Reset Form

STATE CLEANUP PROGRAM
INDEPENDENT CLOSURE PROCESS
SITE CLOSURE

State Form 54166 (R / 11-13)

Indiana Department of Environmental Management
Office of Land Quality
100 North Senate Avenue
Mail Code 66-30 (1370), Room 1101
Indianapolis, IN 46204-2251
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*INSTRUCTIONS: The form must be completed in its entirety and submitted to IDEM upon request for Independent Closure Process (ICP) site closure. This form is to be completed and signed by **both** the environmental consultant and the responsible party. Questions regarding this form may be directed to the contact information above. "ICP Question" and your "IDEM Site Number" must be referenced in the subject line (if via email) to ensure a timely response.*

I. SITE INFORMATION

Site name *(as reported to IDEM)*

Site location (*street address*)

Site location (*city/State/ZIP code*)

IDEM site number

II. RESPONSIBLE PARTY INFORMATION

Responsible party name *(company name and contact person)*

Responsible party address (*street address*)

Responsible party address (*city/State/ZIP code*)

Telephone number

E-mail

III. ENVIRONMENTAL CONSULTANT INFORMATION

Contact or consultant name *(company name and contact person)*

Contact or consultant address (*street address*)

Contact or consultant address (*city/State/ZIP code*)

Telephone number

E-mail

IV. GENERAL SITE CONDITIONS

Contaminant type (*check all that apply*)
☐ Gasoline ☐ Diesel ☐ Metals ☐ Other (*specify*)

Estimated volume of release (*gallons*)

Contaminant found in (*check all that apply*)
☐ Soil ☐ Ground water ☐ Indoor air ☐ Other (*specify*)

Depth to ground water (*feet*)

Ground water flow direction

Determined by ☐ Temp. ground water points ☐ Perm. monitoring well ☐ Topography ☐ Other (*specify*)

Potential receptors	Distance to (*feet*)	Investigated (*check as appropriate*)	Impacted (*check as appropriate*)
1. Water wells	1.	1. ☐ Yes ☐ No ☐ N/A	1. ☐ Yes ☐ No ☐ N/A
2. Ground water	2.	2. ☐ Yes ☐ No ☐ N/A	2. ☐ Yes ☐ No ☐ N/A
3. Surface water	3.	3. ☐ Yes ☐ No ☐ N/A	3. ☐ Yes ☐ No ☐ N/A
4. Basements	4.	4. ☐ Yes ☐ No ☐ N/A	4. ☐ Yes ☐ No ☐ N/A
5. Utility corridors	5.	5. ☐ Yes ☐ No ☐ N/A	5. ☐ Yes ☐ No ☐ N/A
6. Other (*specify*)	6.	6. ☐ Yes ☐ No ☐ N/A	6. ☐ Yes ☐ No ☐ N/A

Current land use ☐ Residential ☐ Commercial/industrial ☐ Recreational ☐ Other (*specify*)

V. REMEDIATION SUMMARY

Soil

Ex-situ soil remediation	☐ Excavation ☐ Other (*specify*) Quantity removed (*cubic yards*)	☐ N/A
In-situ soil remediation	☐ Chemical injection (*specify*) ☐ Other (*specify*)	☐ N/A
Soil source removed?	☐ Yes ☐ No ☐ N/A	

Ground water

Ex-situ ground water remediation	☐ Pump and treat ☐ Other Volume removed (*gallons*)	☐ N/A
In-situ ground water remediation	☐ Chemical injection (*specify*) ☐ Air sparge/soil vapor extraction ☐ Bioaugmentation (*specify*) ☐ Other (*specify*)	☐ N/A
Ground water source removed?	☐ Yes ☐ No ☐ N/A	

VI. SITE INVESTIGATION SUMMARY

Soil

Vertical nature and extent defined?	☐ Yes ☐ No ☐ N/A
Horizontal nature and extent defined?	☐ Yes ☐ No ☐ N/A
Number of sampling points	☐ N/A
Field screening conducted? Specify method	☐ Yes ☐ No ☐ N/A
Samples analyzed in a fixed laboratory?	☐ Yes ☐ No ☐ N/A

Pre-remediation or initial concentrations at sampling points. Compare results to the Remediation Closure Guide (RCG) residential migration to ground water soil screening levels (MTG SSLs) per Table A-6 of the RCG. Attach additional tables as necessary.

Sample location name, Sample depth (*feet*)	Contaminant	Concentration (*standardized units*)	RCG MTG SSLs (*standardized units*)
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Estimated dimensions of pre-remediation soil contamination (*feet).*	(*length*)	(*width*)	(*depth*)	☐ N/A

Ground Water

Vertical nature and extent defined?	☐ Yes ☐ No ☐ N/A
Horizontal nature and extent defined?	☐ Yes ☐ No ☐ N/A
Number of sampling points	☐ N/A
Samples analyzed in a fixed laboratory?	☐ Yes ☐ No ☐ N/A

Ground water samples collected from (*check all that apply*)

- ☐ Monitoring well(s)
- ☐ Push-probe sampling point(s)
- ☐ Test pit(s)
- ☐ Other (*specify*)

Have monitoring wells been properly abandoned?	☐ Yes ☐ No ☐ N/A

Pre-remediation or initial concentrations at sampling points. Compare results to the RCG residential direct contact ground water screening levels (Tap Water GWSLs) per Table A-6 of the RCG. Attach additional tables as necessary.

