



INSTITUTIONAL CONTROLS SELF AUDIT CHECKLIST

State Form 55715 (R / 3-21)

Indiana Department of Environmental Management

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Office of Land Quality
Remediation Services Branch
ATTN: Institutional Controls Group
100 North Senate Avenue, Room 1101
Indianapolis, IN 46204-2251

INSTRUCTIONS: When completing this checklist refer to the Environmental Restrictive Covenant (ERC) for property and restriction information. When completing Section I, include the current property owner information, which may be different than the property owner listed in the ERC. The Auditor completing this form may be the owner or any individual authorized by the owner to act as their delegate or agent. **Shaded boxes are for Office Use Only.**

SECTION I: PROPERTY INFORMATION			
Name of Property			County
Address of Property (number and street)			
City		State Indiana	ZIP / Postal Code
State Identification Number	AI Identification	Federal Identification Number	
Property Owner			
Address of Owner (number and street)			
City		State	ZIP / Postal Code
Telephone Number		E-mail Address	
Date ERC recorded (month, day, year) *	Instrument Number	VFC Number	
Has property owner changed since the ERC was recorded? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is property being leased? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, the lessee is:	
SECTION II. LAND USE RESTRICTION INFORMATION			
A	Land Use Restrictions (Check all that apply.)	<input type="checkbox"/> Residential Use <input type="checkbox"/> Ground Water Use <input type="checkbox"/> Excavation Notice Required <input type="checkbox"/> Construction Restriction	<input type="checkbox"/> Agricultural or Food Crop <input type="checkbox"/> Engineering Control (If checked, complete Section III below.) <input type="checkbox"/> Other (Specify in Section V below.)
To view the ERC in its entirety, visit IDEM's Virtual File Cabinet at https://vfc.idem.in.gov/Documentsearch.aspx			
For boxes B through F, indicate if restrictions are being met by checking the appropriate box. N/A indicates that restriction does not apply. Explain any conflicts in more detail in the Section V below.			
B	Is the ground water being used or extracted in conflict with the restriction defined in the ERC?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
C	Is the property being used for non-residential purposes only?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
D	Has unapproved construction or excavation occurred on the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
E	If excavation has occurred, was notice provided to IDEM as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
F	Is the property being used for agricultural purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

SECTION III. ENGINEERING CONTROL INFORMATION (If Not Applicable skip to Section IV.)				
A	Engineering Controls (Check all that apply.)	<input type="checkbox"/> Soil/Vegetative Cap <input type="checkbox"/> Paved/Concrete Cap <input type="checkbox"/> Impervious Cap <input type="checkbox"/> Liner System <input type="checkbox"/> Building Slab	<input type="checkbox"/> Vapor Mitigation System	<input type="checkbox"/> Interceptor Well/Trench <input type="checkbox"/> Other (Specify)
For boxes B through I, indicate if the Engineering Control requirements are being met by the checking appropriate box. N/A indicates that the restriction does not apply. Explain any conflicts in more detail in the Section V below.				
B	Do active engineering controls appear to be operational (e.g. fan running, pumping system functioning, etc.)?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
C	Are protective structures and covers free of cracks, erosion, or other signs of degradation?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
D	Is there an Operations and Maintenance Plan (O&M) for the site?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
E	If Yes to D, is the O&M Plan being followed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
F	If Yes to D, does the O&M Plan require any sampling? Attach any sampling results to this checklist.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
G	If Yes to D, does the O&M Plan require any maintenance inspections? Attach any O&M documentation to this checklist.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
H	If Yes to D, provide the VFC Document Number for the O&M Plan.		VFC Number	
I	After review of all documentation associated with the engineering control does it appear to have retained its functional integrity?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> N/A	
SECTION IV. CURRENT PROPERTY DESCRIPTION				
For boxes A through C, describe the current property condition and use(s). The date the ERC was recorded is provided in Section I.				
A	Since the ERC was recorded, has the Property, or portions of the Property, been used for day care, school or other uses where children are present on the Property for extended periods of time?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
B	Since the ERC was recorded, has any construction taken place on the Property?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, describe any improvements, including new structures, made to the Property since the ERC was recorded.				
C	Since the ERC was recorded, are there any newly occupied buildings on the Property?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
SECTION V. REMARKS				
This section is reserved for explanation and details of Sections II and III.				

SECTION VI. AUDIT INFORMATION AND CERTIFICATION

A	Date of Audit (<i>month, day, year</i>)	
B	Name of Auditor (<i>print or type</i>)	Title of Auditor
	Telephone Number of Auditor	E-mail Address of Auditor

SIGNATURE OF AUDITOR (*Please sign in box below.*)

I swear or affirm that I have the authority to complete and submit this audit checklist as the site owner or as a site representative authorized by the site owner. I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10, that the statements and representations in this audit checklist and any attachments are true, accurate, and complete.

Signature: _____ Date (*month, day, year*): _____