



**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: **40083**

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 type="checkbox"/>	UST Owner Change	<input type="checkbox"/>	Owner/Operator Information Change				
<input type="checkbox"/>	Type of Facility Change	<input type="checkbox"/>	Property Owner Change	<input type="checkbox"/>	Facility Name / Location Change				
<input checked="" type="checkbox"/>	UST System Modification	<input type="checkbox"/>	UST Operator Change	<input type="checkbox"/>	Financial Responsibility Change				
<input type="checkbox"/>	New UST System(s)								
B FACILITY NAME / LOCATION									
FACILITY NAME Jay C Fuel #81				LATITUDE (37.710101 to 41.866773) 38.34198 N			LONGITUDE (-88.165351 to -84.671035) 85.88047W		
FACILITY ADDRESS (number and street) 4867 Old Vincennes Rd					PARCEL NUMBER				
CITY Floyds Knob			STATE IN	ZIP CODE 47119	COUNTY Floyd		TELEPHONE NUMBER (812) 923-5074		
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 Mark	MI T	LAST NAME Addington			SUFFIX			
ADDRESS 9123 Galene Dr				CITY Louisville		STATE KY	ZIP CODE 40299		
TELEPHONE NUMBER (502) 755-0167			JOB TITLE Fuel Maint Supvsr		EMAIL ADDRESS Mark.Addington@Kroger.com				
E UST OWNER									
TYPE OF OWNER									
<input type="checkbox"/>	Federal Government	<input type="checkbox"/>	State Government	<input type="checkbox"/>	City / Local Government				
<input checked="" type="checkbox"/>	Commercial	<input type="checkbox"/>	Private	<input type="checkbox"/>	Other:				
Option 1: UST OWNER NAME (Business Name as registered with the Secretary of State) Kroger Limited Partnership I					BUSINESS ID (From the Secretary of State) LP97110042				
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			
UST OWNER ADDRESS (Listed in Options 1-3)									
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 1014 Vine St, Tax Department GO7					ADDRESS (line 2)				
CITY Cincinnati			STATE OH	ZIP CODE 45202	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)				
TELEPHONE NUMBER (502) 423-4890			EMAIL ADDRESS (Option 3 Individual Capacity) Steve.McSorley@Kroger.com			JOB TITLE (Option 3 Individual Capacity) Fuel Operations Manager			
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)									
PREFIX	FIRST NAME Steve	MI	LAST NAME McSorley			SUFFIX			
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 1600 Ormsby Station Court					ADDRESS (line 2)				
CITY Louisville			STATE KY	ZIP CODE 40223	JOB TITLE Fuel Operations Manager				
TELEPHONE NUMBER (502) 423-4890			EMAIL ADDRESS Steve.McSorley@Kroger.com and Mark.Addington@Kroger.com						

FACILITY ID # <b>40083</b>		FACILITY NAME <b>Jay C Fuel #81</b>			
<b>F FINANCIAL RESPONSIBILITY (Check all that apply)</b>					
<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). <b>If you are using the ELTF it must be checked as well.</b>					
<input type="checkbox"/> Financial Test of Self Insurance			<input checked="" type="checkbox"/> Excess Liability Trust Fund (State Fund)		
<input type="checkbox"/> Guarantee			<input checked="" 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.					
<b>G UST OPERATOR</b>					
TYPE OF OPERATOR					
<input type="checkbox"/> Federal Government		<input type="checkbox"/> State Government		<input type="checkbox"/> City / Local Government	
<input checked="" type="checkbox"/> Commercial		<input type="checkbox"/> Private		<input type="checkbox"/> Other:	
Option 1: UST OPERATOR NAME (Business Name as registered with the Secretary of State) <b>Kroger Limited Partnership I</b>				BUSINESS ID (From the Secretary of State) <b>LP97110042</b>	
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) <b>1014 Vine St, Tax Department G07</b>				ADDRESS (line 2)	
CITY <b>Cincinnati</b>		STATE <b>OH</b>	ZIP CODE <b>45202</b>	DATE BEGAN OPERATING (MM/DD/YYYY)	
TELEPHONE NUMBER <b>(502) 423-4890</b>		EMAIL ADDRESS (Option 3 Individual Capacity) <b>Steve.McSorley@Kroger.com</b>		JOB TITLE (Option 3 Individual Capacity) <b>Fuel Operations Manager</b>	
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
	<b>Steve</b>		<b>McSorley</b>		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) <b>1600 Ormsby Station Court</b>				ADDRESS (line 2)	
CITY <b>Louisville</b>		STATE <b>KY</b>	ZIP CODE <b>40223</b>	JOB TITLE <b>Fuel Operations Manager</b>	
TELEPHONE NUMBER <b>(502) 423-4890</b>		EMAIL ADDRESS <b>Steve.McSorley@Kroger.com</b>			
<b>H FACILITY CONTACT</b>					
CONTACT INDIVIDUAL NAME					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
	<b>Mark</b>	<b>T</b>	<b>Addington</b>		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) <b>1600 Ormsby Station Court</b>				ADDRESS (line 2)	
CITY <b>Louisville</b>		STATE <b>KY</b>	ZIP CODE <b>40223</b>	JOB TITLE <b>Fuel Operations Manager</b>	
TELEPHONE NUMBER <b>(502) 423-4890</b>		EMAIL ADDRESS <b>Steve.McSorley@Kroger.com</b>			

