



## 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](http://www.idem.IN.gov)

Eric J. Holcomb  
Governor

Brian C. Rockness  
Commissioner

March 4, 2024

### 65-46

City of Fort Wayne  
200 E Berry St, Ste 320  
Fort Wayne, IN 46802

#### Re: **Request for Owners to Perform ERC Self-Audit**

Fort Wayne Recycling Site McMillan Property  
1320 E Creighton St  
Fort Wayne, Allen County  
Site #/Facility ID#: 4200805

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.

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>, under the VFC Number listed in the enclosed form.

The enclosed Self-Audit Checklist 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.

Please fill out the enclosed Self-Audit Checklist and return to IDEM within 30 days of the date of this letter, via email to [ICselfaudits@idem.IN.gov](mailto:ICselfaudits@idem.IN.gov). Alternatively, a blank copy of the Self-Audit Checklist is available on IDEM's Agency Forms website at <https://www.in.gov/idem/forms/idem-agency-forms/>, and can be submitted electronically.

If you do not have access to the internet or email, please mail your response to:

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



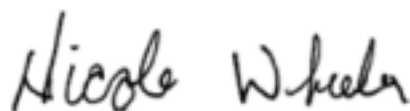
Visit [on.IN.gov/survey](https://on.IN.gov/survey) or scan the QR code to provide feedback.

*We appreciate your input!*



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

Sincerely,



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

Enclosure

ec: IDEM File for Site #/Facility ID# 4200805



**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  
[ICselfaudits@idem.IN.gov](mailto:ICselfaudits@idem.IN.gov)

*INSTRUCTIONS: When completing this checklist refer to the Environmental Restrictive Covenant (ERC) for property and restriction information. Please include current Property Owner information, which may be different than the Property Owner listed in the ERC. The Property Owner (Auditor) completing this form may be the Property Owner or any individual authorized by the Property Owner to act as their delegate or agent. Please answer each question or indicate if it is not applicable.*

<b>SECTION I. PROPERTY INFORMATION</b>		
Site Name: Fort Wayne Recycling Site McMillan Property		County: Allen
Site Number/Facility ID: 4200805		Agency Interest (AI) ID: 273
Property Address (number and street): 1320 E Creighton St		
City: Fort Wayne	State: IN	Zip/Postal Code: 46807
Property Owner: City of Fort Wayne		
Owner Address (number and street): 200 E Berry St, Ste 320		
City: Fort Wayne	State: IN	Zip/Postal Code: 46802
Owner Phone Number:	Owner E-mail Address:	
<b>SECTION II. CURRENT PROPERTY DESCRIPTION</b>		
Has the Property Owner changed since the ERC was recorded?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Is the Property being leased?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
If yes, the lessee is:		
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		
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:		
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		
<b>SECTION III. ERC &amp; LAND USE RESTRICTION INFORMATION</b>		
Date ERC recorded (month, day, year): 8/6/2021	Instrument Number: 2021053120	VFC Number: 83216654
To view the ERC in its entirety, visit IDEM's Virtual File Cabinet at <a href="https://vfc.idem.in.gov">https://vfc.idem.in.gov</a> .		
Please review the restrictions and obligations that are outlined in the RESTRICTIONS section of the ERC and ensure that they match with the following restrictions that IDEM has on file: <b>Soil or Vegetative Cap; Ground Water Use Restriction; Other Restriction (Specify).</b>		
*Please specify any discrepancies and use the check boxes below to assist IDEM in updating our records.		
<b>Land Use Restrictions (Check all that apply):</b>		<b>Engineering Controls (Check all that apply):</b>
<input type="checkbox"/> Residential Use	<input type="checkbox"/> Groundwater Use	<input type="checkbox"/> Soil/Vegetative Cap
<input type="checkbox"/> Excavation Notice Required	<input type="checkbox"/> Agricultural Use	<input type="checkbox"/> Paved/Concrete Cap
		<input type="checkbox"/> Impervious Cap
		<input type="checkbox"/> Liner System

<input type="checkbox"/> Construction Restriction <input type="checkbox"/> Vapor Contingency <input type="checkbox"/> Other. Specify: _____	<input type="checkbox"/> Building Slab <input type="checkbox"/> Vapor Mitigation System <input type="checkbox"/> Interceptor Well/Trench <input type="checkbox"/> Other. Specify: _____
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Is the ground water being used or extracted in conflict with the restriction defined in the ERC?  Yes  No  N/A

Is the property being used for non-residential purposes only?  Yes  No  N/A

Since the ERC was recorded, have unapproved construction or excavation activities occurred on the property?  Yes  No  N/A

If excavation has occurred, was notice provided to IDEM as required?  Yes  No  N/A

Are agricultural crops being grown on the property?  Yes  No  N/A

Do active engineering controls appear to be operational (e.g., fan running, pumping system functioning, etc.)?  Yes  No  N/A

Are protective structures and covers free of cracks, erosion, or other signs of degradation?  Yes  No  N/A

Is there an Operations and Maintenance Plan (O&M) for the site?  Yes  No  N/A

If yes, is the O&M Plan being followed?  Yes  No  N/A

Does the O&M Plan require any sampling? *Attach any sampling results to this checklist.*  Yes  No  N/A

Does the O&M Plan require any maintenance inspections? *Attach any inspection documentation to this checklist.*  Yes  No  N/A

After review of all documentation associated with the engineering control does it appear to have retained its functional integrity?  Yes  No  N/A

*Please use the space below (or attach additional pages) to indicate whether each restriction is being met, and whether engineering controls are being adequately maintained to prevent exposure risks. Please report any conflicts, or potential conflicts.*

**SECTION IV. AUDIT INFORMATION & CERTIFICATION**

**Date of Audit (month, day, year):** \_\_\_\_\_

**Name of Auditor (print or type):** \_\_\_\_\_ **Title of Auditor:** \_\_\_\_\_

**Phone 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):** \_\_\_\_\_