

**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: **25478**

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 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<br><b>Stop on the Way # 20</b>                 |                    | LATITUDE (37.710101 to 41.866773)<br><b>41.13335</b> | LONGITUDE (-88.165351 to -84.671035)<br><b>-85.16000</b> |
| FACILITY ADDRESS (number and street)<br><b>5938 Lima Rd.</b> |                    | PARCEL NUMBER  |  |
| CITY<br><b>Fort Wayne</b>                                    | STATE<br><b>IN</b> | ZIP CODE<br><b>46808</b>                             | COUNTY<br><b>Allen</b>                                   |
|  |                    | TELEPHONE NUMBER<br><b>(260) 489-0071</b>            |  |

**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<br><b>Chris</b>                | MI<br><b>B</b>                                 | LAST NAME<br><b>Dunifon</b> | SUFFIX                   |
| ADDRESS<br><b>5015 Meadow Ln</b>          |   | CITY<br><b>Fort Wayne</b>                      | STATE<br><b>IN</b>          | ZIP CODE<br><b>46809</b> |
| TELEPHONE NUMBER<br><b>(260) 433-6232</b> | JOB TITLE<br><b>CBD Service LLC owner</b> | EMAIL ADDRESS<br><b>chrisdunifon@gmail.com</b> |                             |                          |

**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)<br><b>Virk Brothers LLC</b> | BUSINESS ID (From the Secretary of State) |
| 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)   |  | ADDRESS (line 2)                         |  |
| PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)<br><b>3212 N. Wells Street</b> |  |  |  |
| CITY<br><b>Fort Wayne</b>   | STATE<br><b>IN</b>                           | ZIP CODE<br><b>46808</b>                 | EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) |
| TELEPHONE NUMBER<br><b>(260) 705-1346</b>   | 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<br><b>Charanjit</b>                   | MI                       | LAST NAME<br><b>Singh</b>  | SUFFIX |
| PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)<br><b>3212 N. Wells St.</b> |  | ADDRESS (line 2)         |                            |        |
| CITY<br><b>Fort Wayne</b>  | STATE<br><b>IN</b>                               | ZIP CODE<br><b>46808</b> | JOB TITLE<br><b>Member</b> |        |
| TELEPHONE NUMBER<br><b>(260) 705-1346</b>  | EMAIL ADDRESS<br><b>info@stoponthewayinc.com</b> |                          |                            |        |

|  |                  |  |                          |  |        |
|--|------------------|--|--------------------------|--|--------|
| FACILITY ID #<br><b>25478</b>  |                  | FACILITY NAME<br><b>Stop on the Way # 20</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 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 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.  |                  |  |                          |  |        |
| <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)<br><b>Virk Brothers Enterprises Inc</b>  |                  |  |                          | BUSINESS ID (From the Secretary of State)        |        |
| 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)<br><b>3212 N. Wells St.</b>   |                  |  |                          | ADDRESS (line 2)                                 |        |
| CITY<br><b>Fort Wayne</b>  |                  | STATE<br><b>IN</b>   | ZIP CODE<br><b>46808</b> | DATE BEGAN OPERATING (MM/DD/YYYY)                |        |
| TELEPHONE NUMBER<br><b>(260) 705-1346</b>  |                  | 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 |
|  | <b>Charanjit</b> |  | <b>Singh</b>             |  |        |
| PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)<br><b>3212 N. Wells St.</b>   |                  |  |                          | ADDRESS (line 2)                                 |        |
| CITY<br><b>Fort Wayne</b>  |                  | STATE<br><b>IN</b>   | ZIP CODE<br><b>46808</b> | JOB TITLE<br><b>secretary</b>                    |        |
| TELEPHONE NUMBER<br><b>(260) 705-1346</b>  |                  | EMAIL ADDRESS<br><b>info@stoponthewayinc.com</b>                     |                          |  |        |
| <b>H FACILITY CONTACT</b>  |                  |  |                          |  |        |
| CONTACT INDIVIDUAL NAME  |                  |  |                          |  |        |
| PREFIX   | FIRST NAME       | MI   | LAST NAME                |  | SUFFIX |
|  | <b>Charanjit</b> |  | <b>Singh</b>             |  |        |
| PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)<br><b>3212 N. Wells St.</b>   |                  |  |                          | ADDRESS (line 2)                                 |        |
| CITY<br><b>Fort Wayne</b>  |                  | STATE<br><b>IN</b>   | ZIP CODE<br><b>46808</b> | JOB TITLE<br><b>secretary</b>                    |        |
| TELEPHONE NUMBER<br><b>(260) 705-1346</b>  |                  | EMAIL ADDRESS<br><b>info@stoponthewayinc.com</b>                     |                          |  |        |

