

**NOTIFICATION FOR UNDERGROUND
STORAGE TANK SYSTEMS**

State Form 45223 (R8 / 1-19)
Indiana Department of Environmental Management
Underground Storage Tanks Branch

Agency Interest ID Number:

G	UST OPERATOR			
Option 1: UST OPERATOR NAME (Business Name as registered with the Secretary of State)			BUSINESS ID (From the Secretary of State)	
Village Pantry, LLC			197407-490	
Option 2: UST OPERATOR NAME (If				

N	FACILITY SITE MAP
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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.

O ATTRIBUTES OF UNDERGROUND STORAGE TANK									
Complete a separate 'Section O' portion of the form for each UST.									
UST Number (IDEM Only)		2		Tank Manufacturer and Model					
Owner UST ID									
Fill Port Latitude		39.16406641				Fill Port Longitude		-86.55124738	
Status of UST									
Compartment Number		C-1		C-2		C-3		C-4	
Date of Installation (mm/dd/yyyy)		9/01/2001							
<input type="checkbox"/> Currently in Use		9/01/2001							
Date Brought into Use (mm/dd/yyyy)									
<input type="checkbox"/> Temporarily Closed									
Date Last Used (mm/dd/yyyy)									
UST Construction Material (Check all that apply.)									
<input type="checkbox"/> Steel		<input checked="" type="checkbox"/> Fiberglass		<input type="checkbox"/> Steel Clad (Fiberglass Jacket)					
<input type="checkbox"/> Double-walled		<input type="checkbox"/> Other:		<input checked="" type="checkbox"/> Product stored in tank is compatible					
Release Detection									
		Tank		Manufacturer and Model		Pipe		Manufacturer and Model	
Automatic Tank Gauging		<input checked="" type="checkbox"/>		TLS 450+		<input type="checkbox"/>			
Interstitial Monitoring (required for new or replaced tanks or piping)		<input type="checkbox"/>				<input type="checkbox"/>			
Statistical Inventory Reconciliation		<input type="checkbox"/>				<input type="checkbox"/>			
Tightness Testing		<input type="checkbox"/>				<input checked="" type="checkbox"/>		Annual Tightness Testing	
Groundwater Monitoring		<input type="checkbox"/>				<input type="checkbox"/>			
Automatic Line Leak Detector						<input checked="" type="checkbox"/>		MLLD	
Manual Tank Gauging		<input type="checkbox"/>							
Inventory Control		<input type="checkbox"/>							
Other:		<input type="checkbox"/>				<input type="checkbox"/>			
UST Corrosion Protection									
<input type="checkbox"/> Interior Lining		<input type="checkbox"/> Compartment 1		<input type="checkbox"/> Compartment 2		<input type="checkbox"/> Compartment 3		<input type="checkbox"/> Compartment 4	
		Install Date (mm/dd/yyyy)		Install Date (mm/dd/yyyy)		Install Date (mm/dd/yyyy)		Install Date (mm/dd/yyyy)	
<input type="checkbox"/> Sacrificial Anodes (Galvanic)				Date of Installation (mm/dd/yyyy)					
<input type="checkbox"/> Impressed Current				Date of Installation (mm/dd/yyyy)					
<input type="checkbox"/> Other:				Date of Installation (mm/dd/yyyy)					
Containment Sumps									
<input type="checkbox"/> Under Dispenser Containment Sumps				Manufacturer and Model					
<input checked="" type="checkbox"/> Submersible Turbine Pump (STP) Sumps				Manufacturer and Model					
<input type="checkbox"/> Other:				Manufacturer and Model					
Number of Sumps for this Tank:									

CERTIFICATION OF INSTALLATION *(Complete for UST Systems Installed after December 22, 1988 and for Airport Hydrant Distribution Systems and Field-Constructed USTs Installed After October 13, 2015.)*

<input type="checkbox"/>	Installation Inspected by a Registered Engineer.	Registration ID		Registration Date (mm/dd/yyyy)	
<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 (mm/dd/yyyy)	

Substance Currently Stored in UST

If tanks are NOT compartmented, complete C-1 only. If the tanks are compartmented, list compartment sizes and substances stored (C-1, C-2, C-3, C-4).

