

**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.govFacility ID Number: **50117**

The information requested is required by 329 IAC 9. This form should only be used for facilities previously registered with the IDEM Underground Storage Tank program.

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 checked="" type="checkbox"/> Removal	<input 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: 4			Number of lines to be closed: 4				Number of dispensers to be closed: N/A		
Number of regulated tanks on-site before closure: 4									
B FACILITY NAME / LOCATION									
FACILITY NAME Toney Oil Company LLC					LATITUDE (37.710101 to 41.866773) 38.343760		LONGITUDE (-88.165351 to -84.671035) -86.362565		
FACILITY ADDRESS (number and street) East Goodman Ridge Road						PARCEL NUMBER(S) 13-07-13-127-001.000-006			
CITY Marengo			STATE IN	ZIP CODE 47140		COUNTY Crawford		TELEPHONE NUMBER (812) 734-5377	
C PREPARED BY									
PREFIX	FIRST NAME Eric			MI M.	LAST NAME Toney			SUFFIX	
ADDRESS 396 N. Main Street				CITY Marengo		STATE IN	ZIP CODE 47140		
TELEPHONE NUMBER (812) 365-2120			JOB TITLE Member		EMAIL ADDRESS etoney2007@gmail.com				
D UST OWNER									
TYPE OF OWNER									
<input type="checkbox"/> Federal Government			<input type="checkbox"/> State Government				<input type="checkbox"/> City / Local Government		
<input type="checkbox"/> Commercial			<input checked="" type="checkbox"/> Private				<input type="checkbox"/> Other:		
Option 1: UST OWNER NAME (Business Name as registered with the Secretary of State) Eric and Errol Toney						BUSINESS ID (From the Secretary of State) 20130122000201			
Option 2: UST OWNER NAME (If a Public Agency or other entity)									
Option 3: UST OWNER NAME (If in Individual Capacity)									
PREFIX	FIRST NAME Eric and Errol			MI	LAST NAME Toney			SUFFIX	
UST OWNER ADDRESS (Listed in Options 1-3)									
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 396 N. Main Street						ADDRESS (line 2)			
CITY Marengo			STATE IN	ZIP CODE 47140		EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 04/06/2022			
TELEPHONE NUMBER (812) 734-5377			EMAIL ADDRESS (Option 3 Individual Capacity) etoney2007@gmail.com			JOB TITLE (Option 3 Individual Capacity) Members			
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)									
PREFIX	FIRST NAME Eric			MI M.	LAST NAME Toney			SUFFIX	
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 396 N. Main Street						ADDRESS (line 2)			
CITY Marengo			STATE IN	ZIP CODE 47140		JOB TITLE Member			
TELEPHONE NUMBER (812) 734-5377			EMAIL ADDRESS etoney2007@gmail.com						

FACILITY ID NUMBER 50117		FACILITY NAME Toney Oil Company LLC			
E UST OPERATOR					
TYPE OF OPERATOR					
<input type="checkbox"/> Federal Government		<input type="checkbox"/> State Government		<input type="checkbox"/> City / Local Government	
<input type="checkbox"/> Commercial		<input checked="" type="checkbox"/> Private		<input type="checkbox"/> Other:	
Option 1: UST OPERATOR NAME (Business Name as registered with the Secretary of State) Toney Oil Company LLC				BUSINESS ID (From the Secretary of State) 20130122000201	
Option 2: UST OPERATOR NAME (If a Public Agency or other entity)					
Option 3: UST OPERATOR NAME (If in Individual Capacity)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
UST OPERATOR ADDRESS (Listed in Options 1-3)					
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 396 N. Main Street				ADDRESS (line 2)	
CITY Marengo		STATE IN	ZIP CODE 47140	DATE BEGAN OPERATING (MM/DD/YYYY) 01/01/1986	
TELEPHONE NUMBER (812) 734-5377		EMAIL ADDRESS (Option 3 Individual Capacity) etoney2007@gmail.com		JOB TITLE (Option 3 Individual Capacity) Member	
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
	Eric	M.	Toney		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 396 N. Main Street				ADDRESS (line 2)	
CITY Marengo		STATE IN	ZIP CODE 47140	JOB TITLE Member	
TELEPHONE NUMBER (812) 734-5377		EMAIL ADDRESS etoney2007@gmail.com			
F DEEDED PROPERTY OWNER					
TYPE OF OWNER					
<input type="checkbox"/> Federal Government		<input type="checkbox"/> State Government		<input type="checkbox"/> City / Local Government	
<input type="checkbox"/> Commercial		<input checked="" type="checkbox"/> Private		<input type="checkbox"/> Other:	
Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State) Eric and Errol Toney				BUSINESS ID (From the Secretary of State) 20130122000201	
Option 2: PROPERTY OWNER NAME (If a Public Agency or other entity)					
Option 3: PROPERTY OWNER NAME (If in Individual Capacity)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
	Eric and Errol		Toney		
PROPERTY OWNER ADDRESS (Listed in Options 1-3)					
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 2866 S SR 66				ADDRESS (line 2)	
CITY Marengo		STATE IN	ZIP CODE 47140	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 04/06/2022	
TELEPHONE NUMBER (812) 734-5377		EMAIL ADDRESS (Option 3 Individual Capacity) etoney2007@gmail.com		JOB TITLE (Option 3 Individual Capacity) Members	
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
	Eric	M.	Toney		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 396 N. Main Street				ADDRESS (line 2)	
CITY Marengo		STATE IN	ZIP CODE 47140	JOB TITLE Member	
TELEPHONE NUMBER (812) 734-5377		EMAIL ADDRESS etoney2007@gmail.com			

