THIRTY (30) DAY NOTIFICATION OF INTENT TO CLOSE

State Form 56553 (R5 / 5-23)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
PETROLEUM BRANCH

RETURN COMPLETED FORMS TO:

Indiana Department of Environmental Management USTRegistration@idem.in.gov

Facility ID Number: 50117

The information requested is required by 32 Storage Tank program.	9 IAC 9. This	s form sho	uld only b	oe used for faciliti	es previou	sly registe	ered with the IDEM Underg	round			
A TYF	E OF PF	ROPOS	LOSURE (Check all that apply)								
Tank(s)	Tank(s) Pipir						Dispenser(s)				
Removal In-Place	⋉ Re	moval		In-Place		Removal					
Change-In-Service	Ch	ange-In-	Service		Replacement						
Number of tanks to be closed: 4	Number of tanks to be closed: 4 Number of lines to					mber of o	dispensers to be closed	: N/A			
Number of regulated tanks on-site before	e closure: 4				•						
В	F/	ACILIT	Y NAN	IE / LOCAT							
FACILITY NAME Toney Oil Company LLC			43760	760 -86.362565							
East Goodman Ridge Road	ACILITY ADDRESS (number and street) East Goodman Ridge Road						PARCEL NUMBER(S) 13-07-13-127-001.000-006				
Marengo					Crawford TELEPHONE NUMBER (812) 734			377			
С		Р	REPA	RED BY							
PREFIX FIRST NAME Eric			^{мі} М .	Toney				SUFFIX			
396 N. Main Street		Mare	ngo		STA	IN	ZIP CODE 47140				
TELEPHONE NUMBER (812) 365-2120 Me		etoney2007@gmail.com									
D				WNER							
	1-1-			OWNER		T =					
Federal Government		ate Gove	ernment		_		ocal Government				
Commercial Option 1: UST OWNER NAME (Business Name as regist		ivate	toto \	Other: BUSINESS ID (From the Secretary of State)							
Eric and Errol Toney	ne) Bosini			20130122000201							
Option 2: UST OWNER NAME (If a Public Agency or other	er entity)										
Option 3: UST OWNER NAME (If in Individual Capacity) PREFIX FIRST NAME			MI	LAST NAME				SUFFIX			
Eric and Errol				Toney							
ust owner address (Listed in Options 1-3) PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENT 396 N. Main Street	TAL ADDRESS (Number and	Street, no	P.O. Box)	ADDRESS			-			
Marengo		STATE	ZIP CODE 4714	.0			04/06/2022				
TELEPHONE NUMBER (812) 734-5377				_{Capacity)} nail.com	JOB TITLE		ndividual Capacity)				
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed) PREFIX FIRST NAME	n Option 1 or 2)		MI	LAST NAME				SUFFIX			
Eric			M.	Toney							
PRINCIPAL OFFICE ADDRESS OF PRIMARY RESIDENT 396 N. Main Street	TAL ADDRESS ((Number and	d Street, no	P.O. Box)	ADDRESS	S (line 2)		•			
Marengo		STATE	ZIP CODE 4714								
TELEPHONE NUMBER (812) 734-5377	EMAIL ADDRES	SS		etoney2007@gmail.com							

