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.gov

Facility ID Number: 50117

The information requested is required by 32 Storage Tank program.	9 IAC 9. This	s form sho	uld only b	oe used for faciliti	es previou	sly registe	ered with the IDEM Underg	round					
A TYF	E OF PF	ROPOS	SED C	LOSURE (C	heck all tl	that apply)							
Tank(s)							Dispenser(s)						
Removal In-Place	⋉ Re	moval		In-Place		Remova	al						
Change-In-Service	Ch	ange-In-	Service			Replace	ement						
Number of tanks to be closed: 4	to be cl	osed: 4	Nui	mber of o	dispensers to be closed	: N/A							
Number of regulated tanks on-site before	e closure: 4				•								
B FACILITY NAME / LOCATION													
FACILITY NAME Toney Oil Company LLC		LATITUDE (37.710101 to 41.8 38.34376			60 -86.362565								
FACILITY ADDRESS (number and street) East Goodman Ridge Road			PARCEL NUMBER(S) 13-07-13-127-001.000-006										
Marengo					Crawford TELEPHONE NUMBER (812) 734-5								
С		Р	REPA	RED BY									
PREFIX FIRST NAME Eric			^{мі} М .	Toney				SUFFIX					
396 N. Main Street		Mare	ngo		STA	IN	ZIP CODE 47140						
	(812) 365-2120 JOB TITLE Member						etoney2007@gmail.com						
D				WNER									
	1-1-			OWNER		T =							
Federal Government		ate Gove	ernment		_	City / Li Other:	ocal Government						
Commercial Option 1: UST OWNER NAME (Business Name as regist		ivate	toto \		ha Saaratary of Stata)								
Eric and Errol Toney		ecretary or St	BUSINE			NESS ID (From the Secretary of State) 20130122000201							
Option 2: UST OWNER NAME (If a Public Agency or other	er entity)												
Option 3: UST OWNER NAME (If in Individual Capacity) PREFIX FIRST NAME			MI	LAST NAME				SUFFIX					
Eric and Errol				Toney									
ust owner address (Listed in Options 1-3) PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENT 396 N. Main Street	TAL ADDRESS (Number and	Street, no	P.O. Box)	ADDRESS			-					
Marengo		STATE	ZIP CODE 4714	.0			04/06/2022						
TELEPHONE NUMBER (812) 734-5377				Capacity) nail.com	JOB TITLE		ndividual Capacity)						
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed) PREFIX FIRST NAME	n Option 1 or 2)		MI	LAST NAME				SUFFIX					
Eric			M.	Toney									
PRINCIPAL OFFICE ADDRESS OF PRIMARY RESIDENT 396 N. Main Street	TAL ADDRESS ((Number and	d Street, no	P.O. Box)	ADDRESS	S (line 2)		•					
Marengo		STATE	ZIP CODE 4714										
TELEPHONE NUMBER (812) 734-5377	EMAIL ADDRES	SS		etoney20	07@gr	nail.co	om						