GSL - Gasoline	DSL - Diesel	DSB - Diesel Containing >20% Biodiesel	VGL - Virgin Oil	UOL - Used Oil	KER - Kerosene
E85 - E85 Gasoline Blend	E15 - E15 Gasoline Blend	RCF - Racing Fuel (leaded)	AVG - AV Gas (leaded)	MXT - Mixture of Substances (<i>List Substances</i>)	OTH - Other (<i>specify</i>)
HZS - Hazardous Substance (<i>Put CAS Number and CERCLA Name.</i>)					

Compartment Number	C-1	C-2	C-3	C-4
Substance	GSL			
Other Substance (<i>specify</i>)	RUL			
Capacity (<i>in gallons</i>)	12,000			
Max Ethanol %	10			
Max Biodiesel %				

Spill and Overfill Protection

Compartment Number	C-1	C-2	C-3	C-4
Catchment Basins (<i>Manufacturer and Model</i>)	X			
Auto Shutoff (fill pipe) (<i>Type, Manufacturer, and Model</i>)	X			
Overfill Alarm (exterior) (<i>Manufacturer and Model</i>)				
Flow Restrictor (<i>Type, Manufacturer, and Model</i>)				
Other (<i>Type, Manufacturer and Model</i>)				

Piping				
Compartment Number	C-1	C-2	C-3	C-4
Piping Installation Dates (mm/dd/yyyy)	9/01/2001			
Piping Manufacturer and Model	Omniflex			
Flexible Connector Manufacturer and Model				
Pipe Sealant/Adhesive Manufacturer and Model				
Submersible Turbine Pump Manufacturer and Model				
Piping Delivery Method				
Compartment Number	C-1	C-2	C-3	C-4
	<input checked="" type="checkbox"/> Pressurized	<input type="checkbox"/> Pressurized	<input type="checkbox"/> Pressurized	<input type="checkbox"/> Pressurized
	<input type="checkbox"/> European Suction	<input type="checkbox"/> European Suction	<input type="checkbox"/> European Suction	<input type="checkbox"/> European Suction
	<input type="checkbox"/> American Suction	<input type="checkbox"/> American Suction	<input type="checkbox"/> American Suction	<input type="checkbox"/> American Suction
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Piping Construction (Check all that apply.)				
Compartment Number	C-1	C-2	C-3	C-4
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible Composite / Plastic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airport Hydrant Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected (sacrificial anodes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected (impressed current)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double-walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manifolded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piping Modification (Replacement)				
Compartment Number	C-1	C-2	C-3	C-4
Piping Modification Date (mm/dd/yyyy)				
What is the overall length (ft) of the piping run being repaired/replaced?				
How much (ft) of the piping run was repaired?				
How much (ft) of the piping run was replaced?				

