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<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Received by (Please Print Clearly) _____ B. Date of Delivery <b>4-5-02</b>	
1. Article Description <b>67-18 tv Cert.#7000 0600 0026 8343 5295</b> <b>McCLURE OIL CORPORATION</b> <b>Attn: Mr. Rick McClure</b> <b>Junctio SR-35 &amp; 37</b> <b>P.O. Box 1750</b> <b>Marion, Indiana 46952</b>		C. Signature <i>Lloyd Bruka her</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Article Number (Copy from service label) _____		<input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 1999                      Domestic Return Receipt                      102595-00-M-0952			

67-18 c/o J.M. Cantrell IDEM/L.U.S.T. Section Room N1101-IGCN 100 North Senate Avenue Indianapolis, Indiana 46204	
Postage \$ <b>34</b> Certified Fee <b>APR 2 2002</b> Return Receipt Fee (Endorsement Required)	Postmark Here
<b>67-18 tv Cert.#7000 0600 0026 8343 5295</b> <b>McCLURE OIL CORPORATION</b> <b>Attn: Mr. Rick McClure</b> <b>Junctio SR 35 &amp; 37</b> <b>P.O. Box 1750</b> <b>Marion, Indiana 46952</b>	



Frank O'Bannon  
Governor

Lori F. Kaplan  
Commissioner

100 North Senate Avenue  
P.O. Box 6018  
Indianapolis, Indiana 46206-0018  
317-232-8600  
800-451-6000  
[www.state.in.us/idem](http://www.state.in.us/idem)

April 3, 2002

**VIA CERTIFIED MAIL**

**67-18 tv Cert.#7000 0600 0026 8343 5295**

Attn: Mr. Rick McClure  
McClure Oil Corporation  
Junction State Road 35 & 37  
P.O. Box 1750  
Marion, IN 46952

Dear Mr. McClure:

Re: Initial Site Characterization  
McClure Oil Station #6  
Incident #200111129  
Facility #12140

On January 22, 2002 our office received an Initial Site Characterization (ISC) report for your facility located at 722 North Washington Street in Marion, Indiana. The report was prepared by Paul Troy of Troy Risk Incorporated.

The staff at the Indiana Department of Environmental Management (IDEM) have reviewed the document and the entire file pertaining to the above mentioned facility and offer the following comments.

**GENERAL COMMENTS**

**GEOLOGY**

1. It appears as though there is little residual contamination outside of the immediate vicinity of the tank basin. However, because of the obvious susceptibility of the sanitary sewer to vapors some additional investigation and precautions are needed for the site.
2. The boring near the kerosene tank was placed on the upgradient side. A boring on the northwest side of this tank is required to confirm the lack of contamination.
3. One additional monitor well is needed to complete delineation. This well must be placed near the location of boring GP-9.
4. The site cannot be downgraded from high priority as requested by the contractor for at least eight quarters. This is to confirm that no additional leakage will occur in varying

groundwater flow conditions.

During a site visit several concerns were noted

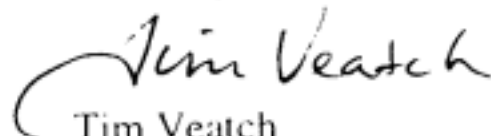
1. A new section of concrete with a steel vault was present. This structure must be located on the site map.
2. Several apparently abandoned aboveground storage tanks are present on the north-central part of the property. They appear to be empty, but are in poor condition. These tanks should be removed to prevent any contamination.
3. There is a soil pile on plastic on the east side of the property. This soil needs to be sampled and then properly disposed of.
4. Inside the building there is an abandoned hydraulic lift and a floor drain. These could be possible sources of contamination. The hydraulic lift base is full of oil. This oil needs to be removed. The condition and outfall of the floor drain must also be investigated. The area around these features needs to be tested for oil range TPH.

## CONCLUSIONS

The extent of gasoline contamination appears to have been nearly defined. Two more boring locations are needed to confirm the extent along with the new monitoring well near GP-9. There are additional problems relating to housekeeping and maintenance at the site. The above mentioned concerns must also be addressed to complete site characterization requirements.

If you have any further questions, or if I can be of additional assistance, please contact me at (317) 234-0982.

Sincerely,



Tim Veatch  
Project Manager  
Office of Land Quality  
Leaking Underground Storage Tank Section

cc: IDEM File Room  
Paul Troy, Troy Risk Inc. 6116 North College Avenue Indianapolis, IN 46220

#12140

**INITIAL INCIDENT REPORT**  
**LEAKING UNDERGROUND STORAGE TANK PROGRAM**  
**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**

LUST INCIDENT NO.: 2001 - 11 - 129 DATE: 11 / 28 / 01

PRIORITY RANKING: LOW MEDIUM HIGH

FACILITY NAME: McClure Oil Corp. FACILITY I.D. NO.: 12140  
ADDRESS: 722 N. Washington St.  
CITY: Marion COUNTY: Grant ZIP: 46852  
CONTACT PERSON: Rick McClure TELEPHONE NO.: (765) 674-9771

RESPONSIBLE PARTY: McClure Oil Corp. OWNER I.D. NO.: 3227  
ADDRESS: P.O. Box 1750  
CITY: Marion COUNTY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
CONTACT PERSON: Rick McClure TELEPHONE NO.: (765) 674-9771

