



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

Bruno L. Pigott
Commissioner

November 26, 2018

Hendricks County Department of Health
355 S Washington St, Ste 210
Danville, IN 46122

Dear County Health Officer:

Re: Public Notice of Release, Spill or Overfill
from an Underground Storage Tank
System
Facility ID # 7360
Incident # 201811516

Due to a change in state law (IC 13-23-16) effective July 1, 2007, IDEM must report any release from an underground storage tank system and surface spill or overfill to the county health officer in the county which the incident occurred. **The law further requires that the county health officer publish a notice of the release, spill or overfill in a newspaper of general circulation in that county and provide any other notice considered necessary or appropriate. The newspaper notice must be published within 7 days of receipt of this letter.**

On November 26, 2018 the Indiana Department of Environmental Management (IDEM) received a confirmed release report of such an incident from the owner or operator of Gas House USA Inc. located at 533 East Main Street in or near Brownsburg, Indiana in Hendricks County.

State regulations require the owner and operator of the underground storage tank to take immediate steps to contain and clean up a spill or overfill. If a release to the environment occurs due to a leaking tank, spill or overfill, the owner and operator are required to investigate the extent of the release and take steps to prevent any further release. They are also required to mitigate any fire, explosion or vapor hazards, and to the extent possible mitigate adverse impacts on human health and the environment. Based on the information provided at the time of the release report, IDEM will either grant a no further action or require the owner or operator to conduct an investigation of the release to determine if corrective action is required.

Please see the following website for a more complete discussion of IDEM's Leaking Underground Storage Tank Program: www.in.gov/idem/tanks/2333.htm. I have

Hendricks County Department of Health

included a public notice which may be utilized by the county health officer for publication purposes. If you have further questions, please feel free to contact IDEM at (317) 232-8900.

Enclosures

- Sample public notice
- Initial Incident Report

Sample Public Notice

Public Notice of Petroleum Release, Spill or Overfill

- Local health departments are required by statute (IC 13-23-16) to inform the public of the discovery of released regulated substances at an underground storage tank site or in the surrounding area under 329 IAC 9-4-1 (1) or a spill or overfill under 329 IAC 9-4-4 (a). The Indiana Department of Environmental Management (IDEM) was notified on November 26, 2018 of such an incident from the owner or operator of the Gas House USA Inc. facility located at 533 East Main Street in or near Brownsburg, Indiana in Brownsburg County.
- For further information on the Leaking Underground Storage Tank program, please go to www.in.gov/idem/tanks/2333.htm.
- Or contact the Indiana Department of Environmental Management at (317) 232-8900 or by e-mail at LeakingUST@idem.IN.gov.



LEAKING UNDERGROUND STORAGE TANK (UST) INITIAL INCIDENT REPORT

State Form 54487 (R2 / 3-16)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
LEAKING UNDERGROUND STORAGE TANK SECTION

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF LAND QUALITY
LEAKING UNDERGROUND STORAGE TANK SECTION
100 N. Senate Ave., IGCN 1101
Indianapolis, IN 46204-2251
Telephone: (317) 232-8900; Fax number: (317) 234-0428
E-mail: LeakingUST@idem.in.gov

- INSTRUCTIONS:
1. In accordance with 329 IAC 9-4 and 9-5, owners and operators must report all suspected and confirmed releases within twenty-four (24) hours of discovery. The UST owner, operator or representative should fill out the form completely and submit it to IDEM along with a copy of the current UST Notification Form.
 2. Complete one report for each release or spill (source area).
 3. Unless corrective action is initiated in accordance with 329 IAC 9-5, the owner and operator shall immediately investigate and confirm all suspected releases within seven (7) days in accordance with 329 IAC 9-4.3.
 4. For additional guidance of the "Source and Cause" section, go the www.epa.gov/oust/fedlaws/final-pub-rec-gls-011907.pdf.
 5. E-mail completed form to LeakingUST@idem.in.gov or fax to (317) 234-0428.

Facility ID Number 7360

INCIDENT/PRIORITY INFORMATION

IDEAM USE ONLY	PRIORITY
<input type="checkbox"/> Low	<input checked="" type="checkbox"/> Medium
<input type="checkbox"/> High	<input type="checkbox"/> Unknown
Incident Number	0000839 201811516

REPORTING/FACILITY/OWNER/OPERATOR INFORMATION

DATE (month, day, year)	TYPE	REPORTED VIA
Reported 11 / 9 / 2018	<input checked="" type="checkbox"/> Confirmed	<input type="checkbox"/> Fax Number
Discovered 11 / 8 / 2018	<input type="checkbox"/> Suspected	<input type="checkbox"/> E-mail
		<input type="checkbox"/> Telephone Number

Reporter: Contact/Title Rusty Wheat	<input checked="" type="checkbox"/> Consultant	Facility: Contact/Title Leia O'Neil
Company Terra Environmental Corporation		Facility Name Gas House USA Inc
Street Address (number and street) 20 Seumin Street		Street Address (number and street) 533 East Main St
City/State/ZIP code Brownsburg IN 46112	Telephone Number 317-858-1858	City/State/ZIP code Brownsburg IN 46112
E-mail Address rwheat@terra-env-corp.com		Existing Environmental Restrictive Covenant on Property <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

