



# 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)

Mike Braun  
Governor

Clint Woods  
Commissioner

## VIA ELECTRONIC MAIL

67-02/kblackburn  
Andrew Oaldon  
Capital Environmental Enterprises, Inc.  
1033 East Freeland Road  
Greensburg, IN 47240

Emailed: 2/11/2025

Dear Mr. Oaldon:

Re: Excess Liability Trust Fund Claim  
BP Food Mart 1  
ELTF # 199407550 FID # 1042  
Invoice Number: 199407550-124

On January 16, 2025, the UST Operations Section received your application for reimbursement from the Fund. According to our records, the ELTF file on your occurrence contains the following information:

<b><i>ELTF Submittal Number:</i></b>	<b>124</b>
<b><i>Total Deductible:</i></b>	<b>\$35,000.00</b>
<b><i>Amount of Deductible Previously Met:</i></b>	<b>\$35,000.00</b>
<b><i>Amount of Deductible Met (this claim):</i></b>	<b>\$0.00</b>
<b><i>UST Fee Reimbursement Percentage:</i></b>	<b>100%</b>
<b><i>Total Amount Previously Reimbursed:</i></b>	<b>\$1,535,215.53</b>
<b><i>Your claim was submitted for:</i></b>	<b>\$1,796.50</b>
<b><i>After review, your claim has been reimbursed for:</i></b>	<b>\$1,343.62</b>

\*\*\*Please be aware that while the above amount has been approved by IDEM's ELTF Claims Section, pursuant to IC 5-17-5-1, the State Comptroller may take up to thirty-five days to issue payment.



A breakdown of this determination has been enclosed. You may resubmit an application for those items or portions of items that were disallowed. Resubmittal applications must include a completed application form, a copy of the IDEM decision letter and cost review summary, as well as explicit documentation under 328 IAC 1 addressing the reasons for denial of costs and demonstrating that the costs are reimbursable costs under 328 IAC 1-3-5. IDEM is requiring the resubmittal of disallowed costs to be incorporated into subsequent claims; however, the portion of the claim that was previously submitted must be identified as such and include the dollar value of the original claim [328 IAC 1-5-1(e)], as well as the explicit documentation described above.

Pursuant to IC 13-23-9-4, you may appeal this determination by filing a written request for review with the Indiana Office of Administrative Law Proceedings (OALP) not later than fifteen (15) days after receiving notice of the determination, plus an additional three (3) days if sent via US Mail. Pursuant to IC 4-21.5-3-7, you may request that the OALP conduct a hearing to review this determination, under IC 4-21.5, in its entirety, or you may limit your request for review to specific portions of the determination. The request for review should be sent to:

Office of Administrative Law Proceedings  
100 North Senate Avenue  
Government Center North  
Suite N802  
Indianapolis, IN 46204

Failure to properly file a request for review, before or on the eighteenth day following receipt of this notice, waives your right to administrative review of this determination pursuant to IC 4-21.5-3-7 and your right to judicial review of the determination pursuant to IC 4-21.5-5-4. The request for review must contain the following information:

A statement of facts demonstrating that:

- a. You are the person to whom this determination is specifically directed;
- b. You are aggrieved or adversely affected by this determination; or
- c. You are entitled to review as a matter of law.

The following information should be included in your request for review in order to expedite review by the Office of Administrative Law Proceedings: identification of the ELTF number and the ELTF submittal number, the specific portions of the determination to be reviewed, and the legal basis for your challenge to this determination. In addition, your request should include the name, address and telephone number of the entity or individual to whom this determination is specifically directed. A copy of this letter should be attached to the request for review.

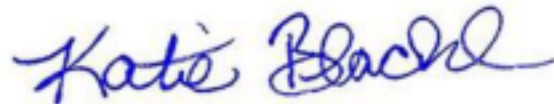
A copy of the request for review should be sent to the Petroleum Branch Chief, Tim Veatch, at the Indiana Department of Environmental Management, 100 North Senate Avenue, Indianapolis, Indiana 46204.

If you do appeal this determination, you will be notified by the Office of Administrative Law Proceedings regarding your cause number and prehearing date. This determination is based upon the review of the documentation presented to IDEM, as well as documents previously submitted and made available to the reviewer.

