



THIRTY (30) DAY NOTIFICATION OF INTENT TO CLOSE

State Form 56553 (R4 / 12-21)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
PETROLEUM BRANCH

RETURN COMPLETED FORMS TO:
Indiana Department of Environmental Management
USTRegistration@idem.in.gov

Facility ID Number: 13853

The information is required by 329 IAC 9. This form should only be used for facilities that have not been registered with the IDEM Petroleum Branch Operations Section.

A TYPE OF PROPOSED CLOSURE (Check all that apply)

| Tank(s) | | Piping | | Dispenser(s) | |
|---|-----------------------------------|--|--|--------------------------------------|--|
| <input checked="" type="checkbox"/> Removal | <input type="checkbox"/> In-Place | <input type="checkbox"/> Removal | <input checked="" type="checkbox"/> In-Place | <input type="checkbox"/> Removal | |
| <input type="checkbox"/> Change-In-Service | | <input type="checkbox"/> Change-In-Service | | <input type="checkbox"/> Replacement | |
| Number of tanks to be closed: 1 | | Number of lines to be closed: 1 | | Number of dispensers to be closed: 0 | |

B FACILITY NAME / LOCATION

| | | | |
|--|-------------|--|--|
| FACILITY NAME Shelby Count Jail | | LATITUDE (37.710101 to 41.866773) 39.520835 | LONGITUDE (-88.165351 to -84.671035) -85.778599 |
| FACILITY ADDRESS (number and street) 107 West Taylor Street | | PARCEL NUMBER(S) 73-11-05-100-216.000-002 | |
| CITY Shelbyville | STATE IN | ZIP CODE 46176 | COUNTY Shelby |
| | | TELEPHONE NUMBER (317) 392-6405 | |

C PREPARED BY

| | | | | |
|------------------------------------|---------------------|------------------------------|--|-------------------|
| PREFIX Ms | FIRST NAME Mandy | MI L | LAST NAME Hall | SUFFIX |
| ADDRESS 7428 Rockville Road | | CITY Indianapolis | | STATE IN |
| | | | | ZIP CODE 46214 |
| TELEPHONE NUMBER (317) 565-1618 | | JOB TITLE Project Manager | E-MAIL ADDRESS mhall@iwmconsult.com | |

D UST OWNER

| | | | | |
|--|---------------------|---|-------------------|--------|
| UST OWNER NAME (Business Name as registered with the Secretary of State) | | BUSINESS ID (From the Secretary of State) | | |
| UST OWNER NAME (If a Public Agency or other entity) Board of Commissioners of Shelby County | | | | |
| CONTACT NAME/INDIVIDUAL | | | | |
| PREFIX | FIRST NAME Jason | MI | LAST NAME Abel | SUFFIX |


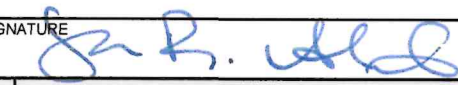
E UST OWNER CERTIFICATION

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 and IC 13-23-14-2, that the statements and representations in this document are true, accurate, and complete. I further certify compliance with the following requirements in accordance with 329 IAC 9-2-2(e):

- (1) Installation of all tanks and piping under 40 CFR 280.20.
- (2) Cathodic protection of steel tanks and piping under 40 CFR 280.20.
- (3) Release detection under 40 CFR 280 Subpart D.
- (4) Financial responsibility under 329 IAC 9-8.

OWNER'S AUTHORIZED REPRESENTATIVE (Print or Type)

| | | | | |
|--|---------------------|---|-------------------------------|--------|
| PREFIX | FIRST NAME Jason | MI | LAST NAME Abel | SUFFIX |
| TITLE OF OWNER'S AUTHORIZED REPRESENTATIVE | | COMPANY NAME (If Individual Leave Blank) Board of Commissioners of Shelby County | | |
| SIGNATURE | | OWNER EMAIL ADDRESS diane.haehl@co.shelby.in.us | DATE (MM/DD/YYYY) 07/01/24 | |