O	ATTRIBUTES OF UNDERGROUND STORAGE TANK										
Complete a separate 'Section O' portion of the form for each UST.											
UST Number (<i>IDEM Only</i>)		3		Tank Manufacturer and Model							
Owner UST ID											
Fill Port Latitude						Fill Port Longitude					
Status of UST											
Compartment Number		C-1			C-2			C-3		C-4	
Date of Installation (<i>mm/dd/yyyy</i>)											
<input type="checkbox"/> Currently in Use											
Date Brought into Use (<i>mm/dd/yyyy</i>)											
<input type="checkbox"/> Temporarily Closed											
Date Last Used (<i>mm/dd/yyyy</i>)											
UST Construction Material (<i>Check all that apply.</i>)											
<input type="checkbox"/> Steel					<input type="checkbox"/> Fiberglass					<input type="checkbox"/> Steel Clad (Fiberglass Jacket)	
<input type="checkbox"/> Double-walled					<input type="checkbox"/> Other:					<input type="checkbox"/> Product stored in tank is compatible	
Release Detection											
		Tank	Manufacturer and Model			Pipe	Manufacturer and Model				
Automatic Tank Gauging		<input type="checkbox"/>				<input type="checkbox"/>					
Interstitial Monitoring (<i>required for new or replaced tanks or piping</i>)		<input type="checkbox"/>				<input type="checkbox"/>					
Statistical Inventory Reconciliation		<input type="checkbox"/>				<input type="checkbox"/>					
Tightness Testing		<input type="checkbox"/>				<input type="checkbox"/>					
Groundwater Monitoring		<input type="checkbox"/>				<input type="checkbox"/>					
Automatic Line Leak Detector						<input type="checkbox"/>					
Manual Tank Gauging		<input type="checkbox"/>									
Inventory Control		<input type="checkbox"/>									
Other:		<input type="checkbox"/>				<input type="checkbox"/>					
UST Corrosion Protection											
<input type="checkbox"/>	Interior Lining	<input type="checkbox"/> Compartment 1		<input type="checkbox"/> Compartment 2		<input type="checkbox"/> Compartment 3		<input type="checkbox"/> Compartment 4			
		Install Date (<i>mm/dd/yyyy</i>)		Install Date (<i>mm/dd/yyyy</i>)		Install Date (<i>mm/dd/yyyy</i>)		Install Date (<i>mm/dd/yyyy</i>)			
<input type="checkbox"/>	Sacrificial Anodes (Galvanic)			Date of Installation (<i>mm/dd/yyyy</i>)							
<input type="checkbox"/>	Impressed Current			Date of Installation (<i>mm/dd/yyyy</i>)							
<input type="checkbox"/>	Other:			Date of Installation (<i>mm/dd/yyyy</i>)							
Containment Sumps											
<input type="checkbox"/>	Under Dispenser Containment Sumps			Manufacturer and Model							
<input type="checkbox"/>	Submersible Turbine Pump (STP) Sumps			Manufacturer and Model							
<input type="checkbox"/>	Other:			Manufacturer and Model							
Number of Sumps for this Tank:											

CERTIFICATION OF INSTALLATION *(Complete for UST Systems Installed after December 22, 1988 and for Airport Hydrant Distribution Systems and Field-Constructed USTs Installed After October 13, 2015.)*

<input type="checkbox"/>	Installation Inspected by a Registered Engineer.	Registration ID		Registration Date (mm/dd/yyyy)	
<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 (mm/dd/yyyy)	

Substance Currently Stored in UST

If tanks are NOT compartmented, complete C-1 only. If the tanks are compartmented, list compartment sizes and substances stored (C-1, C-2, C-3, C-4).

GSL - Gasoline	DSL - Diesel	DSB - Diesel Containing >20% Biodiesel	VGL - Virgin Oil	UOL - Used Oil	KER - Kerosene
E85 - E85 Gasoline Blend	E15 - E15 Gasoline Blend	RCF - Racing Fuel (leaded)	AVG - AV Gas (leaded)	MXT - Mixture of Substances (<i>List Substances</i>)	OTH - Other (<i>specify</i>)
HZS - Hazardous Substance (<i>Put CAS Number and CERCLA Name.</i>)					

Compartment Number	C-1	C-2	C-3	C-4
Substance				
Other Substance (<i>specify</i>)				
Capacity (<i>in gallons</i>)				
Max Ethanol %				
Max Biodiesel %				

Spill and Overfill Protection

Compartment Number	C-1	C-2	C-3	C-4
Catchment Basins (<i>Manufacturer and Model</i>)				
Auto Shutoff (fill pipe) (<i>Type, Manufacturer, and Model</i>)				
Overfill Alarm (exterior) (<i>Manufacturer and Model</i>)				
Flow Restrictor (<i>Type, Manufacturer, and Model</i>)				
Other (<i>Type, Manufacturer and Model</i>)				

