100

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: 4049

	The information requested is	requ						be used fo			previously				
۸							age Tank		.I						
A	Facility Contact Change	Т		wner Ch	_		HIFIC	AHON	<u> </u>	7	Owner	One	erator Information	Cha	nge
辝	Type of Facility Change	₩	4				10		╌╠	_					
井	UST System Modification	₩	Property Owner Change UST Operator Change			┵	Facility Name / Location Change Financial Responsibility Change								
屵	New UST System(s)							4	i illalici	iai i v	tesponsibility Cha	ilige			
ļ	New OST System(s)		Ε.Δ	CILIT	VN	A B /		O A TI							
B	LITY NAME		F/A	CILII	Y N	AIV	IE / LO	(37.710101		67	7.3)	LONG	GITUDE (-88.165351 to -8	4 6710	035)
Ind	dianapolis Power & Light	Со	mpan	у				39.75	51978		. 5)		-86.18089		,00,
12	LITY ADDRESS (number and street) 30 W Morris Street		PARCEL NUM					16N 570128 4400492							
In	dianapolis		IN 46221 COUNTY Marion						TELE	EPHONE NUMBER (317) 282-7	'59 _'	4			
С			TYPE (OF FA	CIL	ITY	(Chec	k all tha	at app	lу)				
	Auto Dealership		Comme						Ī	_		Hyd	Irant System		
	Hospital		Gas St	ation]	Industri	ial			
	Petroleum Distributor		Railroa	ıd]	Reside	ntial			
	Trucking or Transport	X	Utilities	3]	Unman	ned			
	Marina		School]	Other:				
D	D PREPARED BY														
PREI					МІ	Γ	Hart	E						SUI	FFIX
	DDRESS CITY						12		ST	ΑT			ZIP CODE		
	230 W Morris Street Indianapolis IN 46221														
IELE	ELEPHONE NUMBER (317) 282-7594 Environmental Specialist brandon.hart@aes.com														
Ε					บรา	ГО	WNEF	₹							
				Т	YPE	OF	OWNE	R							
	Federal Government		Sta	te Gove	ernm	ent	nt City / Local Government								
	Commercial			vate						Other:					
Optic	n 1: UST OWNER NAME (Business Name as regis	tered	with the Sec	cretary of St	tate)				BUSINE	SS	ID (From to	he Se	cretary of State)		
Optic	n 2: UST OWNER NAME (If a Public Agency or oth	ner en	titv)												
	() ()		,												
Optio	n 3: UST OWNER NAME (If in Individual Capacity) FIX FIRST NAME				МІ		LAST NAM	_						leui	FFIX
FIXL	IN THAT NAME				IVII		LAGI NAW	_						301	1117
	OWNER ADDRESS (Listed in Options 1-3)														
PRIN	CIPAL OFFICE ADDRESS or PRIMARY RESIDEN	TAL A	ADDRESS (N	Number and	Stree	t, no I	P.O. Box)		ADDRES	SS	(line 2)				
CITY				STATE	ZIP C	ODE			EFFECT	IVE	DATE OF	OWN	NERSHIP (MM/DD/YYYY)		
													,		
TELE	PHONE NUMBER	EMA	AIL ADDRES	S (Option 3	3 Indivi	dual (Capacity)		JOB TIT	LE	(Option 3 I	ndivid	lual Capacity)		
001	TACT FOR BUONESS (BURNESS ASSESSMENT)														
PRE	FIRST NAME	ın Op	tion 1 or 2)		MI		LAST NAM	E						SUI	FFIX
M	r. Brandon				L٦	[Hart								
	CIPAL OFFICE ADDRESS OF PRIMARY RESIDEN 30 W Morris Street	TAL A	ADDRESS (I	Number and	Stree	t, no i	P.O. Box)		ADDRES	SS	(line 2)			•	
CITY				STATE	ZIP 0			JOB TITLE Environmental Specialist							
	PHONE NUMBER	EMA	AIL ADDRES		170	1									
	(317) 282-7594	1	brandon.hart@aes.com												