FACILITY ID NUMBER FACILITY NAME TONEY OIL	Cor	npan	y LLC	;						
E		•	U	ST OF	PERATOR					
•			TY	PE OF	OPERATOR					
Federal Government	State Government						П	City / Local Government		
Commercial							Ħ	Other:		
Option 1: UST OPERATOR NAME (Business Name as registered with the Secretar					ry of State)			BUSINESS ID (From the Secretary of State)		
Toney Oil Company LLC								20130122000201		
Option 2: UST OPERATOR NAME (If a Public Agency of	or other	entity)								
Option 3: UST OPERATOR NAME (If in Individual Capa	city)			MI	LAST NAME				SUFFIX	
PREFIX FIRST NAME				IVII	LAGT IVAIVIL				SUFFIX	
UST OPERATOR ADDRESS (Listed in Options 1-3) PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDEN	ITAL AF	DDESS //	Numberen	d Stroot no	B O Povi	IADDB	Ecc	(line 2)		
396 N. Main Street	NIAL AL	DDRESS (I	vumber am	a Street, no) P.O. BOX)	ADDR	ESS	(iiie z)		
Marongo			STATE IN	ZIP COD 4714		DATE	BEG	O1/01/1986		
Marengo TELEPHONE NUMBER	FMAI	I ADDRES	SS (Option			JOB T	TTI F	(Option 3 Individual Capacity)		
(812) 734-5377					mail.com	Me				
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed										
PREFIX FIRST NAME Eric				[™] M.	Toney				SUFFIX	
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number a					ADDR	RESS	(line 2)			
396 N. Main Street										
Marengo			STATE IN	ZIP COD 471 4		JOB T		ber		
TELEPHONE NUMBER	EMAI	L ADDRES		77 1-	+0	livic	,1111			
(812) 734-5377					etoney20	07@	gn	nail.com		
F	•	DE	EDEC) PRO	PERTY OW	NER				
,			Т	TYPE O	F OWNER					
Federal Government		Sta	ate Gov	ernmen	t			City / Local Government		
Commercial		✓ Pri						Other:		
Option 1: PROPERTY OWNER NAME (Business Name	as regi	stered with	the Secret	tary of State	e)	BUSIN	NESS	S ID (From the Secretary of State) 20130122000201		
Eric and Errol Toney Option 2: PROPERTY OWNER NAME (If a Public Agen	cv or ot	her entity)						20130122000201		
Option 3: PROPERTY OWNER NAME (If in Individual C PREFIX FIRST NAME	apacity)		MI	LAST NAME				SUFFIX	
Eric and Errol				Toney						
PROPERTY OWNER ADDRESS (Listed in Options 1-3))				'					
PRINCIPAL OFFICE ADDRESS OF PRIMARY RESIDEN	NTAL AE	DDRESS (Number an	d Street, no	o P.O. Box)	ADDR	RESS	(line 2)		
CITY			STATE	ZIP COD		EFFE(CTIV	E DATE OF OWNERSHIP (MM/DD/YYY	Y)	
Marengo			IN				04/06/2022			
TELEPHONE NUMBER			SS (Option		, ,,			(Option 3 Individual Capacity)		
(812) 734-5377 CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed			eyzuc	17 @g	mail.com	livie	em	bers		
PREFIX FIRST NAME	тт Орис	011 1 01 2)		MI	LAST NAME				SUFFIX	
Eric	ITAL AF	DDDE00 /	M	M.	Toney	LABBB	VE 0.0	(F 0)		
PRINCIPAL OFFICE ADDRESS OF PRIMARY RESIDEN 396 N. Main Street	NIAL AL	JUKE88 (ıvumper an	a Street, no	o P.U. BOX)	ADDR	೧೯೮೪	(line 2)		
CITY			STATE	ZIP COD		JOB T				
Marengo TELEPHONE NUMBER	FΜΔΙΙ	L ADDRES	IN	4714	+U	livie	mı	ber		
(812) 734-5377		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			etoney20	07@	gn	nail.com		

