

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

	eum Branch Opera	tions											
Α			TYI	PE OF	PROP	OSED	CLOS	JRE (Che	ck all	that apply	v)		
	Tank	(s)				Pip	Piping			Dispenser(s)			
⊠ Re	emoval		In-Place		Remova	al	In-Place			Removal			
	ange-In-Service				Change	-In-Servic	е			Replac	ement		
Numbe	er of tanks to be o	lose	ed: 1	Nu	mber of I	ines to be	closed:	1	E N	umber of	dispensers to be	closed:	0
В					FACIL	ITY NA	ME/I	OCATIO	ON				
FACILITY	NAME							DE (37.710101		6773)	LONGITUDE (-88.1653	351 to -84.	.671035)
	Count Jail							39.52	0835		-85.77	8599	
	ADDRESS (number an	d stre	et)					PARCEL N	UMBER(S)			
	est Taylor Street									73-11-05	5-100-216.000-002		
CITY				STATE	ZIP CODE		С	DUNTY		-	TELEPHONE NUMBER	₹	
Shelby	ville			IN	46176		S	helby			(317) 39	2-6405	
C						PREP	ARED	BY	Į.	41.			
PREFIX	FIRST NAME					МІ	LAST N	AME					SUFFIX
Ms	Mandy					L	Hall						
ADDRES					CITY				ST	ATE	ZIP CODE		
	Rockville Road		Lies		Indi	ianapolis				IN	46214		
TELEPHO	(317) 565-161	0		TITLE ject Man			E-MAIL	ADDRESS		II-0:			
	(317) 303-101	0	Pic	oject Man	lager				п	nail@iwn	consult.com		
D						UST	OWN						
USTOW	NER NAME (Business N	ame a	as registered with	the Secreta	ary of State)				BUSINE	SS ID (From	the Secretary of State)		
LIST OW	NER NAME (If a Public A	laono	v or other entity)										
	of Commissioners	-		r				- 1					
	T NAME/INDIVIDUAL	01 3	nelby County	/									
PREFIX	FIRST NAME					MI	LAST N	AME					SUFFIX
	Jason						Abel						
E			meder 14		UST C	WNER	CERT	IFICATION	ON				70.1
	r or affirm, under	pen	alty of periu	rv as sp						specifie	d by IC 13-30-10 a	nd IC (13-23-14-
2, that	the statements a	nd r	epresentatio	ons in th	is docun	nent are tr	ue, accu	rate, and c	omple	te. I furth	ner certify compli	ance w	ith the
followi	ng requirements	in a	ccordance v	vith 329	IAC 9-2-2	2(e):			•		•		
	allation of all tan												
31.09	hodic protection				_	10 CFR 28	0.20.						
(S.C.) (S.C.)	ease detection ur ancial responsibi				t D.								
	S AUTHORIZED REPRE							_					
PREFIX	FIRST NAME			7,5-7		MI	LAST N	AME		-			SUFFIX
	Jason						Abel						
TITLE OF	OWNER'S AUTHORIZE	ED RE	EPRESENTATIVI	Ē		COMPA	NY NAME	If Individual Lea	ave Blan	k)			1
								missioners o	of Shel	by County	,		
SIGNATU	IRE D		00/)		OWNER	R EMAIL A	DRESS			DATE (MM/DD/Y		
^	OFF.	(and a	5		diane	.haehl@	o.shelby.in	.us		07/01/2	24	