FΔC	ILITY ID #	FACILITY NAME										
I AO	4049	Indianapol	is Power	& Lig	ght Co	mp	any					
F		FIN	IANCIAL	RESP	ONSI	BIL	TY (Che	eck all t	that apply)			
	Federal or State G	Government Enti	ty, which do	es not	fall und	er fir	ancial re	sponsib	ility requirements			
	Local Governmen	•						for this	s site			
	The UST owner is	maintaining fina	ancial respo	nsibility	for this	site						
	The UST operator	is maintaining f	inancial res	ponsibi	lity for tl	his s	ite					
П		•	, ,	,					9-8) by using one or a comb	oination	n of the	
드			that apply) .	If you	are usi	ing t			t be checked as well.			
닏	Financial Test of S	Self Insurance				₩	Excess Liability Trust Fund (State Fund)					
牌	Guarantee						☐ Insurance and Risk Retention Group Coverage ☐ Loan Commitment Letter					
H	Surety Bond Letter of Credit						_					
ዙ	Trust Fund						Certifica Standby		•			
ዙ	Local Government Bond Rating Test								ent Financial Test			
ዙ	Local Governmen					#			ent Fund			
H			e the requirem	ent to ma	aintain th	e abil			able amount pursuant to 9-8-11(b	and (c)) and	
	ability to provide proof of that mechanism when requested.											
G												
L	I		1-1-				RATOR	1.				
Ш	Federal Government State Government				ernmen	t			City / Local Government			
	Commercial	45 (D		vate	-f Ot-t-)			Inuois	Other:			
Optio	ption 1: UST OPERATOR NAME (Business Name as registered with the Secretary of State							BUSIN	IESS ID (From the Secretary of State)			
Optio	on 2: UST OPERATOR NAM	ME (If a Public Agency or	other entity)									
Optio	on 3: UST OPERATOR NAM FIX FIRST NAME	IE (If in Individual Capad	city)		MI	LAS	Г NAME				SUFFIX	
	OPERATOR ADDRESS (Listic ICIPAL OFFICE ADDRESS		TAL ADDDESS //	lumbor on	d Ctroot no	B O 1	Payl	IADDB	ESS (line 2)			
FKII	ICIPAL OFFICE ADDRESS	OI PRIMART RESIDEN	TAL ADDRESS (I	vurriber ari	u Sireei, no	r.U. I	50 <i>X)</i>	ADDRI	E33 (IIIIe 2)			
CITY	,			STATE	TE ZIP CODE DATE BEGAN OPERATING (i			BEGAN OPERATING (MM/DD/YYYY)				
TELE	EPHONE NUMBER		EMAIL ADDRES	SS (Option	3 Individual	Capacity) JOB TITLE (Option 3 Individua			ITLE (Option 3 Individual Capacity)			
CON	ITACT FOR BUSINESS / PU	JBLIC AGENCY (Listed	in Option 1 or 2)									
PRE		`	,		MI	LAS	ΓNAME				SUFFIX	
DDIN	ICIPAL OFFICE ADDRESS	or DDIMADY DESIDEN	TAL ADDDESS //	Number an	d Street no	PO I	Payl	ADDD	ESS (line 2)			
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CITY	,			STATE	ZIP CODE	E		JOB T	ITLE			
TELE	EPHONE NUMBER		EMAIL ADDRES	SS								
L			<u> </u>					_				
H	TACT INDIVIDUAL NAME			FAC	CILITY	CC	NTAC					
PRE	FIX FIRST NAME				MI _	1	T NAME				SUFFIX	
	Ir. Brandon						art					
	ICIPAL OFFICE ADDRESS 230 W Morris		I AL ADDRESS (I	Number an	a Street, no	P.O. I	вох)	ADDRI	ESS (line 2)			
CITY				STATE	ZIP CODE			JOB T	ITLE			
In	dianapolis			IN	4622	21		En	vironmental Spec	ialis	<u>t</u>	
TELE	LEPHONE NUMBER (317) 282-7594 EMAIL ADDRESS brandon.hart@aes.com											

