

## **NOTIFICATION FOR ABOVEGROUND** STORAGE TANK SYSTEMS

State Form 57335 (12-23) INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT Petroleum Branch

## **RETURN COMPLETED FORMS TO:**

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

Facility ID Number:

	Registration of aboveground stol					s of eligibility related ation fee required by			y Trust Fund and to	r purposes	ΟĬ
Α						IOTIFICATION					
	Facility Contact Change		Ne	w AST Sy	/stem(s)			AST C	perator Chang	e	
	Type of Facility Change		AS	AST Owner Change				Owner/Operator Information Chang			Change
	AST System Modification		Pro	perty Ow	ner Cha	nge		Facility	y Name / Locat	ion Char	nge
В				FACIL	ITY NA	ME / LOCA	TION				
	LITY NAME					LATITUDE (37.710		773)	LONGITUDE (-88.16	65351 to -84.	671035)
FACI	LITY ADDRESS (number and street)					PARCE	EL NUMBER				
CITY			STATE	ZIP CODE		COUNTY			TELEPHONE NUMB	ER	
С			TYF	'E OF F	ACILIT	ΓΥ (Check all	that apply	/)			
	Bulk Plant Facility	PS.	A Facilit			rimary Airport	,		onprimary Airpo	rt	
D	· ·	•			PREP	ARED BY		<u> </u>			
PRE	FIX FIRST NAME				MI	LAST NAME					SUFFIX
ADD	RESS			CITY			STA	ΤE	ZIP CODE		
TELE	PHONE NUMBER	JOB	TITLE			EMAIL ADDRESS					
l sv	ear or affirm, under penalty o	f perju	ry as sp	ecified by	IC 35-44	.1-2-1 and other	penalties	specifie	ed by IC 13-30-10	and and	
	3-23-14-2, that the statements	and re	present	ations in t	this docu	ment are true, a	ccurate, ai				
SIGN	ATURE							DAT	ΓΕ (MM/DD/YYYY)		
_					ACT	OWNER					
E						OF OWNER					
	Federal Government			State Go	overnme			City / I	Local Governm	ent	
	Commercial		_	Private				Other:			
Optio	n 1: AST OWNER NAME (Business Name	e as regist	tered with th		of State)		BUSINESS		the Secretary of State	)	
Optio	n 2: AST OWNER NAME (If a Public Age	ncy or oth	er entity)								
Ontic	n 3: AST OWNER NAME (If in Individual (	Canacity)									
PRE		o ap a only /			MI	LAST NAME					SUFFIX
	OWNER ADDRESS (Listed in Options 1-3 CIPAL OFFICE ADDRESS or PRIMARY I		TAL ADDRE	ESS (Number	and Street, r	no P.O. Box)	ADDRESS	(line 2)			
CITY				STATE	ZIP COI	DE	EFFECTIV	'E DATE C	F OWNERSHIP (MM/	DD/YYYY)	
	PUONE NUMBER		Texas 45	DD500 (1 1)			IOD TITLE	- /1 1: : 1	10.13		
IELE	PHONE NUMBER		EMAIL AD	DRESS (Indiv	idual Only)		JOB TITLE	: (Individua	al Only)		
CON	TACT FOR BUSINESS / PUBLIC AGENC	Y (Listed i	in Option 1	or 2)							
PRE		•			MI	LAST NAME					SUFFIX
DDIA	CIDAL OFFICE ADDRESS & DDIMARY	DECIDENT	TAL ADDDI	TCC (Number	and Street v	na D.O. Bay)	ADDDESS	//in a 2)			
PRIN	CIPAL OFFICE ADDRESS or PRIMARY F	ZEOIDEN	IAL ADDRE	inumper (oc	anu otreet, n	IU F.U. DUX)	ADDRESS	(IIIIe 2)			
CITY				STATE	ZIP COI	DE	JOB TITLE				
TELE	PHONE NUMBER		EMAIL AD	DRESS							

