / LOCATION

FACILITY NAME Tam D Food Mart LLC		LATITUDE (37.710101 to 41.866773) 39.813270	LONGITUDE (-88.165351 to -84.671035) -84.889540
FACILITY ADDRESS (number and street) 1221 South 9th St		PARCEL NUMBER 89-18-09-110-323.000-030	
CITY Richmond	STATE IN	ZIP CODE 47374	COUNTY Wayne
		TELEPHONE NUMBER (765) 962-1329	

C TYPE OF FACILITY (Check all that apply)

<input type="checkbox"/> Auto Dealership	<input type="checkbox"/> Commercial	<input type="checkbox"/> Airport Hydrant System
<input type="checkbox"/> Hospital	<input checked="" type="checkbox"/> Gas Station	<input type="checkbox"/> Industrial
<input type="checkbox"/> Petroleum Distributor	<input type="checkbox"/> Railroad	<input type="checkbox"/> Residential
<input type="checkbox"/> Trucking or Transport	<input type="checkbox"/> Utilities	<input type="checkbox"/> Unmanned
<input type="checkbox"/> Marina	<input type="checkbox"/> School	<input type="checkbox"/> Other:

D PREPARED BY

PREFIX	FIRST NAME Anna	MI	LAST NAME Millar	SUFFIX
ADDRESS 7428 Rockville Road		CITY Indianapolis	STATE IN	ZIP CODE 46214
TELEPHONE NUMBER (317) 347-1111	JOB TITLE	EMAIL ADDRESS amillar@iwmconsult.com		

E UST OWNER

TYPE OF OWNER

<input type="checkbox"/> Federal Government	<input type="checkbox"/> State Government	<input type="checkbox"/> City / Local Government
<input type="checkbox"/> Commercial	<input checked="" type="checkbox"/> Private	<input type="checkbox"/> Other:

Option 1: UST OWNER NAME (Business Name as registered with the Secretary of State) Tam D Food Mart LLC	BUSINESS ID (From the Secretary of State) 202309081723450
Option 2: UST OWNER NAME (If a Public Agency or other entity)	
Option 3: UST OWNER NAME (If in Individual Capacity)	

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
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UST OWNER ADDRESS (Listed in Options 1-3)

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 1221 South 9th Street	ADDRESS (line 2)
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CITY Richmond	STATE IN	ZIP CODE 47374	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 02/08/2024
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TELEPHONE NUMBER (463) 248-1664	EMAIL ADDRESS (Option 3 Individual Capacity)	JOB TITLE (Option 3 Individual Capacity)
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CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)