FACI	LITY ID # 4049	FACILITY NAM Indiana		owe	r & Lig	ht C	ompany						
I			<u>'</u>				PERTY OW	VNER					
					٦	YPE (OF OWNER						
	Federal Gove	rnment		Sta	ate Gov	ernme	nt			City / Local Government			
	Commercial			Pri	Private					Other:			
Optio	n 1: PROPERTY OW	NER NAME (Business	Name as regis	stered wit	h the Secre	tary of Sta	te)	BUSINE	SS	ID (From the Secretary of State)			
0 !!	0.0000000000000000000000000000000000000	NED NAME (K. D. (F.											
Optic	in 2: PROPERTY OW	NER NAME (If a Public	Agency or oti	ner entity)								
Optio	n 3: PROPERTY OW	NER NAME (If in Individ	dual Capacity)									
PREI		4	,			MI	LAST NAME					SUFFIX	
		RESS (Listed in Option RESS or PRIMARY RE		DRESS	(Number an	d Street, i	по Р.О. Вох)	ADDRES	SS	(line 2)			
CITY					STATE	ZIP CO	DE	EFFECT	TIVE	E DATE OF OWNERSHIP (MM/DD/Y)	YY)		
TELE	PHONE NUMBER		EMAII	ADDRE	SS (Option	3 Individu	al Capacity)	JOB TIT	ΓLE	(Option 3 Individual Capacity)			
CON	TACT EOD DI ISINES	S / PUBLIC AGENCY (Listed in Ontic	n 1 or 2)									
PRE		37 FUBLIC AGENCT	Listed III Optic)		MI	LAST NAME					SUFFIX	
PRIN	CIPAL OFFICE ADDI	RESS or PRIMARY RE	SIDENTAL AD	DRESS	(Number an	d Street, i	10 P.O. Box)	ADDRES	SS	(line 2)			
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CITY					STATE	ZIP CO	DE	JOB TIT	ILE				
TELE	PHONE NUMBER		IEMAII	ADDRE	SS								
J		ACTI	/F I AN	D CC	NTRA	CT P	ROPERTY	OWNE	R	(If applicable)			
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П	Federal Gove	rnment		□lSta	ate Gov			Г	٦	City / Local Government			
Ħ	Commercial			Private				Other:					
Optic		NER NAME (Business	Name as regis		with the Secretary of State)				BUSINESS ID (From the Secretary of State)				
Optio	n 2: PROPERTY OW	NER NAME (If a Public	Agency or oti	her entity)								
	IN 3: PROPERTY OW FIX FIRST NAME	NER NAME (If in Indivi	dual Capacity)	1		MI	LAST NAME					SUFFIX	
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PKIN	ICIPAL OFFICE ADDI	RESS or PRIMARY RE	SIDENTAL AL	DKESS (Number an	a Street, i	10 Р.О. Вох)	ADDRES	:55	(line 2)			
CITY					STATE	ZIP CO	DE	EFFECT	TIVE	E DATE OF OWNERSHIP (MM/DD/Y)	YY)		
										,	,		
TELE	PHONE NUMBER	JOB TITLE		EMAIL A	DDRESS (C	ption 3 In	dividual Capacity)	PROPO	SEI	D END DATE (MM/DD/YYYY)			
CON		S / PUBLIC AGENCY (Listed in Option	on 1 or 2)		MI	LAST NAME	*				SUFFIX	
	I INOT NAME					""	LAOT NAME					COLLIX	
PRIN	CIPAL OFFICE ADDI	RESS or PRIMARY RE	SIDENTAL AD	DRESS	(Number an	d Street, i	no P.O. Box)	ADDRES	SS	(line 2)		<u> </u>	
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CITY					STATE	ZIP CO	DE	JOB TIT	ΓLE				
TELE	PHONE NUMBER		EMAIL	_ ADDRE	SS								

