



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

Eric J. Holcomb
Governor

Brian C. Rockensuess
Commissioner

VIA ELECTRONIC MAIL

67-02/kblackburn
Ken Stech
Parrish Leasing
5104 Old Maumee Avenue
Fort Wayne, IN 46803

Emailed: 7/2/2024

Dear Mr. Stech:

Re: Excess Liability Trust Fund Claim
Parrish Leasing
ELTF # 200912509 FID # 7777
Invoice Number: 200912509-44

On May 23, 2024, 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:

<i>ELTF Submittal Number:</i>	44
<i>Total Deductible:</i>	\$25,000.00
<i>Amount of Deductible Previously Met:</i>	\$25,000.00
<i>Amount of Deductible Met (this claim):</i>	\$0.00
<i>UST Fee Reimbursement Percentage:</i>	100%
<i>Total Amount Previously Reimbursed:</i>	\$1,233,186.00
Your claim was submitted for:	\$8,988.82
After review, your claim has been reimbursed for:	\$8,988.82

***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.

An Equal Opportunity Employer



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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 Environmental Adjudication 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 Office of Environmental Adjudication 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 Environmental Adjudication
100 North Senate Avenue
Government Center North
Room N103
Indianapolis, IN 46204-2273

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 Environmental Adjudication: 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 Environmental Adjudication 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.

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.

Sincerely,



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

Enclosures

CC: ken@parrishleasing.com, a.christlieb@sesadvantage.com

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

Site Name: Parrish Leasing

ELTF Number: 200912509-44	FAC ID Number: 7777
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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	SES Environmental	20240435	\$2,062.12	\$0.00	\$2,062.12	
2	N/A	SES Environmental	20240785	\$6,926.70	\$0.00	\$6,926.70	
Total:				\$8,988.82	\$0.00	\$8,988.82	

Reimbursement Cap	\$2,000,000.00
Total Amount Previously Reimbursed	\$1,233,186.00

Amount Requested	\$8,988.82
Amount Disallowed	\$0.00
Amount Approved	\$8,988.82
Tank Fee Reimbursement Percentage Allowed	100%
Tank Fee Reimbursement Percentage Disallowed	0%
Eligible to be Reimbursed	\$8,988.82
Amount of Deductible Applied This Claim	\$0.00
Total Amount Reimbursed This Claim	\$8,988.82



**EXCESS LIABILITY TRUST FUND APPLICATION
(PHASE APPROACH)**

State Form 56424 (R11 / 3-24)
Indiana Department of Environmental Management

TO BE COMPLETED BY IDEM	
Date Submitted (month/day/year)	05/23/2024
ELTF Control Number	200912509-44

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	<i>Please enter a Tax ID Number or Social Security Number.</i>	
PARRISH LEASING	Tax ID Number:	35-1153444
Mailing Address of Applicant (number and street)	SSN (last 4 digits):	
5104 OLD MAUMEE AVENUE	Social Security Number Included in Backup Documents?	
City, State (Abbreviation), ZIP Code	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
FORT WAYNE, IN 46803		
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
KEN STECH		MAINTENANCE DIRECTOR
Applicant Contact E-mail Address	Applicant Contact Telephone Number (with area code)	
KEN@PARRISHLEASING.COM	260-493-7024	
SECTION 2 - ELIGIBLE PARTY INFORMATION		
Name of Eligible Party (Corporation, Individual, Public Agency, or Other Entity) (Documentation may be required, see instructions.)		
PARRISH LEASING		
Mailing Address (number and street)	City, State (Abbreviation), ZIP code	
5104 OLD MAUMEE AVENUE	FORT WAYNE, IN 46803	
Name of Eligible Party Contact	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Eligible Party Contact Title
KEN STECH		MAINTENANCE DIRECTOR
Eligible Party Contact E-mail Address	Eligible Party Contact Telephone Number (with area code)	
KEN@PARRISHLEASING.COM	260-439-7024	
SECTION 3 - SITE INFORMATION		
Facility Identification Number	Name of Facility	LUST Incident Number
7777	PARRISH LEASING	200912509
SECTION 4 - REIMBURSEMENT REQUESTS		
Identify the Type of Claim Application:		
<input checked="" type="checkbox"/> Subsequent Claim Application (None of the costs requested in this claim application have been previously submitted.)		
<input type="checkbox"/> 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:	
<input type="checkbox"/> Resubmittal (Claim includes only previously denied costs.)	<input type="checkbox"/> Complete Claim Resubmittal (Claim was previously reviewed and denied in full.)	
Original Amount Requested for Denied Costs:	Claim Number Assigned By IDEM:	
<input type="checkbox"/> 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.)		
<input type="checkbox"/> Final Claim (This is for the last claim submitted after the NFA has been issued.)		
<input type="checkbox"/> 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)		IDEM Date Stamp
\$ 8,988.82		
Enter the Total Resubmitted Costs (if applicable)		
\$		