PREFIX	FIRST NAME Amrinder	MI	LAST NAME Cheema	SUFFIX
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PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 1221 South 9th Street	ADDRESS (line 2)
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CITY Richmond	STATE IN	ZIP CODE 47374	JOB TITLE Member
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TELEPHONE NUMBER (463) 248-1664	EMAIL ADDRESS arlingtonstore3@gmail.com
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FACILITY ID # 1793		FACILITY NAME Tam D Food Mart LLC	
F FINANCIAL RESPONSIBILITY (Check all that apply)			
<input type="checkbox"/> Federal or State Government Entity, which does not fall under financial responsibility requirements			
<input type="checkbox"/> Local Government owner or operator is maintaining financial responsibility for this site			
<input type="checkbox"/> The UST owner is maintaining financial responsibility for this site			
<input type="checkbox"/> The UST operator is maintaining financial responsibility for this site			
<input checked="" type="checkbox"/> I have met the financial responsibility requirements (in accordance with 329 IAC 9-8) by using one or a combination of the following mechanisms: (check all that apply). If you are using the ELTF it must be checked as well.			
<input type="checkbox"/> Financial Test of Self Insurance		<input checked="" type="checkbox"/> Excess Liability Trust Fund (State Fund)	
<input type="checkbox"/> Guarantee		<input type="checkbox"/> Insurance and Risk Retention Group Coverage	
<input type="checkbox"/> Surety Bond		<input type="checkbox"/> Loan Commitment Letter	
<input type="checkbox"/> Letter of Credit		<input type="checkbox"/> Certificate of Deposit	
<input type="checkbox"/> Trust Fund		<input type="checkbox"/> Standby Trust Fund	
<input type="checkbox"/> Local Government Bond Rating Test		<input type="checkbox"/> Local Government Financial Test	
<input type="checkbox"/> Local Government Guarantee		<input type="checkbox"/> Local Government Fund	
If utilizing the ELTF for FR, I acknowledge the requirement to maintain the ability to pay the applicable amount pursuant to 9-8-11(b) and (c) and ability to provide proof of that mechanism when requested.			
G UST OPERATOR			
TYPE OF OPERATOR			
<input type="checkbox"/> Federal Government		<input type="checkbox"/> State Government	
<input type="checkbox"/> Commercial		<input checked="" type="checkbox"/> Private	
		<input type="checkbox"/> City / Local Government	
		<input type="checkbox"/> Other:	
Option 1: UST OPERATOR NAME (Business Name as registered with the Secretary of State)		BUSINESS ID (From the Secretary of State)	
Tam D Food Mart		202309081723450	
Option 2: UST OPERATOR NAME (If a Public Agency or other entity)			
Option 3: UST OPERATOR NAME (If in Individual Capacity)			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
UST OPERATOR ADDRESS (Listed in Options 1-3)			
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (line 2)	
1221 South 9th Street			
CITY	STATE	ZIP CODE	DATE BEGAN OPERATING (MM/DD/YYYY)
Richmond	IN	47374	02/08/2024
TELEPHONE NUMBER	EMAIL ADDRESS (Option 3 Individual Capacity)		JOB TITLE (Option 3 Individual Capacity)
(463) 248-1664			
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
	Amrinder		Cheema
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (line 2)	
1221 South 9th Street			
CITY	STATE	ZIP CODE	JOB TITLE
Richmond	IN	47374	Member
TELEPHONE NUMBER	EMAIL ADDRESS		
(463) 248-1664	arlingtonstore3@gmail.com		
H FACILITY CONTACT			
CONTACT INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
	Amrinder		Cheema
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (line 2)	
1221 South 9th Street			
CITY	STATE	ZIP CODE	JOB TITLE
Richmond	IN	47374	Member
TELEPHONE NUMBER	EMAIL ADDRESS		
(463) 248-1664	arlingtonstore3@gmail.com		

FACILITY ID # 1793		FACILITY NAME Tam D Food Mart LLC			
I DEEDED PROPERTY OWNER					
TYPE OF OWNER					
<input type="checkbox"/> Federal Government		<input type="checkbox"/> State Government		<input type="checkbox"/> City / Local Government	
<input type="checkbox"/> Commercial		<input checked="" type="checkbox"/> Private		<input type="checkbox"/> Other:	
Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State) Tam D Food Mart LLC				BUSINESS ID (From the Secretary of State) 202309081723450	
Option 2: PROPERTY OWNER NAME (If a Public Agency or other entity)					
Option 3: PROPERTY OWNER NAME (If in Individual Capacity)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
PROPERTY OWNER ADDRESS (Listed in Options 1-3)					
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 1221 South 9th Street				ADDRESS (line 2)	
CITY Richmond		STATE IN	ZIP CODE 47374	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 02/08/2024	
TELEPHONE NUMBER (463) 248-1664		EMAIL ADDRESS (Option 3 Individual Capacity)		JOB TITLE (Option 3 Individual Capacity)	
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
	Amrinder		Cheema		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 1221 South 9th Street				ADDRESS (line 2)	
CITY Richmond		STATE IN	ZIP CODE 47374	JOB TITLE Member	
TELEPHONE NUMBER (463) 248-1664		EMAIL ADDRESS arlingtonstore3@gmail.com			
J ACTIVE LAND CONTRACT PROPERTY OWNER (If applicable)					
TYPE OF OWNER					
<input type="checkbox"/> Federal Government		<input type="checkbox"/> State Government		<input type="checkbox"/> City / Local Government	
<input type="checkbox"/> Commercial		<input type="checkbox"/> Private		<input type="checkbox"/> Other:	
Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State)				BUSINESS ID (From the Secretary of State)	
Option 2: PROPERTY OWNER NAME (If a Public Agency or other entity)					
Option 3: PROPERTY OWNER NAME (If in Individual Capacity)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
PROPERTY OWNER ADDRESS (Listed in Options 1-3)					
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)				ADDRESS (line 2)	
CITY		STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)	
TELEPHONE NUMBER	JOB TITLE	EMAIL ADDRESS (Option 3 Individual Capacity)		PROPOSED END DATE (MM/DD/YYYY)	
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)				ADDRESS (line 2)	
CITY		STATE	ZIP CODE	JOB TITLE	
TELEPHONE NUMBER		EMAIL ADDRESS			