	TTY ID NUMBER 50117	Toney Oil C	Compar	ıv LLC	;					
G			•			OPERTY	OWNER	R (If applicable)		
						OWNER				
=	Federal Gover	nment		ate Gove	ernment			City / Local Gove	ernment	
Commercial Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secret.						1	BUSINES	Other: NESS ID (From the Secretary of State)		
Орио	II. FROFERIT OWN	ILK NAML (Busiless Name a	s registerea wit	ii iile Seciel	ary or state ,	l	BOSINES	3 ID (From the Secretary or	i State)	
Option	2: PROPERTY OWN	ER NAME (If a Public Agency	or other entity)						
Option PREF		IER NAME (If in Individual Cap	oacity)		MI	LAST NAME	•		SUFFIX	
PROP	ERTY OWNER ADDR	RESS (Listed in Options 1-3)								
PRIN	CIPAL OFFICE ADDR	ESS or PRIMARY RESIDENT	AL ADDRESS	(Number and	d Street, no i	P.O. Box)	ADDRES	S (line 2)		
CITY				STATE	ZIP CODE		EFFECTI	VE DATE OF OWNERSHIP	P (MM/DD/YYYY)	
TELEI	PHONE NUMBER	JOB TITLE	EMAIL A	DDRESS (O)	ption 3 Indivi	idual Capacity)	PROPOS	ED END DATE (<i>MM/DD/</i> YY	YY)	
CONT PREF		/ PUBLIC AGENCY (Listed in	n Option 1 or 2)		МІ	LAST NAME			SUFFIX	
PRING	CIPAL OFFICE ADDR	ESS or PRIMARY RESIDENT	AL ADDRESS	(Number and	d Street, no i	P.O. Box)	ADDRES	S (line 2)		
CITY	CITY			STATE	ZIP CODE		JOB TITL	E		
TELE	PHONE NUMBER		EMAIL ADDRE	000						
TELE	-HONE NOWBER		EWAIL ADDRE	.00						
Н			F	ROPO	SED C	ONTRAC	TOR			
	RACTOR BUSINESS	NAME (Pusinoss Nama as ra	and a few man all an oldlag file							
Sp		th Sciences, Ll		e Secretary	of State)		BUSINES	S ID (From the Secretary of 20001013		
CERT		th Sciences, Ll		e Secretary	of State)	LAST NAME	BUSINES			
CERT PREF	ecialty Ear FIRST NAME Patrick	th Sciences, LI	ĹC		МІ С.	Smith	BUSINES		300069	
PRING	ecialty Ear FIRST NAME Patrick	th Sciences, LI AME ESS OF PRIMARY RESIDENT	ĹC	(Number and	C.	Smith	ADDRESS	20001013	300069	
PRING 10: CITY	ecialty Ear IFIED INDIVIDUAL NA IX FIRST NAME Patrick CIPAL OFFICE ADDR 50 Summit rmel	th Sciences, LI AME ESS OF PRIMARY RESIDENT	AL ADDRESS	(Number and	МІ С.	Smith P.O. Box)	ADDRESS IDHS CER	20001013	300069	
PRING 10: CITY	ecialty Ear IFIED INDIVIDUAL NA IX FIRST NAME Patrick CIPAL OFFICE ADDR 50 Summit rmel PHONE NUMBER	th Sciences, LI AME ESS OF PRIMARY RESIDENT	ĹC	(Number and	C. d Street, no i	Smith P.O. Box)	ADDRESS	20001013 6 (line 2) RTIFICATION NUMBER 000948762C	300069	
PRING 10: CITY Ca TELEI	ecialty Ear IFIED INDIVIDUAL NA IFIERST NAME Patrick CIPAL OFFICE ADDR 50 Summit rmel PHONE NUMBER (317) 68	th Sciences, LI AME ESS OF PRIMARY RESIDENT Drive 38-1212	AL ADDRESS	(Number and STATE IN SS	C. d Street, no l	Smith 2.0. Box) 2 csmith@ ERESTED	ADDRESS IDHS CEF UC2 sescier	20001013 S (line 2) RTIFICATION NUMBER 000948762C ICES.COM	300069	
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PRING 10: CITY Ca TELEI	ecialty Ear IFIED INDIVIDUAL NA IX FIRST NAME PAtrick CIPAL OFFICE ADDR 50 Summit rmel PHONE NUMBER (317) 68 RESTED PARTY NAM trick "Cory"	th Sciences, LI AME ESS OF PRIMARY RESIDENT Drive B8-1212 Smith	AL ADDRESS	(Number and STATE IN SS	MI C. d Street, no I ZIP CODE 4603 Y INTI	Smith 2 csmith@ ERESTED DRESS h@sescients	IDHS CEF UC2 sescier	20001013 S (line 2) RTIFICATION NUMBER 000948762C ICES.COM	300069	
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	FACILITY ID NUMBER FACILITY NAME Toney Oil Company LLC									
K UST INFORMATION										
For all tanks that will be closed, list the requested info below and do not leave any space blank. Attach an additional sheet if needed. UST Substance										
DAD Di 10 // :										
GSL - Gasoline DSL - Diesel DSB - Diesel Containing VGL - Virgin Oil UOL - Used Oil KER - Kerosene >20% Biodiesel										
E85 - E85 E15 - E15 RCF - Racing AVG - AV Gas MXT - Mixture of Substances OTH - Other										
Gasoline Blend Gasoline Blend Fuel (leaded) (leaded) (List Substances) (specify)										
UST Construction Material STL - Steel FRP - Fiberglass STC- Steel Clad STJ- Steel Jacketed DBW - Double-walled OTH - Other										
STL - Steel FRP - Fiberglass STC- Steel Clad STJ- Steel Jacketed DBW - Double-walled OTH - Other UST Closure Type										
	RMV -	Removed		IPC - In-Plac		CI	S - Change-in-S	Service		
UST#	Compart #	Capacity in Gallons	Substance (Last used, past)	Construction Material	Install Date (mm/dd/yyyy)	Date Last Used (mm/dd/yyyy)	Proposed Closure Date (mm/dd/yyyy)	Proposed Closure Type		
1	N/A	10,000	GSL	STL	08/30/1974	12/31/1991	08/05/2024	RMV		
2	N/A	5,000	GSL	STL	08/30/1974	12/31/1991	08/05/2024	RMV		
3	N/A	5,000	DSL	STL	08/30/1974	12/31/1991	08/05/2024	RMV		
4	N/A	5,000	KER	STL	08/30/1974	12/31/1991	08/05/2024	RMV		
Please j	ustify In-Plac	e Closure:								
In-Place	closure appr	oval letter from In	ndiana Departmer	nt of Homeland Se	ecurity attached:			No		
In-Place	In-Place closure site assessment work plan and site map with proposed boring locations attached:									