FAC	4049	FACILITY NAME Indianapolis F	Power & Li	iaht Ca	ompany			
K	-	птагаларолот			RACTOR			
Ë	INSTALLATION INSPECTE	D BY A REGISTERED	REGISTRA		INAU I UIX		REGISTRATION DATE	
F	ENGINEER MANUFACTURER'S INSTA	LLATION CHECKLISTS HAV		ED AND INSTALLER CERTIFIED BY TANK AND PIPING MANUFACTURER				
F	INCLUDED WORK INSPECTED BY INC	DIANA DEPARTMENT OF H	OMELAND SECURIT	Y / DIVISIO	-1		INSPECTION DATE	
CON	NTRACTOR BUSINESS NAMI				11 01 11112 1110 001		(mm/dd/yyyy) D (From the Secretary of State)	
	NTACT INFORMATION FOR (FIX FIRST NAME	CONTRACTOR THAT PERF	ORMED OR MANAG	SED WORK	ON SITE LAST NAME			SUFFIX
PRII	NCIPAL OFFICE ADDRESS o	or PRIMARY RESIDENTAL A	ADDRESS (Number a	and Street, n	o P.O. Box)	ADDRESS (I	ine 2)	<u> </u>
CIT	Y		STATE	ZIP COD)E	IDHS CERTI	FICATION NUMBER	
	•		0.7.1.2		-	15110 021111	. 10/11/01/11/01/02/11	
TEL	EPHONE NUMBER	EMA	AIL ADDRESS					
L	EDECTED DADTY NAME	F	POTENTIAL		TERESTED ADDRESS	PARTIES		
INTI	ERESTED PARTY NAME			E-MAIL A	ADDKE22			
INTI	ERESTED PARTY NAME			E-MAIL A	ADDRESS			
INTI	ERESTED PARTY NAME			E-MAIL A	ADDRESS			
M			ГА	CIL IT\	Y SITE MAR	•		
		tch the facility (tank					nds, buildings, etc.). Ir	nclude tank

FACI	try id # FACILITY NAME Indianapoli	s Power & Light	Company						
	Complete one column for each	ch tank or compartment	. See instructions for c	ompartment identification	on numbering.				
Ν	IDENT	IFICATION OF UN	IDERGROUND ST	ORAGE 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								
0	S	TATUS OF UNDERGROUND STORAGE TANKS							
	CURRENT STATUS								
	(mm/dd/yyyy) STATUS DATE								
Р	SUBSTANCES CURF	ENTLY OR LAST	STORED IN UNDE	RGROUND STOR	AGE 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	UNDERGR	OUND STORAGE	TANK CONSTRUC	CTION ATTRIBUTE	S				
	MANUFACTURER								
	MODEL								
	MATERIAL OF CONSTRUCTION								
	SECONDARY CONTAINMENT								
R	UNDERG	ROUND STORAG	E TANK CORROS	ION PROTECTION					
	CORROSION PROTECTION TYPE								
	(mm/dd/yyyy) ANODE INSTALLATION DATE								
	INTERIOR LINING								
	(mm/dd/yyyy) LINER INSTALLATION DATE								
	(specify) OTHER								
S		PIPING CONSTRU	JCTION AND PRO	TECTION					
	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								

FACI	4049	Indianapolis	s Power & Light	Company		
	IDEM UST REG	ISTRATION NUMBER				
	COMPARTMENT IDEN	-				
Т		LINDER	CPOLIND STOP	GE TANK RELEA	SE DETECTION	
•	DDIMARY LIST R	RELEASE DETECTION	GROUND STORA	GE TANK KELLA	SE DETECTION	
	T KIMAKT OOT K	MANUFACTURER				
		MODEL				
	SECONDARY HET R	RELEASE DETECTION				
	SECONDARI USI R	MANUFACTURER				
		MODEL				
U			IDEDGDOLIND DI	PING RELEASE D	ETECTION	
<u> </u>	PRIMARY PIPING R	ELEASE DETECTION	ADENGROUND FI	FING KLLLAGE D	LILCIION	
	T KIMAKT T II IKO K	MANUFACTURER				
		MODEL				
	SECONDARY PIPING R	<u>L</u>				
(L	EAK DETECTOR REQUIRED FO	R PRESSURIZED PIPING) MANUFACTURER				
		MODEL				
TERTIARY PIPING RELEASE DETECTION						
	TERTIART II INO R	MANUFACTURER				
		MODEL				
V			ILL AND OVEDEIL	L PREVENTION E		
	CATCHMENT BA	ASIN / SPILL BUCKET	ILL AITD OVERTILE	LIKEVENIIONE	I QUII WILIYI	
		yy) DATE INSTALLED				
		MANUFACTURER				
		MODEL				
		FILL LATITUDE				
		FILL LONGITUDE				
	PRIMARY OVERFILL PREV	ENTION EQUIPMENT				
	(mm/dd/yy	yy) DATE INSTALLED				
		MANUFACTURER				
		MODEL				
	%	ULLAGE SET POINT				
SE	CONDARY OVERFILL PREV	ENTION EQUIPMENT				
	(mm/dd/yyy	yy) DATE INSTALLED				
		MANUFACTURER				
		MODEL				
	%	ULLAGE SET POINT				
	UNDER DISPENSER CON	TAINMENT PRESENT				
	MANUFACTURER					
	(mm/dd/yy	yy) DATE INSTALLED				
	SUBMERSIBLE TURE	BINE SUMP PRESENT				
		MANUFACTURER				
	(mm/dd/yy					