EXCESS LIABILITY TRUST FUND APPLICATION (PHASE APPROACH)

State Form 56424 (R11 / 3-24)
Indiana Department of Environmental Management

TO BE COMPLETED BY APPLICANT (continued)			
SECTION 5 - CLAIM PREPARER CONTACT INFORMATION			
Name of Contact Person Concerning Claim Issues ALANA CHRISTLIEB		Contact Company Name SES ENVIRONMENTAL	
Contact E-mail Address A.CHRISTLIEB@SESADVANTAGE.COM		Contact Telephone Number (with area code) 260-497-7645	
Request Covers Work Performed During the Following Period (month/day/year)		From: 2/20/2024	To: 3/31/2024
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 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 checked="" type="checkbox"/> Closure (Costs for NFA reporting, System Decommissioning and Well Abandonment.)			
Was there Private Insurance that may cover this Release?		Name of Insurance Company	Policy number
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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 type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Print Name	Title	Company
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 KEN PARRISH	Title Property Owner	Company PARRISH LEASING
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:

Subject line: ELTF Claim: Incident # ____
Save Document: ELTF_(insert Incident number)_ (yyyymmdd)



EXCESS LIABILITY TRUST FUND APPLICATION (PHASE APPROACH)

State Form 56424 (R11 / 3-24)
Indiana Department of Environmental Management

TO BE COMPLETED BY APPLICANT <i>(continued)</i>			
SECTION 5 - CLAIM PREPARER CONTACT INFORMATION			
Name of Contact Person Concerning Claim Issues ALANA CHRISTLIEB		Contact Company Name SES ENVIRONMENTAL	
Contact E-mail Address A.CHRISTLIEB@SESADVANTAGE.COM		Contact Telephone Number <i>(with area code)</i> 260-497-7645	
Request Covers Work Performed During the Following Period <i>(month/day/year)</i>		From:	To:
		2/20/2024	3/31/2024
Phases Requested for Cost Evaluation: <i>(check applicable phases)</i>			
<input type="checkbox"/> Immediate Response <i>(Costs for initial abatement. Costs for emergency measures with applicable "Confirmation of Emergency Response Status" form signed by appropriate IDEM representative.)</i>			
<input type="checkbox"/> Site Characterization and Corrective Action Plan Development <i>(Costs for ISC, FSI, ERC, Pilot Study, and CAP Development.)</i>			
<input type="checkbox"/> Corrective Action Plan Implementation <i>(Costs for Excavation, Enhanced Bioremediation, Vac Events, and Remediation Systems.)</i>			
<input type="checkbox"/> Groundwater Monitoring and Remediation System O & M <i>(Costs for Monitoring and/or O&M requested by quarter.)</i>			
<input checked="" type="checkbox"/> Closure <i>(Costs for NFA reporting, System Decommissioning and Well Abandonment.)</i>			
Was there Private Insurance that may cover this Release?		Name of Insurance Company	Policy number
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
SECTION 6 - SIGNATURE OF UST OWNER, UST OPERATOR, PROPERTY OWNER, ATTORNEY IN FACT, AND/OR ASSIGNEE OF RIGHTS			
<i>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.</i>			
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Signature of Assignee of Rights		Date Signed <i>(month/day/year)</i>	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Print Name	Title	Company
Signature of UST Owner, UST Operator, Property Owner, or Attorney In Fact		Date Signed <i>(month/day/year)</i>	
<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Print Name KEN STECH	Title Property Owner	Company PARRISH LEASING
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.			

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Subject line: ELTF Claim: Incident # _____
Save Document: ELTF_(insert Incident number)_ (yyyymmdd)