|  |                  |  |                          |  |        |
|--|------------------|--|--------------------------|--|--------|
| FACILITY ID #<br><b>25478</b>  |                  | FACILITY NAME<br><b>Stop on the Way # 20</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 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)<br><b>Virk Brothers LLC</b>  |                  |  |                          | 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)<br><b>3212 N. Wells St.</b> |                  |  |                          | ADDRESS (line 2)                                 |        |
| CITY<br><b>Fort Wayne</b>  |                  | STATE<br><b>IN</b>                               | ZIP CODE<br><b>46808</b> | EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)         |        |
| TELEPHONE NUMBER<br><b>(260) 705-1346</b>  |                  | 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 |
|  | <b>Charanjit</b> |  | <b>Singh</b>             |  |        |
| PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)<br><b>3212 N. Wells St.</b> |                  |  |                          | ADDRESS (line 2)                                 |        |
| CITY<br><b>Fort Wayne</b>  |                  | STATE<br><b>IN</b>                               | ZIP CODE<br><b>46808</b> | JOB TITLE<br><b>member</b>                       |        |
| TELEPHONE NUMBER<br><b>(260) 705-1346</b>  |                  | EMAIL ADDRESS<br><b>info@stoponthewayinc.com</b> |                          |  |        |
| <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 #<br><b>25478</b>  |  | FACILITY NAME<br><b>Stop on the Way # 20</b>   |   |   |        |
| <b>K CONTRACTOR</b>  |  |  |   |   |        |
| <input type="checkbox"/>   | INSTALLATION INSPECTED BY A REGISTERED ENGINEER  |  | REGISTRATION ID:  | REGISTRATION DATE<br><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<br><i>(mm/dd/yyyy)</i>              |        |
| CONTRACTOR BUSINESS NAME <i>(Business Name as registered with the Secretary of State)</i><br><b>CBD Service LLC</b>  |  |  | BUSINESS ID <i>(From the Secretary of State)</i><br><b>92-1952265</b> |   |        |
| CONTACT INFORMATION FOR CONTRACTOR THAT PERFORMED OR MANAGED WORK ON SITE  |  |  |   |   |        |
| PREFIX   | FIRST NAME<br><b>Chris</b>   | MI<br><b>B</b>                                 | LAST NAME<br><b>Dunifon</b>   |   | SUFFIX |
| PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS <i>(Number and Street, no P.O. Box)</i><br><b>5015 Meadow Ln</b>   |  |  |   | ADDRESS <i>(line 2)</i>                             |        |
| CITY<br><b>Fort Wayne</b>  |  | STATE<br><b>IN</b>                             | ZIP CODE<br><b>46809</b>  | IDHS CERTIFICATION NUMBER<br><b>UC2019OH13010</b>   |        |
| TELEPHONE NUMBER<br><b>(260) 433-6232</b>  |  | EMAIL ADDRESS<br><b>chrisdunifon@gmail.com</b> |   |   |        |
| <b>L POTENTIALLY INTERESTED PARTIES</b>  |  |  |   |   |        |
| INTERESTED PARTY NAME  |  |  | E-MAIL ADDRESS  |   |        |
| INTERESTED PARTY NAME  |  |  | E-MAIL ADDRESS  |   |        |
| INTERESTED PARTY NAME  |  |  | E-MAIL ADDRESS  |   |        |
| <b>M FACILITY SITE MAP</b>   |  |  |   |   |        |
| <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> |  |  |   |   |        |
|  |  |  |   |   |        |

