## THIRTY (30) DAY NOTIFICATION OF INTENT TO CLOSE

State Form 56553 (R5 / 5-23) INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT PETROLEUM BRANCH

## **RETURN COMPLETED FORMS TO:**

Indiana Department of Environmental Management USTRegistration@idem.in.gov

Facility ID Number:

The information requested is required by 329 IAC 9. This form should only be used for facilities previously registered with the IDEM Underground

Stora	age Tank program.									,			3
Α	TYI	PE OI	F PR	OPOS	SED C	LOS	JRE (c	heck a	all th	nat apply)			
	Tank(s)				Pipi	ng					Dispens	er(s)	
R	Removal In-Place		Ren	noval		In	n-Place			Removal			
С	Change-In-Service		Cha	ınge-In-	-Service	!				Replacem	nent		
Numb	ber of tanks to be closed:	N	umber	of lines	s to be c	closed:			Nun	nber of dis	spensers to	be closed	d:
Numb	ber of regulated tanks on-site befor	e closu	ıre:										
В			FA	CILIT	TAN Y	ME/L	OCAT	ION					
	TY NAME						DE (37.7101	101 to 41.		·	ONGITUDE (-8	88.165351 to -8-	4.671035)
	TY ADDRESS (number and street)						PARCEL	L NUMBE	R(S)				
CITY		STATE	ZIP C	ODE		C	YTNUC			TE	ELEPHONE N	JMBER	
С				F	PREPA	RED	BY						
PREFIX	K FIRST NAME				MI	LAST N							SUFFIX
ADDRE	SS			CITY	-	•			STAT	E	ZIP CODE		
TELEPH	HONE NUMBER JOB	3 TITLE				EMAIL A	ADDRESS						
D					UST C	OWNE	R						
				Т	TYPE OI	F OWN	VER						
F	ederal Government		Sta	te Gov	ernment	t				City / Loc	cal Goverr	nment	
	Commercial		Priv							Other:			
	1: UST OWNER NAME (Business Name as regis			retary of S	tate)			BUSIN	NESS	ID (From the	Secretary of S	tate)	
	2: UST OWNER NAME (If a Public Agency or oth												
Option 3	3: UST OWNER NAME (If in Individual Capacity)  K FIRST NAME				МІ	LAST N	AME						SUFFIX
1112	THO I WANTE				Ivii		TIVIL						
	WNER ADDRESS (Listed in Options 1-3) IPAL OFFICE ADDRESS or PRIMARY RESIDEN	ITAL ADD	RESS (N	lumber and	d Street, no	P.O. Box,	)	ADDR	RESS	(line 2)			
CITY			STATE ZIP CODE					EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)					
	HONE NUMBER			S (Option 3	3 Individual	l Capacity)		JOB T	ΓITLE	(Option 3 Indi	lividual Capacit	y) 	
CONTA PREFIX	ACT FOR BUSINESS / PUBLIC AGENCY (Listed)  ( FIRST NAME	in Option	1 or 2)		MI	LAST N	AME						SUFFIX
FIXE: 12.	I INOT INTIVIL				Ivii	LACI	TIVIL						001117
PRINCI	PAL OFFICE ADDRESS or PRIMARY RESIDEN	TAL ADD	RESS (N	lumber and	d Street, no	P.O. Box	)	ADDR	RESS	(line 2)			
CITY				STATE	ZIP CODE	E		ЈОВ Т	ΓITLE				
TELEPH	HONE NUMBER	EMAIL A	ADDRESS	S	-								