UST Owner: Contact/Title Estate of Norma R Wilson	UST Property Owner: Contact/Title
Company Gas House USA Inc.	Company Gas House USA Inc
Street Address (number and street) 14625 Deyl Road	Street Address (number and street)
City/State/ZIP code Borden IN 47106	City/State/ZIP code
Telephone Number	Telephone Number
E-mail Address Classicshs@aol.com	E-mail Address
Financial Assurance Mechanism	Certificate of Financial Assurance (COFA) Number (when applicable)
	Property Owner Notified of Release <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

UST SYSTEM INFORMATION/CHECK

Last Tank Tightness Test Date / /	Last Line Tightness Test Date / /	Dispenser leaking/weeping <input type="checkbox"/> Yes <input type="checkbox"/> No Number(s)	Product in UST Pit <input type="checkbox"/> Yes <input type="checkbox"/> No Feet	Product in Sumps <input type="checkbox"/> Yes <input type="checkbox"/> No Feet
TANK SIZE	TANK STATUS	CONTENTS	LEAKING	MANIFOLDED/ COMPARTMENT
10K	Removed	<input checked="" type="checkbox"/> Gas <input type="checkbox"/> Kerosene <input type="checkbox"/> Diesel <input type="checkbox"/> Used Oil <input type="checkbox"/> Biofuel <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
10K	Removed	<input checked="" type="checkbox"/> Gas <input type="checkbox"/> Kerosene <input type="checkbox"/> Diesel <input type="checkbox"/> Used Oil <input type="checkbox"/> Biofuel <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
4k	Removed	<input type="checkbox"/> Gas <input type="checkbox"/> Kerosene <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Used Oil <input type="checkbox"/> Biofuel <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Gas <input type="checkbox"/> Kerosene <input type="checkbox"/> Diesel <input type="checkbox"/> Used Oil <input type="checkbox"/> Biofuel <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Gas <input type="checkbox"/> Kerosene <input type="checkbox"/> Diesel <input type="checkbox"/> Used Oil <input type="checkbox"/> Biofuel <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Gas <input type="checkbox"/> Kerosene <input type="checkbox"/> Diesel <input type="checkbox"/> Used Oil <input type="checkbox"/> Biofuel <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
Unregulated Tanks or Additional Tank Comments				

KNOWLEDGE OF RELEASE

<input type="checkbox"/> Tank Tightness Test	<input type="checkbox"/> Tank Leak Detector	<input type="checkbox"/> UST Closure	<input checked="" type="checkbox"/> Phase II ESA	<input type="checkbox"/> UST Inspection	<input type="checkbox"/> Surface Spill
<input type="checkbox"/> Line Tightness Test	<input type="checkbox"/> Line Leak Detector	Date / /	Date 10/22/2018		Amount: gal
<input type="checkbox"/> Inventory loss	<input type="checkbox"/> Sump Leak Detector	<input type="checkbox"/> Site Check	<input type="checkbox"/> Cathodic Protection Testing	<input type="checkbox"/> Citizen Complaint	<input type="checkbox"/> Other

HISTORICAL RELEASES

Incident Number	<input type="checkbox"/> Active <input type="checkbox"/> NFA	Associated with New Release <input type="checkbox"/> Yes <input type="checkbox"/> No
Incident Number	<input type="checkbox"/> Active <input type="checkbox"/> NFA	Associated with New Release <input type="checkbox"/> Yes <input type="checkbox"/> No

SOURCE AND CAUSE

SOURCE	CAUSE						
	Spill	Overfill	Corrosion	Physical or Mechanical Damage	Install Problem	Other	Unknown
Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Submersible Turbine Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery Problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

AFFECTED AREAS

FACTORS	YES	NO	UNK				
Soil Contamination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highest Lab Results: Benzene ppm, Naphthalene ppm, Other ppm			
Groundwater Contamination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highest Lab Results: Benzene ppb, Naphthalene ppb, Other ppb			
Free Product	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thickness feet	Area square feet		
Drinking water well impacted	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Highest lab sample result ppb	Distance to well? feet		
Vapors in inhabitable building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration <input type="checkbox"/> % LEL <input type="checkbox"/> ppm			
Utility corridors affected	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Storm Sewer <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Water <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Telephone <input type="checkbox"/> Cable Concentration <input type="checkbox"/> % LEL <input type="checkbox"/> ppm			
Wellhead protection area within one (1) year time of travel or 1000'	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Distance? feet			
Surface water impacted	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type	Name		
Emergency Response Incident Reported?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Spill Number 0000839	Fire Department Notified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Other							

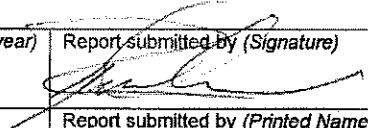
ADDITIONAL SITE INFORMATION

ADDITIONAL FACTORS	
Nearest inhabitable building	5 feet <input type="checkbox"/> N/A
Nearest surface water	3750, feet <input type="checkbox"/> N/A
Potable water wells within 500 feet	Number of wells 0 Distance to nearest well 844 feet
Karst/fractured bedrock	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Anticipated groundwater flow direction	South West

COMMENTS

Describe in detail information including, but not limited to, the source and cause of release, nature of contamination and reason for sampling:

Terra performed 2 soil borings to evaluate the site for impacts to the soil and groundwater. Groundwater was encountered in every boring the soils are clay rich soils and the groundwater is related to thin sand lenses and silty lenses within the predominantly clay soils. The impacts are indicative of gasoline range organics.

Report received by (IDEM Signature)	Date (month, day, year)	Report submitted by (Signature)	Date (month, day, year)
			11/26/2018
Report received by (IDEM Printed Name)		Report submitted by (Printed Name)	
		Rusty Whea	