Piping				
Compartment Number	C-1	C-2	C-3	C-4
Piping Installation Dates (mm/dd/yyyy)				
Piping Manufacturer and Model				
Flexible Connector Manufacturer and Model				
Pipe Sealant/Adhesive Manufacturer and Model				
Submersible Turbine Pump Manufacturer and Model				
Piping Delivery Method				
Compartment Number	C-1	C-2	C-3	C-4
	<input type="checkbox"/> Pressurized	<input type="checkbox"/> Pressurized	<input type="checkbox"/> Pressurized	<input type="checkbox"/> Pressurized
	<input type="checkbox"/> European Suction	<input type="checkbox"/> European Suction	<input type="checkbox"/> European Suction	<input type="checkbox"/> European Suction
	<input type="checkbox"/> American Suction	<input type="checkbox"/> American Suction	<input type="checkbox"/> American Suction	<input type="checkbox"/> American Suction
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Piping Construction (Check all that apply.)				
Compartment Number	C-1	C-2	C-3	C-4
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible Composite / Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airport Hydrant Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected (sacrificial anodes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected (impressed current)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double-walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manifolded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piping Modification (Replacement)				
Compartment Number	C-1	C-2	C-3	C-4
Piping Modification Date (mm/dd/yyyy)				
What is the overall length (ft) of the piping run being repaired/replaced?				
How much (ft) of the piping run was repaired?				
How much (ft) of the piping run was replaced?				

O	ATTRIBUTES OF UNDERGROUND STORAGE TANK									
Complete a separate 'Section O' portion of the form for each UST.										
UST Number (<i>IDEM Only</i>)		4		Tank Manufacturer and Model						
Owner UST ID										
Fill Port Latitude						Fill Port Longitude				
Status of UST										
Compartment Number		C-1			C-2		C-3		C-4	
Date of Installation (<i>mm/dd/yyyy</i>)										
<input type="checkbox"/> Currently in Use										
Date Brought into Use (<i>mm/dd/yyyy</i>)										
<input type="checkbox"/> Temporarily Closed										
Date Last Used (<i>mm/dd/yyyy</i>)										
UST Construction Material (<i>Check all that apply.</i>)										
<input type="checkbox"/> Steel		<input type="checkbox"/> Fiberglass			<input type="checkbox"/> Steel Clad (Fiberglass Jacket)					
<input type="checkbox"/> Double-walled		<input type="checkbox"/> Other:			<input type="checkbox"/> Product stored in tank is compatible					
Release Detection										
		Tank	Manufacturer and Model			Pipe	Manufacturer and Model			
Automatic Tank Gauging		<input type="checkbox"/>				<input type="checkbox"/>				
Interstitial Monitoring (<i>required for new or replaced tanks or piping</i>)		<input type="checkbox"/>				<input type="checkbox"/>				
Statistical Inventory Reconciliation		<input type="checkbox"/>				<input type="checkbox"/>				
Tightness Testing		<input type="checkbox"/>				<input type="checkbox"/>				
Groundwater Monitoring		<input type="checkbox"/>				<input type="checkbox"/>				
Automatic Line Leak Detector						<input type="checkbox"/>				
Manual Tank Gauging		<input type="checkbox"/>								
Inventory Control		<input type="checkbox"/>								
Other:		<input type="checkbox"/>				<input type="checkbox"/>				
UST Corrosion Protection										
<input type="checkbox"/>	Interior Lining	<input type="checkbox"/> Compartment 1		<input type="checkbox"/> Compartment 2		<input type="checkbox"/> Compartment 3		<input type="checkbox"/> Compartment 4		
		Install Date (<i>mm/dd/yyyy</i>)		Install Date (<i>mm/dd/yyyy</i>)		Install Date (<i>mm/dd/yyyy</i>)		Install Date (<i>mm/dd/yyyy</i>)		
<input type="checkbox"/>	Sacrificial Anodes (Galvanic)			Date of Installation (<i>mm/dd/yyyy</i>)						
<input type="checkbox"/>	Impressed Current			Date of Installation (<i>mm/dd/yyyy</i>)						
<input type="checkbox"/>	Other:			Date of Installation (<i>mm/dd/yyyy</i>)						
Containment Sumps										
<input type="checkbox"/>	Under Dispenser Containment Sumps			Manufacturer and Model						
<input type="checkbox"/>	Submersible Turbine Pump (STP) Sumps			Manufacturer and Model						
<input type="checkbox"/>	Other:			Manufacturer and Model						
Number of Sumps for this Tank:										

CERTIFICATION OF INSTALLATION *(Complete for UST Systems Installed after December 22, 1988 and for Airport Hydrant Distribution Systems and Field-Constructed USTs Installed After October 13, 2015.)*

<input type="checkbox"/>	Installation Inspected by a Registered Engineer.	Registration ID		Registration Date (mm/dd/yyyy)	
<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 (mm/dd/yyyy)	

Substance Currently Stored in UST

If tanks are NOT compartmented, complete C-1 only. If the tanks are compartmented, list compartment sizes and substances stored (C-1, C-2, C-3, C-4).