For additional information on filing a petition with the OALP, visit their website at <https://www.in.gov/oalp/>

If additional documentation is subsequently provided, IDEM reserves the right to modify or change the determination as the situation may warrant. Please direct further questions to [ELTFQuestions@idem.IN.gov](mailto:ELTFQuestions@idem.IN.gov).

Sincerely,

A handwritten signature in blue ink that reads "Katie Blackburn". The signature is fluid and cursive, with the first name "Katie" and last name "Blackburn" clearly distinguishable.

Katie Blackburn, Section Chief  
UST Operations Section  
Petroleum Branch  
Office of Land Quality

Enclosures

CC: [ajrapaj@gmail.com](mailto:ajrapaj@gmail.com), [drew@capenv.com](mailto:drew@capenv.com)

**Indiana Department of Environmental Management (IDEM)  
Excess Liability Trust Fund (ELTF)  
Cost Review Summary**

Site Name: BP Food Mart 1

ELTF Number: 199407550-124	FAC ID Number: 1042
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Item Number	Resub Claim Number	Vendor	Invoice Number	Amount Requested	Amount Disallowed	Total Approved	Reason
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Subsequent Costs Claimed							
1	N/A	Capital Environ	24153	\$1,292.50	\$0.00	\$1,292.50	
1-1				\$504.00	\$452.88	\$51.12	Per the preapproval letter issued by IDEM on June 14, 2022 in accordance with 328 IAC 1-3-1.6, the amount requested for ERC, which includes claim preparation, exceeds the amount approved.
Total:				\$1,796.50	\$452.88	\$1,343.62	

Reimbursement Cap	\$2,000,000.00
Total Amount Previously Reimbursed	\$1,535,215.53

Amount Requested	\$1,796.50
Amount Disallowed	\$452.88
Amount Approved	\$1,343.62
Tank Fee Reimbursement Percentage Allowed	100%
Tank Fee Reimbursement Percentage Disallowed	0%
Eligible to be Reimbursed	\$1,343.62
Amount of Deductible Applied This Claim	\$0.00
Total Amount Reimbursed This Claim	\$1,343.62





# EXCESS LIABILITY TRUST FUND APPLICATION (PHASE APPROACH)

State Form 56424 (R12 / 6-24)  
Indiana Department of Environmental Management

## TO BE COMPLETED BY IDEM

Date Submitted (month/day/year) **01/16/2025**

ELTF Control Number **199407550-124**

**INSTRUCTIONS:** This form must be submitted when applying for a reimbursement request for costs incurred on or after January 1, 2018. This form may be used for resubmitted costs from any ELTF claim. Applications will not be processed that contain incomplete information (all fields on this application must be completed) or do not contain the required forms/pages as described in the INSTRUCTIONS for completing the application. **Do not include complete social security numbers on any portion of the application, including backup documentation.**

## TO BE COMPLETED BY APPLICANT

### SECTION 1 - APPLICANT INFORMATION

Name of Applicant	Please enter a Tax ID Number or Social Security Number.	
Capital Environmental Enterprises, Inc.	Tax ID Number:	35-1863334
Mailing Address of Applicant (number and street)	SSN (last 4 digits):	
1033 E. Freeland Road	Social Security Number Included in Backup Documents?	
City, State (Abbreviation), ZIP Code	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Greensburg, IN 47240		

Name of Second Party for Joint Check (if applicable). Check will be issued to applicant and party listed below, and mailed to the above address.

Name of Applicant Contact	<input checked="" type="checkbox"/> Mr <input type="checkbox"/> Ms	Applicant Contact Title
Andrew Oaldon		Project Manager
Applicant Contact E-mail Address	Applicant Contact Telephone Number (with area code)	
drew@capenv.com	812-651-0777	