FACILITY ID # 1793	FACILITY NAME Tam D Food Mart LLC
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K CONTRACTOR

<input type="checkbox"/> INSTALLATION INSPECTED BY A REGISTERED ENGINEER	REGISTRATION ID:	REGISTRATION DATE <i>(mm/dd/yyyy)</i>
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<input type="checkbox"/> MANUFACTURER'S INSTALLATION CHECKLISTS HAVE BEEN COMPLETED AND INCLUDED	<input type="checkbox"/> INSTALLER CERTIFIED BY TANK AND PIPING MANUFACTURER
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<input type="checkbox"/> WORK INSPECTED BY INDIANA DEPARTMENT OF HOMELAND SECURITY / DIVISION OF FIRE AND BUILDING SAFETY	INSPECTION DATE <i>(mm/dd/yyyy)</i>
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CONTRACTOR BUSINESS NAME <i>(Business Name as registered with the Secretary of State)</i>	BUSINESS ID <i>(From the Secretary of State)</i>
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CONTACT INFORMATION FOR CONTRACTOR THAT PERFORMED OR MANAGED WORK ON SITE

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
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PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS <i>(Number and Street, no P.O. Box)</i>	ADDRESS <i>(line 2)</i>
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CITY	STATE	ZIP CODE	IDHS CERTIFICATION NUMBER
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TELEPHONE NUMBER	EMAIL ADDRESS
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L POTENTIALLY INTERESTED PARTIES

INTERESTED PARTY NAME Mandy Hall	E-MAIL ADDRESS mhall@iwmconsult.com
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INTERESTED PARTY NAME Troy Smith	E-MAIL ADDRESS tsmith@iwmconsult.com
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INTERESTED PARTY NAME	E-MAIL ADDRESS
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M FACILITY SITE MAP

In the space below, sketch the facility (tanks, piping, tank manway locations, vents, pump islands, buildings, etc.). Include tank sizes and type of product stored. Label streets or other landmarks. Show North if direction known.

FACILITY ID # 1793	FACILITY NAME Tam D Food Mart LLC
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Complete one column for each tank or compartment. See instructions for compartment identification numbering.

N IDENTIFICATION OF UNDERGROUND STORAGE TANKS

IDEM UST REGISTRATION NUMBER	1	2	3
PART OF A COMPARTMENTED UST (Y/N)	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>
NUMBER OF COMPARTMENTS IN UST			
COMPARTMENT IDENTIFICATION NUMBER			
(mm/dd/yyyy) DATE INSTALLED	05/01/1999	05/01/1999	05/01/1999
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE	06/01/1999	06/01/1999	06/01/1999
(gallons) ESTIMATED TOTAL CAPACITY	20,000	10,000	5,000
MANIFOLDED (Y/N)			
MANIFOLDED TO COMPARTMENT ID NUMBER			

O STATUS OF UNDERGROUND STORAGE TANKS

CURRENT STATUS	IN USE <input type="checkbox"/>	IN USE <input type="checkbox"/>	IN USE <input type="checkbox"/>
(mm/dd/yyyy) STATUS DATE	06/01/1999	06/01/1999	06/01/1999

P SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS

PETROLEUM	GSL - Gasoline <input type="checkbox"/>	GSL - Gasoline <input type="checkbox"/>	DSL - Diesel <input type="checkbox"/>
MAXIMUM ETHANOL %	10	10	
MAXIMUM BIOFUEL %			
(specify) OTHER			
HAZARDOUS SUBSTANCE			
CHEMICAL ABSTRACT SERVICE NUMBER			
MIXTURE OF SUBSTANCES			
PRODUCT IS COMPATIBLE WITH TANK (Y/N)	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>