FAC	ILITY I	D NUMBER	FACILITY NAME										
E						Ш	ST OP	ERATOR					
_								OPERATOR					
	Fed	leral Governme	ent	State Government City / Local Government									
		mmercial				vate			l				
Optio			E (Business Name as r	egistere			of State)		BUSIN		Other:  ID (From the Secretary of State)		
Optio	on 2: U	IST OPERATOR NAM	E (If a Public Agency or	other e	entity)								
			E (If in Individual Capad	city)			_						
PRE	FIX	FIRST NAME					MI	LAST NAME				SUFFIX	
HST	OPER	ATOR ADDRESS (Lis	sted in Ontions 1-3)									ļ	
			or PRIMARY RESIDEN	TAL AD	DRESS (	Number an	d Street, no	P.O. Box)	ADDR	RESS	(line 2)		
CITY	′					STATE	ZIP CODE	E	DATE	BEG	AN OPERATING (MM/DD/YYYY)		
TE: .		IE NUMBER		I			<u> </u>						
IELI	EPHON	NE NUMBER		EMAIL	ADDRES	SS (Option	3 Individual	Capacity)	JOB T	TITLE	(Option 3 Individual Capacity)		
CON	ΙΤΔΟΤ	FOR BUSINESS / PU	BLIC AGENCY (Listed	in Ontic	n 1 or 2)								
PRE		FIRST NAME	BLIC AGENCT (LISTER	п Орис	11 1 01 2)		MI	LAST NAME				SUFFIX	
PRIN	NCIPAL	OFFICE ADDRESS	or PRIMARY RESIDEN	TAL AD	DRESS (	Number an	d Street, no	P.O. Box)	ADDR	RESS	(line 2)	•	
CITY	′					STATE	ZIP CODE JOB TITLE						
TELL	EDHON	NE NUMBER		EMAII	ADDRES	200							
ILEL	EFHOI	NE NOMBER		EIVIAIL	ADDRES	33							
F					DE	EDEL	) DDO	PERTY OV	WNIED				
Г					DL			F OWNER	AINEL				
	Foo	leral Governme	ant .		Str		ernmen		I		City / Local Government		
-	1	nmercial	511L		_	ivate	emmen		1		Other:		
Ontio			NAME (Business Name	as regis			tary of State	• )	BUSIN	NESS	ID (From the Secretary of State)		
Op			( <i>Duemiese riame</i> :	ao rogic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 11.10 000.10	iary or otation	,			12 (i rem ine desiretary or etate)		
Optio	on 2: P	ROPERTY OWNER N	NAME (If a Public Agend	y or oth	ner entity )	)							
			NAME (If in Individual Ca	apacity)			T	•				T	
PKE	FIX	FIRST NAME					MI	LAST NAME				SUFFIX	
PRC	PERT	Y OWNER ADDRESS	(Listed in Options 1-3)				ļ	<u> </u>					
			or PRIMARY RESIDEN	TAL AD	DRESS (	Number an	d Street, no	P.O. Box)	ADDR	RESS	(line 2)		
CITY	′					STATE	ZIP CODI	EFFE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)				
TELI	EPHON	NE NUMBER		EMAIL	_ ADDRES	SS (Option	3 Individual	Capacity)	JOB T	TITLE	(Option 3 Individual Capacity)		
COA	ITACT	FOR BURINESS / BU	IBLIC AGENCY (Listed	in Ontic	m 1 ar 2\								
PRE		FIRST NAME	BLIC AGENCT (Listed	и Орис	)		MI	LAST NAME				SUFFIX	
PRIN	NCIPA	OFFICE ADDRESS	or PRIMARY RESIDEN	TAL AD	DRESS (	Number an	d Street, no	P.O. Box)	ADDR	RESS	(line 2)		
CITY	′					STATE	ZIP CODE	E	JOB T	TITLE			
TC: :	-DI-C	JE NUMBER		I=1	ADDDD	20							
ILELI	FLHO	NE NUMBER		EMAIL	_ ADDRES	55							
I				<u> </u>									