### SECTION 2 - ELIGIBLE PARTY INFORMATION

Name of Eligible Party (Corporation, Individual, Public Agency, or Other Entity) (Documentation may be required, see instructions.)		
HIMA LLC		
Mailing Address (number and street)	City, State (Abbreviation), ZIP code	
7812 Stonebriar Way	Indianapolis, IN 46259	
Name of Eligible Party Contact	<input checked="" type="checkbox"/> Mr <input type="checkbox"/> Ms	Eligible Party Contact Title
Jayesh KumarPatel		Manager
Eligible Party Contact E-mail Address	Eligible Party Contact Telephone Number (with area code)	
ajrapaj@gmail.com	317-258-9325	

### SECTION 3 - SITE INFORMATION

Facility Identification Number	Name of Facility	LUST Incident Number
1042	BP Food Mart 1	199407550

### SECTION 4 - REIMBURSEMENT REQUESTS

Identify the Type of Claim Application:

- ☒ Subsequent Claim Application (None of the costs requested in this claim application have been previously submitted.)
- ☐ Subsequent Claim Application and Resubmittal of Denied Costs (This claim application includes new costs and costs that have been denied. The portion of the claim that was previously submitted must be identified below as being previously submitted and include the dollar value of the original claim.)
- |                            |                                |
|----------------------------|--------------------------------|
| Original Amount Requested: | Claim Number Assigned By IDEM: |
|                            |                                |
- ☐ Resubmittal (Claim includes only previously denied costs.)
- ☐ Complete Claim Resubmittal (Claim was previously reviewed and denied in full.)
- |   |                                |
|---|--------------------------------|
| Original Amount Requested for Denied Costs: | Claim Number Assigned By IDEM: |
|   |                                |
- ☐ Third Party Claim (If you have been held responsible for damages to a third party and are submitting the judgment or settlement agreement for reimbursement as a third party claim. **Please submit proof that a copy of this claim has been sent to the Indiana Attorney General.**)
- ☐ Final Claim (This is for the last claim submitted after the NFA has been issued.)
- ☐ Subsequent Claim Containing Pre-Approved Costs (State Form 51955)

Enter the Total Costs for the Claim from the Attached "Pay Requests" (including resubmitted costs if applicable)

\$ 1,796.50





## EXCESS LIABILITY TRUST FUND APPLICATION (PHASE APPROACH)

State Form 56424 (R12 / 6-24)

Indiana Department of Environmental Management



### TO BE COMPLETED BY APPLICANT (continued)

#### SECTION 5 - CLAIM PREPARER CONTACT INFORMATION

Name of Contact Person Concerning Claim Issues Andrew Oaldon	Contact Company Name Capital Environmental Enterprises, Inc.
Contact E-mail Address drew@capenv.com	Contact Telephone Number (with area code) 812-651-0777
Request Covers Work Performed During the Following Period (month/day/year) From: 12/1/2023 To: 3/1/2024	
Phases Requested for Cost Evaluation: (check applicable phases)  <input type="checkbox"/> Immediate Response (Costs for initial abatement. Costs for emergency measures with applicable "Confirmation of Emergency Response Status" form signed by appropriate IDEM representative.) <input checked="" type="checkbox"/> Site Characterization and Corrective Action Plan Development (Costs for ISC, FSI, ERC, Pilot Study, and CAP Development.) <input type="checkbox"/> Corrective Action Plan Implementation (Costs for Excavation, Enhanced Bioremediation, Vac Events, and Remediation Systems.) <input type="checkbox"/> Groundwater Monitoring and Remediation System O & M (Costs for Monitoring and/or O&M requested by quarter.) <input type="checkbox"/> Closure (Costs for NFA reporting, System Decommissioning and Well Abandonment.)	
Was there Private Insurance that may cover this Release? <input type="checkbox"/> Ye <input checked="" type="checkbox"/> No	Name of Insurance Company Policy number

#### SECTION 6 - SIGNATURE OF UST OWNER, UST OPERATOR, PROPERTY OWNER, ATTORNEY IN FACT, AND/OR ASSIGNEE OF RIGHTS

I swear or affirm to the best of my knowledge and belief that the costs presented herein represent the reimbursable costs actually incurred in the performance of site characterization or corrective action related to this site during the period of time indicated on this application. I swear or affirm that all charges presented as part of this application were necessary to the performance of site characterization or corrective action. I also swear that I have not altered the calculations in this electronic form. I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC-30-10 and IC 13-23-9-6, that the statements and representations in this document are true, accurate, and complete. I also understand that all submitted information will be retained in the Virtual File Cabinet as a public record.

