



**PETROLEUM REMEDIATION SECTION
INDEPENDENT CLOSURE PROCESS (ICP)
COMPLETION**

State Form 54166 (R3 / 1-22)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
PETROLEUM REMEDIATION SECTION (PRS)

RETURN COMPLETED FORMS TO:
INDIANA DEPARTMENT OF ENVIRONMENTAL
MANAGEMENT
OFFICE OF LAND QUALITY, PRS SECTION
100 N. Senate Avenue
Indianapolis, IN 46204-2251
(317) 232-8900
OR BY E-MAIL:
LeakingUST@idem.in.gov

Facility ID Number
(if applicable)

Incident Number

Owner ID
Number

Registered UST?

Yes

NO

A

FACILITY NAME / LOCATION

FACILITY NAME		FACILITY ADDRESS (number and street)			
CITY		STATE	ZIP CODE		COUNTY
TELEPHONE NUMBER	PARCEL NUMBER		LATITUDE (37.789707 to 41.75989)	LONGITUDE (-88.027868 to -84.804754)	

B

CONTACT FOR RELEASE

PREFIX	FIRST NAME	MIDDLE INITIAL	LAST NAME		Suffix
TELEPHONE NUMBER		JOB TITLE	E-MAIL ADDRESS		

C

ENVIRONMENTAL CONSULTANT INFORMATION

PREFIX	FIRST NAME	MIDDLE INITIAL	LAST NAME		Suffix
COMPANY			STREET ADDRESS (number and street)		
CITY			STATE	ZIP CODE	
TELEPHONE NUMBER			E-MAIL ADDRESS		

D

AFFECTED AREAS

FACTORS	Yes	No	Unknown								
Soil contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highest Remaining Concentrations	Benzene					ppm	
					Naphthalene					ppm	
					Other					ppm	
Groundwater contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highest Remaining Concentrations	Benzene					ppb	
					Naphthalene					ppb	
					Other					ppb	
Soil vapor contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highest Remaining Concentrations	Benzene					µg/m3	
					Naphthalene					µg/m3	
					Other					µg/m3	
Utility corridors affected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Storm Sewer	Concentration		<input type="checkbox"/>	%LEL	<input type="checkbox"/>	ppm
				<input type="checkbox"/>	Sanitary Sewer	Concentration		<input type="checkbox"/>	%LEL	<input type="checkbox"/>	ppm
				<input type="checkbox"/>	Water	Concentration		<input type="checkbox"/>	%LEL	<input type="checkbox"/>	ppm
				<input type="checkbox"/>	Electric	Concentration		<input type="checkbox"/>	%LEL	<input type="checkbox"/>	ppm
				<input type="checkbox"/>	Gas	Concentration		<input type="checkbox"/>	%LEL	<input type="checkbox"/>	ppm
				<input type="checkbox"/>	Telephone	Concentration		<input type="checkbox"/>	%LEL	<input type="checkbox"/>	ppm
				<input type="checkbox"/>	Cable	Concentration		<input type="checkbox"/>	%LEL	<input type="checkbox"/>	ppm

E SITE INVESTIGATION SUMMARY						
Soil: horizontal extents of contamination defined?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA
Soil: vertical extents of contamination defined?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA
Soil Vapor: extents of contamination defined (if applicable)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA
Groundwater horizontal extents defined?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA
Groundwater vertical extents defined?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA

F REMEDIATION SUMMARY						
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Soil						
Excavation		Quantity removed			<input type="checkbox"/>	NA
In-situ soil remediation? (Specify type in summary)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA
Soil source removed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA

Groundwater						
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Type of remedy (specifics should be provided in the summary below)	<input type="checkbox"/>	Air Sparge				
	<input type="checkbox"/>	Bioaugmentation				
	<input type="checkbox"/>	Chemical Injection				
	<input type="checkbox"/>	Dual-phase extraction				
	<input type="checkbox"/>	Pump and Treat				
	<input type="checkbox"/>	Soil Vapor Extraction				
	<input type="checkbox"/>	Other (Specify type in summary)				
	<input type="checkbox"/>	NA				
Groundwater Source Removed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		

Summarize the effectiveness of any soil and/or groundwater remediation efforts conducted to reduce the contaminant source (if applicable). Include the type of remediation used.

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G INSTITUTIONAL CONTROLS						
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If soil contamination remains above the Remediation Closure Guide (RCG) excavation worker exposure screening levels, has an environmental restrictive covenant (ERC) been recorded on the Site's property deed? If no, further information must be provided.

<input type="checkbox"/>	Yes, an ERC with an excavation prohibition, restriction, or notice was recorded on the property deed.
<input type="checkbox"/>	No, the release can be closed using Lines of Evidence (LOE) to demonstrate that an ERC is not needed to prevent exposure (LOE attached).
<input type="checkbox"/>	N/A, no soil contaminant concentrations exceed RCG Screening Levels.

If groundwater contaminant concentrations exceed the RCG tap water screening levels, has an ERC been recorded on the Site's property deed? If no, further information must be provided.

<input type="checkbox"/>	Yes, an ERC with a groundwater use restriction was recorded on the property deed.
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<input type="checkbox"/>	No, the release can be closed using LOE to demonstrate that an ERC is not needed to prevent exposure (LOE attached).
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<input type="checkbox"/>	N/A, no groundwater contaminant concentrations exceed RCG Screening Levels.
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If groundwater contaminant concentrations exceed the RCG vapor intrusion residential screening levels, and the distance between the contamination and an existing (or future) inhabitable structure is less than 5 feet, has an ERC been recorded on the Site's property deed? If no, further information must be provided.

<input type="checkbox"/>	Yes, an ERC with a prohibition on building construction was recorded on the property deed.
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<input type="checkbox"/>	No, the release can be closed using LOE to demonstrate that an ERC is not needed to prevent exposure (LOE attached).
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<input type="checkbox"/>	N/A, no groundwater contaminant concentrations exceed RCG Screening Levels.
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Are any other restrictions identified in the ERC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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If yes, please specify:

H	DOCUMENTATION
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Provide the following information for all documents (investigation, remediation, etc.) pertaining to the Site.

Document Title	Document Date (MM / DD / YYYY)	IDEM's Virtual File Cabinet (VFC) document number

I	ENVIRONMENTAL CONSULTANT CERTIFICATION
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I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-31-10 and IC 13-23-14-2, that the statements and representations in this form and all attachments are true, accurate, and complete. I provided all supporting documentation as directed in the Non-Rule Policy Document, "Independent Closure Process Guidance" and other applicable State rules and guidance. I understand and followed IDEM's requirements for receiving No Further Action Status for the release.

ENVIRONMENTAL CONSULTANT NAME	PROFESSIONAL LICENSE NUMBER	COMPANY NAME
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SIGNATURE	DATE (MM / DD / YYYY)
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I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-31-10 and IC 13-23-14-2, that the statements and representations in this form and all attachments are true, accurate, and complete. I provided all supporting documentation as directed in the Non-Rule Policy Document, "Independent Closure Process Guidance" and other applicable State rules and guidance. I understand and followed IDEM's requirements for receiving No Further Action Status for the release.

PRINCIPAL OWNER NAME (Owner, president, vice president, operations manager, etc. who is authorized to make decisions that represent the company)	TITLE	COMPANY NAME
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SIGNATURE	DATE (MM / DD / YYYY)
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