	INITIAL REGISTRATION FOR ABOVEGROUND
AN	STORAGE TANK SYSTEMS

State Form 57298 (7-23) Indiana Department of Environmental Management Petroleum Branch

RETURN COMPLETED FORMS TO:

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

Registration of aboveground storage tanks (ASTs) is required for purposes of eligibility related to the Excess Liability Trust Fund and for purposes of billing related to the annual registration fee required by IC 13-23-12-1. Facilities that have previously registered underground storage tanks and have been assigned a Facility ID Number should utilize the Notification for Aboveground Storage Tanks Form and use the previously assigned Facility ID Number to add ASTs to the facility record.

Α			F	ACILIT	Y NA	ME /	LOCAT	ION			
FAC	LITY NAME					LATI	UDE (37.7101	101 to 41.86	6773)	LONGITUDE (-88.165351	to -84.671035)
540							DADOCI				
FAC	ILITY ADDRESS (number and street)						PARCEL	NUMBER			
CITY	, ,	STA	TE ZIP	CODE			COUNTY			TELEPHONE NUMBER	
В		1	TYPE	OF FA		Y (C	heck all ti	hat app	lv)		
	Bulk Plant Facility	PSA Fa					Airport			onprimary Airport	
С				F	REP	ARE	D BY		* *		
PRE	FIX FIRST NAME				MI		NAME				SUFFIX
ADD	RESS			CITY				SL	ATE	ZIP CODE	
TELE	EPHONE NUMBER	JOB TITLE	-			E-MA	IL ADDRESS				
	vear or affirm, under penalty o										d
	13-23-14-2, that the statements	s and repre	sentatio	ons in th	is docu	ument	are true, a	ccurate,		-	
SIGN	IATURE								DA	FE (MM/DD/YYYY)	
					AST						
D					TYPE C						
	Federal Government		St	ate Gov	-	-			City / I	Local Government	
	Commercial		<u>+</u>	ivate					Other:		
Optio	on 1: AST OWNER NAME (Business Name	e as registered	with the Se	ecretary of S	State)			BUSINE		the Secretary of State)	
Optio	on 2: AST OWNER NAME (If a Public Age	ncy or other ent	ity)								
Optio	on 3: AST OWNER NAME (If in Individual)	Capacity)									
PRE		,			MI	LAST	NAME				SUFFIX
ACT		2)									
	OWNER ADDRESS (Listed in Options 1-3 ICIPAL OFFICE ADDRESS or PRIMARY F		DDRESS	(Number an	d Street, n	io P.O. B	ox)	ADDRES	SS (line 2)		
CITY	,			STATE	ZIP COD	DE		EFFECT	IVE DATE C	F OWNERSHIP (MM/DD/Y	YYY)
TELE	EPHONE NUMBER	EMA		SS (Individu	ual Only)				LE (Individua	al Only)	
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	TACT FOR BUSINESS / PUBLIC AGENC	Y (Listed in Opt	tion 1 or 2))							
PRE	FIX FIRST NAME				MI	LAST	NAME				SUFFIX
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CITY	,			STATE	ZIP COD	DE		JOB TITI	LE		
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FAC	ILITY NAME								
Ε			Α	ST OI	PERATOR				
	-		ΤY	'PE OF	OPERATOR				
	Federal Government	S	tate Gov	ernmer	nt		City / Local Governme	ent	
	Commercial	P	rivate				Other:		
Optio	n 1: AST OPERATOR NAME (Business Name as r	egistered with th	he Secretary	of State)		BUSINES	SS ID (From the Secretary of State)		
Optio	on 2: AST OPERATOR NAME (If a Public Agency or	r other entity)				_			
	on 3: AST OPERATOR NAME (If in Individual Capac FIX IFIRST NAME	city)		h.u					
PRE	FIA FIRST NAME			МІ	LAST NAME			SUFFIX	