FACILITY ID NUMBER FAC	CILITY NAME				
G	<b>ACTIVE LAND CO</b>			OWNER (If applicable)	
	l lo		OF OWNER		
Federal Government		te Governme	nt	City / Local Government	
Commercial Option 1: PROPERTY OWNER NAME		vate the Secretary of Sta	ate)	Other: BUSINESS ID (From the Secretary of State)	
Ontion 2, DDODEDTY OWNED NAME	(If a Dublic Agans) are other antity)				
Option 2: PROPERTY OWNER NAME	(If a Public Agency or other entity)				
Option 3: PROPERTY OWNER NAME PREFIX FIRST NAME	(If in Individual Capacity)	MI	LAST NAME		SUFFIX
PROPERTY OWNER ADDRESS (List PRINCIPAL OFFICE ADDRESS or PR		Number and Street,	no P.O. Box)	ADDRESS (line 2)	
CITY		STATE ZIP CO	DE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/)	YYY)
TELEPHONE NUMBER JOB TITL	E EMAIL ADI	DRESS (Option 3 In	dividual Capacity)	PROPOSED END DATE (MM/DD/YYYY)	
CONTACT FOR BUSINESS / PUBLIC	AGENCY (Listed in Option 1 or 2)				
PREFIX FIRST NAME	( <del></del>	MI	LAST NAME		SUFFIX
PRINCIPAL OFFICE ADDRESS or PR	IMARY RESIDENTAL ADDRESS (A	Number and Street,	no P.O. Box)	ADDRESS (line 2)	
CITY		STATE ZIP CO	DE	JOB TITLE	
TELEPHONE NUMBER	EMAIL ADDRES	S		<u> </u>	
CONTRACTOR BUSINESS NAME (B)			CONTRAC	BUSINESS ID (From the Secretary of State)	
,		, , , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , , ,	
CERTIFIED INDIVIDUAL NAME PREFIX FIRST NAME		MI	LAST NAME	•	SUFFIX
PRINCIPAL OFFICE ADDRESS or PR	IMARY RESIDENTAL ADDRESS (A	Number and Street, I	no P.O. Box)	ADDRESS (line 2)	
CITY		STATE ZIP CO	DE	IDHS CERTIFICATION NUMBER	
TELEPHONE NUMBER	EMAIL ADDRES	s			
1	POTEN		TERESTED	PARTIES	
INTERESTED PARTY NAME		E-MAIL	ADDRESS		
INTERESTED PARTY NAME		E-MAIL	ADDRESS		
INTERESTED PARTY NAME		E-MAIL	ADDRESS		
LUST INCIDENT NUMBER (IF APPLI			NT INFORMA		
200. HOIDEN HOMBER (II AFFER		DATE		· ( ww/jjjj/	
LUST INCIDENT NUMBER (IF APPLIC	CABLE)	DATE I	NCIDENT REPORTED	) (mm/dd/yyyy)	
LUST INCIDENT NUMBER (IF APPLIC	CABLE)	DATE I	NODENT DEDODTE	) (mm/dd/sass)	
	- ,	D, =	NCIDENT REPORTED	(IIIII/aa/yyyy)	

FACILITY	ID NUMBER	FACILITY NAME											
K	K UST INFORMATION  For all tanks that will be closed, list the requested info below and do not leave any space blank. Attach an additional sheet if needed.												
	For all tanks that will be closed, list the requested info below and do not leave any space blank. Attach an additional sheet if needed.  UST Substance												
GSL	GSL - Gasoline DSL - Diesel DSB - Diesel Containing VGL - Virgin Oil UOL - Used Oil KER - Kerosene >20% Biodiesel												
	E85 - E85E15 - E15RCF - Racing Gasoline BlendAVG - AV Gas (leaded)MXT - Mixture of Substances (List Substances)OTH - Other (specify)												
	UST Construction Material  STL - Steel FRP - Fiberglass STC- Steel Clad STL - Steel Jacketed DRW - Double-walled OTH - Other												
STL -	STL - Steel FRP - Fiberglass STC- Steel Clad STJ- Steel Jacketed DBW - Double-walled OTH - Other												
RMV - Removed IPC - In-Place Closure CIS - Change-in-Service													
	RIVIV -	Removed		IPC - In-Place	e Closure	I CI	<b>5</b> - Cnange-in-s	Service					
UST#	Compart #	Capacity in Gallons	Substance (Last used, past)	Construction Material	Install Date (mm/dd/yyyy)	Date Last Used (mm/dd/yyyy)	Proposed Closure Date (mm/dd/yyyy)	Proposed Closure Type					
Die		- 0/											
Please ,	iustify In-Plac	e Closure:											
				nt of Homeland Se			Yes	No					
In-Place	n-Place closure site assessment work plan and site map with proposed boring locations attached:  Yes No												