FACILITY ID # FACI	LITY NAME						
F		A	ST O	PERATOR			
_		TY	PE OF	OPERATOR			
Federal Government	Stat	te Gove	ernmei	nt		City / Local Government	
Commercial	Priv	ate				Other:	
Option 1: AST OPERATOR NAME (Bus	siness Name as registered with the	Secretary of	of State)		BUSINES	SS ID (From the Secretary of State)	
Option 2: AST OPERATOR NAME (If a	Public Agency or other entity )						
Option 3: AST OPERATOR NAME (If in	Individual Capacity)						
PREFIX FIRST NAME	The state of the s		MI	LAST NAME			SUFFIX
AST OPERATOR ADDRESS (Listed in PRINCIPAL OFFICE ADDRESS or PRII		umber and	Street, r	no P.O. Box)	ADDRES	S (line 2)	
CITY		STATE	ZIP COI	DE	DATE BE	GAN OPERATING (MM/DD/YYYY)	
TELEPHONE NUMBER	EMAIL ADDRESS	3			JOB TITL	.E	
CONTACT FOR BUSINESS / PUBLIC A	AGENCY (Listed in Ontion 1 or 2)						
PREFIX FIRST NAME	AGENOT (Listed in Option 1 of 2)		MI	LAST NAME			SUFFIX
PRINCIPAL OFFICE ADDRESS or PRII	MARY RESIDENTAL ADDRESS (N	umber and	d Street, r	no P.O. Box)	ADDRES	S (line 2)	
CITY	1	STATE	ZIP COI	ne .	JOB TITL	F	
		OTATE	211 001		JOB IIIL	. <b>L</b>	
TELEPHONE NUMBER	EMAIL ADDRESS	3					
G		FAC	CILIT	Y CONTACT			
CONTACT INDIVIDUAL NAME							In the second
PREFIX FIRST NAME			MI	LAST NAME			SUFFIX
PRINCIPAL OFFICE ADDRESS or PRII	MARY RESIDENTAL ADDRESS (N	umber and	Street, r	no P.O. Box)	ADDRES	S (line 2)	
	(		, .	,		. ,	
CITY		STATE	ZIP COI	DE	JOB TITL	.E	
TELEPHONE NUMBER	EMAIL ADDRESS	3			_		_

FAC	ILITY ID#		FACILITY NAME									
Н					DE	EDE	) PRO	PERTY OW	/NER			
							TYPE O	F OWNER				
	Federal G	overnme	ent		Sta	te Gov	ernmen	t		City / Local Governmen	t	
	Commercial Private Other:											
Optio	on 1: PROPERT	Y OWNER N	NAME (Business Name	e as registe	red with	the Secre	tary of State	e)	BUSINESS	S ID (From the Secretary of State)		
Optio	on 2: PROPERT	Y OWNER N	NAME (If a Public Age	ncy or other	r entity )							
Ontio	on 3: PROPERT	Y OWNER N	NAME (If in Individual (	Canacity)								
PRE			o and (ii iii iii airiaaa	oupuony)			MI	LAST NAME				SUFFIX
			(Listed in Options 1-3 or PRIMARY RESIDE		DECC /	Number on	d Street no	DO Pov)	IADDDECC	C (line 2)		
PKII	NCIPAL OFFICE	ADDRESS	OF PRIMARY RESIDE	N I AL ADDI	KESS (I	vumber an	a Street, no	) P.O. вох)	ADDRESS	s (IIIIe 2)		
CITY	,					STATE	ZIP COD	E	EFFECTIV	/E DATE OF OWNERSHIP (MM/DD/	YYYY)	
								_			,	
TELE	EPHONE NUME	BER		EMAIL A	DDRES	SS			JOB TITLE			
			IBLIC AGENCY (Listed	d in Option	1 or 2)							
PRE	FIX FIRST N	AME					МІ	LAST NAME				SUFFIX
DDIA	ICIDAL OFFICE	ADDDECC	or PRIMARY RESIDE	NITAL ADDI	DECC /	N. mala au au	d Ctup at up	P.O. Box	ADDRESS	2 (line 2)		
PKII	NCIPAL OFFICE	ADDRESS	OI PRIMARY RESIDE	N I AL ADDI	KESS (I	number an	a Street, no	) P.O. BOX)	ADDRESS	s (IIIIe 2)		
CITY	,					STATE	ZIP COD	F	JOB TITLE	=		
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TELE	EPHONE NUME	BER		EMAIL A	DDRES	SS						
Т			ACTIVE	ΙΔΝΓ	) (((	NTR	ACT P	ROPERTY	OWNER	R(If applicable)		
-			AOTIVE	LAND				F OWNER	OWINE	<b>Х</b> (п аррпсаые)		
	Federal G	overnme		1	Sta		ernmen		1	City / Local Governmen	<del></del>	
	Commerc		JIIC		_	vate	CITITION			Other:		
Optio			NAME (Business Name	e as registe			tary of State	e )	BUSINESS	S ID (From the Secretary of State)		
				g			,	,		(		
Optio	on 2: PROPERT	Y OWNER N	NAME (If a Public Age	ncy or other	r entity )							
			NAME (If in Individual (	Capacity)								
PRE	FIX FIRST N	AME					MI	LAST NAME				SUFFIX
DDO	DEDTY OWNE	ADDDEGG	//:									
			(Listed in Options 1-3 or PRIMARY RESIDE		RESS (I	Number an	d Street, no	P.O. Box)	ADDRESS	S (line 2)		
CITY	,					STATE	ZIP COD	E	EFFECTIV	/E DATE OF OWNERSHIP (MM/DD/	YYYY)	
TELE	EPHONE NUME	BER JOE	TITLE	EM	IAIL AD	DRESS	1		PROPOSE	ED END DATE (MM/DD/YYYY)		
CON			IBLIC AGENCY (Listed	d in Option	1 or 2)		MI	LAST NAME				SUFFIX
FIL	I IX	AIVIL					IVII	LASTINAME				30111X
PRIN	ICIPAL OFFICE	ADDRESS	or PRIMARY RESIDE	NTAL ADDI	RESS (I	Number an	d Street, no	P.O. Box)	ADDRESS	S (line 2)		
				2.	- (-		,	- ,		. ,		
CITY	,					STATE	ZIP COD	E	JOB TITLE	=		
TELE	EPHONE NUME	BER		EMAIL A	DDRES	SS	1		1			