	OPERATOR ADDRESS (Listed in Options 1-3)								
PRIN	ICIPAL OFFICE ADDRESS or PRIMARY RESIDEN	ITAL ADDRESS	6 (Number an	d Street, n	o P.O. Box)	ADDRES	SS (line 2)		
CITY	,		STATE	ZIP COD	θE	DATE BE	EGAN OPERATING (MM/DD/YYYY)	
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TELI	EPHONE NUMBER	EMAIL ADDRI	ESS			JOB TITL	-E		
	TACT FOR BUSINESS / PUBLIC AGENCY (Listed	in Option 1 or 2)		· · · · · · · · · · · · · · · · · · ·				
PRE	FIX FIRST NAME			МІ	LAST NAME			SUFFIX	
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CON	TACT INDIVIDUAL NAME FIX FIRST NAME			MI	LAST NAME			SUFFIX	
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CITY			STATE	ZIP COE	νE	JOB TITL	-E		
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FAC	ILITY NAME								
G			DE	EDED	D PRC	PERTY OW	/NER		
				7	TYPE C	F OWNER			
	Federal Government		Sta	ate Gov	ernmer	nt		City / Local Government	
	Commercial		Pri	vate				Other:	
Optio	n 1: PROPERTY OWNER NAME (Business Na	ame as regis	tered with	the Secre	tary of Stat	e)	BUSINES	S ID (From the Secretary of State)	
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Optio	on 2: PROPERTY OWNER NAME (If a Public A	gency or oth	er entity)						
Optic	on 3: PROPERTY OWNER NAME (If in Individu	al Capacity)							
PRE					MI	LAST NAME			SUFFIX
	PERTY OWNER ADDRESS (Listed in Options ICIPAL OFFICE ADDRESS or PRIMARY RESI		DRESS (I	Number an	id Street, n	o P.O. Box)	ADDRES	S (line 2)	
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CITY	·			STATE	ZIP COD)E	EFFECTI	VE DATE OF OWNERSHIP (MM/DD/YY)	YY)
TELE	EPHONE NUMBER	EMAIL	ADDRES	SS			JOB TITL	E	
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PRE	TACT FOR BUSINESS / PUBLIC AGENCY (Lis FIX FIRST NAME	sted in Optio	n 1 or 2)		MI	LAST NAME			SUFFIX
PRIN	ICIPAL OFFICE ADDRESS or PRIMARY RESI	DENTAL AD	DRESS (I	Number an	id Street, n	o P.O. Box)	ADDRES	S (line 2)	
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Н	ACTIV					DODEDTV		R(If applicable)	
п	ACTIV					F OWNER	OWNE	K (If applicable)	
	Federal Government		Sta		ernmer			City / Local Government	
	Commercial			vate	CITITICI	n		Other:	
Optic	on 1: PROPERTY OWNER NAME (Business Na	ame as regis			tary of Stat	e)	BUSINES	SS ID (From the Secretary of State)	
Optio	on 2: PROPERTY OWNER NAME (If a Public A	gency or oth	er entity)						
	on 3: PROPERTY OWNER NAME (If in Individu FIX FIRST NAME	al Capacity)			MI	LAST NAME			SUFFIX
	PERTY OWNER ADDRESS (Listed in Options								
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TELE	EPHONE NUMBER JOB TITLE	E	MAIL AD	DRESS			PROPOS	ED END DATE (MM/DD/YYYY)	
	TACT FOR BUSINESS / PUBLIC AGENCY (Li	sted in Option	n 1 or 2)			-			
PRE	FIX FIRST NAME				MI	LAST NAME			SUFFIX
PRIN	ICIPAL OFFICE ADDRESS or PRIMARY RESI	DENTAL AD	DRESS (I	Number an	d Street in	o P.O. Box)	ADDRES	S (line 2)	
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CITY	,			STATE	ZIP COD	DE	JOB TITL	E	
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TELE	EPHONE NUMBER	EMAIL	ADDRES	SS	1				
1									