FACILITY ID NUMBER 50117		FACILITY NAME Toney Oil Company LLC			
G ACTIVE LAND CONTRACT PROPERTY OWNER (If applicable)					
TYPE OF OWNER					
<input type="checkbox"/> Federal Government		<input type="checkbox"/> State Government		<input type="checkbox"/> City / Local Government	
<input type="checkbox"/> Commercial		<input type="checkbox"/> Private		<input type="checkbox"/> Other:	
Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State)				BUSINESS ID (From the Secretary of State)	
Option 2: PROPERTY OWNER NAME (If a Public Agency or other entity)					
Option 3: PROPERTY OWNER / NAME (If in Individual Capacity)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
PROPERTY OWNER ADDRESS (Listed in Options 1-3)					
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)				ADDRESS (line 2)	
CITY		STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)	
TELEPHONE NUMBER	JOB TITLE	EMAIL ADDRESS (Option 3 Individual Capacity)		PROPOSED END DATE (MM/DD/YYYY)	
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)				ADDRESS (line 2)	
CITY		STATE	ZIP CODE	JOB TITLE	
TELEPHONE NUMBER		EMAIL ADDRESS			
H PROPOSED CONTRACTOR					
CONTRACTOR BUSINESS NAME (Business Name as registered with the Secretary of State)				BUSINESS ID (From the Secretary of State)	
Specialty Earth Sciences, LLC				2000101300069	
CERTIFIED INDIVIDUAL NAME					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
	Patrick	C.	Smith		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)				ADDRESS (line 2)	
1050 Summit Drive					
CITY		STATE	ZIP CODE	IDHS CERTIFICATION NUMBER	
Carmel		IN	46032	UC2000948762C	
TELEPHONE NUMBER		EMAIL ADDRESS			
(317) 688-1212		csmith@sesciences.com			
I POTENTIALLY INTERESTED PARTIES					
INTERESTED PARTY NAME			E-MAIL ADDRESS		
Patrick "Cory" Smith			csmith@sesciences.com		
INTERESTED PARTY NAME			E-MAIL ADDRESS		
Andrea Kochert Townsend			atownsend@psrb.com		
INTERESTED PARTY NAME			E-MAIL ADDRESS		
J LUST INCIDENT INFORMATION					
LUST INCIDENT NUMBER (IF APPLICABLE)			DATE INCIDENT REPORTED (mm/dd/yyyy)		
LUST INCIDENT NUMBER (IF APPLICABLE)			DATE INCIDENT REPORTED (mm/dd/yyyy)		
LUST INCIDENT NUMBER (IF APPLICABLE)			DATE INCIDENT REPORTED (mm/dd/yyyy)		

FACILITY ID NUMBER 50117	FACILITY NAME Toney Oil Company LLC
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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

GSL - Gasoline **DSL** - Diesel **DSB** - Diesel Containing >20% Biodiesel **VGL** - Virgin Oil **UOL** - Used Oil **KER** - Kerosene
E85 - E85 Gasoline Blend **E15** - E15 Gasoline Blend **RCF** - Racing Fuel (leaded) **AVG** - AV Gas (leaded) **MXT** - Mixture of Substances (List Substances) **OTH** - Other (specify)

