

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

July 2, 2024

60-02L Aman & Baghel Petroleum Inc 104 E State St Ashley, IN 46705

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

Ashley Deli 101 S Grand Ave Ashley, Dekalb County Site #/Facility ID#: 16786

Dear Property Owner:

On March 4, 2024, the Indiana Department of Environmental Management (IDEM) sent an Institutional Controls Self Audit Checklist, State Form 55715, to ensure compliance with the Environmental Restrictive Covenant (ERC) recorded on the property deed for the above referenced property. As of the date of this correspondence, IDEM has yet to receive a response to this request.

As a reminder, please find enclosed the State Form 55715 Self-Audit form. Please complete and return this document within the next fourteen (14) business days. Failure to respond to this request may result in a site inspection by IDEM to determine the owner's compliance with the terms and restrictions of the ERC. A copy of this letter is being included in the site file.

Please fill out the enclosed Self-Audit Checklist and return to IDEM within 14 days of the date of this letter, via email to <u>ICselfaudits@idem.IN.gov</u>. Alternatively, a blank copy of the Self-Audit Checklist is available on IDEM's Agency Forms website at <u>https://www.in.gov/idem/forms/idem-agency-forms/</u>, and can be submitted electronically.

If you do not have access to a computer with Internet access and have an email account, please mail your response to my attention at:

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





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 <u>nwheeler@idem.in.gov</u>.

Sincerely,

Hicole Wheeler

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

Enclosure ec: IDEM File for Site #/Facility ID#16786



INSTITUTIONAL CONTROLS SELF AUDIT CHECKLIST State Form 55715 (R / 3-21) Indiana Department of Environmental Management

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: Ashley Deli			County: DeKa	lb	
Site Number/Facility ID: 16786			Agency Intere	est (AI) ID: 6160	
Property Address (number and street): 10	01 S Grand Ave	• · · · · ·			
City: Ashley		State: IN	Zip/Postal Co	de: 46705	
Property Owner: Aman & Baghel Petroleur					
Owner Address (number and street): 104	E State St	Otata, INI	7:n/Deatel Ca	de. 46705	
City: Ashley Owner Phone Number:		State: IN Owner E-mail Ad	Zip/Postal Co	de: 40705	
Owner Phone Number.			uless.		
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 ar				□Yes □No □N/A	
time?	•		•		
Since the ERC was recorded, has any const	truction taken plac	e on the Property?			
				□Yes □No □N/A	
If yes, describe any improvements, including	new structures. r	nade to the Property	since the ERC v	was recorded:	
	,				
Since the ERC was recorded, are there any	newly occupied by	uildings on the Prop	ertv?		
				□Yes □No □N/A	
SECTION III. ERC & LAND USE RESTRICTION INFORMATION Date ERC recorded (month, day, year): Instrument Number: VFC Number: 63698008				63608008	
	<i>3/10/2011</i> 201101369			03030000	
0,10,2011			To view the ERC in its entirety, v		
			IDEM's Virtual File Cabinet at		
			https://vfc.idem.i	i <u>n.gov</u> .	
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: Ground Water Use Restriction; Residential Use					
Restriction					
*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):			
Residential Use		Soil/Vegetative Cap			
Residential Use			Сар ШРа		
Excavation Notice Required	ultural Use	Impervious Ca	D Lin	ner System	

	Vapor Contingency	Building Slab	□Vapor Mitigation System			
Other. Specify:		Interceptor Well/Trench	Other. Specify:			
Is the ground water being used or ext	racted in conflict with the	e restriction defined in the ER	C? □Yes □No □N/A			
Is the property being used for non-res			□yes □No □N/A			
Since the ERC was recorded, have up the property?	red on □Yes □No □N/A					
If excavation has occurred, was notice	□yes □No □N/A					
Are agricultural crops being grown on	the property?		□Yes □No □N/A			
Do active engineering controls appea functioning, etc.)?			n □Yes □No □N/A			
Are protective structures and covers f			□Yes □No □N/A			
Is there an Operations and Maintenar	· · ·	ite?	□Yes □No □N/A			
If yes, is the O&M Plan being followed	d?		□yes □No □N/A			
Does the O&M Plan require any samp	oling? Attach any sampli	ng results to this checklist.	□Yes □No □N/A			
Does the O&M Plan require any main to this checklist.	tenance inspections? At	tach any inspection documen	tation □Yes □No □N/A			
After review of all documentation asso retained its functional integrity?	ociated with the engineer	ring control does it appear to	have □Yes □No □N/A			
Please use the space below (or attack engineering controls are being adequ conflicts.						
SECTION IV. AUDIT INFORMATION Date of Audit (month, day, year):	& CERTIFICATION					
Name of Auditor (print or type):		Title of Auditor:				
Phone Number of Auditor:		E-mail Address of Auditor	r:			
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) :			