Q UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES

MANUFACTURER			
MODEL			
MATERIAL OF CONSTRUCTION	Fiberglass <input type="checkbox"/>	Fiberglass <input type="checkbox"/>	Fiberglass <input type="checkbox"/>
SECONDARY CONTAINMENT			

R UNDERGROUND STORAGE TANK CORROSION PROTECTION

CORROSION PROTECTION TYPE	Not Applicable <input type="checkbox"/>	Not Applicable <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
(mm/dd/yyyy) ANODE INSTALLATION DATE			
INTERIOR LINING			
(mm/dd/yyyy) LINER INSTALLATION DATE			
(specify) OTHER			

S PIPING CONSTRUCTION AND PROTECTION

MANUFACTURER	Greenflex	Greenflex	Greenflex
MODEL			
(mm/dd/yyyy) DATE INSTALLED	05/01/1999	05/01/1999	05/01/1999
MATERIAL	Flexible Compos <input type="checkbox"/>	Flexible Compos <input type="checkbox"/>	Flexible Compos <input type="checkbox"/>
SECONDARY CONTAINMENT	Double-walled <input type="checkbox"/>	Double-walled <input type="checkbox"/>	Double-walled <input type="checkbox"/>
CORROSION PROTECTION TYPE	Not Applicable <input type="checkbox"/>	Not Applicable <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
(mm/dd/yyyy) ANODE INSTALLATION DATE			
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
PRODUCT DELIVERY METHOD	Pressurized <input type="checkbox"/>	Pressurized <input type="checkbox"/>	Pressurized <input type="checkbox"/>

FACILITY ID # 1793		FACILITY NAME Tam D Food Mart LLC		
IDEM UST REGISTRATION NUMBER		1	2	3
COMPARTMENT IDENTIFICATION NUMBER				
T	UNDERGROUND STORAGE TANK RELEASE DETECTION			
PRIMARY UST RELEASE DETECTION	ATG CSLD	ATG CSLD	ATG CSLD	
MANUFACTURER	Veeder Root	Veeder Root	Veeder Root	
MODEL	TLS-350	TLS-350	TLS-350	
SECONDARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				
U	UNDERGROUND PIPING RELEASE DETECTION			
PRIMARY PIPING RELEASE DETECTION	0.2gph/0.1gph El <input type="checkbox"/>	0.2gph/0.1gph El <input type="checkbox"/>	0.2gph/0.1gph El <input type="checkbox"/>	
MANUFACTURER	Veeder Root	Veeder Root	Veeder Root	
MODEL	TLS-350	TLS-350	TLS-350	
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)	Annual Line Tigh <input type="checkbox"/>	Annual Line Tigh <input type="checkbox"/>	Annual Line Tigh <input type="checkbox"/>	
MANUFACTURER				
MODEL				
TERTIARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				
V	SPILL AND OVERFILL PREVENTION EQUIPMENT			
CATCHMENT BASIN / SPILL BUCKET	Standard Spill Bu <input type="checkbox"/>	Standard Spill Bu <input type="checkbox"/>	Standard Spill Bu <input type="checkbox"/>	
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
FILL LATITUDE	39.813270	39.813270	39.813270	
FILL LONGITUDE	-84.889540	-84.889540	-84.889540	
PRIMARY OVERFILL PREVENTION EQUIPMENT	Flow Restrictor / <input type="checkbox"/>	Flow Restrictor / <input type="checkbox"/>	Flow Restrictor / <input type="checkbox"/>	
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
% ULLAGE SET POINT				
SECONDARY OVERFILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
% ULLAGE SET POINT				
UNDER DISPENSER CONTAINMENT PRESENT	YES - Testable	YES - Testable	YES - Testable	
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				
SUBMERSIBLE TURBINE SUMP PRESENT				
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				

FACILITY ID # 1793	TRANSACTION ID - FOR STATE USE ONLY
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UST OWNER CERTIFICATION

I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-23-14-2, that the statements and representations in this document are true, accurate, and complete. I further certify compliance with the following requirements in accordance with 329 IAC 9-2-2(e):

- (1) Installation of all tanks and piping under 40 CFR 280.20.
- (2) Cathodic protection of steel tanks and piping under 40 CFR 280.20.
- (3) Release detection under 40 CFR 280 Subpart D.
- (4) Financial responsibility under 329 IAC 9-8.