FACILITY ID # <b>40083</b>		FACILITY NAME <b>Jay C Fuel #81</b>			
<b>I DEEDED PROPERTY OWNER</b>					
TYPE OF OWNER					
<input type="checkbox"/> Federal Government		<input type="checkbox"/> State Government		<input type="checkbox"/> City / Local Government	
<input checked="" 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		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
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			
<b>J ACTIVE LAND CONTRACT PROPERTY OWNER (If applicable)</b>					
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 # <b>40083</b>		FACILITY NAME <b>Jay C Fuel #81</b>	
<b>K CONTRACTOR</b>			
<input type="checkbox"/>	INSTALLATION INSPECTED BY A REGISTERED ENGINEER	REGISTRATION ID:	REGISTRATION DATE <i>(mm/dd/yyyy)</i>
<input type="checkbox"/>	MANUFACTURER'S INSTALLATION CHECKLISTS HAVE BEEN COMPLETED AND INCLUDED	<input type="checkbox"/>	INSTALLER CERTIFIED BY TANK AND PIPING MANUFACTURER
<input type="checkbox"/>	WORK INSPECTED BY INDIANA DEPARTMENT OF HOMELAND SECURITY / DIVISION OF FIRE AND BUILDING SAFETY	INSPECTION DATE <i>(mm/dd/yyyy)</i>	
CONTRACTOR BUSINESS NAME <i>(Business Name as registered with the Secretary of State)</i>		BUSINESS ID <i>(From the Secretary of State)</i>	
CONTACT INFORMATION FOR CONTRACTOR THAT PERFORMED OR MANAGED WORK ON SITE			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS <i>(Number and Street, no P.O. Box)</i>		ADDRESS <i>(line 2)</i>	
CITY	STATE	ZIP CODE	IDHS CERTIFICATION NUMBER
TELEPHONE NUMBER	EMAIL ADDRESS		
<b>L POTENTIALLY INTERESTED PARTIES</b>			
INTERESTED PARTY NAME <b>Steve McSorley</b>		E-MAIL ADDRESS <b>Steve.McSorley@Kroger.com</b>	
INTERESTED PARTY NAME <b>Mark Addington</b>		E-MAIL ADDRESS <b>Mark.Addington@Kroger.com</b>	
INTERESTED PARTY NAME <b>Rob Nalley</b>		E-MAIL ADDRESS <b>Rob.Nalley@Kroger.com</b>	
<b>M FACILITY SITE MAP</b>			
<p><i>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.</i></p>			

FACILITY ID # <b>40083</b>		FACILITY NAME <b>Jay C Fuel #81</b>		
Complete one column for each tank or compartment. See instructions for compartment identification numbering.				
<b>N</b>	<b>IDENTIFICATION OF UNDERGROUND STORAGE TANKS</b>			
IDEM UST REGISTRATION NUMBER				
PART OF A COMPARTMENTED UST (Y/N)	NO	YES	YES	
NUMBER OF COMPARTMENTS IN UST				
COMPARTMENT IDENTIFICATION NUMBER				
(mm/dd/yyyy) DATE INSTALLED	10/01/2021	10/01/2021	10/01/2021	
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE	12/17/2021	12/17/2021	12/17/2021	
(gallons) ESTIMATED TOTAL CAPACITY	20,000	8,000	10,000	
MANIFOLDED (Y/N)	NO	NO	NO	
MANIFOLDED TO COMPARTMENT ID NUMBER				
<b>O</b>	<b>STATUS OF UNDERGROUND STORAGE TANKS</b>			
CURRENT STATUS	IN USE	IN USE	IN USE	
(mm/dd/yyyy) STATUS DATE	12/17/2021	12/17/2021	12/17/2021	
<b>P</b>	<b>SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS</b>			
PETROLEUM	GSL - Gasoline	GSL - Gasoline	DSL - Diesel	
MAXIMUM ETHANOL %	15	15		
MAXIMUM BIOFUEL %				
(specify) OTHER				
HAZARDOUS SUBSTANCE				
CHEMICAL ABSTRACT SERVICE NUMBER				
MIXTURE OF SUBSTANCES				
PRODUCT IS COMPATIBLE WITH TANK (Y/N)	YES	YES	YES	
<b>Q</b>	<b>UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES</b>			
MANUFACTURER	Xerxes	Xerxes	Xerxes	
MODEL				
MATERIAL OF CONSTRUCTION	Fiberglass	Fiberglass	Fiberglass	
SECONDARY CONTAINMENT	Double-walled	Double-walled	Double-walled	
<b>R</b>	<b>UNDERGROUND STORAGE TANK CORROSION PROTECTION</b>			
CORROSION PROTECTION TYPE	Not Applicable	Not Applicable	Not Applicable	
(mm/dd/yyyy) ANODE INSTALLATION DATE				
INTERIOR LINING				
(mm/dd/yyyy) LINER INSTALLATION DATE				
(specify) OTHER				
<b>S</b>	<b>PIPING CONSTRUCTION AND PROTECTION</b>			
MANUFACTURER	OPW	OPW	OPW	
MODEL	Flexworks	Flexworks	Flexworks	
(mm/dd/yyyy) DATE INSTALLED	10/01/2021	10/01/2021	10/01/2021	
MATERIAL	Flexible Composite	Flexible Composite	Flexible Composite	
SECONDARY CONTAINMENT	Double-walled	Double-walled	Double-walled	
CORROSION PROTECTION TYPE	Not Applicable	Not Applicable	Not Applicable	
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)	YES	YES	YES	
PRODUCT DELIVERY METHOD	Pressurized	Pressurized	Pressurized	

