



## SELF-DISCLOSURE AND ENVIRONMENTAL AUDIT

State Form 55075 (R / 10-23)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (IDEM)

**INSTRUCTIONS:** A copy of IDEM's Self-Disclosure and Environmental Audit Policy can be obtained by visiting IDEM's website at [https://www.in.gov/idem/files/nrpd\\_mp-004-r2.pdf](https://www.in.gov/idem/files/nrpd_mp-004-r2.pdf). For questions on how to complete a self disclosure, please contact IDEM's Compliance and Technical Assistance Program: toll-free (within Indiana) at 1-800-451-6027, press 0 and ask for extension 2-8172 or 317/232-8172 or by email at [ctap@idem.IN.gov](mailto:ctap@idem.IN.gov). Completed Self-Disclosures should be sent via certified U.S. Mail to:

Self-Disclosure and Environmental Audit Administrator  
Indiana Department of Environmental Management  
Mail Code 60-02P  
100 North Senate Avenue, IGCN 1301  
Indianapolis, Indiana 46204-2251

FACILITY INFORMATION				
Name			Is the regulatory entity a new owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Physical Street Address ( <i>number and street</i> )			Is the facility a small regulated entity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City	State	ZIP Code	NAICS Code	SIC Code
IDEM Program ID(s) ( <i>i.e., Plant ID, NPDES, RCRA, FID, CAFO/Farm ID, PWSID, Source ID</i> )				
Mailing Street Address ( <i>if different from physical address</i> )				
City	State	ZIP Code	Website	
AUTHORIZED CONTACT				
<i>The authorized contact person is authorized by the entity to make such a disclosure and has authority to perform policy or decision-making functions of the company.</i>				
Name			Job Title	
Email address			Telephone number ( <i>with area code</i> )	
Contact Street Address ( <i>if different from physical and/or mailing address, please specify</i> )				
City	State	ZIP Code	Fax Number ( <i>with area code</i> )	
VIOLATION(S) INFORMATION				
<i>If more than one violation exists, each should be enumerated separately and described as completely as possible.</i>				
Description of Violation:				
How was the violation discovered?			Date the violation was discovered ( <i>month, day, year</i> )	

Physical location of the violation:

Other Comments:

**CONDITIONS REQUIRED UNDER THE SELF-DISCLOSURE AND AUDIT POLICY**

*In addition to answering Yes/No, please provide a detailed explanation of how each of the 9 Audit Policy conditions have been met.*

1. Was the violation discovered through an environmental audit or Compliance Management System?

If the violation was discovered through a Compliance Management System, provide information on how the System meets IDEM's requirement of "an objective, documented, systematic procedure or practice reflecting the [facility's] due diligence in preventing, detecting and correcting violations," including documentation as to how the facility implements its system. If applicable, include details regarding the facility's receipt of governmental or government supported compliance assistance.

Yes  No

Explain:

2. Was the violation identified voluntarily and not through a monitoring, sampling, or auditing procedure that is required by statute, regulation, permit, judicial or administrative order, or consent agreement? (*See Policy for a regulated entity with a new owner.*)

Yes  No

Explain:

3. Was the disclosure prompt? The facility must demonstrate that the violation was disclosed within forty-five (45) days after it discovered the violation occurred or may have likely occurred.

Yes  No

Explain:

4. Was the discovery and disclosure independent of a government or third-party plaintiff? The facility must demonstrate that it took the initiative to find the violation and report it, rather than reacting to knowledge of a pending enforcement action or third-party complaint.

Yes  No

Explain:

5. Was the violation corrected at the time of disclosure?

Yes  No

If yes, provide a statement certifying that the violation has been corrected. If no, provide details of how the violation will be corrected within sixty (60) days after the date the facility notified IDEM of the violation. (*See Policy if more than sixty (60) days are needed to correct the violation.*)

6. What measures are being taken to prevent recurrence of the violation and when will those measures be implemented?

7.a. Has the same (*or closely related violation*) occurred previously at this facility within the past three (3) years?

Yes  No

Explain:

b. Has the violation (*or closely related violation*) occurred within the facility's parent organization within the past three (3) years?

Yes  No

Explain:

8.a. Did the violation result in serious environmental harm or risk to human health?

Yes  No

Explain:

b. Did the violation present an imminent and substantial endangerment to human health or the environment?

Yes  No

Explain:

c. Was the violation knowingly, intentional or reckless such that it may constitute criminal conduct?

Yes  No

Explain:

d. Was the violation inadvertent?

Yes  No

Explain:

e. Did the violation violate the specific terms of any judicial or administrative order?

Yes  No

Explain:

9. Has the regulated entity cooperated and provided information to IDEM as necessary and requested, to determine applicability of the Policy?

Yes    No

Explain:

Estimate of the cost of compliance:

Basis of estimate:

### CERTIFICATION

I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify, based upon reasonable investigation, that the submitted information is true, accurate and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Name (*printed*)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (*month, day, year*)