



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We Protect Hoosiers and Our Environment.

100 N. Senate Avenue • Indianapolis, IN 46204

(800) 451-6027 • (317) 232-8603 • www.idem.IN.gov

Eric J. Holcomb
Governor

Brian C. Rockensuess
Commissioner

July 6, 2023

Young Men's Christian Association
of Greater Fort Wayne Inc
347 W Berry St
Fort Wayne, IN 46802

**Re: Request Owners to Perform
ERC Self Audit**
Fort Wayne Recycling Site McMillan
1320 E Creighton St
Fort Wayne, Allen County
Site Facility ID#: BF4200805

Dear Property Owner:

You are receiving this letter because you have been identified as the owner, or representative of the owner, of the property referenced above where an Environmental Restrictive Covenant (ERC) has been placed. An ERC is recorded on a property in order to protect human health and the environment in cases where risk-based cleanups have resulted in residual contamination being left on site or when site cleanup has yet to occur.

In the past, properties seeking No Further Action with regard to release determination from the Indiana Department of Environmental Management (IDEM) almost always chose an ERC to minimize the potential for human exposure and release-related contaminants by restricting site activities, property use, and/or site access.

As the owner of a property with an ERC, you are responsible for compliance with any land use restrictions and obligations contained in the ERC, such as maintenance of any engineering controls or physical barriers that prevent exposure to contamination. A copy of the ERC relating to your property can be found on IDEM's Virtual File Cabinet at <https://vfc.idem.in.gov>.

This consists of a one-page form attached to this letter that is intended to evaluate current conditions and ensure that land use restrictions are maintained in order to protect human health and the environment and prevent exposure to release-related contaminants. If any issues are discovered, please respond to this request for information within 30 days of receipt of this letter.

If the restrictions and obligations described in an ERC are not complied with, IDEM may seek enforcement by referring the matter to the Office of the Indiana Attorney General and filing a civil action in court.



Visit on.IN.gov/survey or scan the QR code to provide feedback.

We appreciate your input!



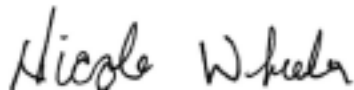
Please fill out the enclosed Self-Evaluation form and return to my attention at:

Nicole Wheeler
Institutional Controls Group
100 N. Senate Ave.
IGCN N1101
Indianapolis, IN 46204

Alternatively, a blank copy of the Self-Evaluation form is available on IDEM's Institutional Controls website and can be submitted electronically. Instructions are available on the website.

If you have any questions regarding this letter, please contact me at 317-234-2485 or email nwheeler@idem.in.gov.

Sincerely,



Nicole Wheeler,
Program Director
Institutional Controls Group
Remediation Services Branch
Office of Land Quality

Enclosure

cc: Site Facility ID File # **BF4200805**

**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: | |
| Fort Wayne Recycling Site McMillan Property | | Allen | |
| Address of Property (number and street) | | | |
| 1320 E Creighton St | | | |
| City | State | ZIP / Postal Code | |
| Fort Wayne | IN | 46807 | |
| State Identification Number | AI Identification | Federal Identification Number | |
| BF4200805 | 273 | | |
| Property Owner | | | |
| Young Men's Christian Association of Greater Fort Wayne Inc | | | |
| Address of Owner (number and street) | | | |
| 347 W Berry St | | | |
| City | State | ZIP / Postal Code | |
| Fort Wayne | IN | 46802 | |
| Telephone Number | | E-mail Address | |
| | | | |
| Date ERC recorded (month, day, year) | Instrument Number | VFC Number | |
| 8/6/2021 | 2021053120 | 83216654 | |
| Has property owner changed since the ERC was recorded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is property being leased? <input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" 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 | Are agricultural crops being grown on the property? | <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 checked="" 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 checked="" type="checkbox"/> Other (Specify) <small>Not interfere with any ongoing response activities</small> |
| 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*): _____