OWNER'S AUTHORIZED REPRESENTATIVE (Print or Type)				
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Amrinder		Cheema	
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank)		
Member		Tam D Food Mart LLC		
SIGNATURE			DATE (MM/DD/YYYY)	
			6/12/24	

UST OPERATOR CERTIFICATION

I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-23-14-2, that the statements and representations in this document are true, accurate, and complete. I further certify compliance with the following requirements in accordance with 329 IAC 9-2-2(e):

- (1) Installation of all tanks and piping under 40 CFR 280.20.
- (2) Cathodic protection of steel tanks and piping under 40 CFR 280.20.
- (3) Release detection under 40 CFR 280 Subpart D.
- (4) Financial responsibility under 329 IAC 9-8.

OPERATOR'S AUTHORIZED REPRESENTATIVE (Print or Type)				
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Amrinder		Cheema	
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank)		
Member		Tam D Food Mart LLC		
SIGNATURE			DATE (MM/DD/YYYY)	
			6/12/24	

CONTRACTOR CERTIFICATION

CERTIFIED INDIVIDUAL NAME				
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
OATH: I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-23-14-2, that work performed on the UST system complies with methods specified in 329 IAC 9 and 40 CFR 280, Subpart C.				
SIGNATURE		EMAIL ADDRESS	DATE (MM/DD/YYYY)	

Property Tax Exemption

Apply for Property Tax Exemption

Assessment Appeals Process

Would you like to submit an appeal for the assessment of this property? [Click Here](#) for more information.

File an Appeal

Summary

Tax ID 029-12723-00
State Parcel ID 89-18-09-110-323.000-030
Map # 50-09-110-323.000-29
Property Address 1229 S 9TH ST
 RICHMOND
Sec/Twp/Rng n/a
Tax Set RICHMOND
Subdivision n/a
Brief Tax Description LOTS 10, 11 & 12 & 19.92 FT S SIDE LOT 9 PARKVIEW
 (Note: Not to be used on legal documents)
Book/Page DR: 3-20-91 471-716*WD: 8-5-96 1996008840*WD: 10-7-98 1998015411*AC#5822*WD: 3-23-99 1999003990*WD: 6-6-05
 2005006090*LWD: 2-8-24 2024000839*2024000840
Acres 0.309
Class 450 COM CONVENIENCE MARKET/GAS-450
[Eagle View](#)
[INFRAME Street View](#)
[Plat Map](#)
[Web Soil Survey](#)

Owners

Deeded Owner
 TAM D FOOD MART LLC
 9739 PICA DR
 FISHERS, IN 46040

Land

Land Type	Soil ID	Act Front.	Eff. Depth	Size	Rate	Adj. Rate	Ext. Value	Infl. %	Value
Fci		112	120	112x120	\$300.00	\$270.00	\$30,240.00	80%	\$54,430.00

Commercial Buildings

Description	Mixed Use Commercial				Use Area	2,624
	SB	B	1	U	Not in Use	0
Wall Type			1		Use	Convenience Market
Heating			2624		Floor	1
A/C			2624			
Sprinkler						
Plumbing RES/CI	#	TF	#	TF		
Total	0	0	6	6		

Improvements

Descr	PC	Grade	Year Built	Eff Year	Cond	LCM	Size	Nbhd Factor	Mrkt Factor
Retaining Wall	100	C	1999	1999	A	1.01	0	1	1
Paving	100	C	1999	1999	A	1.01	9900	1	1
Fencing	100	C	1999	1999	A	1.01	0	1	1
Mixed Use Commercial	100	B	1999	1999	A	1.01	2624	1	1
Service Station, DetCPY	100	C	1999	1999	A	1.01	2915	1	1

