

**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: **1500**

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 Rochester East #35				LATITUDE (37.710101 to 41.866773) 40.947222000			LONGITUDE (-88.165351 to -84.671035) -86.262257000		
FACILITY ADDRESS (number and street) 855 N State Road 25					PARCEL NUMBER				
CITY Rochester		STATE IN	ZIP CODE 46975	COUNTY Fulton		TELEPHONE NUMBER (574) 223-3262			
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 Dean	MI K	LAST NAME Good		SUFFIX				
ADDRESS 1201 N US Hwy 35			CITY Winamac	STATE IN	ZIP CODE 46996				
TELEPHONE NUMBER (574) 946-4863		JOB TITLE Sec Treas		EMAIL ADDRESS deangood@goodoilcompany.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) Good Oil Company Inc					BUSINESS ID (From the Secretary of State) 197612-013				
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) 1201 N US Hwy 35					ADDRESS (line 2)				
CITY Winamac		STATE IN	ZIP CODE 46996	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 12/31/2001					
TELEPHONE NUMBER (574) 946-4863		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 Dean	MI K	LAST NAME Good		SUFFIX				
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 1201 N US Hwy 35					ADDRESS (line 2)				
CITY Winamac		STATE IN	ZIP CODE	JOB TITLE Sec Treas					
TELEPHONE NUMBER (574) 946-4863		EMAIL ADDRESS deangood@goodoilcompany.com							

FACILITY ID # 1500		FACILITY NAME Rochester East #35	
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 checked="" 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)	
Good Oil Company Inc		197612-013	
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
UST OPERATOR ADDRESS (Listed in Options 1-3)		ADDRESS (line 2)	
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (line 2)	
1201 N US Hwy 35			
CITY	STATE	ZIP CODE	DATE BEGAN OPERATING (MM/DD/YYYY)
Winamac	IN	46996	01/01/2004
TELEPHONE NUMBER	EMAIL ADDRESS (Option 3 Individual Capacity)	JOB TITLE (Option 3 Individual Capacity)	
(574) 946-4863			
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)			
PREFIX	FIRST NAME	MI	LAST NAME
	Dean	K	Good
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (line 2)	
1201 N US Hwy			
CITY	STATE	ZIP CODE	JOB TITLE
Winamac	IN	46996	Sec Treas
TELEPHONE NUMBER	EMAIL ADDRESS		
(574) 946-4863	deangood@goodoilcompany.com		
H FACILITY CONTACT			
CONTACT INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	LAST NAME
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (line 2)	
855 N St Rd 25			
CITY	STATE	ZIP CODE	JOB TITLE
Rochester	IN	46975	
TELEPHONE NUMBER	EMAIL ADDRESS		
(574) 223-3262			

FACILITY ID # 1500		FACILITY NAME Rochester East #35			
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) Good Oil Company Inc				BUSINESS ID (From the Secretary of State) 197612-013	
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) 1201 N US Hwy 35				ADDRESS (line 2)	
CITY Winamac		STATE IN	ZIP CODE 46996	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 12/31/2001	
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
	Dean	K	Good		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 1201 N US Hwy 35				ADDRESS (line 2)	
CITY Winamac		STATE IN	ZIP CODE 46996	JOB TITLE Sec Treas	
TELEPHONE NUMBER (574) 946-4863	EMAIL ADDRESS deangood@goodoilcompany.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 # 1500	FACILITY NAME Rochester East #35
------------------------------	--

K CONTRACTOR

<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
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		

L POTENTIALLY INTERESTED PARTIES

INTERESTED PARTY NAME	E-MAIL ADDRESS
INTERESTED PARTY NAME	E-MAIL ADDRESS
INTERESTED PARTY NAME	E-MAIL ADDRESS

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 # 1500	FACILITY NAME Rochester East #35
------------------------------	--

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)	NO	NO	NO
NUMBER OF COMPARTMENTS IN UST	1	1	1
COMPARTMENT IDENTIFICATION NUMBER	1	2	3
(mm/dd/yyyy) DATE INSTALLED	10/25/2005	10/25/2005	11/02/1995
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE	10/25/2005	10/25/2005	11/17/1995
(gallons) ESTIMATED TOTAL CAPACITY	12,000	8,000	2,000
MANIFOLDED (Y/N)	NO	NO	NO
MANIFOLDED TO COMPARTMENT ID NUMBER			

O STATUS OF UNDERGROUND STORAGE TANKS

CURRENT STATUS	IN USE	IN USE	IN USE
(mm/dd/yyyy) STATUS DATE	07/01/2024	07/01/2024	07/01/2024

P SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS

PETROLEUM	GSL - Gasoline	GSL - Gasoline	DSL - Diesel
MAXIMUM ETHANOL %	10	10	
MAXIMUM BIOFUEL %			0
(specify) OTHER			
HAZARDOUS SUBSTANCE			
CHEMICAL ABSTRACT SERVICE NUMBER			
MIXTURE OF SUBSTANCES			
PRODUCT IS COMPATIBLE WITH TANK (Y/N)	YES	YES	YES

Q UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES

MANUFACTURER	Modern Welding	Modern welding	
MODEL			
MATERIAL OF CONSTRUCTION	FRP Clad Steel	FRP Clad Steel	Fiberglass
SECONDARY CONTAINMENT	Not Applicable	Not Applicable	Not Applicable