REPORTED BY: Jason Swell COMPANY: IDEM - ER  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE NO.: ( ) 308 - 3377 Ext.: -

TANK SIZE:	CONTAMINANT (check one):						
____ GALLONS	GAS <input type="checkbox"/>	KEROSENE <input type="checkbox"/>	JET FUEL <input type="checkbox"/>	DIESEL <input type="checkbox"/>	WASTE OIL <input type="checkbox"/>	VIRGIN OIL <input type="checkbox"/>	HZD _____
<u>2</u> GALLONS	GAS <input type="checkbox"/>	KEROSENE <input type="checkbox"/>	JET FUEL <input type="checkbox"/>	DIESEL <input type="checkbox"/>	WASTE OIL <input type="checkbox"/>	VIRGIN OIL <input type="checkbox"/>	HZD _____
____ GALLONS	GAS <input type="checkbox"/>	KEROSENE <input type="checkbox"/>	JET FUEL <input type="checkbox"/>	DIESEL <input type="checkbox"/>	WASTE OIL <input type="checkbox"/>	VIRGIN OIL <input type="checkbox"/>	HZD _____
____ GALLONS	GAS <input type="checkbox"/>	KEROSENE <input type="checkbox"/>	JET FUEL <input type="checkbox"/>	DIESEL <input type="checkbox"/>	WASTE OIL <input type="checkbox"/>	VIRGIN OIL <input type="checkbox"/>	HZD _____
____ GALLONS	GAS <input type="checkbox"/>	KEROSENE <input type="checkbox"/>	JET FUEL <input type="checkbox"/>	DIESEL <input type="checkbox"/>	WASTE OIL <input type="checkbox"/>	VIRGIN OIL <input type="checkbox"/>	HZD _____

LOCATION OF RELEASE(S):  
☐ TANK ☐ PIPING LINE ☐ JOINT CONNECTIONS ☐ PUMP ISLAND  
☒ OTHER: Sewer line break next to dispenser pad

KNOWLEDGE OF RELEASE(S) BY:  
☐ FAILED TIGHTNESS TEST ☐ INVENTORY LOSS (\_\_\_\_ gallons) ☐ DURING UST CLOSURE  
☐ CATASTROPHIC SPILL (estimated quantity lost: \_\_\_\_ gallons) ☐ LONG-TERM OVERFILL  
☒ OTHER: Site has been a gas station for 70 yrs. > Fixed sewer line found release.

AFFECTED AREA(S):  
☐ NATURAL SOIL  
    ☐ BACKFILL (\_\_\_\_ cubic yards) ☐ HIGHEST SAMPLE RESULT: COC \_\_\_\_\_ ppm  
    ☐ DOMINANT SOIL TEXTURE: \_\_\_\_\_ ☒ UNKNOWN  
☐ GROUNDWATER  
    ☐ WATER TABLE DEPTH (\_\_\_\_ feet below grade)  
    ☐ HIGHEST LAB SAMPLE RESULT: B \_\_\_\_\_ T \_\_\_\_\_ E \_\_\_\_\_ X \_\_\_\_\_ MTBE \_\_\_\_\_ ppb

	Yes	No		Yes	No
DRINKING WATER AFFECTED	<input type="radio"/>	<input type="radio"/>	UTILITY LINES AFFECTED	<input checked="" type="radio"/>	<input type="radio"/>
GEOLOGICALLY SUSCEPTIBLE AREA	<input type="radio"/>	<input type="radio"/>	WELLHEAD PROTECTION AREA	<input type="radio"/>	<input type="radio"/>
VAPORS IN INHABITABLE BUILDING	<input checked="" type="radio"/>	<input type="radio"/>			
FREE PRODUCT (____ inches/feet thick)	<input checked="" type="radio"/>	<input type="radio"/>			
ECOLOGICALLY SUSCEPTIBLE AREA	<input type="radio"/>	<input type="radio"/>			

12146

LUST INCIDENT# 2001-11-129

PRIORITY RANKING: LOW MEDIUM HIGH

REPORT SUBMITTAL DEADLINES

	Abatement Report 20 Days	UST Closure 30 Days	ISC 45 Days	ISC 60 Days
HIGH				
<u>Inhabitable Building</u> Affected	<u>12/18/01</u>	<u>(12/28/01)</u>	<u>1/12/01</u>	
Drinking Water Affected	<u>   /   /   </u>	<u>   /   /   </u>	<u>   /   /   </u>	
<u>Groundwater Impacted with</u> Free Product	<u>   /   /   </u>	<u>   /   /   </u>	<u>   /   /   </u>	
<u>Utility Lines</u> Affected	<u>   /   /   </u>	<u>   /   /   </u>	<u>   /   /   </u>	
MEDIUM				
Groundwater Impacted with Dissolved Contaminants		<u>   /   /   </u>	<u>   /   /   </u>	
LOW				
Backfill/Overexcavation Soils Only		<u>   /   /   </u>	<u>   /   /   </u>	

Date Report Received: 11/28/01  
 Date Incident Assigned: 11/28/01  
 Report Received By: Katie Schneider

COMMENTS:

PM for site was assigned to Tim Veatch.