FACILITY ID NUMBER FACILITY NAME 50117 Toney Oil	Cor	npan	y LLC	;							
E			U	ST OF	PERATOR						
			TY	PE OF	OPERATOR						
Federal Government											
Commercial							Ħ	Other:			
Option 1: UST OPERATOR NAME (Business Name as registered with the Se								BUSINESS ID (From the Secretary of State)			
Toney Oil Company LLC								20130122000201			
Option 2: UST OPERATOR NAME (If a Public Agency of	r other e	entity)									
Option 3: UST OPERATOR NAME (If in Individual Capac	city)			Is as	II AOT NAME				Louisely		
PREFIX FIRST NAME				MI	MI LAST NAME			SUFFIX			
UST OPERATOR ADDRESS (Listed in Options 1-3)				<u> </u>		Linns		<i>"</i>			
PRINCIPAL OFFICE ADDRESS OF PRIMARY RESIDEN 396 N. Main Street	TAL AL	DDRESS (I	Number an	a Street, no	o P.O. Box)	ADDR	KESS	(line 2)			
CITY			STATE	ZIP COD 4714		DATE	BEG	AN OPERATING (MM/DD/YYYY)			
Marengo TELEPHONE NUMBER	ΤΕΜΔΙ	ADDRES	IN SS (Option			IOR T	TITLE	01/01/1986 (Option 3 Individual Capacity)			
(812) 734-5377					mail.com	Me					
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed			-	. (3)		1					
PREFIX FIRST NAME Eric				М.	LAST NAME				SUFFIX		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDEN	ITAL AE	DDRESS (Number an		Toney	ADDR	RESS	(line 2)			
396 N. Main Street								(=)			
			STATE				JOB TITLE Member				
Marengo TELEPHONE NUMBER	TEMAII	L ADDRES	IN	4714	40	livie	emi	per			
(812) 734-5377					etoney20	07@	gn	nail.com			
F		DE	EDEC	PRO	PERTY OW						
					F OWNER						
Federal Government		Sta	ate Gov	ernmen	it		П	City / Local Government			
Commercial		<u></u> Pri	vate				靣	Other:			
Option 1: PROPERTY OWNER NAME (Business Name	as regis	stered with	the Secret	tary of State	e)	BUSIN	NESS	ID (From the Secretary of State)			
Eric and Errol Toney Option 2: PROPERTY OWNER NAME (If a Public Agence)	ou or of	hor ontite)					20130122000201				
Option 2. PROPERTY OWNER NAME (If a Public Agent	by or ou	ner entity)									
Option 3: PROPERTY OWNER NAME (If in Individual Co	apacity))		MI	LAST NAME				SUFFIX		
Eric and Errol				Toney			,				
PROPERTY OWNER ADDRESS (Listed in Options 1-3)				<u> </u>	'						
PRINCIPAL OFFICE ADDRESS OF PRIMARY RESIDEN 2866 S SR 66	ITAL AD	DDRESS (Number an	d Street, no	o P.O. Box)	ADDR	RESS	(line 2)			
CITY			STATE	ZIP COD	F	FFFF(CTIV	E DATE OF OWNERSHIP (MM/DD/YYY	<u>'Y)</u>		
Marengo			IN				04/06/2022				
TELEPHONE NUMBER			SS (Option		, ,,			(Option 3 Individual Capacity)			
(812) 734-5377			ey200)/@g	mail.com	Ме	em	bers			
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed PREFIX FIRST NAME	in Optio	on 1 or 2)		MI	LAST NAME				SUFFIX		
Eric				M.	Toney						
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDEN 396 N. Main Street	TAL AD	DDRESS (Number an	d Street, no	o P.O. Box)	ADDR	RESS	(line 2)			
CITY			STATE	ZIP COD		JOB T					
Marengo TELEPHONE NUMBER	Icara.	ADDDE	IN	4714	40	JМе	ml	ber			
(812) 734-5377	EMAIL	L ADDRES	55		etoney20	07@	gn	nail.com			