FACILITY ID #	FACILITY NAME										
J	J POTENTIALLY INTERESTED PARTIES										
INTERESTED PARTY NAME		EMAIL ADDRESS									
INTERESTED PARTY NAME		EMAIL ADDRESS									
INTERESTED PARTY NAME		EMAIL ADDRESS									
K 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 direction.											
sizes and type of produ	uct stored. Laber streets or other fai	idiliarks. Show North direction.									

FACI	ILITY ID # FACILITY NAME				
	Complete one column for eac	h tank or compartment.	See instructions for co	ompartment identificatio	n numbering.
L		•	OVEGROUND ST	•	3
	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				
M	S	TATUS OF ABOVE	EGROUND STORA	GE TANKS	
	CURRENT STATUS				
	(mm/dd/yyyy) STATUS DATE				
N	SUBSTANCES CURR	RENTLY OR LAST	STORED IN ABOV	EGROUND STOR	AGE TANKS
	PETROLEUM				
	MAXIMUM ETHANOL %				
	MAXIMUM BIOFUEL %				
	(specify) OTHER				
	PRODUCT IS COMPATIBLE WITH TANK (Y/N)				
0	ABOVEGR	OUND STORAGE	TANK CONSTRU	CTION ATTRIBUTI	ES
0	ABOVEGR MANUFACTURER	OUND STORAGE	TANK CONSTRU	CTION ATTRIBUTI	ES
0		OUND STORAGE	TANK CONSTRU	CTION ATTRIBUTI	ES
0	MANUFACTURER	OUND STORAGE	TANK CONSTRU	CTION ATTRIBUTI	ES
	MANUFACTURER  MODEL  MATERIAL OF CONSTRUCTION  SECONDARY CONTAINMENT				
O	MANUFACTURER  MODEL  MATERIAL OF CONSTRUCTION  SECONDARY CONTAINMENT  ABOVEG			ION PROTECTION	
	MANUFACTURER  MODEL  MATERIAL OF CONSTRUCTION  SECONDARY CONTAINMENT  ABOVEG  CORROSION PROTECTION TYPE				
	MANUFACTURER  MODEL  MATERIAL OF CONSTRUCTION  SECONDARY CONTAINMENT  ABOVEG  CORROSION PROTECTION TYPE  (mm/dd/yyyy) ANODE INSTALLATION DATE				
	MANUFACTURER  MODEL  MATERIAL OF CONSTRUCTION  SECONDARY CONTAINMENT  ABOVEG  CORROSION PROTECTION TYPE  (mm/dd/yyyy) ANODE INSTALLATION DATE  INTERIOR LINING				
	MANUFACTURER  MODEL  MATERIAL OF CONSTRUCTION  SECONDARY CONTAINMENT  ABOVEG  CORROSION PROTECTION TYPE  (mm/dd/yyyy) ANODE INSTALLATION DATE  INTERIOR LINING  (mm/dd/yyyy) LINER INSTALLATION DATE				
P	MANUFACTURER  MODEL  MATERIAL OF CONSTRUCTION  SECONDARY CONTAINMENT  ABOVEG  CORROSION PROTECTION TYPE  (mm/dd/yyyy) ANODE INSTALLATION DATE  INTERIOR LINING  (mm/dd/yyyy) LINER INSTALLATION DATE  (specify) OTHER	ROUND STORAG	E TANK CORROS	ION PROTECTION	
	MANUFACTURER  MODEL  MATERIAL OF CONSTRUCTION  SECONDARY CONTAINMENT  ABOVEG  CORROSION PROTECTION TYPE  (mm/dd/yyyy) ANODE INSTALLATION DATE  INTERIOR LINING  (mm/dd/yyyy) LINER INSTALLATION DATE  (specify) OTHER	ROUND STORAG		ION PROTECTION	
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P	MANUFACTURER  MODEL  MATERIAL OF CONSTRUCTION  SECONDARY CONTAINMENT  ABOVEG  CORROSION PROTECTION TYPE  (mm/dd/yyyy) ANODE INSTALLATION DATE  INTERIOR LINING  (mm/dd/yyyy) LINER INSTALLATION DATE  (specify) OTHER  MANUFACTURER  MODEL  (mm/dd/yyyy) DATE INSTALLED  MATERIAL	ROUND STORAG	E TANK CORROS	ION PROTECTION	
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P	MANUFACTURER  MODEL  MATERIAL OF CONSTRUCTION  SECONDARY CONTAINMENT  ABOVEG  CORROSION PROTECTION TYPE  (mm/dd/yyyy) ANODE INSTALLATION DATE  INTERIOR LINING  (mm/dd/yyyy) LINER INSTALLATION DATE  (specify) OTHER  MANUFACTURER  MODEL  (mm/dd/yyyy) DATE INSTALLED  MATERIAL  SECONDARY CONTAINMENT  CORROSION PROTECTION TYPE  (mm/dd/yyyy) ANODE INSTALLATION DATE	ROUND STORAG	E TANK CORROS	ION PROTECTION	
P	MANUFACTURER MODEL  MATERIAL OF CONSTRUCTION SECONDARY CONTAINMENT  ABOVEG  CORROSION PROTECTION TYPE (mm/dd/yyyy) ANODE INSTALLATION DATE INTERIOR LINING (mm/dd/yyyy) LINER INSTALLATION DATE (specify) OTHER  MANUFACTURER MODEL (mm/dd/yyyy) DATE INSTALLED MATERIAL SECONDARY CONTAINMENT CORROSION PROTECTION TYPE	ROUND STORAG	E TANK CORROS	ION PROTECTION	