_									
L					NFORMA				
based	upon field mea	surements betwee	ype. List all Piping	nsers, as well	as, between di apply. All pip	ispenser islan ing numbers s	ds), identify th	ne product distril	buted through each
				Piping	Substance				
GSL -	- Gasoline	<b>DSL</b> - Diese	71	iesel Conta % Biodiesel	~ V,	<b>GL</b> - Virgin (	Oil <b>UOL</b>	- Used Oil	KER - Kerosene
	<b>5</b> - E85 line Blend	<b>E15</b> - E15 Gasoline Bler	RCF - Rand Fuel (lea	•	<b>VG</b> - AV Ga (leaded)	as <b>MXT</b>	- Mixture of (List Subst	f Substances tances)	OTH - Other (specify)
				iping Cons		aterial			
	- Fiberglass orced Plasti		berglass <b>AH</b> e / Plastic	<b>P</b> - Airport I Piping	Hydrant	<b>CP</b> - Coppe	r <b>STI</b>	L - Steel	OTH - Other
		_			losure Typ				<u> </u>
	RMV -	Removed	Г	IPC - In-F	Place Closu	re	CI	S - Change-ir	n-Service
Piping #	Piping Run Length (feet)	Substance (Last used, past)	Construction Material	Install Date (mm/dd/yyyy)	Date Last Used (mm/dd/yyyy)	Closure Date (mm/dd/yyyy)	Closure Type	UST#	Compartment #
		ows and connect	tors:						
Please )	iustify In-Place	e Closure:							

FACILITY ID NUMBER	FACILITY NAME										
M	DI	SPENSER II	NFORMATIO	N (If Applicab	nle)						
For all dispensers to be closed, list the dispenser number, product(s) dispensed, and date last used. Attach an additional sheet if necessary.											
Product Dispensed											
GSL - Gasoline	GSL - Gasoline DSL - Diesel DSB - Diesel Containing VGL - Virgin Oil UOL - Used Oil KER - Kerosene >20% Biodiesel										
<b>E85</b> - E85 Gasoline Blend	J WIA I - WINCING OF OUDSTAINCES										
		Disper	nser Closure Ty	уре							
RMV -	Removed	IPC -	In-Place Closu	re	CIS - Change-in-Service						
Dispenser Number	Products Dispensed	Install Date (mm/dd/yyyy)	Date Last Used (mm/dd/yyyy)	Proposed Removal Date (mm/dd/yyyy)	Proposed Replacement Date (mm/dd/yyyy)	Proposed Closure Type					

FACILITY ID NUMBER	TRANSACTION ID - FOR S	TATE USE ONLY					
		UST OWN	ER CE	RTIFICATION	N		
I swear or affirm, under 2, that the statements a following requirements (1) Installation of all tan (2) Cathodic protection (3) Release detection un (4) Financial responsible OWNER'S AUTHORIZED REPRESENTATION (1) That the statement of the stat	nd representations in accordance with a ks and piping under of steel tanks and pinder 40 CFR 280 Sublity under 329 IAC 9-	n this document 329 IAC 9-2-2(e): 40 CFR 280.20. iping under 40 C ppart D.	are true	e, accurate, and co			with the
PREFIX FIRST NAME			MI	LAST NAME			SUFFIX
TITLE OF AUTHORIZED REPRE	SENTATIVE		COMPAN	Y NAME (If Individual Lea	ave Blank)		
SIGNATURE						DATE (MM/DD/YYYY)	
		UST OPERA	TOR	CERTIFICATION	ON		
following requirements (1) Installation of all tan (2) Cathodic protection (3) Release detection un (4) Financial responsibi	ks and piping under of steel tanks and pi nder 40 CFR 280 Sub lity under 329 IAC 9-	40 CFR 280.20. iping under 40 Copart D. 8.		20.	·		
OPERATOR'S AUTHORIZED RE	PRESENTATIVE (Print or Ty	rpe)	MI	LAST NAME			SUFFIX
TRETTA TROTTVAINE			IVII	EAST NAME			OOTTIX
TITLE OF AUTHORIZED REPRE	SENTATIVE		COMPAN	Y NAME (If Individual Lea	ave Blank)		
SIGNATURE			•			DATE (MM/DD/YYYY)	
		CONTRACT	TOR C	ERTIFICATIO	N		
PREFIX FIRST NAME			MI	LAST NAME			SUFFIX
FREITA TINGT NAME			IVII	LAST NAME			30111X
OATH: I swear or affirm,	under penalty of perju	ıry as specified b	y IC 35-4	4.1-2-1 and other p	enalties specified by	y IC 13-30-10 and I	C 13-23-14-
2, that work performed o	n the UST system con	•	ds spec	ified in 329 IAC 9 a	nd 40 CFR 280, Subp		
SIGNATURE		EMAIL ADDRESS				DATE (MM/	DD/YYYY)