|  |   |  |  |
|--|---|--|--|
| FACILITY ID #<br><b>25478</b>  |   | FACILITY NAME<br><b>Stop on the Way # 20</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   | <b>1</b>  | <b>2</b>                                     | <b>3</b>                                 |
| PART OF A COMPARTMENTED UST (Y/N)  | YES <input type="checkbox"/>  | YES <input type="checkbox"/>                 | YES <input type="checkbox"/>             |
| NUMBER OF COMPARTMENTS IN UST  | 3   | 3  | 3  |
| COMPARTMENT IDENTIFICATION NUMBER  | 1   | 2  | 3  |
| (mm/dd/yyyy) DATE INSTALLED  |   |  |  |
| (mm/dd/yyyy) DATE FIRST BROUGHT INTO USE   |   |  |  |
| (gallons) ESTIMATED TOTAL CAPACITY   | 15,221  | 5,020  | 5,020                                    |
| MANIFOLDED (Y/N)   | NO <input type="checkbox"/>   | NO <input type="checkbox"/>                  | NO <input type="checkbox"/>              |
| MANIFOLDED TO COMPARTMENT ID NUMBER  |   |  |  |
| <b>O</b>   | <b>STATUS OF UNDERGROUND STORAGE TANKS</b>                              |  |  |
| CURRENT STATUS   | IN USE <input type="checkbox"/>   | IN USE <input type="checkbox"/>              | IN USE <input type="checkbox"/>          |
| (mm/dd/yyyy) STATUS DATE   | 03/18/2024  | 03/18/2024                                   | 03/18/2024                               |
| <b>P</b>   | <b>SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS</b> |  |  |
| 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"/>             |
| <b>Q</b>   | <b>UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES</b>                 |  |  |
| MANUFACTURER   | Permatank   | Permatank                                    | Permatank                                |
| MODEL  |   |  |  |
| MATERIAL OF CONSTRUCTION   | FRP Clad Steel <input type="checkbox"/>                                 | FRP Clad Steel <input type="checkbox"/>      | FRP Clad Steel <input type="checkbox"/>  |
| SECONDARY CONTAINMENT  | Double-walled <input type="checkbox"/>                                  | Double-walled <input type="checkbox"/>       | Double-walled <input type="checkbox"/>   |
| <b>R</b>   | <b>UNDERGROUND STORAGE TANK CORROSION PROTECTION</b>                    |  |  |
| CORROSION PROTECTION TYPE  |   |  |  |
| (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   | APT   | APT  | APT                                      |
| MODEL  | 2nd gen pollytech xp  | 2nd gen pollytech xp                         | 2nd gen pollytech xp                     |
| (mm/dd/yyyy) DATE INSTALLED  |   |  |  |
| 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  |   |  |  |
| (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 #<br><b>25478</b>   |   | FACILITY NAME<br><b>Stop on the Way # 20</b> |  |  |
| IDEM UST REGISTRATION NUMBER  | <b>1</b>  | <b>2</b>                                     | <b>3</b>                                     |  |
| COMPARTMENT IDENTIFICATION NUMBER   | 1   | 2  | 3  |  |
| <b>T</b>  | <b>UNDERGROUND STORAGE TANK RELEASE DETECTION</b> |  |  |  |
| PRIMARY UST RELEASE DETECTION   | ATG Interstitial M <input type="checkbox"/>       | ATG Interstitial M <input type="checkbox"/>  | ATG Interstitial M <input type="checkbox"/>  |  |
| MANUFACTURER  | Incon   | Incon  | Incon  |  |
| MODEL   | EVO 550   | EVO 550                                      | EVO 550                                      |  |
| SECONDARY UST RELEASE DETECTION   | ATG CSLD <input type="checkbox"/>                 | ATG CSLD <input type="checkbox"/>            | ATG CSLD <input type="checkbox"/>            |  |
| MANUFACTURER  | Incon   | Incon  | Incon  |  |
| MODEL   | EVO 550   | EVO 550                                      | EVO 550                                      |  |
| <b>U</b>  | <b>UNDERGROUND PIPING RELEASE DETECTION</b>       |  |  |  |
| PRIMARY PIPING RELEASE DETECTION  | Interstitial Monito <input type="checkbox"/>      | Interstitial Monito <input type="checkbox"/> | Interstitial Monito <input type="checkbox"/> |  |
| MANUFACTURER  | Incon   | Incon  | Incon  |  |
| MODEL   | EVO 550   | EVO 550                                      | EVO 550                                      |  |
| SECONDARY PIPING RELEASE DETECTION<br>(LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING) | ALLD w/Annual T <input type="checkbox"/>          | ALLD w/Annual T <input type="checkbox"/>     | ALLD w/Annual T <input type="checkbox"/>     |  |
| MANUFACTURER  | FE Petro  | FE Petro                                     | FE Petro                                     |  |
| MODEL   |   |  |  |  |
| TERTIARY PIPING RELEASE DETECTION   |   |  |  |  |
| MANUFACTURER  |   |  |  |  |
| MODEL   |   |  |  |  |
| <b>V</b>  | <b>SPILL AND OVERFILL PREVENTION EQUIPMENT</b>    |  |  |  |
| 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   | 11/08/2023  |  | 11/08/2024                                   |  |
| MANUFACTURER  | Emco Wheaton                                      | Emco Wheaton                                 | Emco Wheaton                                 |  |
| MODEL   | A1004   | A1005  | A1004  |  |
| FILL LATITUDE   | 41.133335   | 41.133269                                    | 41.133263                                    |  |
| FILL LONGITUDE  | -85.160426  | -85.160399                                   | -85.160397                                   |  |
| PRIMARY OVERFILL PREVENTION EQUIPMENT   | Auto Shutoff / Fla <input type="checkbox"/>       | Auto Shutoff / Fla <input type="checkbox"/>  | Auto Shutoff / Fla <input type="checkbox"/>  |  |
| (mm/dd/yyyy) DATE INSTALLED   |   |  |  |  |
| MANUFACTURER  | Emco Wheaton                                      | Emco Wheaton                                 | Emco Wheaton                                 |  |
| MODEL   | A1100EVR  | A1100EVR                                     | A1100EVR                                     |  |
| % ULLAGE SET POINT  | 95  | 95   | 95   |  |
| SECONDARY OVERFILL PREVENTION EQUIPMENT   |   |  |  |  |
| (mm/dd/yyyy) DATE INSTALLED   |   |  |  |  |
| MANUFACTURER  |   |  |  |  |
| MODEL   |   |  |  |  |
| % ULLAGE SET POINT  |   |  |  |  |
| UNDER DISPENSER CONTAINMENT PRESENT   | YES - Testable <input type="checkbox"/>           | YES - Testable <input type="checkbox"/>      | YES - Testable <input type="checkbox"/>      |  |
| MANUFACTURER  | APT   | APT  | APT  |  |
| (mm/dd/yyyy) DATE INSTALLED   |   |  |  |  |
| SUBMERSIBLE TURBINE SUMP PRESENT  | YES - Testable <input type="checkbox"/>           | YES - Testable <input type="checkbox"/>      | YES - Testable <input type="checkbox"/>      |  |
| MANUFACTURER  | APT   | APT  | APT  |  |
| (mm/dd/yyyy) DATE INSTALLED   |   |  |  |  |