FACII	ACILITY ID # FACILITY NAME						
	IDEM AST REGISTRATION NUMBER						
	COMPARTMENT IDENTIFICATION NUMBER						
R	ABOVI	EGROUND STORA	AGE TANK RELEA	ASE DETECTION			
	PRIMARY AST RELEASE DETECTION						
	MANUFACTURER						
	MODEL						
S	SP	ILL AND OVERFII	LL PREVENTION I	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						

FACILITY ID # FACILITY NAME								
	Complete one column for ea	ch tank or compartmen	tank or compartment. See instructions for compartment identification numbering.					
L			BOVEGROUND ST		, , ,			
	IDEM AST REGISTRATION NUMBE	₹						
	PART OF A COMPARTMENTED AST (Y/I	)						
	NUMBER OF COMPARTMENTS IN AS	г						
	COMPARTMENT IDENTIFICATION NUMBER	₹						
	(mm/dd/yyyy) DATE INSTALLE							
(	mm/dd/yyyy) DATE FIRST BROUGHT INTO US	<u> </u>						
	(gallons) ESTIMATED TOTAL CAPACIT	(						
	MANIFOLDED (Y/I	)						
	MANIFOLDED TO COMPARTMENT ID NUMBE							
M		TATUS OF ABOV	EGROUND STORA	GE TANKS				
	CURRENT STATU	3						
	(mm/dd/yyyy) STATUS DAT							
N	SUBSTANCES CUR	RENTLY OR LAST	STORED IN ABOV	VEGROUND STOR	RAGE TANKS			
	PETROLEU	1						
	MAXIMUM ETHANOL	6						
	MAXIMUM BIOFUEL	%						
	(specify) OTHE	R						
	PRODUCT IS COMPATIBLE WITH TANK (Y/I							
0	ABOVEG	ROUND STORAGE	TANK CONSTRU	CTION ATTRIBUT	ES			
	MANUFACTURE	₹						
	MODE	L						
	MATERIAL OF CONSTRUCTIO	N						
	SECONDARY CONTAINMEN							
Р	ABOVE	GROUND STORAG	E TANK CORROS	ION PROTECTION	N .			
	CORROSION PROTECTION TYP	=						
	(mm/dd/yyyy) ANODE INSTALLATION DAT	E						
	INTERIOR LININ	3						
	(mm/dd/yyyy) LINER INSTALLATION DAT	E						
	(specify) OTHE							
Q		PIPING CONSTR	UCTION AND PRO	TECTION				
	MANUFACTURE	₹						
	MODE							
	(mm/dd/yyyy) DATE INSTALLE							
	MATERIA	L						
	SECONDARY CONTAINMEN							
	CORROSION PROTECTION TYP							
	(mm/dd/yyyy) ANODE INSTALLATION DAT							
	PRODUCT IS COMPATIBLE WITH PIPING (Y/I							
	PRODUCT DELIVERY METHO	)						

FACII	ACILITY ID # FACILITY NAME						
	IDEM AST REGISTRATION NUMBER						
	COMPARTMENT IDENTIFICATION NUMBER						
R	ABOVI	EGROUND STORA	AGE TANK RELEA	ASE DETECTION			
	PRIMARY AST RELEASE DETECTION						
	MANUFACTURER						
	MODEL						
S	SP	ILL AND OVERFII	L 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						