FACILITY ID # <b>40083</b>		FACILITY NAME <b>Jay C Fuel #81</b>		
IDEM UST REGISTRATION NUMBER				
COMPARTMENT IDENTIFICATION NUMBER				
<b>T</b>	<b>UNDERGROUND STORAGE TANK RELEASE DETECTION</b>			
PRIMARY UST RELEASE DETECTION	ATG Interstitial Mon	ATG Interstitial Mon	ATG Interstitial Mon	
MANUFACTURER	Incon	Incon	Incon	
MODEL	EVO 550	EVO 550	EVO 550	
SECONDARY UST RELEASE DETECTION	N/A	N/A	N/A	
MANUFACTURER				
MODEL				
<b>U</b>	<b>UNDERGROUND PIPING RELEASE DETECTION</b>			
PRIMARY PIPING RELEASE DETECTION	Interstitial Monitorin	Interstitial Monitorin	Interstitial Monitorin	
MANUFACTURER	Incon	Incon	Incon	
MODEL	EVO 550	EVO 550	EVO 550	
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)	ATG CITLDS	ATG CITLDS	ATG CITLDS	
MANUFACTURER	Incon	Incon	Incon	
MODEL	EVO 550	EVO 550	EVO 550	
TERTIARY PIPING RELEASE DETECTION	N/A	N/A	N/A	
MANUFACTURER				
MODEL				
<b>V</b>	<b>SPILL AND OVERFILL PREVENTION EQUIPMENT</b>			
CATCHMENT BASIN / SPILL BUCKET	Doublewall Spill Bur	Doublewall Spill Bur	Doublewall Spill Bur	
(mm/dd/yyyy) DATE INSTALLED	10/01/2021	10/01/2021	10/01/2021	
MANUFACTURER	OPW	OPW	OPW	
MODEL	Edge DW	Edge DW	Edge DW	
FILL LATITUDE				
FILL LONGITUDE				
PRIMARY OVERFILL PREVENTION EQUIPMENT	Auto Shutoff / Flapp	Auto Shutoff / Flapp	Auto Shutoff / Flapp	
(mm/dd/yyyy) DATE INSTALLED	10/01/2021	10/01/2021	10/01/2021	
MANUFACTURER	OPW	OPW	OPW	
MODEL	71SO	71SO	71SO	
% ULLAGE SET POINT	90	90	90	
SECONDARY OVERFILL PREVENTION EQUIPMENT	Overfill Alarm	Overfill Alarm	Overfill Alarm	
(mm/dd/yyyy) DATE INSTALLED	10/01/2021	10/01/2021	10/01/2021	
MANUFACTURER	Incon	Incon	Incon	
MODEL	EVO 550	EVO 550	EVO 550	
% ULLAGE SET POINT	90	90	90	
UNDER DISPENSER CONTAINMENT PRESENT	YES - Testable	YES - Testable	YES - Testable	
MANUFACTURER	OPW	OPW	OPW	
(mm/dd/yyyy) DATE INSTALLED	10/01/2021	10/01/2021	10/01/2021	
SUBMERSIBLE TURBINE SUMP PRESENT	YES - Testable	YES - Testable	YES - Testable	
MANUFACTURER	FE Petro	FE Petro	FE Petro	
(mm/dd/yyyy) DATE INSTALLED	10/01/2021	10/01/2021	10/01/2021	