UST Construction Material

STL - Steel **FRP** - Fiberglass **STC**- Steel Clad **STJ**- Steel Jacketed **DBW** - Double-walled **OTH** - Other

UST Closure Type

RMV - Removed **IPC** - In-Place Closure **CIS** - Change-in-Service

UST #	Compartment #	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 justify In-Place Closure:

In-Place closure approval letter from Indiana Department of Homeland Security attached: Yes No
 In-Place closure site assessment work plan and site map with proposed boring locations attached: Yes No

FACILITY ID NUMBER 50117	FACILITY NAME Toney Oil Company LLC
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L	PIPING INFORMATION
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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					
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GSL - Gasoline	DSL - Diesel	DSB - Diesel Containing >20% Biodiesel	VGL - Virgin Oil	UOL - Used Oil	KER - Kerosene
E85 - E85 Gasoline Blend	E15 - E15 Gasoline Blend	RCF - Racing Fuel (leaded)	AVG - AV Gas (leaded)	MXT - Mixture of Substances (List Substances)	OTH - Other (specify)

Piping Construction Material					
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FRP - Fiberglass Reinforced Plastic	FXP - Fiberglass Composite / Plastic	AHP - Airport Hydrant Piping	CP - Copper	STL - Steel	OTH - Other
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Piping Closure Type					
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RMV - Removed	IPC - In-Place Closure	CIS - Change-in-Service
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Piping #	Piping Run Length (feet)	Substance (Last used, past)	Construction Material	Install Date (mm/dd/yyyy)	Date Last Used (mm/dd/yyyy)	Closure Date (mm/dd/yyyy)	Closure Type	UST #	Compartment #
1	Unknown	GSL	STL	08/30/1974	12/31/1991	08/05/2024	RMV	1	N/A
2	Unknown	GSL	STL	08/30/1974	12/31/1991	08/05/2024	RMV	2	N/A
3	Unknown	DSL	STL	08/30/1974	12/31/1991	08/05/2024	RMV	3	N/A
4	Unknown	KER	STL	08/30/1974	12/13/1991	08/05/2024	RMV	4	N/A

Overall number of elbows and connectors: Unknown

Please justify In-Place Closure:

FACILITY ID NUMBER 50117	FACILITY NAME Toney Oil Company LLC
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M **DISPENSER INFORMATION** *(If Applicable)*

For all dispensers to be closed, list the dispenser number, product(s) dispensed, and date last used. Attach an additional sheet if necessary.

Product Dispersed

GSL - Gasoline	DSL - Diesel	DSB - Diesel Containing >20% Biodiesel	VGL - Virgin Oil	UOL - Used Oil	KER - Kerosene
E85 - E85 Gasoline Blend	E15 - E15 Gasoline Blend	RCF - Racing Fuel (leaded)	AVG - AV Gas (leaded)	MXT - Mixture of Substances <i>(List Substances)</i>	OTH - Other <i>(specify)</i>

Dispenser Closure Type

RMV - Removed	IPC - In-Place Closure	CIS - Change-in-Service
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Dispenser Number	Products Dispersed	Install Date <i>(mm/dd/yyyy)</i>	Date Last Used <i>(mm/dd/yyyy)</i>	Proposed Removal Date <i>(mm/dd/yyyy)</i>	Proposed Replacement Date <i>(mm/dd/yyyy)</i>	Proposed Closure Type
N/A						

FACILITY ID NUMBER 50117		TRANSACTION ID - FOR STATE USE ONLY	
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	MI	LAST NAME SUFFIX
	Eric	M.	Toney
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank)	
Member		Toney Oil Company LLC	
SIGNATURE			DATE (MM/DD/YYYY)
<i>Eric M. Toney</i>			07/01/2024
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	MI	LAST NAME SUFFIX
	Eric	M.	Toney
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank)	
Member		Toney Oil Company LLC	
SIGNATURE			DATE (MM/DD/YYYY)
<i>Eric M. Toney</i>			07/01/2024
CONTRACTOR CERTIFICATION			
CERTIFIED INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
	Patrick	C	Smith
OATH: 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 work performed on the UST system complies with methods specified in 329 IAC 9 and 40 CFR 280, Subpart C.			
SIGNATURE		EMAIL ADDRESS	DATE (MM/DD/YYYY)
<i>Patrick Cory Smith</i>		csmith@sesciences.com	07/01/2024

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



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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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