| | | | |
|---|--|---|-------------------------------|
| FACILITY ID # 13853 | | FACILITY NAME Shelby Count Jail | |
| F UST OPERATOR | | | |
| UST OPERATOR NAME (Business Name as registered with the Secretary of State) | | BUSINESS ID (From the Secretary of State) | |
| UST OPERATOR NAME (If a Public Agency or other entity) Shelby County Sheriffs Department | | | |
| CONTACT NAME/INDIVIDUAL | | | |
| PREFIX | FIRST NAME Louie | MI | LAST NAME Koch |
| SUFFIX | | | |
| G UST OPERATOR CERTIFICATION | | | |
| 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 and IC 13-23-14-2, that the statements and representations in this document are true, accurate, and complete. I further certify compliance with the following requirements in accordance with 329 IAC 9-2-2(e): | | | |
| (1) Installation of all tanks and piping under 40 CFR 280.20. | | | |
| (2) Cathodic protection of steel tanks and piping under 40 CFR 280.20. | | | |
| (3) Release detection under 40 CFR 280 Subpart D. | | | |
| (4) Financial responsibility under 329 IAC 9-8. | | | |
| OPERATOR'S AUTHORIZED REPRESENTATIVE (Print or Type) | | | |
| PREFIX | FIRST NAME Louie | MI | LAST NAME Koch |
| SUFFIX | | | |
| TITLE OF OPERATOR'S AUTHORIZED REPRESENTATIVE | | COMPANY NAME (If Individual Leave Blank) Shelby County Sheriffs Department | |
| SIGNATURE  | OPERATOR EMAIL ADDRESS lkoch@co.shelby.in.us | | DATE (MM/DD/YYYY) 07/01/24 |
| H DEEDED PROPERTY OWNER | | | |
| PROPERTY OWNER NAME (Business Name as registered with the Secretary of State) | | BUSINESS ID (From the Secretary of State) | |
| PROPERTY OWNER NAME (If a Public Agency or other entity) Board of Commissioners of Shelby County | | | |
| CONTACT NAME/INDIVIDUAL | | | |
| PREFIX | FIRST NAME Jason | MI | LAST NAME Abel |
| SUFFIX | | | |
| I DEEDED PROPERTY OWNER CERTIFICATION | | | |
| PROPERTY OWNER'S AUTHORIZED REPRESENTATIVE (Print or Type) | | | |
| PREFIX | FIRST NAME Jason | MI | LAST NAME Abel |
| SUFFIX | | | |
| TITLE OF PROPERTY OWNER'S AUTHORIZED REPRESENTATIVE | | COMPANY NAME (If Individual Leave Blank) Board of Commissioners of Shelby County | |
| SIGNATURE  | OWNER EMAIL ADDRESS diane.haehl@co.shelby.in.us | | DATE (MM/DD/YYYY) 07/01/24 |
| J ACTIVE LAND CONTRACT PROPERTY OWNER (IF APPLICABLE) | | | |
| ACTIVE LAND CONTRACT PROPERTY OWNER NAME (Business Name as registered with the Secretary of State) | | BUSINESS ID (From the Secretary of State) | |
| ACTIVE LAND CONTRACT PROPERTY OWNER NAME (If a Public Agency or other entity) | | | |
| CONTACT NAME/INDIVIDUAL | | | |
| PREFIX | FIRST NAME | MI | LAST NAME |
| SUFFIX | | | |
| K ACTIVE LAND CONTRACT PROPERTY OWNER CERTIFICATION (IF APPLICABLE) | | | |
| ACTIVE LAND CONTRACT PROPERTY OWNER'S AUTHORIZED REPRESENTATIVE (Print or Type) | | | |
| PREFIX | FIRST NAME | MI | LAST NAME |
| SUFFIX | | | |
| TITLE OF CONTRACT PROPERTY OWNER'S AUTHORIZED REPRESENTATIVE | | COMPANY NAME (If Individual Leave Blank) | |
| SIGNATURE | OWNER EMAIL ADDRESS | | DATE (MM/DD/YYYY) |

| | | | | | |
|---|--------------------|---------------------------------------|---|---|--------|
| FACILITY ID # 13853 | | FACILITY NAME Shelby Count Jail | | | |
| L PROPOSED CONTRACTOR | | | | | |
| CONTRACTOR BUSINESS NAME <i>(Business Name as registered with the Secretary of State)</i> Optum Petroleum Services | | | | BUSINESS ID <i>(From the Secretary of State)</i> 202104221483256 | |
| CERTIFIED INDIVIDUAL NAME | | | | | |
| PREFIX Mr | FIRST NAME Cody | MI | LAST NAME Newton | | SUFFIX |
| PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS <i>(Number and Street, no P.O. Box)</i> 5048 West CR 300 North | | | | ADDRESS <i>(line 2)</i> | |
| CITY Frankfort | | STATE IN | ZIP CODE 46041 | JOB TITLE | |
| TELEPHONE NUMBER (765) 586-8806 | | EMAIL ADDRESS cody@optumpetrol.com | | | |
| M POTENTIALLY INTERESTED PARTIES | | | | | |
| INTERESTED PARTY NAME Mandy Hall, IWM Consulting Group LLC | | | E-MAIL ADDRESS mhall@iwmconsult.com | | |
| INTERESTED PARTY NAME Troy Smith, IWM Consulting Group LLC | | | E-MAIL ADDRESS tsmith@iwmconsult.com | | |
| INTERESTED PARTY NAME | | | E-MAIL ADDRESS | | |
| N LUST INCIDENT INFORMATION | | | | | |
| LUST INCIDENT NUMBER (IF APPLICABLE) 199208217 | | | DATE INCIDENT REPORTED (mm/dd/yyyy) 08/01/1992 | | |
| LUST INCIDENT NUMBER (IF APPLICABLE) | | | DATE INCIDENT REPORTED (mm/dd/yyyy) | | |
| LUST INCIDENT NUMBER (IF APPLICABLE) | | | DATE INCIDENT REPORTED (mm/dd/yyyy) | | |

Jordan, Sherry

From: Mandy Hall <mhall@iwmconsult.com>
Sent: Monday, July 1, 2024 3:07 PM
To: IDEM USTregistration
Cc: Cody Newton
Subject: 30-Day NOI (FID 13853)
Attachments: 30-Day NOI_FID 13853_7-1-2024.pdf

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

Good Afternoon Nawal,

Please see the attached 30-Day NOI. Let me know if you need anything else.

Sincerely,

IWM Consulting Group LLC

Mandy Hall, CHMM

Project Manager

7428 Rockville Road

Indianapolis, IN 46214

Office: (317) 347-1111

Direct: (317) 565-1618

Email: mhall@iwmconsult.com