FACILITY ID # <b>40083</b>	FACILITY NAME <b>Jay C Fuel #81</b>
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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				
PART OF A COMPARTMENTED UST (Y/N)				
NUMBER OF COMPARTMENTS IN UST				
COMPARTMENT IDENTIFICATION NUMBER				
(mm/dd/yyyy) DATE INSTALLED				
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE				
(gallons) ESTIMATED TOTAL CAPACITY				
MANIFOLDED (Y/N)				
MANIFOLDED TO COMPARTMENT ID NUMBER				

**O STATUS OF UNDERGROUND STORAGE TANKS**

CURRENT STATUS				
(mm/dd/yyyy) STATUS DATE				

**P SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS**

PETROLEUM				
MAXIMUM ETHANOL %				
MAXIMUM BIOFUEL %				
(specify) OTHER				
HAZARDOUS SUBSTANCE				
CHEMICAL ABSTRACT SERVICE NUMBER				
MIXTURE OF SUBSTANCES				
PRODUCT IS COMPATIBLE WITH TANK (Y/N)				

**Q UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES**

MANUFACTURER				
MODEL				
MATERIAL OF CONSTRUCTION				
SECONDARY CONTAINMENT				

**R UNDERGROUND STORAGE TANK CORROSION PROTECTION**

CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
INTERIOR LINING				
(mm/dd/yyyy) LINER INSTALLATION DATE				
(specify) OTHER				

**S PIPING CONSTRUCTION AND PROTECTION**

MANUFACTURER				
MODEL				
(mm/dd/yyyy) DATE INSTALLED				
MATERIAL				
SECONDARY CONTAINMENT				
CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)				
PRODUCT DELIVERY METHOD				

FACILITY ID # <b>40083</b>		FACILITY NAME <b>Jay C Fuel #81</b>	
IDEM UST REGISTRATION NUMBER			
COMPARTMENT IDENTIFICATION NUMBER			
<b>T</b>	<b>UNDERGROUND STORAGE TANK RELEASE DETECTION</b>		
PRIMARY UST RELEASE DETECTION			
MANUFACTURER			
MODEL			
SECONDARY UST RELEASE DETECTION			
MANUFACTURER			
MODEL			
<b>U</b>	<b>UNDERGROUND PIPING RELEASE DETECTION</b>		
PRIMARY PIPING RELEASE DETECTION			
MANUFACTURER			
MODEL			
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)			
MANUFACTURER			
MODEL			
TERTIARY PIPING RELEASE DETECTION			
MANUFACTURER			
MODEL			
<b>V</b>	<b>SPILL AND OVERFILL PREVENTION EQUIPMENT</b>		
CATCHMENT BASIN / SPILL BUCKET			
(mm/dd/yyyy) DATE INSTALLED			
MANUFACTURER			
MODEL			
FILL LATITUDE			
FILL LONGITUDE			
PRIMARY OVERFILL PREVENTION EQUIPMENT			
(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			
MANUFACTURER			
(mm/dd/yyyy) DATE INSTALLED			
SUBMERSIBLE TURBINE SUMP PRESENT			
MANUFACTURER			
(mm/dd/yyyy) DATE INSTALLED			



FACILITY ID # <b>40083</b>		TRANSACTION ID - FOR STATE USE ONLY	
<b>UST OWNER CERTIFICATION</b>			
<p>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):</p> <p>(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.</p>			
OWNER'S AUTHORIZED REPRESENTATIVE <i>(Print or Type)</i>			
PREFIX	FIRST NAME	MI	LAST NAME
	Steve	A	McSorley
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME <i>(If Individual Leave Blank)</i>	
Fuel Operations Manager		Kroger	
SIGNATURE			DATE (MM/DD/YYYY)
<b>UST OPERATOR CERTIFICATION</b>			
<p>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):</p> <p>(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.</p>			
OPERATOR'S AUTHORIZED REPRESENTATIVE <i>(Print or Type)</i>			
PREFIX	FIRST NAME	MI	LAST NAME
	Steve	A	McSorley
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME <i>(If Individual Leave Blank)</i>	
Fuel Operations Manager		Kroger	
SIGNATURE			DATE (MM/DD/YYYY)
<b>CONTRACTOR CERTIFICATION</b>			
CERTIFIED INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	LAST NAME
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)

## Kreegar, Cynthia

---

**From:** Addington, Mark T <mark.addington@kroger.com>  
**Sent:** Monday, June 17, 2024 7:46 AM  
**To:** IDEM USTregistration  
**Subject:** FW: FID 40083, 4867 Old Vincennes Rd, Floyds Knobs REF:0030251  
**Attachments:** 081\_45223 fill-in (1).pdf

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I believe this is correct now

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