FACILITY	ID#	FACILITY NAME					
13853		Shelby Count Jail					
F	Fire	U	ST OP	ERATOR			
UST OPE	RATOR NAME (Busines	ss Name as registered with the Secretary of State)			BUSINESS ID (From the Se	cretary of State)	
1					Ł		
1 -		lic Agency or other entity)					
	County Sheriffs D	epartment					
CONTAC	T NAME/INDIVIDUAL FIRST NAME		Tru:	li con vivina			
PREFIX	Louie		МІ	LAST NAME Koch			SUFFIX
	Louie						
G				CERTIFICA			
2, that	the statements a	penalty of perjury as specified by IC nd representations in this document	t are true	-2-1 and other po e, accurate, and	enalties specified by complete. I further c	IC 13-30-10 and IC 1 ertify compliance w	13-23-14- ith the
		in accordance with 329 IAC 9-2-2(e):	:				
		ks and piping under 40 CFR 280.20.		••			
		of steel tanks and piping under 40 C nder 40 CFR 280 Subpart D.	FR 280.	20.			
		lity under 329 IAC 9-8.					
		PRESENTATIVE (Print or Type)					
PREFIX	FIRST NAME		MI	LAST NAME			SUFFIX
	Louie			Koch			
TITLE OF	OPERATOR'S AUTHOR	RIZED REPRESENTATIVE		Y NAME (If Individual L			
0.00.47	105			County Sheriffs D	Department		
SIGNATU	IRE			OR EMAIL ADDRESS		DATE (MM/DD/YYYY)	
				co.shelby.in.us		07/01/24	
Н				PERTY OWN	IER		
PROPER'	TY OWNER NAME (Bus	iness Name as registered with the Secretary of Stat	te)		BUSINESS ID (From the Se	cretary of State)	
PROPER	TV OUNTED MANE OF	5 · · ·					
ı	of Commissioners	Public Agency or other entity)					
	T NAME/INDIVIDUAL	of Shelby County					
PREFIX	FIRST NAME		ТМІ	LAST NAME			SUFFIX
	Jason			Abel			
		DEEDED PROPE	RTY	WNER CER	TIFICATION		
PROPER	TY OWNER'S AUTHORI	ZED REPRESENTATIVE (Print or Type)		WINER OLIV	THIOATION		
PREFIX	FIRST NAME		МІ	LAST NAME		<u> </u>	SUFFIX
	Jason			Abel			
TITLE OF	PROPERTY OWNER'S	AUTHORIZED REPRESENTATIVE	COMPAN	Y NAME (If Individual L	eave Blank)		
	-				of Shelby County		
SIGNATU	RE 2	. 28 0		EMAIL ADDRESS		DATE (MM/DD/YYYY)	
4	7			aehl@co.shelby.i		07/01/29	
J		ACTIVE LAND CONTRAC	TPRO	OPERTY OW	NER (IF APPLICA	ABLE)	
ACTIVE L	AND CONTRACT PROF	PERTY OWNER NAME (Business Name as register	red with the	Secretary of State)	BUSINESS ID (From the Se	cretary of State)	
ACTIVE L	AND CONTRACT PROF	PERTY OWNER NAME (If a Public Agency or other	entity)				
0011710							
PREFIX	T NAME/INDIVIDUAL FIRST NAME		ТМІ	LAST NAME	(A)		SUFFIX
				D. O. HAME			SUFFIX
K	ACTIVE	LAND CONTRACT PROP	EDTV	OWNED CE	DTIEICATION //	E ADDI ICADI EL	
	AND CONTRACT PROF	PERTY OWNER'S AUTHORIZED REPRESENTATI	VE (Print or	Type)	KTIFICATION (I	F APPLICABLE)	
PREFIX	FIRST NAME	STILL OF TO THORIZED REF RESENTATI	MI	LAST NAME	***		SUFFIX
TITLE OF	CONTRACT PROPERT	Y OWNER'S AUTHORIZED REPRESENTATIVE	COMPAN	Y NAME (If Individual L	eave Blank)		
SIGNATU	RE		OWNER I	EMAIL ADDRESS		DATE (MM/DD/YYYY)	

FACILITY	ID#	FACILITY NAME								
13853		Shelby Count J	ail							
L			P	ROPO	DSED	CONTRAC	TOR			
CONTRA	CTOR BUSINESS NAI	ME (Business Name as	registered with the	Secretary	of State)		BUSINESS ID (From the Secretary of S	tate)		
Optum	Petroleum Service	ces					20210422148	3256		
	D INDIVIDUAL NAME									
PREFIX	FIRST NAME				MI	LAST NAME		SUFFIX		
Mr	Cody					Newton				
PRINCIPA	AL OFFICE ADDRESS	or PRIMARY RESIDE	NTAL ADDRESS (I	Number ar	nd Street, no	P.O. Box)	ADDRESS (line 2)			
5048 W	est CR 300 Nort	:h								
CITY				STATE	ZIP COD	E	JOB TITLE			
Frankfo	ort			IN	46041					
TELEPHO	NE NUMBER		EMAIL ADDRES	S						
	(765) 586-	8806				cody@	optumpetrol.com			
M			POTEN	TIAL	LY INT	ERESTED	PARTIES			
INTERES	TED PARTY NAME				E-MAIL A	DDRESS				
Mandy	Hall, IWM Consu	ulting Group LLC			mhall@iwmconsult.com					
INTEDEC	TED PARTY NAME				le man	DDRESS				
110y Si	mith, IWM Consu	itting Group LLC			tsmith	@iwmconsult.co	om			
INTERES	TED PARTY NAME				E-MAIL A	DDRESS				
N			LUS	T INC	CIDEN	T INFORM	ATION			
LUST INC	IDENT NUMBER (IF A	APPLICABLE)				CIDENT REPORTED				
199208217				08/01/1992						
LUST INCIDENT NUMBER (IF APPLICABLE)					DATE INCIDENT REPORTED (mm/dd/yyyy)					
LUST INC	IDENT NUMBER (IF A	APPLICABLE)			DATE IN	CIDENT REPORTED) (mm/dd/yyyy)			
							2 2 v			