Valuation

Assessment Year	2024	2023	2022	2021	2020
Reason	Annual Adjustment	Annual Adjustment	Annual Adjustment	Annual Adjustment	Annual Adjustment
As Of Date	4/17/2024	4/20/2023	4/22/2022	4/16/2021	1/1/2020
Land	\$54,400	\$54,400	\$54,400	\$54,400	\$54,400
Land Res (1)	\$0	\$0	\$0	\$0	\$0
Land Non Res (2)	\$0	\$0	\$0	\$0	\$0
Land Non Res (3)	\$54,400	\$54,400	\$54,400	\$54,400	\$54,400
Improvement	\$360,300	\$360,300	\$360,300	\$360,300	\$360,300
Imp Res (1)	\$0	\$0	\$0	\$0	\$0
Imp Non Res (2)	\$0	\$0	\$0	\$0	\$0
Imp Non Res (3)	\$360,300	\$360,300	\$360,300	\$360,300	\$360,300
Total	\$414,700	\$414,700	\$414,700	\$414,700	\$414,700
Total Res (1)	\$0	\$0	\$0	\$0	\$0
Total Non Res (2)	\$0	\$0	\$0	\$0	\$0
Total Non Res (3)	\$414,700	\$414,700	\$414,700	\$414,700	\$414,700

Tax History

Detail:

Tax Year	Type	Category	Description	Amount	Balance Due
2023 PAYABLE 2024	Spring Tax	Tax	23/24 Spring Tax	\$6,220.49	\$6,220.49
2023 PAYABLE 2024	Fall Tax	Tax	23/24 Fall Tax	\$6,220.49	\$6,220.49
2023 PAYABLE 2024	Fall Tax	Tax	22/23 Fall Tax	\$6,220.49	\$6,220.49
2023 PAYABLE 2024	Fall Penalty	Tax	Penalty - 22/23 Fall Tax	\$622.04	\$622.04
2022 PAYABLE 2023	Spring Tax	Tax	22/23 Spring Tax	\$6,220.49	\$0.00
2022 PAYABLE 2023	Spring Penalty	Tax	Penalty - 22/23 Spring Tax	\$622.05	\$0.00
2022 PAYABLE 2023	Fall Tax	Tax	22/23 Fall Tax	\$6,220.49	\$6,220.49
2022 PAYABLE 2023	Fall Tax	Tax	21/22 Fall Tax	\$6,220.49	\$0.00
2022 PAYABLE 2023	Fall Penalty	Tax	Penalty - 21/22 Fall Tax	\$622.04	\$0.00
2021 PAYABLE 2022	Tax Sale Cost	Other	21/22 Tax Sale Cost	\$100.00	\$0.00
2021 PAYABLE 2022	Tax Sale Cost	Other	21/22 Tax Sale Admin Fee	\$25.00	\$0.00
2021 PAYABLE 2022	Spring Tax	Tax	20/21 Spring Tax	\$6,220.50	\$0.00
2021 PAYABLE 2022	Spring Tax	Tax	21/22 Spring Tax	\$6,220.49	\$0.00
2021 PAYABLE 2022	Spring Penalty	Tax	Penalty - 20/21 Spring Tax	\$1,244.11	\$0.00
2021 PAYABLE 2022	Spring Penalty	Tax	Penalty - 21/22 Spring Tax	\$622.05	\$0.00
2021 PAYABLE 2022	Fall Tax	Tax	20/21 Fall Tax	\$6,220.50	\$0.00
2021 PAYABLE 2022	Fall Tax	Tax	21/22 Fall Tax	\$6,220.49	\$6,220.49
2021 PAYABLE 2022	Fall Penalty	Tax	Penalty - 20/21 Fall Tax	\$1,244.10	\$0.00

Delinquent payments made after the fall due date will still show due in the year they were originally assessed. If paid, payment will show in the next tax year.