FACILITY NAME	
I POTENTIA	ALLY INTERESTED PARTIES
INTERESTED PARTY NAME	E-MAIL ADDRESS
INTERESTED PARTY NAME	E-MAIL ADDRESS
INTERESTED PARTY NAME	E-MAIL ADDRESS
J	ACILITY SITE MAP
In the space below, sketch the facility (tanks, piping, tar sizes and type of product stored. Label streets or other	nk manway locations, vents, pump islands, buildings, etc.). Include tank r landmarks. Show North direction.

FACILITY N	AME				
	Complete one column for eac	h tank or compartment	. See instructions for c	ompartment identificatio	n numbering.
К	IDENT	IFICATION OF AE	BOVEGROUND ST	ORAGE TANKS	
	IDEM AST REGISTRATION NUMBER				
1	PART OF A COMPARTMENTED AST (Y/N)				
	NUMBER OF COMPARTMENTS IN AST				
cc	DMPARTMENT IDENTIFICATION NUMBER				
	(mm/dd/yyyy) DATE INSTALLED				
(mm/do	I/yyyy) DATE FIRST BROUGHT INTO USE				
	(gallons) ESTIMATED TOTAL CAPACITY				
	MANIFOLDED (Y/N)				
MANI	FOLDED TO COMPARTMENT ID NUMBER				
L	S	TATUS OF ABOVE	EGROUND STORA	GE TANKS	
	CURRENT STATUS				
	(mm/dd/yyyy) STATUS DATE				
Μ	SUBSTANCES CURF	RENTLY OR LAST	STORED IN ABO	VEGROUND STOR	AGE TANKS
	PETROLEUM				
	MAXIMUM ETHANOL %				
	MAXIMUM BIOFUEL %				
	(specify) OTHER				
PRC	DUCT IS COMPATIBLE WITH TANK (Y/N)				
Ν	ABOVEGR	OUND STORAGE	TANK CONSTRU	CTION ATTRIBUT	ES
	MANUFACTURER				
	MODEL				
	MATERIAL OF CONSTRUCTION				
	SECONDARY CONTAINMENT				
0	ABOVEG	ROUND STORAG	E TANK CORROS	ION PROTECTION	J
	CORROSION PROTECTION TYPE				
(m	m/dd/yyyy) ANODE INSTALLATION DATE				
	INTERIOR LINING				
(r	nm/dd/yyyy) LINER INSTALLATION DATE				
	(specify) OTHER				
P		PIPING CONSTRU	JCTION AND PRO	TECTION	
	MANUFACTURER				
	MODEL				
	(mm/dd/yyyy) DATE INSTALLED				
	MATERIAL				
	SECONDARY CONTAINMENT				
	CORROSION PROTECTION TYPE				
(m	m/dd/yyyy) ANODE INSTALLATION DATE				
PRO	DUCT IS COMPATIBLE WITH PIPING (Y/N)				
	PRODUCT DELIVERY METHOD				

ACILITY NAME						
IDEM AST REGISTRATION NUMBER						
COMPARTMENT IDENTIFICATION NUMBER						
Q ABOV	EGROUND STOR	AGE TANK RELEA	SE DETECTION			
PRIMARY AST RELEASE DETECTION						
MANUFACTURER						
MODEL						
RSP	ILL AND OVERFII	LL PREVENTION E	EQUIPMENT			
SPILL PREVENTION EQUIPMENT						
(mm/dd/yyyy) DATE INSTALLED						
MANUFACTURER						
MODEL						
FILL LATITUDE						
FILL LONGITUDE						
OVERFILL PREVENTION EQUIPMENT						
(mm/dd/yyyy) DATE INSTALLED						
MANUFACTURER						
MODEL						
% ULLAGE SET POINT						

FACI	LITY NAME							
	Complete one column for eac	h tank or compartment	. See instructions for co	ompartment identificatio	n numbering.			
Κ	IDENTIFICATION OF ABOVEGROUND STORAGE TANKS							
	IDEM AST REGISTRATION NUMBER							
	PART OF A COMPARTMENTED AST (Y/N)							
	NUMBER OF COMPARTMENTS IN AST							
	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							
L	S	TATUS OF ABOVI	EGROUND STORA	GE TANKS				
	CURRENT STATUS							
	(mm/dd/yyyy) STATUS DATE							
Μ	SUBSTANCES CURF	RENTLY OR LAST	STORED IN ABO	VEGROUND STOR	AGE TANKS			
	PETROLEUM							
	MAXIMUM ETHANOL %							
	MAXIMUM BIOFUEL %							
	(specify) OTHER							
	PRODUCT IS COMPATIBLE WITH TANK (Y/N)							
Ν	ABOVEGR	OUND STORAGE	TANK CONSTRU	CTION ATTRIBUT	ES			
	MANUFACTURER							
	MODEL							
	MATERIAL OF CONSTRUCTION							
	SECONDARY CONTAINMENT							
0	ABOVEG	ROUND STORAG	E TANK CORROS	ION PROTECTION	1			
	CORROSION PROTECTION TYPE							
	(mm/dd/yyyy) ANODE INSTALLATION DATE							
	INTERIOR LINING							
	(mm/dd/yyyy) LINER INSTALLATION DATE							
	(specify) OTHER							
Ρ		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							

FACILITY NAME						
IDEM AST REGISTRATION NUMBER						
COMPARTMENT IDENTIFICATION NUMBER						
Q ABOV	EGROUND STOR	AGE TANK RELEA	SE DETECTION			
PRIMARY AST RELEASE DETECTION						
MANUFACTURER						
MODEL						
RSP	ILL AND OVERFII	LL PREVENTION E	EQUIPMENT			
SPILL PREVENTION EQUIPMENT						
(mm/dd/yyyy) DATE INSTALLED						
MANUFACTURER						
MODEL						
FILL LATITUDE						
FILL LONGITUDE						
OVERFILL PREVENTION EQUIPMENT						
(mm/dd/yyyy) DATE INSTALLED						
MANUFACTURER						
MODEL						
% ULLAGE SET POINT						