|                               |  |
|-------------------------------|--|
| FACILITY ID #<br><b>25478</b> | FACILITY NAME<br><b>Stop on the Way # 20</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)        |  |  |  |  |
| 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      |  |  |  |  |

|          |  |
|----------|--|
| <b>O</b> | <b>STATUS OF UNDERGROUND STORAGE TANKS</b> |
|----------|--|

|                          |  |  |  |  |
|--------------------------|--|--|--|--|
| CURRENT STATUS           |  |  |  |  |
| (mm/dd/yyyy) STATUS DATE |  |  |  |  |

|          |   |
|----------|---|
| <b>P</b> | <b>SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS</b> |
|----------|---|

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

|          |   |
|----------|---|
| <b>Q</b> | <b>UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES</b> |
|----------|---|

|                          |  |  |  |  |
|--------------------------|--|--|--|--|
| MANUFACTURER             |  |  |  |  |
| MODEL                    |  |  |  |  |
| MATERIAL OF CONSTRUCTION |  |  |  |  |
| SECONDARY CONTAINMENT    |  |  |  |  |

|          |  |
|----------|--|
| <b>R</b> | <b>UNDERGROUND STORAGE TANK CORROSION PROTECTION</b> |
|----------|--|

|                                      |  |  |  |  |
|--------------------------------------|--|--|--|--|
| CORROSION PROTECTION TYPE            |  |  |  |  |
| (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                            |  |  |  |  |
| 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 #<br><b>25478</b>   |   | FACILITY NAME<br><b>Stop on the Way # 20</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<br>(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 #<br><b>25478</b>   |               | TRANSACTION ID - FOR STATE USE ONLY             |                          |
| <b>UST OWNER CERTIFICATION</b>  |               |   |                          |
| 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 <i>(Print or Type)</i>  |               |   |                          |
| PREFIX  | FIRST NAME    | MI  | LAST NAME SUFFIX         |
|   | Charanjit     |   | Singh                    |
| TITLE OF AUTHORIZED REPRESENTATIVE  |               | COMPANY NAME <i>(If Individual Leave Blank)</i> |                          |
| member  |               | Virk Brothers LLC                               |                          |
| SIGNATURE   |               |   | DATE <i>(MM/DD/YYYY)</i> |
|    |               |   | 03/27/2024               |
| <b>UST OPERATOR CERTIFICATION</b>   |               |   |                          |
| 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 <i>(Print or Type)</i>   |               |   |                          |
| PREFIX  | FIRST NAME    | MI  | LAST NAME SUFFIX         |
|   | Charanjit     |   | Singh                    |
| TITLE OF AUTHORIZED REPRESENTATIVE  |               | COMPANY NAME <i>(If Individual Leave Blank)</i> |                          |
| secretary   |               | Virk Brothers LLC                               |                          |
| SIGNATURE   |               |   | DATE <i>(MM/DD/YYYY)</i> |
|    |               |   | 03/27/2024               |
| <b>CONTRACTOR CERTIFICATION</b>   |               |   |                          |
| CERTIFIED INDIVIDUAL NAME   |               |   |                          |
| PREFIX  | FIRST NAME    | MI  | LAST NAME SUFFIX         |
|   | Chris Dunifon | B   | Dunifon                  |
| 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 <i>(MM/DD/YYYY)</i> |
|    |               | chrisdunifon@gmail.com                          | 03/18/2024               |