Total:

Tax Year	Amount	Balance Due
2023 PAYABLE 2024	\$19,283.51	\$19,283.51
2022 PAYABLE 2023	\$19,905.56	\$6,220.49
2021 PAYABLE 2022	\$28,117.24	\$6,220.49

Pay Taxes Online

Pay Taxes Online

Payments

Detail:

Tax Year	Payment Date	Paid By	Amount
2022 PAYABLE 2023	06/15/2023	FORTE	\$7,464.58
2022 PAYABLE 2023	05/02/2023	FORTE	\$6,220.49
2021 PAYABLE 2022	08/05/2022	ARSD OIL INC RICHMOND FOOD MART	\$21,896.75

Total:

Tax Year	Amount
2022 PAYABLE 2023	\$13,685.07
2021 PAYABLE 2022	\$21,896.75

Transfers

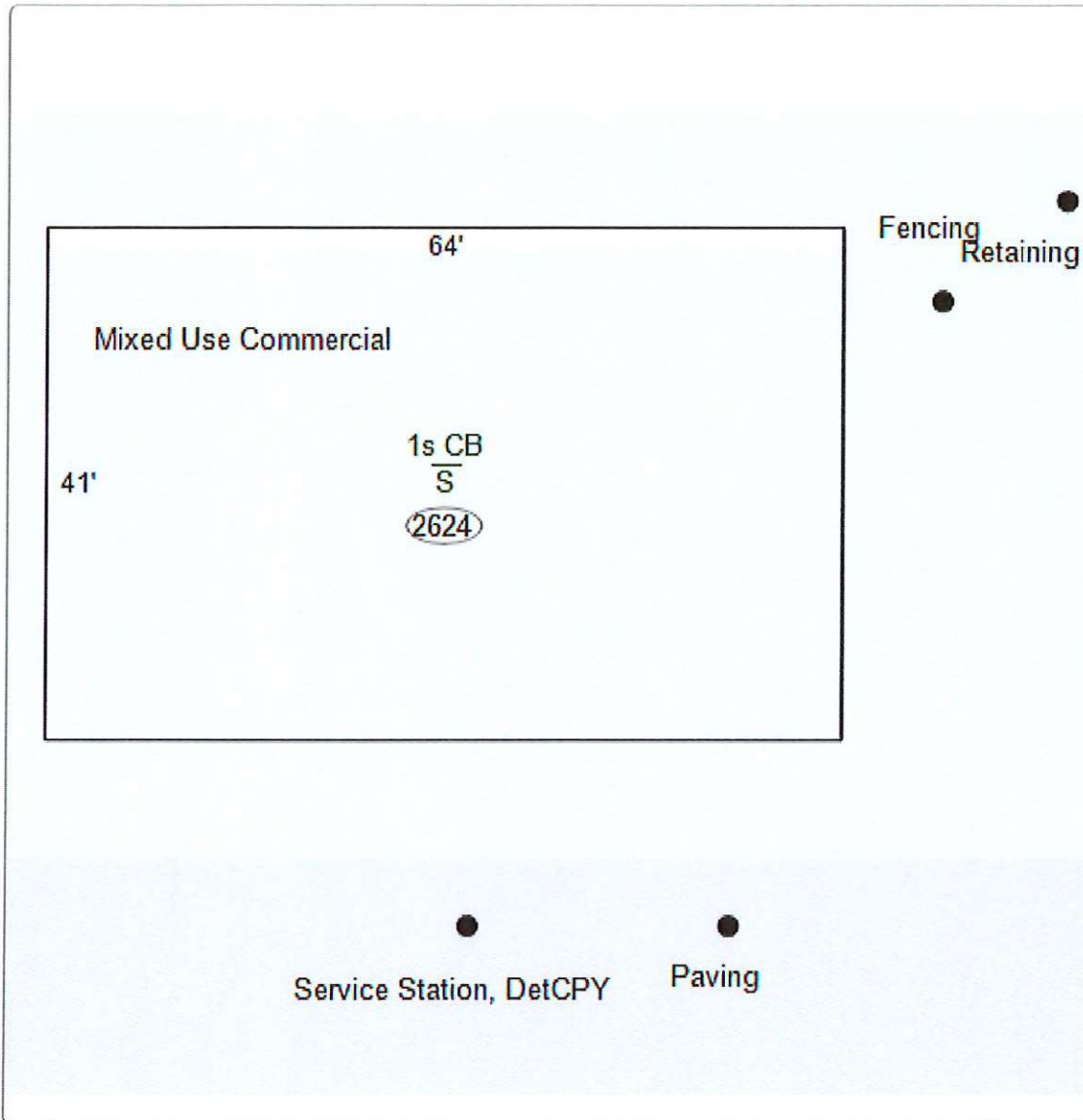
Transfer Date	Buyer Name	Seller Name	Type	Description
10/07/1998 <small>Skip to main content</small>	T & S PANTRIES INC	AC #5822		
06/06/2005	CIRCLE D CORPORATION	T & S PANTRIES INC		
02/08/2024	ASRD OIL INC	CIRCLE D CORPORATION	Straight	Limited Warranty Deed - 2024000839
02/08/2024	TAM D FOOD MART LLC	ASRD OIL INC	Straight	Limited Warranty Deed - 2024000840