FACIL	.ity id # FACILITY India		s Power & Light (Company						
	Complete one colum	nn for eacl	n tank or compartment	. See instructions for c	ompartment identification	on numbering.				
N		IDENT	IFICATION OF UN	DERGROUND ST	ORAGE TANKS					
	IDEM UST REGISTRATION	ON NUMBER								
	PART OF A COMPARTMENTE	ED UST (Y/N)								
	NUMBER OF COMPARTME	ENTS IN UST								
	COMPARTMENT IDENTIFICATION	ON NUMBER								
	(mm/dd/yyyy) DATE	INSTALLED								
(mm/dd/yyyy) DATE FIRST BROUGH	HT INTO USE								
	(gallons) ESTIMATED TOTAL	L CAPACITY								
	MANIFO	OLDED (Y/N)								
	MANIFOLDED TO COMPARTMENT	ID NUMBER								
0		ST	TATUS OF UNDERGROUND STORAGE TANKS							
	CURRE	ENT STATUS								
	(mm/dd/yyyy) ST	TATUS DATE								
Р	SUBSTANCES	S CURR	ENTLY OR LAST	STORED IN UNDE	RGROUND STOR	AGE TANKS				
	F	PETROLEUM								
	MAXIMUM	ETHANOL %								
	MAXIMUM	M BIOFUEL %								
	(spe	ecify) OTHER								
	HAZARDOUS SUBSTANCE									
	CHEMICAL ABSTRACT SERVI	ICE NUMBER								
	MIXTURE OF SU	UBSTANCES								
	PRODUCT IS COMPATIBLE WITH	H TANK (Y/N)								
Q	UNI	DERGR	OUND STORAGE	TANK CONSTRUC	TION ATTRIBUTE	S				
•	MANU	UFACTURER								
		MODEL								
	MATERIAL OF CON	ISTRUCTION								
	SECONDARY CO	ONTAINMENT								
R	UI	NDERG	ROUND STORAG	E TANK CORROS	ION PROTECTION					
	CORROSION PROTE	CTION TYPE								
	(mm/dd/yyyy) ANODE INSTALL	ATION DATE								
	INTE	RIOR LINING								
	(mm/dd/yyyy) LINER INSTALL	ATION DATE								
	(spe	ecify) OTHER								
S		Ì	PIPING CONSTRU	ICTION AND PRO	TECTION					
	MANU	UFACTURER								
		MODEL								
	(mm/dd/yyyy) DATE	INSTALLED								
		MATERIAL								
	SECONDARY CO	ONTAINMENT								
	CORROSION PROTE	CTION TYPE								
	(mm/dd/yyyy) ANODE INSTALL	ATION DATE								
	PRODUCT IS COMPATIBLE WITH	PIPING (Y/N)								
	PRODUCT DELIVE	RY METHOD								