GSL - Gasoline	DSL - Diesel	DSB - Diesel Containing >20% Biodiesel	VGL - Virgin Oil	UOL - Used Oil	KER - Kerosene
E85 - E85 Gasoline Blend	E15 - E15 Gasoline Blend	RCF - Racing Fuel (leaded)	AVG - AV Gas (leaded)	MXT - Mixture of Substances (<i>List Substances</i>)	OTH - Other (<i>specify</i>)
HZS - Hazardous Substance (<i>Put CAS Number and CERCLA Name.</i>)					

Compartment Number	C-1	C-2	C-3	C-4
Substance				
Other Substance (<i>specify</i>)				
Capacity (<i>in gallons</i>)				
Max Ethanol %				
Max Biodiesel %				

Spill and Overfill Protection

Compartment Number	C-1	C-2	C-3	C-4
Catchment Basins (<i>Manufacturer and Model</i>)				
Auto Shutoff (fill pipe) (<i>Type, Manufacturer, and Model</i>)				
Overfill Alarm (exterior) (<i>Manufacturer and Model</i>)				
Flow Restrictor (<i>Type, Manufacturer, and Model</i>)				
Other (<i>Type, Manufacturer and Model</i>)				

Piping				
Compartment Number	C-1	C-2	C-3	C-4
Piping Installation Dates (mm/dd/yyyy)				
Piping Manufacturer and Model				
Flexible Connector Manufacturer and Model				
Pipe Sealant/Adhesive Manufacturer and Model				
Submersible Turbine Pump Manufacturer and Model				
Piping Delivery Method				
Compartment Number	C-1	C-2	C-3	C-4
	<input type="checkbox"/> Pressurized	<input type="checkbox"/> Pressurized	<input type="checkbox"/> Pressurized	<input type="checkbox"/> Pressurized
	<input type="checkbox"/> European Suction	<input type="checkbox"/> European Suction	<input type="checkbox"/> European Suction	<input type="checkbox"/> European Suction
	<input type="checkbox"/> American Suction	<input type="checkbox"/> American Suction	<input type="checkbox"/> American Suction	<input type="checkbox"/> American Suction
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Piping Construction (Check all that apply.)				
Compartment Number	C-1	C-2	C-3	C-4
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible Composite / Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airport Hydrant Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected (sacrificial anodes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected (impressed current)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double-walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manifolded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piping Modification (Replacement)				
Compartment Number	C-1	C-2	C-3	C-4
Piping Modification Date (mm/dd/yyyy)				
What is the overall length (ft) of the piping run being repaired/replaced?				
How much (ft) of the piping run was repaired?				
How much (ft) of the piping run was replaced?				

