



**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. 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.*

**SECTION I. PROPERTY INFORMATION**

<b>Site Name:</b> Speedway 5013/Former <b>Site Number/Facility ID:</b> 617 <b>Property Address (number and street):</b> 9621 N SR 3 <b>City:</b> Muncie		<b>County:</b> Delaware <b>Agency Interest (AI) ID:</b> 1530 <b>State:</b> IN <b>Zip/Postal Code:</b> 47303	
<b>Property Owner:</b> Hilltop Storage Sheds LLC <b>Owner Address (number and street):</b> 4141 US Hwy 27 N <b>City:</b> Cynthiana		<b>State:</b> KY <b>Zip/Postal Code:</b> 41031	
<b>Owner Phone Number:</b> 812 801 5812		<b>Owner E-mail Address:</b> phil@hilltopstoragesheds.com	

**SECTION II. CURRENT PROPERTY DESCRIPTION**

Has the Property Owner changed since the ERC was recorded?  Yes  No  N/A

Is the Property being leased?  Yes  No  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?  Yes  No  N/A

Since the ERC was recorded, has any construction taken place on the Property?  Yes  No  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?  Yes  No  N/A

**SECTION III. ERC & LAND USE RESTRICTION INFORMATION**

<b>Date ERC recorded (month, day, year):</b> 39343	<b>Instrument Number:</b> 2007R21747	<b>VFC Number:</b> 24217284  <i>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>.</i>
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*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: **Excavation Notice Required; Ground Water Use Restriction; Residential Use Restriction; Restricted Excavation Area.***

*\*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"/> Paved/Concrete Cap
<input type="checkbox"/> Excavation Notice Required	<input type="checkbox"/> Agricultural Use	<input type="checkbox"/> Impervious Cap	<input type="checkbox"/> Liner System
<input type="checkbox"/> Construction Restriction	<input type="checkbox"/> Vapor Contingency	<input type="checkbox"/> Building Slab	<input type="checkbox"/> Vapor Mitigation System

<input type="checkbox"/> Other. Specify: _____	<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? (vacant)  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):** 7-4-2024