FACILITY	ID#	FACILITY NAME				Ag us						
13853 Shelby Count Jail												
O 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												
GSL -	GSL - Gasoline DSL - Diesel DSB - Diesel Containing VGL - Virgin Oil UOL - Used Oil KER - Kerosene >20% Biodiesel											
	E85 - E85E15 - E15RCF - Racing Gasoline BlendAVG - AV Gas (leaded)MXT - Mixture of SubstancesOTH - Other (specify)											
	UST Construction Material											
STL -	STL - Steel FRP - Fiberglass STC- Steel Clad STJ- Steel Jacketed DBW - Double-walled OTH - Other											
				UST Closu	ге Туре							
	RMV -	Removed		IPC - In-Place	e Closure	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		550	DSL	FRP	01/01/1994	06/19/2024	07/31/2024	RMV				
					7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,							
		-										
		2										
Please j N/A	ustify In-Place	e Closure:										
In-Place	closure appr	oval letter from In	diana Departmer	nt of Homeland Se	curity attached:		Yes	No				
n-Place closure site assessment work plan and site map with proposed boring locations attached:												

FACILITY	ID#	FACILITY NAME						
13853		Shelby Coun	nt Jail					
P				PIPING INF	ORMATION			
based	upon field me	asurements betwee	n tanks and disper pe. List all Piping	nsers, as well as, l Materials that app	all product lines to l between dispenser i ly. All piping numb heet if necesssary.	islands), identify the	e product distrib	uted through each
				Piping Su	bstance			
GSL -	- Gasoline	DSL - Diese		iesel Containin % Biodiesel	g VGL - Vir	gin Oil UOL -	- Used Oil	KER - Kerosene
	5 - E85 line Blend	E15 - E15 Gasoline Blen		ded) (le	eaded)	NXT - Mixture of (List Substa		OTH - Other (specify)
				ping Constru	ction Material			
	- Fiberglass orced Plast			P - Airport Hyd Piping	rant CP - Co	pper STL	Steel	OTH - Other
				Piping Clos	ure Type			
	RMV -	Removed		IPC - In-Plac	e Closure	CI	S - Change-in	-Service
Piping #	Piping Run Length (feet)	Substance (Last used, past)	Construction Material	Install Date (mm/dd/yyyy)	Date Last Used (mm/dd/yyyy)	Proposed Closure Date (mm/dd/yyyy)	UST#	Compartment #
1	<100	DSL	FRP	01/01/1994	06/19/2024	07/31/2024	1	
			Verterin					
								-
								<u> </u>
Overall r	number of elb	ows and connecto	ors:					
	ustify In-Place uns through th		would cause a di	sturbance to the	use of the facility	if trenched and re	moved.	

FACILITY ID#	FACILITY NAME								
13853	Shelby Count Jail								
Q	D	ISPENSER II	NFORMATIO	N (If Applicab	ole)				
For all dispense	rs to be closed, list the disp	enser number, pro	duct(s) dispensed,	and date last used.	Attach an additional sh	eet if necessary.			
		Pro	duct Dispensed	d					
GSL - Gasoline	DSL - Diesel	DSB - Diesel Co >20% Biod		GL - Virgin Oil	UOL - Used Oil	KER - Kerosene			
E85 - E85 Gasoline Blend	WIXI - Mixture of Substances Offices								
		Dispe	nser Closure T	уре					
RMV -	Removed	IPC -	In-Place Closu	re	CIS - Change-in-Service				
Dispenser Number	Products Dispensed	Install Date (mm/dd/yyyy)	Date Last Used (mm/dd/yyyy)	Proposed Removal Date (mm/dd/yyyy)	Proposed Replacement Date (mm/dd/yyyy)	Proposed Closure Type			
N/A		-		- , , , , , , , , , , , , , , , , , , ,					
,									

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