O	ATTRIBUTES OF UNDERGROUND STORAGE TANK										
Complete a separate 'Section O' portion of the form for each UST.											
UST Number (<i>IDEM Only</i>)		5		Tank Manufacturer and Model							
Owner UST ID											
Fill Port Latitude						Fill Port Longitude					
Status of UST											
Compartment Number		C-1			C-2			C-3		C-4	
Date of Installation (<i>mm/dd/yyyy</i>)											
<input type="checkbox"/> Currently in Use											
Date Brought into Use (<i>mm/dd/yyyy</i>)											
<input type="checkbox"/> Temporarily Closed											
Date Last Used (<i>mm/dd/yyyy</i>)											
UST Construction Material (<i>Check all that apply.</i>)											
<input type="checkbox"/> Steel					<input type="checkbox"/> Fiberglass					<input type="checkbox"/> Steel Clad (Fiberglass Jacket)	
<input type="checkbox"/> Double-walled					<input type="checkbox"/> Other:					<input type="checkbox"/> Product stored in tank is compatible	
Release Detection											
		Tank	Manufacturer and Model			Pipe	Manufacturer and Model				
Automatic Tank Gauging		<input type="checkbox"/>				<input type="checkbox"/>					
Interstitial Monitoring (<i>required for new or replaced tanks or piping</i>)		<input type="checkbox"/>				<input type="checkbox"/>					
Statistical Inventory Reconciliation		<input type="checkbox"/>				<input type="checkbox"/>					
Tightness Testing		<input type="checkbox"/>				<input type="checkbox"/>					
Groundwater Monitoring		<input type="checkbox"/>				<input type="checkbox"/>					
Automatic Line Leak Detector						<input type="checkbox"/>					
Manual Tank Gauging		<input type="checkbox"/>									
Inventory Control		<input type="checkbox"/>									
Other:		<input type="checkbox"/>				<input type="checkbox"/>					
UST Corrosion Protection											
<input type="checkbox"/>	Interior Lining	<input type="checkbox"/> Compartment 1		<input type="checkbox"/> Compartment 2		<input type="checkbox"/> Compartment 3		<input type="checkbox"/> Compartment 4			
		Install Date (<i>mm/dd/yyyy</i>)		Install Date (<i>mm/dd/yyyy</i>)		Install Date (<i>mm/dd/yyyy</i>)		Install Date (<i>mm/dd/yyyy</i>)			
<input type="checkbox"/>	Sacrificial Anodes (Galvanic)			Date of Installation (<i>mm/dd/yyyy</i>)							
<input type="checkbox"/>	Impressed Current			Date of Installation (<i>mm/dd/yyyy</i>)							
<input type="checkbox"/>	Other:			Date of Installation (<i>mm/dd/yyyy</i>)							
Containment Sumps											
<input type="checkbox"/>	Under Dispenser Containment Sumps			Manufacturer and Model							
<input type="checkbox"/>	Submersible Turbine Pump (STP) Sumps			Manufacturer and Model							
<input type="checkbox"/>	Other:			Manufacturer and Model							
Number of Sumps for this Tank:											

CERTIFICATION OF INSTALLATION *(Complete for UST Systems Installed after December 22, 1988 and for Airport Hydrant Distribution Systems and Field-Constructed USTs Installed After October 13, 2015.)*

<input type="checkbox"/>	Installation Inspected by a Registered Engineer.	Registration ID		Registration Date (mm/dd/yyyy)	
<input type="checkbox"/>	Manufacturer's Installation Checklists Have Been Completed and Included.	<input type="checkbox"/>	Installer Certified by Tank and Piping Manufacturer.		
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Substance Currently Stored in UST

If tanks are NOT compartmented, complete C-1 only. If the tanks are compartmented, list compartment sizes and substances stored (C-1, C-2, C-3, C-4).

GSL - Gasoline	DSL - Diesel	DSB - Diesel Containing >20% Biodiesel	VGL - Virgin Oil	UOL - Used Oil	KER - Kerosene
E85 - E85 Gasoline Blend	E15 - E15 Gasoline Blend	RCF - Racing Fuel (leaded)	AVG - AV Gas (leaded)	MXT - Mixture of Substances (<i>List Substances</i>)	OTH - Other (<i>specify</i>)
HZS - Hazardous Substance (<i>Put CAS Number and CERCLA Name.</i>)					

Compartment Number	C-1	C-2	C-3	C-4
Substance				
Other Substance (<i>specify</i>)				
Capacity (<i>in gallons</i>)				
Max Ethanol %				
Max Biodiesel %				

Spill and Overfill Protection

Compartment Number	C-1	C-2	C-3	C-4
Catchment Basins (<i>Manufacturer and Model</i>)				
Auto Shutoff (fill pipe) (<i>Type, Manufacturer, and Model</i>)				
Overfill Alarm (exterior) (<i>Manufacturer and Model</i>)				
Flow Restrictor (<i>Type, Manufacturer, and Model</i>)				
Other (<i>Type, Manufacturer and Model</i>)				