Wayne County, IN

Property Record Cards

- [View 2024 Property Record Card\(PDF\)](#)
- [View 2023 Property Record Card\(PDF\)](#)
- [View 2022 Property Record Card\(PDF\)](#)
- [View 2021 Property Record Card\(PDF\)](#)
- [View 2020 Property Record Card\(PDF\)](#)
- [View 2019 Property Record Card\(PDF\)](#)
- [View 2018 Property Record Card\(PDF\)](#)
- [View 2017 Property Record Card\(PDF\)](#)
- [View 2016 Property Record Card\(PDF\)](#)
- [View 2015 Property Record Card\(PDF\)](#)
- [View 2014 Property Record Card\(PDF\)](#)
- [View 2013 Property Record Card\(PDF\)](#)
- [View 2012 Property Record Card\(PDF\)](#)
- [View 2011 Property Record Card\(PDF\)](#)
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- [View 2006 Property Record Card\(PDF\)](#)
- [View 2005 Property Record Card\(PDF\)](#)
- [View 2004 Property Record Card\(PDF\)](#)
- [View 2003 Property Record Card\(PDF\)](#)
- [View 2002 Property Record Card\(PDF\)](#)
- [View 2001 Property Record Card\(PDF\)](#)

Sketches



No data available for the following modules: Homestead Verification, Residential Dwellings, Deductions, Permits.

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Last Data Upload: 5/31/2024, 7:38:35 AM

Contact Us



BUSINESS INFORMATION
DIEGO MORALES
INDIANA SECRETARY OF STATE
06/13/2024 07:43 AM

Business Details

Business Name: **TAM D FOOD MART LLC** Business ID: **202309081723450**
Entity Type: **Domestic Limited Liability Company** Business Status: **Active**
Creation Date: **09/08/2023** Inactive Date:
Principal Office Address: **1221 S 9TH STREET, Richmond, IN, 47374 - 6970, USA** Expiration Date: **Perpetual**
Jurisdiction of Formation: **Indiana** Business Entity Report Due Date: **09/30/2025**
Years Due:

Governing Person Information

Title	Name	Address
Member	AMRINDER CHEEMA	1221 S 9TH STREET, Richmond, IN, 47374 - 6970, USA
Member	AMANPREET KAUR CHEEMA	1221 S 9TH STREET, Richmond, IN, 47374, USA

Registered Agent Information

Type: **Individual**
Name: **AMANPREET KAUR CHEEMA**
Address: **1221 S 9TH ST, Richmond, IN, 47374, USA**

Kreegar, Cynthia

From: Mandy Hall <mhall@iwmconsult.com>
Sent: Thursday, June 13, 2024 7:47 AM
To: IDEM USTregistration; IDEM USTCompliance (USTcompliance)
Cc: Valero Richmond; Troy Smith
Subject: UST NF_FID 1793
Attachments: UST NF_FID 1793_6-13-2024.pdf

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

Good Morning UST Section,

Please see the attached, updated UST NF for FID 1793.

Sincerely,

IWM Consulting Group LLC

Mandy Hall, CHMM

Project Manager

7428 Rockville Road

Indianapolis, IN 46214

Office: (317) 347-1111

Direct: (317) 565-1618

Email: mhall@iwmconsult.com