ACILITY ID NUMBER Toney Oil Company LLC 50117 PIPING INFORMATION If more than one piping line is present, then all lines shall be numbered. For all product lines closed, list the piping number, piping length (in feet based upon field measurements between tanks and dispensers, as well as, between dispenser islands), identify the product distributed through each line, and identify piping material and type. List all Piping Materials that apply. All piping numbers should also be included on the Facility Site Map. Attach an additional sheet if necessary. **Piping Substance DSB** - Diesel Containing **GSL** - Gasoline **DSL** - Diesel VGL - Virgin Oil UOL - Used Oil **KER** - Kerosene >20% Biodiesel **E85** - E85 **E15** - E15 RCF - Racing AVG - AV Gas OTH - Other **MXT** - Mixture of Substances Gasoline Blend Gasoline Blend Fuel (leaded) (leaded) (specify) (List Substances) **Piping Construction Material** FRP - Fiberglass FXP - Fiberglass AHP - Airport Hydrant CP - Copper STL - Steel OTH - Other Reinforced Plastic Composite / Plastic Piping **Piping Closure Type** IPC - In-Place Closure RMV - Removed CIS - Change-in-Service Piping Run **Date Last** Closure Construction Closure Compartment **Piping Substance** Install Date UST# Length Used Date Material (Last used, past) (mm/dd/yyyy) Type # (feet) (mm/dd/yyyy) (mm/dd/yyyy) N/A **GSL** STL 08/05/2024 RMV 1 1 Unknown 08/30/1974 12/31/1991 2 2 Unknown **GSL** STL 08/30/1974 12/31/1991 08/05/2024 **RMV** N/A 3 3 DSL STL 08/05/2024 **RMV** N/A Unknown 08/30/1974 12/31/1991 4 4 **KER** STL 08/05/2024 RMV N/A Unknown 08/30/1974 12/13/1991 Overall number of elbows and connectors: Unknown Please justify In-Place Closure:

ACILITY ID NUMBER Toney Oil Company LLC 50117 **DISPENSER INFORMATION** (If Applicable) M For all dispensers to be closed, list the dispenser number, product(s) dispensed, and date last used. Attach an additional sheet if necessary. **Product Dispensed DSB** - Diesel Containing **GSL** - Gasoline **DSL** - Diesel VGL - Virgin Oil UOL - Used Oil KER - Kerosene >20% Biodiesel **E85** - E85 **E15** - E15 RCF - Racing AVG - AV Gas OTH - Other **MXT - Mixture of Substances** (specify) Gasoline Blend Gasoline Blend Fuel (leaded) (leaded) (List Substances) **Dispenser Closure Type** IPC - In-Place Closure RMV - Removed CIS - Change-in-Service Proposed Proposed **Proposed Closure** Install Date Date Last Used Dispenser Number **Products Dispensed** Removal Date **Replacement Date** Type (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy) N/A

FACILITY ID NUMBER 50117	TRANSACTION ID - FOR S	TATE USE ONLY					
30117		UST OWNE	R CF	RTIFICATION			
	and representations in accordance with a last and piping under of steel tanks and pinder 40 CFR 280 Subility under 329 IAC 9-	s specified by IC 3 in this document a 329 IAC 9-2-2(e): 40 CFR 280.20. ping under 40 CFI part D.	5-44.1- re true R 280.2	-2-1 and other penalties specified e, accurate, and complete. I furthe	-		
TITLE OF AUTHORIZED REPRE	SENTATIVE	c		NAME (If Individual Leave Blank)			
Member	_		Tone	y Oil Company LLC			
Fric M.	Toney					7/01/202	:4
	0	UST OPERAT	OR (CERTIFICATION			
following requirements (1) Installation of all tan (2) Cathodic protection (3) Release detection un (4) Financial responsib	in accordance with a lks and piping under of steel tanks and pi nder 40 CFR 280 Sub ility under 329 IAC 9-	329 IAC 9-2-2(e): 40 CFR 280.20. ping under 40 CFI part D. 8.		e, accurate, and complete. I furthe	er certify co	тр папсе wi	tn tne
OPERATOR'S AUTHORIZED RE PREFIX FIRST NAME	PRESENTATIVE (Print or Ty)	pe) M	11	LAST NAME			SUFFIX
Eric			M.	Toney			
Member				NAME (If Individual Leave Blank) y Oil Company LLC			
SIGNATURE Tric M	Toney					//DD/YYYY) 7/01/202	:4
_	0	CONTRACTO	OR C	ERTIFICATION	•		
			C IC 35-4	Smith 4.1-2-1 and other penalties specified fied in 329 IAC 9 and 40 CFR 280, S		0-10 and IC 1	SUFFIX 3-23-14-
Patrick Co.	ry Smith	EMAIL ADDRESS csmith@ses	scien	ces.com		07/01/2	,

Jordan, Sherry

From: Cory Smith <csmith@sesciences.com>

Sent: Monday, July 1, 2024 2:41 PM

To: IDEM USTregistration

Cc: Andrea Townsend; etoney2007@gmail.com; Lang, Julie; VEATCH, TIM; Bowman,

Christina M (IDEM); Newcomb, Tom

Subject: Intent to Close: FID 50117 (Toney Oil Company, LLC, Marengo, IN)

Attachments: ITC_50117_20240701.pdf

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

To Whom it May Concern:

Please find attached a completed copy of the *Thirty (30) Day Notification of Intent to Close form* for the referenced site.

Do not hesitate to contact me with any questions.

Thank you!

P. Cory Smith

Senior Project Manager



Specialty Earth Sciences, LLC 1050 Summit Drive Carmel, Indiana 46032 www.sesciences.com

csmith@sesciences.com

Carmel Office: (317) 688-1212

New Albany Office: (812) 945-0733

Cell: (765) 620-3834 Fax: (812) 945-0735

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