Piping				
Compartment Number	C-1	C-2	C-3	C-4
Piping Installation Dates (mm/dd/yyyy)				
Piping Manufacturer and Model				
Flexible Connector Manufacturer and Model				
Pipe Sealant/Adhesive Manufacturer and Model				
Submersible Turbine Pump Manufacturer and Model				
Piping Delivery Method				
Compartment Number	C-1	C-2	C-3	C-4
	<input type="checkbox"/> Pressurized	<input type="checkbox"/> Pressurized	<input type="checkbox"/> Pressurized	<input type="checkbox"/> Pressurized
	<input type="checkbox"/> European Suction	<input type="checkbox"/> European Suction	<input type="checkbox"/> European Suction	<input type="checkbox"/> European Suction
	<input type="checkbox"/> American Suction	<input type="checkbox"/> American Suction	<input type="checkbox"/> American Suction	<input type="checkbox"/> American Suction
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Piping Construction (Check all that apply.)				
Compartment Number	C-1	C-2	C-3	C-4
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible Composite / Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airport Hydrant Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected (sacrificial anodes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected (impressed current)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double-walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manifolded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piping Modification (Replacement)				
Compartment Number	C-1	C-2	C-3	C-4
Piping Modification Date (mm/dd/yyyy)				
What is the overall length (ft) of the piping run being repaired/replaced?				
How much (ft) of the piping run was repaired?				
How much (ft) of the piping run was replaced?				

O	ATTRIBUTES OF UNDERGROUND STORAGE TANK										
Complete a separate 'Section O' portion of the form for each UST.											
UST Number (<i>IDEM Only</i>)		6		Tank Manufacturer and Model							
Owner UST ID											
Fill Port Latitude						Fill Port Longitude					
Status of UST											
Compartment Number		C-1			C-2		C-3		C-4		
Date of Installation (<i>mm/dd/yyyy</i>)											
<input type="checkbox"/> Currently in Use											
Date Brought into Use (<i>mm/dd/yyyy</i>)											
<input type="checkbox"/> Temporarily Closed											
Date Last Used (<i>mm/dd/yyyy</i>)											
UST Construction Material (<i>Check all that apply.</i>)											
<input type="checkbox"/>	Steel			<input type="checkbox"/>	Fiberglass			<input type="checkbox"/>	Steel Clad (Fiberglass Jacket)		
<input type="checkbox"/>	Double-walled			<input type="checkbox"/>	Other:			<input type="checkbox"/>	Product stored in tank is compatible		
Release Detection											
	Tank	Manufacturer and Model				Pipe	Manufacturer and Model				
Automatic Tank Gauging		<input type="checkbox"/>					<input type="checkbox"/>				
Interstitial Monitoring (<i>required for new or replaced tanks or piping</i>)		<input type="checkbox"/>					<input type="checkbox"/>				
Statistical Inventory Reconciliation		<input type="checkbox"/>					<input type="checkbox"/>				
Tightness Testing		<input type="checkbox"/>					<input type="checkbox"/>				
Groundwater Monitoring		<input type="checkbox"/>					<input type="checkbox"/>				
Automatic Line Leak Detector							<input type="checkbox"/>				
Manual Tank Gauging		<input type="checkbox"/>									
Inventory Control		<input type="checkbox"/>									
Other:		<input type="checkbox"/>					<input type="checkbox"/>				
UST Corrosion Protection											
<input type="checkbox"/>	Interior Lining	<input type="checkbox"/> Compartment 1		<input type="checkbox"/> Compartment 2		<input type="checkbox"/> Compartment 3		<input type="checkbox"/> Compartment 4			
		Install Date (<i>mm/dd/yyyy</i>)		Install Date (<i>mm/dd/yyyy</i>)		Install Date (<i>mm/dd/yyyy</i>)		Install Date (<i>mm/dd/yyyy</i>)			
<input type="checkbox"/>	Sacrificial Anodes (Galvanic)				Date of Installation (<i>mm/dd/yyyy</i>)						
<input type="checkbox"/>	Impressed Current				Date of Installation (<i>mm/dd/yyyy</i>)						
<input type="checkbox"/>	Other:				Date of Installation (<i>mm/dd/yyyy</i>)						
Containment Sumps											
<input type="checkbox"/>	Under Dispenser Containment Sumps				Manufacturer and Model						
<input type="checkbox"/>	Submersible Turbine Pump (STP) Sumps				Manufacturer and Model						
<input type="checkbox"/>	Other:				Manufacturer and Model						
Number of Sumps for this Tank:											

CERTIFICATION OF INSTALLATION *(Complete for UST Systems Installed after December 22, 1988 and for Airport Hydrant Distribution Systems and Field-Constructed USTs Installed After October 13, 2015.)*

<input type="checkbox"/>	Installation Inspected by a Registered Engineer.	Registration ID		Registration Date (mm/dd/yyyy)	
<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 (mm/dd/yyyy)	

Substance Currently Stored in UST

If tanks are NOT compartmented, complete C-1 only. If the tanks are compartmented, list compartment sizes and substances stored (C-1, C-2, C-3, C-4).