In accordance with IC 13-23-8-4, the applicant must be an eligible party (releases on or after July 1, 2016) or an UST owner, UST operator, or subsequent property owner (releases prior to July 1, 2016) or a person assigned the right of reimbursement. In accordance with 328 IAC 1-5-1(b), the assignor of rights (eligible party, UST owner, UST operator, or property owner) or their attorney in fact must sign the application in addition to the assignee of rights. Persons that have been assigned rights and also have appropriate power of attorney should sign both signature blocks.

Signature of Assignee of Rights 		Date Signed (month/day/year)	
<input checked="" type="checkbox"/> Mr <input type="checkbox"/> Ms	Print Name Andrew Oaldon	Title Assignee of Rights	Company Capital Environmental Enterprises, Inc.
Signature of UST Owner, UST Operator, Property Owner, or Attorney In Fact 		Date Signed (month/day/year)	
<input checked="" type="checkbox"/> Mr <input type="checkbox"/> Ms	Print Name Andrew Oaldon	Title Attorney In Fact	Company Capital Environmental Enterprises, Inc.

If applicable, a copy of the signed Assignment of Rights under 328 IAC 1-3-1 must be attached. If applicable, a copy of the signed Power of Attorney must also be attached. If the Assignment of Rights or the Power of Attorney has been modified or amended, a current copy must be attached.

**SUBMITTAL INSTRUCTIONS:** Submit ELTF claim applications electronically via e-mail (mailto:ELTFQuestions@idem.in.gov). Please submit one PDF copy and Excel file in XLSX format. The e-mail / documents should be labeled as follows:

# SUBSEQUENT PAY REQUEST # 1

## INSTRUCTIONS:

Complete this form for all costs incurred on or after January 1, 2018. Only list costs associated with one invoice on each pay request. Do not include social security numbers on any supporting backup documentation.

Incident Number 199407550					
Select Date: <b>1/1/24 to 5/26/24</b>		Select the date range for the costs incurred.			
Invoice Number 24153		Name of Applicant Capital Environmental Enterprises		Name of Vendor Capital Environmental Enterprises, Inc.	
<b>TO BE COMPLETED BY APPLICANT</b>					<b>TO BE COMPLETED BY IDEM</b>
<b>Site Characterization and CAP Development Costs</b>					
Project Manager	10.00	\$125.00		\$1,250.00	
Clerical	1.00	\$42.50		\$42.50	
<b>Site Characterization and CAP Development Grand Total</b>				<b>\$1,292.50</b>	
<b>DESCRIPTION</b>	<b>UNITS</b>	<b>UNIT COST</b>	<b>% MARK-UP</b>	<b>AMOUNT REQUESTED</b>	<b>AMOUNT DISALLOWED</b>
Third Party Claims					
Claim Preparation	7.00	\$72.00		\$504.00	452.88
Rounding Adjustment					
<b>Overall Grand Total</b>				<b>\$1,796.50</b>	<b>1-1</b>

INVOICE

Capital Environmental  
Enterprises, Inc.  
1033 East Freeland Road, Suite B  
Greensburg, IN 47240

ap@capenv.com  
812-651-0777



Bill to  
Mr. Jayesh Patel  
Hima LLC  
4906 Kentucky Avenue  
Indinapolis, Indiana 46221  
United States

Ship to  
Mr. Jayesh Patel  
Hima LLC  
4906 Kentucky Avenue  
Indinapolis, Indiana 46221  
United States

Invoice details  
Invoice no.: 24153  
Terms: Net 30  
Invoice date: 03/01/2024  
Due date: 03/31/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.			4906 Kentucky Avenue, Indianapolis, Indiana: ERC			
2.		PM	Project Manager Hours	10	\$125.00	\$1,250.00
3.		CL	Clerical Hours	1	\$42.50	\$42.50
4.		Claim Prep	ELTF Claim Prep Hours	7	\$72.00	\$504.00

Ways to pay



Total **\$1,796.50**  
denied \$452.88 Over approved SOW  
Overdue 03/31/2024

View and pay