



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

March 4, 2024

65-46

Waste Management of Indiana LLC
PO Box 1450
Chicago, IL 60690

Re: **Request for Owners to Perform ERC Self-Audit**

Chemical Waste Management of Indiana LLC
4636 Adams Center Rd Ste B
Fort Wayne, Allen County
Site #/Facility ID#: IND078911146

Dear Property Owner:

You are receiving this letter because you have been identified as the owner, or representative of the owner, of the property referenced above where an Environmental Restrictive Covenant (ERC) has been placed. An ERC is recorded on a property in order to protect human health and the environment in cases where risk-based cleanups have resulted in residual contamination being left on site or when site cleanup has yet to occur.

As the owner of a property with an ERC, you are responsible for compliance with any land use restrictions and obligations contained in the ERC, such as maintenance of any engineering controls or physical barriers that prevent exposure to contamination. A copy of the ERC relating to your property can be found on IDEM's Virtual File Cabinet at <https://vfc.idem.in.gov>, under the VFC Number listed in the enclosed form.

The enclosed Self-Audit Checklist is intended to evaluate current conditions and ensure that land use restrictions are maintained in order to protect human health and the environment and prevent exposure to release-related contaminants.

Please fill out the enclosed Self-Audit Checklist and return to IDEM within 30 days of the date of this letter, via email to Cselfaudits@idem.IN.gov. Alternatively, a blank copy of the Self-Audit Checklist is available on IDEM's Agency Forms website at <https://www.in.gov/idem/forms/idem-agency-forms/>, and can be submitted electronically.

If you do not have access to the internet or email, please mail your response to:

Institutional Controls Group
100 N. Senate Ave., IGCN N1101
Indianapolis, IN 46204



Visit on.IN.gov/survey or scan the QR code to provide feedback.

We appreciate your input!



If the restrictions and obligations described in an ERC are not complied with, IDEM may seek enforcement by referring the matter to the Office of the Indiana Attorney General and filing a civil action in court. If you have any questions regarding this letter, please contact me at 317-234-2485 or email nwheeler@idem.in.gov.

Sincerely,

A handwritten signature in black ink that reads "Nicole Wheeler". The signature is written in a cursive style.

Nicole Wheeler
Program Director
Institutional Controls Group
Remediation Services Branch
Office of Land Quality

Enclosure

ec: IDEM File for Site #/Facility ID# IND078911146



**INSTITUTIONAL CONTROLS
SELF AUDIT CHECKLIST**

State Form 55715 (R / 3-21)
Indiana Department of Environmental Management

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Office of Land Quality Remediation
Services Branch ATTN: Institutional
Controls Group
100 North Senate Avenue, Room 1101
Indianapolis, IN 46204-2251
ICselfaudits@idem.IN.gov

INSTRUCTIONS: When completing this checklist refer to the Environmental Restrictive Covenant (ERC) for property and restriction information. Please include current Property Owner information, which may be different than the Property Owner listed in the ERC. The Property Owner (Auditor) completing this form may be the Property Owner or any individual authorized by the Property Owner to act as their delegate or agent. Please answer each question or indicate if it is not applicable.

SECTION I. PROPERTY INFORMATION

Site Name: Chemical Waste Management of Indiana LLC		County: Allen
Site Number/Facility ID: IND078911146		Agency Interest (AI) ID: 14733
Property Address (number and street): 4636 Adams Center Rd Ste B		
City: Fort Wayne	State: IN	Zip/Postal Code: 46806
Property Owner: Waste Management of Indiana LLC		
Owner Address (number and street): PO Box 1450		
City: Chicago	State: IL	Zip/Postal Code: 60690
Owner Phone Number:	Owner E-mail Address:	

SECTION II. CURRENT PROPERTY DESCRIPTION

Has the Property Owner changed since the ERC was recorded? Yes No N/A

Is the Property being leased? Yes No N/A

If yes, the lessee is:

Since the ERC was recorded, has the Property, or portions of the Property, been used for day care, school or other uses where children are present on the Property for extended periods of time? Yes No N/A

Since the ERC was recorded, has any construction taken place on the Property? Yes No N/A

If yes, describe any improvements, including new structures, made to the Property since the ERC was recorded:

Since the ERC was recorded, are there any newly occupied buildings on the Property? Yes No N/A

SECTION III. ERC & LAND USE RESTRICTION INFORMATION

Date ERC recorded (month, day, year): 12/22/2005	Instrument Number: 204075511	VFC Number: 29903828 <i>To view the ERC in its entirety, visit IDEM's Virtual File Cabinet at https://vfc.idem.in.gov.</i>
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*Please review the restrictions and obligations that are outlined in the RESTRICTIONS section of the ERC and ensure that they match with the following restrictions that IDEM has on file: **Leachate Collection System; Liner System; Soil or Vegetative Cap.***

**Please specify any discrepancies and use the check boxes below to assist IDEM in updating our records.*

Land Use Restrictions (Check all that apply):		Engineering Controls (Check all that apply):	
<input type="checkbox"/> Residential Use	<input type="checkbox"/> Groundwater Use	<input type="checkbox"/> Soil/Vegetative Cap	<input type="checkbox"/> Paved/Concrete Cap
<input type="checkbox"/> Excavation Notice Required	<input type="checkbox"/> Agricultural Use	<input type="checkbox"/> Impervious Cap	<input type="checkbox"/> Liner System

<input type="checkbox"/> Construction Restriction <input type="checkbox"/> Vapor Contingency <input type="checkbox"/> Other. Specify: _____	<input type="checkbox"/> Building Slab <input type="checkbox"/> Vapor Mitigation System <input type="checkbox"/> Interceptor Well/Trench <input type="checkbox"/> Other. Specify: _____
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Is the ground water being used or extracted in conflict with the restriction defined in the ERC? Yes No N/A

Is the property being used for non-residential purposes only? Yes No N/A

Since the ERC was recorded, have unapproved construction or excavation activities occurred on the property? Yes No N/A

If excavation has occurred, was notice provided to IDEM as required? Yes No N/A

Are agricultural crops being grown on the property? Yes No N/A

Do active engineering controls appear to be operational (e.g., fan running, pumping system functioning, etc.)? Yes No N/A

Are protective structures and covers free of cracks, erosion, or other signs of degradation? Yes No N/A

Is there an Operations and Maintenance Plan (O&M) for the site? Yes No N/A

If yes, is the O&M Plan being followed? Yes No N/A

Does the O&M Plan require any sampling? *Attach any sampling results to this checklist.* Yes No N/A

Does the O&M Plan require any maintenance inspections? *Attach any inspection documentation to this checklist.* Yes No N/A

After review of all documentation associated with the engineering control does it appear to have retained its functional integrity? Yes No N/A

Please use the space below (or attach additional pages) to indicate whether each restriction is being met, and whether engineering controls are being adequately maintained to prevent exposure risks. Please report any conflicts, or potential conflicts.

SECTION IV. AUDIT INFORMATION & CERTIFICATION

Date of Audit (month, day, year): _____

Name of Auditor (print or type): _____ **Title of Auditor:** _____

Phone Number of Auditor: _____ **E-mail Address of Auditor:** _____

SIGNATURE OF AUDITOR (Please sign in box below)

I swear or affirm that I have the authority to complete and submit this audit checklist as the site owner or as a site representative authorized by the site owner. 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, that the statements and representations in this audit checklist and any attachments are true, accurate, and complete.

Signature: _____ **Date (month, day, year):** _____