GSL - Gasoline	DSL - Diesel	DSB - Diesel Containing >20% Biodiesel	VGL - Virgin Oil	UOL - Used Oil	KER - Kerosene
E85 - E85 Gasoline Blend	E15 - E15 Gasoline Blend	RCF - Racing Fuel (leaded)	AVG - AV Gas (leaded)	MXT - Mixture of Substances (<i>List Substances</i>)	OTH - Other (<i>specify</i>)
HZS - Hazardous Substance (<i>Put CAS Number and CERCLA Name.</i>)					

Compartment Number	C-1	C-2	C-3	C-4
Substance				
Other Substance (<i>specify</i>)				
Capacity (<i>in gallons</i>)				
Max Ethanol %				
Max Biodiesel %				

Spill and Overfill Protection

Compartment Number	C-1	C-2	C-3	C-4
Catchment Basins (<i>Manufacturer and Model</i>)				
Auto Shutoff (fill pipe) (<i>Type, Manufacturer, and Model</i>)				
Overfill Alarm (exterior) (<i>Manufacturer and Model</i>)				
Flow Restrictor (<i>Type, Manufacturer, and Model</i>)				
Other (<i>Type, Manufacturer and Model</i>)				

Piping				
Compartment Number	C-1	C-2	C-3	C-4
Piping Installation Dates (mm/dd/yyyy)				
Piping Manufacturer and Model				
Flexible Connector Manufacturer and Model				
Pipe Sealant/Adhesive Manufacturer and Model				
Submersible Turbine Pump Manufacturer and Model				
Piping Delivery Method				
Compartment Number	C-1	C-2	C-3	C-4
	<input type="checkbox"/> Pressurized	<input type="checkbox"/> Pressurized	<input type="checkbox"/> Pressurized	<input type="checkbox"/> Pressurized
	<input type="checkbox"/> European Suction	<input type="checkbox"/> European Suction	<input type="checkbox"/> European Suction	<input type="checkbox"/> European Suction
	<input type="checkbox"/> American Suction	<input type="checkbox"/> American Suction	<input type="checkbox"/> American Suction	<input type="checkbox"/> American Suction
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Piping Construction (Check all that apply.)				
Compartment Number	C-1	C-2	C-3	C-4
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible Composite / Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airport Hydrant Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected (sacrificial anodes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected (impressed current)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double-walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manifolded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piping Modification (Replacement)				
Compartment Number	C-1	C-2	C-3	C-4
Piping Modification Date (mm/dd/yyyy)				
What is the overall length (ft) of the piping run being repaired/replaced?				
How much (ft) of the piping run was repaired?				
How much (ft) of the piping run was replaced?				

Stewart, Angela

From: IDEM USTregistration
Subject: RE: Notification_FID#24547

From: Chad Fluck <CFluck@gpminvestments.com>
Sent: Thursday, August 19, 2021 3:25 PM
To: IDEM USTregistration <USTregistration@idem.IN.gov>
Cc: Corbin Burkholder <CBurkholder@gpminvestments.com>; Charme McGinn <CMcGinn@gpminvestments.com>; debio@wspropertygroup.com; IDEM USTCompliance (USTcompliance) <USTCompliance@idem.IN.gov>
Subject: Notification_FID#24547

Good Afternoon!

Please see attached updated notification form for Fac. ID# 24547.

Thank you,



Chad Fluck | *Regional Environmental Manager*
Business Support Center
GPM Investments, LLC
8565 Magellan Parkway, Suite 400
Richmond, VA 23227

Tel (317) 381-5122 | Mobile: (317) 914-9446 | CFluck@gpminvestments.com

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