FACI	4049	Indianapoli	s Power & Light	Company		
	IDEM UST REG	SISTRATION NUMBER	<u> </u>			
	COMPARTMENT IDEN					
Т				I AGE TANK RELEA	SE DETECTION	
•	PRIMARY LIST R	RELEASE DETECTION	AGROOMD STOKE	GE TANK KELLA	SE DETECTION	
		MANUFACTURER				
		MODEL				
	SECONDARY UST R	RELEASE DETECTION				
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		MODEL				
U		U	NDERGROUND PI	PING RELEASE D	FTECTION	
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		MANUFACTURER				
		MODEL				
	SECONDARY PIPING R					
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		MODEL				
	TERTIARY PIPING R	RELEASE DETECTION				
		MANUFACTURER				
		MODEL				
V		SP	ILL AND OVERFIL	L PREVENTION E	QUIPMENT	
	CATCHMENT BA	ASIN / SPILL BUCKET				
	(mm/dd/yy	yy) DATE INSTALLED				
		MANUFACTURER				
		MODEL				
		FILL LATITUDE				
		FILL LONGITUDE				
	PRIMARY OVERFILL PREV	/ENTION EQUIPMENT				
	(mm/dd/yy	yy) DATE INSTALLED				
		MANUFACTURER				
		MODEL				
	%	6 ULLAGE SET POINT				
SEC	CONDARY OVERFILL PREV	ENTION EQUIPMENT				
	(mm/dd/yy	yy) DATE INSTALLED				
		MANUFACTURER				
		MODEL				
	%	6 ULLAGE SET POINT				
	UNDER DISPENSER CON	TAINMENT PRESENT				
		MANUFACTURER				
		yy) DATE INSTALLED				
	SUBMERSIBLE TURE	BINE SUMP PRESENT				
		MANUFACTURER				
	(mm/dd/yy	yy) DATE INSTALLED				

FACILITY ID #	TRANSACTION ID - FOR S	TATE LISE ONLY					
4049	TRANSACTION ID -1 OR 3	TATE USE ONET					
		UST OWN	ER CE	RTIFICATION			
I swear or affirm, under	penalty of periury as	s specified by IC	35-44.1	-2-1 and other penalties	s specified by	IC 13-30-10 and IC	13-23-14-
2, that the statements a				-			
following requirements	•			, accurate, and compre		orany compilation i	
(1) Installation of all tan							
(2) Cathodic protection			FR 280	20			
(3) Release detection un	•	. •	200	-0.			
(4) Financial responsib		•					
OWNER'S AUTHORIZED REPR		.					
PREFIX FIRST NAME			MI	LAST NAME			SUFFIX
TITLE OF AUTHORIZED REPRE	SENTATIVE		COMPAN	NAME (If Individual Leave Blan	nk)		
					,		
SIGNATURE						DATE (MM/DD/YYYY)	
SIGNATURE (IMMSS/1777)							
	Į.	UST OPERA	TOR (CERTIFICATION			
I swear or affirm, under	penalty of perjury as	s specified by IC	35-44.1	2-1 and other penalties	s specified by	IC 13-30-10 and IC	13-23-14-
2, that the statements a							
following requirements				, ,		, .	
(1) Installation of all tan							
(2) Cathodic protection	of steel tanks and pi	iping under 40 C	FR 280.2	20.			
(3) Release detection un	nder 40 CFR 280 Sub	part D.					
(4) Financial responsib	ility under 329 IAC 9-	8.					
OPERATOR'S AUTHORIZED RE	•						
PREFIX FIRST NAME			MI	LAST NAME			SUFFIX
TITLE OF AUTHORIZED REPRE	SENTATIVE		COMPAN	NAME (If Individual Leave Blan	ık)		ļ
SIGNATURE						DATE (MM/DD/YYYY)	
		CONTRACT	TOR C	ERTIFICATION			
CERTIFIED INDIVIDUAL NAME PREFIX FIRST NAME			MI	LAST NAME			SUFFIX
PREFIX FIRST NAIVIE			IVII	LAST NAIVIE			SUFFIX
OATH: I swear or affirm,			-				13-23-14-
2, that work performed o	n the UST system con	•	ds speci	fied in 329 IAC 9 and 40	CFR 280, Subp		
SIGNATURE		EMAIL ADDRESS				DATE (MM/DE	D/YYYY)
I							

Kreegar, Cynthia

From: Brandon Hart <brandon.hart@aes.com>

Sent: Tuesday, July 2, 2024 4:41 PM

To: IDEM USTregistration

Subject: Facility ID # 4049 - Notification Form

Attachments: Facility # 4049 - 45223.pdf

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

Indiana Department of Environmental Management Petroleum Branch,

Please accept the attached Form 45223 to update the contact information for Facility ID # 4049. Please contact me with any questions.

Thank you,

Brandon Hart
Environmental Specialist
The AES Corporation
1230 W Morris St | Indianapolis, IN 46221

brandon.hart@aes.com Mobile: 317.282.7594