Sample location name, Screened interval depth (*feet*)	Contaminant	Concentration (*standardized units*)	RCG Tap Water GWSLs (*standardized units*)
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Estimated dimensions of pre-remediation ground water plume *(feet).*	(*length*)	(*width*)	(*depth*)	☐ N/A

VII. CLOSURE CRITERIA SUMMARY

Surface Soil (soil depth of 0 – 2 feet below ground surface)

During final or confirmation sampling, did surface soil data exceed RCG MTG SSLs for residential use sites or ten times (10x) the RCG MTG SSLs for commercial/industrial use sites per Table A-6 of the RCG. Attach additional tables as necessary.

☐ Yes *(specify below)* ☐ No ☐ N/A

Sample location name, Sample depth *(feet)*	Contaminant	Concentration *(standardized units)*	RCG MTG SSLs *(standardized units)*	10x the RCG MTG SSLs *(standardized units)*
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Estimated dimensions of post-remediation surface soil impacted area with concentrations exceeding the RCG MTG SSLs *(feet)*. *(length)* *(width)* *(depth)* ☐ N/A

Sub-Surface Soil (soil depth greater than 2 feet below ground surface)

During final or confirmation sampling, did sub-surface soil data exceed RCG MTG SSLs for residential use sites or ten times (10x) the RCG MTG SSLs for commercial/industrial use sites per Table A-6 of the RCG. Attach additional tables as necessary.

☐ Yes *(specify below)* ☐ No ☐ N/A

Sample location name, Sample depth *(feet)*	Contaminant	Concentration *(standardized units)*	RCG MTG SSLs *(standardized units)*	10x the RCG MTG SSLs *(standardized units)*
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Estimated dimensions of post-remediation sub-surface soil impacted area with concentrations exceeding RCG MTG SSLs *(feet)*. *(length)* *(width)* *(depth)* ☐ N/A

Ground Water

During final or confirmation sampling, did ground water data exceed the RCG Tap Water GWSLs for residential use sites or ten times (10x) the RCG Tap Water GWSLs for commercial/industrial use sites per Table A-6 of the RCG. Attach additional tables as necessary.

☐ Yes *(specify below)* ☐ No ☐ N/A

Sample location name, Sample depth *(feet)*	Contaminant	Concentration *(standardized units)*	RCG MTG SSLs *(standardized units)*	10x the RCG MTG SSLs *(standardized units)*
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Estimated dimensions of post-remediation ground water plume with concentrations exceeding RCG Tap Water GWSLs *(feet)*. *(length)* *(width)* *(depth)* ☐ N/A

Summarize the extent and effectiveness of any soil and/or ground water remediation efforts conducted to reduce the contaminant source *(if applicable).*

If contaminant concentrations exceed RCG MTG SSLs or RCG Tap Water GWSLs, is the extent of the exceedance limited to within the property boundary of the Site? If no, further information must be provided including the characterization of specific off-site contaminants. The discussion should also include how third party concerns were addressed.

☐ Yes ☐ No ☐ N/A

If contaminant concentrations exceed RCG MTG SSLs or RCG Tap Water GWSLs, has an environmental restrictive covenant (ERC) been recorded on the Site's property deed? *If no, further information must be provided.*

☐ Yes Recorded date *(month, day, year)* Instrument number
☐ No
☐ N/A

Has the recorded ERC been submitted to IDEM? ☐ Yes ☐ No ☐ N/A

Which restrictions are addressed in the ERC (*if applicable*)?

☐ Residential land use
☐ Well installation/drinking water consumption
☐ Excavation
☐ Other (*specify*)

As a record of communication, provide the following information for all documents (investigation, remediation, etc.) pertaining to the Site.

Document title	Document date *(month, day, year)*	Environmental consulting company/preparer	IDEM's virtual file cabinet (VFC) document number

VIII. RESPONSIBLE PARTY CERTIFICATION STATEMENT

I certify that, to the best of my knowledge, the information presented on and attached to this form is true and accurate. This recommendation for closure is based on all available data as of _____ *(month, day, year)*. I have understood and followed IDEM's requirements for receiving a Completion of Independent Closure Process letter, and am submitting the required documentation on behalf of _____ (*Responsible party*).

_____ _____

Signature Date *(month, day, year)*

Printed name

Title

Company name

Notary

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared *(representative name)* , the *(relationship to responsible party, if different)* of the owner, *(property owner name)* , who acknowledged the execution of the foregoing instrument for and on behalf of said entity.

Witness my hand and Notarial Seal this _____ day of _____, 20____.

_____

_____, Notary Public

Residing in _____ County (*State*) _____

My Commission Expires *(month, day, year)*: _____

VIII. ENVIRONMENTAL CONSULTANT CERTIFICATION STATEMENT

INSTRUCTIONS: For this site closure form to be valid, BOTH the primary project manager and the principle owner* at the consulting company must sign and date. The primary project manager must be certified as a Licensed Professional Geologist (LPG), Professional Engineer (PE), or Certified Hazardous Materials Manager (CHMM).

I certify that, to the best of my knowledge, the information presented on and attached to this form is true and accurate. This recommendation for closure is based on all available data as of _____ *(month, day, year)*. I have understood and followed IDEM's requirements for receiving a Completion of Independent Closure Process letter, and am submitting the required documentation on behalf of _____ (*Responsible party*).

_____ _____

Primary project manager signature | Date *(month, day, year)*

Printed name	Professional license number
Title	
Company name	

I certify that, to the best of my knowledge, the information presented on and attached to this form is true and accurate. This recommendation for closure is based on all available data as of _____ *(month, day, year)*. I have understood and followed IDEM's requirements for receiving a Completion of Independent Closure Process letter, and am submitting the required documentation on behalf of _____ (*Responsible party*).

_____ _____

Principle owner* signature | Date *(month, day, year)*

Printed name
Title
Company name

*Principle owner means the owner, president, vice president, operations manager, etc. who is authorized to make decisions that represent the company.