R UNDERGROUND STORAGE TANK CORROSION PROTECTION

CORROSION PROTECTION TYPE	Not Applicable	Not Applicable	Not Applicable
(mm/dd/yyyy) ANODE INSTALLATION DATE			
INTERIOR LINING	NO	NO	NO
(mm/dd/yyyy) LINER INSTALLATION DATE			
(specify) OTHER			

S PIPING CONSTRUCTION AND PROTECTION

MANUFACTURER	Total Containment	Total Containment	Environ
MODEL			
(mm/dd/yyyy) DATE INSTALLED	10/25/2005	10/25/2005	11/02/1995
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#		FACILITY NAME		
1500		Rochester East #35		
IDEM UST REGISTRATION NUMBER				
COMPARTMENT IDENTIFICATION NUMBER		1	2	3
T	UNDERGROUND STORAGE TANK RELEASE DETECTION			
PRIMARY UST RELEASE DETECTION	ATG 0.2gph monthl	ATG 0.2gph monthl	ATG 0.2gph monthl	
MANUFACTURER	VR	VR	VR	
MODEL	350	350	350	
SECONDARY UST RELEASE DETECTION	N/A	N/A	N/A	
MANUFACTURER				
MODEL				
U	UNDERGROUND PIPING RELEASE DETECTION			
PRIMARY PIPING RELEASE DETECTION	0.2gph/0.1gph ELLI	0.2gph/0.1gph ELLI	0.2gph/0.1gph ELLI	
MANUFACTURER	VR	VR	VR	
MODEL				
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)	N/A	N/A	N/A	
MANUFACTURER				
MODEL				
TERTIARY PIPING RELEASE DETECTION	N/A	N/A	N/A	
MANUFACTURER				
MODEL				
V	SPILL AND OVERFILL PREVENTION EQUIPMENT			
CATCHMENT BASIN / SPILL BUCKET	Standard Spill Buck	Standard Spill Buck	Standard Spill Buck	
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER	OPW	EBW	Universal	
MODEL	3112			
FILL LATITUDE				
FILL LONGITUDE				
PRIMARY OVERFILL PREVENTION EQUIPMENT	Auto Shutoff / Flapp	Auto Shutoff / Flapp	Auto Shutoff / Flapp	
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER	OPW	OPW	OPW	
MODEL	71-SO	71-SO	71-SO	
% ULLAGE SET POINT	90	90	95	
SECONDARY OVERFILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
% ULLAGE SET POINT				
UNDER DISPENSER CONTAINMENT PRESENT	YES - Not Testable	YES - Not Testable	YES - Not Testable	
MANUFACTURER	Environ	Environ	Environ	
(mm/dd/yyyy) DATE INSTALLED				
SUBMERSIBLE TURBINE SUMP PRESENT	YES - Not Testable	YES - Not Testable	YES - Not Testable	
MANUFACTURER	APT	APT	Environ	
(mm/dd/yyyy) DATE INSTALLED				

FACILITY ID # 1500	TRANSACTION ID - FOR STATE USE ONLY
------------------------------	-------------------------------------

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 (<i>Print or Type</i>)				
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Dean	K	Good	
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (<i>If Individual Leave Blank</i>)		
Sec Treas		Good Oil Company Inc		
SIGNATURE			DATE (MM/DD/YYYY)	
<i>Dean Good</i>			07/01/2024	

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 (<i>Print or Type</i>)				
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Dean	K	Good	
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (<i>If Individual Leave Blank</i>)		
Sec Treas		Good Oil Company Inc		
SIGNATURE			DATE (MM/DD/YYYY)	
<i>Dean Good</i>			07/01/2024	

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)	

Site Name and address:

Date: June 13, 2024

Good to Go #35

855 SR 25 E

Rochester, Indiana 46975

	RUL	PUL	E85	E15	REC	DSL	K1
Leak Detection ELLD <input checked="" type="checkbox"/> Mechanical <input type="checkbox"/>	Veeder-Root 8484	Veeder-Root Root 8484	X	X	X	Veeder-Root Root 8484	X
UDC Sumps	Disp 1/2 Environ Poly	Disp 3/4 Environ Poly	Disp 5/6 Environ Poly	Disp 7/8 Environ Poly	X	UNK	X
STP Sumps	APT.POLY	APT.POLY	X	X	X	Environ Poly	X
Piping	Total Containment 1.5"	Total Containment 1.5"	X	X	X	Environ 1.5"	X
Submersible (STP Pump)	FE Petro	FE Petro	X	X	X	Red Jacket	X
Spill Buckets	OPW 3112	EBW	X	X	X	Universal	X
Overfill Protection	OPW 71- SO	OPW 71- SO	X	X	X	OPW 71- SO	X
Sensors	Veeder-Root 208	N/A	X	X	X	Veeder-Root 208	X
ATG Monitoring	Veeder-Root TLS-350	Veeder-Root Root TLS- 350	X	X	X	Veeder-Root Root TLS- 350	X

NOTES: SENSORS ARE NOT PROGRAMMED IN ATG.

Per Ed Jacobs Services

Kreegar, Cynthia

From: Dean Good <deangood@goodoilcompany.com>
Sent: Monday, July 1, 2024 10:19 AM
To: IDEM USTCompliance (USTcompliance); IDEM USTregistration
Subject: Updated 45223 FID 1500 Rochester East
Attachments: 20240701103256411.pdf

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

Dean Good
Sec. / Treas.
Good Oil Company Inc.
Office 574-946-4863
Cell 574 242 0518