	TTY ID NUMBER 50117	Toney Oil C	Compar	ıv LLC	;							
G			•			OPERTY	OWNER	R (If applicable)				
						OWNER						
=	Federal Gover	nment		State Government								
_	Commercial Private Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secre						BUSINES	Other: SINESS ID (From the Secretary of State)				
Орио	II. FROFERIT OWN	ILK NAML (Busiless Name a	s registerea wit	ii iile Seciel	ary or state ,	l	BOSINES	3 ID (From the Secretary or	i State)			
Option	2: PROPERTY OWN	ER NAME (If a Public Agency	or other entity)								
Option PREF		IER NAME (If in Individual Cap	oacity)		MI	LAST NAME	•		SUFFIX			
PROP	ERTY OWNER ADDR	RESS (Listed in Options 1-3)										
PRIN	CIPAL OFFICE ADDR	ESS or PRIMARY RESIDENT	AL ADDRESS	(Number and	d Street, no i	P.O. Box)	ADDRES	S (line 2)				
CITY				STATE	ZIP CODE		EFFECTI	VE DATE OF OWNERSHIP	P (MM/DD/YYYY)			
TELEI	PHONE NUMBER	JOB TITLE	EMAIL A	DDRESS (O)	ption 3 Indivi	idual Capacity)	PROPOS	ED END DATE (<i>MM/DD/</i> YY	YY)			
CONT PREF		/ PUBLIC AGENCY (Listed in	n Option 1 or 2)		МІ	LAST NAME			SUFFIX			
PRING	CIPAL OFFICE ADDR	ESS or PRIMARY RESIDENT	AL ADDRESS	(Number and	d Street, no i	P.O. Box)	ADDRES	S (line 2)				
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Н			F	ROPO	SED C	ONTRAC	TOR					
	RACTOR BUSINESS	NAME (Pusinoss Nama as ra	and a few man all an oldlag file									
Sp		th Sciences, Ll		e Secretary	of State)		BUSINES	S ID (From the Secretary of 20001013				
CERT		th Sciences, Ll		e Secretary	of State)	LAST NAME	BUSINES					
CERT PREF	ecialty Ear FIRST NAME Patrick	th Sciences, LI	ĹC		МІ С.	Smith	BUSINES		300069			
PRING	ecialty Ear FIRST NAME Patrick	th Sciences, LI AME ESS OF PRIMARY RESIDENT	ĹC	(Number and	C.	Smith	ADDRESS	20001013	300069			
PRING 10: CITY	ecialty Ear IFIED INDIVIDUAL NA IX FIRST NAME Patrick CIPAL OFFICE ADDR 50 Summit rmel	th Sciences, LI AME ESS OF PRIMARY RESIDENT	AL ADDRESS	(Number and	МІ С.	Smith P.O. Box)	ADDRESS IDHS CER	20001013	300069			
PRING 10: CITY	ecialty Ear IFIED INDIVIDUAL NA IX FIRST NAME Patrick CIPAL OFFICE ADDR 50 Summit rmel PHONE NUMBER	th Sciences, LI AME ESS OF PRIMARY RESIDENT	ĹC	(Number and	C. d Street, no i	Smith P.O. Box)	ADDRESS	20001013 6 (line 2) RTIFICATION NUMBER 000948762C	300069			
PRING 10: CITY Ca TELEI	ecialty Ear IFIED INDIVIDUAL NA IFIERST NAME Patrick CIPAL OFFICE ADDR 50 Summit rmel PHONE NUMBER (317) 68	th Sciences, LI AME ESS OF PRIMARY RESIDENT Drive 38-1212	AL ADDRESS	(Number and STATE IN SS	C. d Street, no l	Smith 2.0. Box) 2 csmith@ ERESTED	ADDRESS IDHS CEF UC2 sescier	20001013 S (line 2) RTIFICATION NUMBER 000948762C ICES.COM	300069			
PRING 10: CITY Ca	ecialty Ear IFIED INDIVIDUAL NA IX FIRST NAME Patrick CIPAL OFFICE ADDR 50 Summit rmel PHONE NUMBER	th Sciences, LI AME ESS OF PRIMARY RESIDENT Drive 38-1212	AL ADDRESS	(Number and STATE IN SS	C. d Street, no l ZIP CODE 4603	Smith 2.0. Box) 2 csmith@ ERESTED	IDHS CEF UC2 sescier	20001013 S (line 2) RTIFICATION NUMBER 000948762C ICES.COM	300069			
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	D NUMBER 50117	Toney C	Dil Company	/ LLC						
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										
PAR DI 10 111										
GSL - Gasoline DSL - Diesel DSB - Diesel Containing VGL - Virgin Oil UOL - Used Oil KER - Kerosene >20% Biodiesel										
E85 - E85 E15 - E15 RCF - Racing AVG - AV Gas MXT - Mixture of Substances OTH - Other										
Gasoline Blend Gasoline Blend Fuel (leaded) (leaded) (List Substances) (specify)										
STL - Steel FRP - Fiberglass STC- Steel Clad STJ- Steel Jacketed DBW - Double-walled OTH - Other										
STL - Steel FRP - Fiberglass STC- Steel Clad STJ- Steel Jacketed DBW - Double-walled OTH - Other UST Closure Type										
	RMV -	Removed		IPC - In-Plac		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	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 j	ustify In-Plac	e Closure:								
In-Place	closure appr	oval letter from In	ndiana Departmer	nt of Homeland Se	ecurity attached:			No		
In-Place	In-Place closure site assessment work plan and site map with proposed boring locations attached:									

ACILITY ID NUMBER Toney Oil Company LLC 50117 PIPING INFORMATION 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 DSB** - Diesel Containing **GSL** - Gasoline **DSL** - Diesel VGL - Virgin Oil UOL - Used Oil **KER** - Kerosene >20% Biodiesel **E85** - E85 **E15** - E15 RCF - Racing AVG - AV Gas OTH - Other **MXT** - Mixture of Substances Gasoline Blend Gasoline Blend Fuel (leaded) (leaded) (specify) (List Substances) **Piping Construction Material** FRP - Fiberglass FXP - Fiberglass AHP - Airport Hydrant CP - Copper STL - Steel OTH - Other Reinforced Plastic Composite / Plastic Piping **Piping Closure Type** IPC - In-Place Closure RMV - Removed CIS - Change-in-Service Piping Run **Date Last** Closure Construction Closure Compartment **Piping Substance** Install Date UST# Length Used Date Material (Last used, past) (mm/dd/yyyy) Type # (feet) (mm/dd/yyyy) (mm/dd/yyyy) N/A **GSL** STL 08/05/2024 RMV 1 1 Unknown 08/30/1974 12/31/1991 2 2 Unknown **GSL** STL 08/30/1974 12/31/1991 08/05/2024 **RMV** N/A 3 3 DSL STL 08/05/2024 **RMV** N/A Unknown 08/30/1974 12/31/1991 4 4 **KER** STL 08/05/2024 RMV N/A Unknown 08/30/1974 12/13/1991 Overall number of elbows and connectors: Unknown Please justify In-Place Closure:

ACILITY ID NUMBER Toney Oil Company LLC 50117 **DISPENSER INFORMATION** (If Applicable) M For all dispensers to be closed, list the dispenser number, product(s) dispensed, and date last used. Attach an additional sheet if necessary. **Product Dispensed DSB** - Diesel Containing **GSL** - Gasoline **DSL** - Diesel VGL - Virgin Oil UOL - Used Oil KER - Kerosene >20% Biodiesel **E85** - E85 **E15** - E15 RCF - Racing AVG - AV Gas OTH - Other **MXT - Mixture of Substances** (specify) Gasoline Blend Gasoline Blend Fuel (leaded) (leaded) (List Substances) **Dispenser Closure Type** IPC - In-Place Closure RMV - Removed CIS - Change-in-Service Proposed Proposed **Proposed Closure** Install Date Date Last Used Dispenser Number **Products Dispensed** Removal Date **Replacement Date** Type (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy) N/A

FACILITY ID NUMBER 50117	TRANSACTION ID - FOR S	TATE USE ONLY							
30117		IIST OWN	ED CE	RTIFICATION					
I swear or affirm under	nonalty of norium as			-2-1 and other penalties	enecified by	IC 13-30	-10 and IC 1	3_23_1/_	
· ·	ind representations in accordance with	n this document 329 IAC 9-2-2(e):	are true	e, accurate, and complet					
(2) Cathodic protection			FR 280.	20.					
(3) Release detection u	•	. •							
(4) Financial responsib	ility under 329 IAC 9-	8.							
OWNER'S AUTHORIZED REPRI	ESENTATIVE (Print or Type)			1					
PREFIX FIRST NAME			MI R 4	LAST NAME				SUFFIX	
Eric			M.	Toney					
TITLE OF AUTHORIZED REPRE	SENTATIVE			NAME (If Individual Leave Blank)					
Member			Tone	y Oil Company L					
Fric M.	Toney					DATE (MM.	7/01/202	24	
	0	UST OPERA	TOR	CERTIFICATION					
following requirements (1) Installation of all tar (2) Cathodic protection (3) Release detection u (4) Financial responsib	in accordance with a lks and piping under of steel tanks and pi nder 40 CFR 280 Sub ility under 329 IAC 9-	329 IAC 9-2-2(e): 40 CFR 280.20. iping under 40 C ipart D. 8.		e, accurate, and complet	e. Hurther C	ertily co	трпапсе w i	un the	
OPERATOR'S AUTHORIZED RE	PRESENTATIVE (Print or Ty	pe)	MI	LAST NAME				SUFFIX	
Eric			ľ [™] м.	Toney				0011110	
TITLE OF AUTHORIZED REPRE	SENTATIVE			NAME (If Individual Leave Blank)	1				
Member				y Oil Company L	LC				
SIGNATURE TIC M	Toney						/DD/YYYY) 7/01/202	4	
	CONTRACTOR CERTIFICATION								
CERTIFIED INDIVIDUAL NAME PREFIX FIRST NAME			MI	LAST NAME				SUFFIX	
Patrick			С	Smith				00.7.5	
				4.1-2-1 and other penaltie fied in 329 IAC 9 and 40 C)-10 and IC 1	3-23-14-	
CIONATURE		EMAIL ADDRESS			,		DATE (MM/DD/\	YYYY)	
Patrick Co.	ry Smith	csmith@se	escien	ces.com			07/01/2	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



Specialty Earth Sciences, LLC 1050 Summit Drive Carmel, Indiana 46032 www.sesciences.com

csmith@sesciences.com

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New Albany Office: (812) 945-0733

Cell: (765) 620-3834 Fax: (812) 945-0735

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