## Kreegar, Cynthia

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**From:** Chris Dunifon <chrisdunifon@gmail.com>  
**Sent:** Wednesday, June 26, 2024 8:06 PM  
**To:** Maniet, Loic; IDEM USTRegistration  
**Subject:** Re: FID 25478  
**Attachments:** 45223 form.pdf

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

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Here is the corrected form.

On Fri, Jun 14, 2024 at 12:09 PM Maniet, Loic <[lmaniet@idem.in.gov](mailto:lmaniet@idem.in.gov)> wrote:

Chris,

Form looks good. Go ahead and send it to [USTRegistration@idem.in.gov](mailto:USTRegistration@idem.in.gov) for processing. Copy me on the email. Once I see it, I will issue the Return to Compliance (RTC) letter.

Sincerely,

Loic Maniet



Senior Compliance Manager | UST Compliance Section

Petroleum Branch | Office of Land Quality

Indiana Department of Environmental Management

---

(317) 232-3592 | [lmaniet@idem.in.gov](mailto:lmaniet@idem.in.gov)



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**From:** Chris Dunifon <[chrisdunifon@gmail.com](mailto:chrisdunifon@gmail.com)>  
**Sent:** Thursday, June 13, 2024 2:43 PM  
**To:** Maniet, Loic <[lmaniet@idem.IN.gov](mailto:lmaniet@idem.IN.gov)>  
**Subject:** Re: FID 25478

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Let me know if this looks correct now. If so I will have the station owner fill out the rest of the info and send it in.

On Thu, Jun 13, 2024 at 6:33 AM Maniet, Loic <[lmaniet@idem.in.gov](mailto:lmaniet@idem.in.gov)> wrote:

Chris,

Thank you for the documents. This address all violations except the Notification Form. The issue of the last NF on file was that you listed too many USTs. The last NF had 5 when technically you only have three USTs

On the Notification Form, Section N (page 5A)

You would write in the first line (IDEM registration number would be 1 2 3

Part of compartment column 1, 2 and 3 you would select YES

Number of compartment Column 1, 2, 3 would be 3 (since you have 3 compartments)

Compartment Identification number would 1, 2, 3

After that you can transfer the information from the old form into the proper section. Keep in mind to leave the corrosion protection section blank since it is fiberglass UST

Also in the release detection methods for UST and piping, the primary release detection will be interstitial monitoring.

Go ahead and fill out the blank form I attached and then run it by me.

Sincerely,



**Loic Maniet**

Senior Compliance Manager | UST Compliance Section

Petroleum Branch | Office of Land Quality

Indiana Department of Environmental Management

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(317) 232-3592 | [lmaniet@idem.in.gov](mailto:lmaniet@idem.in.gov)



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**From:** Chris Dunifon <[chrisdunifon@gmail.com](mailto:chrisdunifon@gmail.com)>

**Sent:** Wednesday, June 12, 2024 4:08 PM

**To:** Maniet, Loic <[lmaniet@idem.IN.gov](mailto:lmaniet@idem.IN.gov)>

**Subject:** FID 25478

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Here is a picture of the diesel line test boot pulled back and the valve removed. I did not have to touch it. That is the way it was but the report said it was closed off.

On the 45223 form what is it that I did wrong? It is a little confusing for the number of tanks when it is a compartment tank.

I included the line and leak detector test, and sump hydro results

Thank you

--

CBD Service LLC

Chris Dunifon

Fort Wayne, IN

[chrisdunifon@gmail.com](mailto:chrisdunifon@gmail.com)

260-433-6232

--

CBD Service LLC

Chris Dunifon

Fort Wayne, IN

[chrisdunifon@gmail.com](mailto:chrisdunifon@gmail.com)

260-433-6232

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CBD Service LLC

Chris Dunifon

Fort Wayne, IN

[chrisdunifon@gmail.com](mailto:chrisdunifon@gmail.com)

260-433-6232