



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

April 23, 2019

Hendricks County Department of Health
355 S Washington Street, 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 #22566
Incident #201904515

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 April 18, 2019, the Indiana Department of Environmental Management (IDEM) received a confirmed release report of such an incident from the owner or operator of XPO Logistic Freight Incorporated, located at 2200 Airwest Blvd in or near Plainfield 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

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 April 18, 2019 of such an incident from the owner or operator of the XPO Logistic Freight Incorporated facility located at 2200 Airwest Blvd in or near Plainfield in Hendricks 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-qls-011907.pdf.
 5. E-mail completed form to LeakingUST@idem.in.gov or fax to (317) 234-0428.

Facility ID Number 22566

INCIDENT/PRIORITY INFORMATION

IDEM USE ONLY	PRIORITY
<input type="checkbox"/> Low	<input type="checkbox"/> High
<input type="checkbox"/> Medium	<input type="checkbox"/> Unknown
Incident Number	2019-86369 201904515

REPORTING/FACILITY/OWNER/OPERATOR INFORMATION

DATE (month, day, year)	TYPE	REPORTED VIA
Reported 04 / 18 / 2019 Discovered 04 / 18 / 2019	<input checked="" type="checkbox"/> Confirmed <input type="checkbox"/> Suspected	<input type="checkbox"/> Fax Number <input type="checkbox"/> E-mail <input checked="" type="checkbox"/> Telephone Number

Reporter: Contact/Title	<input type="checkbox"/> Consultant	Facility: Contact/Title
Company		Facility Name
Street Address (number and street)		Street Address (number and street)
City/State/ZIP code	Telephone Number	City/State/ZIP code
E-mail Address		Telephone Number
		Existing Environmental Restrictive Covenant on Property
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

UST Owner: Contact/Title	UST Property Owner: Contact/Title
Jeff Sexten	Jeff Sexten
Company	Company
XPO Logistics Freight, Inc.	XPO Logistics Freight, Inc.
Street Address (number and street)	Street Address (number and street)
2211 Old Earhart Road, Suite 100	2211 Old Earhart Road, Suite 100
City/State/ZIP code	City/State/ZIP code
Ann Arbor, MI 48105	Ann Arbor, MI 48105
Telephone Number	Telephone Number
734-757-1657	734-757-1657
E-mail Address	E-mail Address
jeff.sexten@XPO.com	jeff.sexten@XPO.com
Financial Assurance Mechanism	Certificate of Financial Assurance (COFA) Number (when applicable)
3. Insurance/Risk Retention Group Coverage (9-8-8)	Property Owner Notified of Release
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

UST SYSTEM INFORMATION/CHECK

Last Tank Tightness Test	Last Line Tightness Test	Dispenser leaking/weeping	Product in UST Pit	Product in Sumps		
Date 04 / 18 / 2018	Date 04 / 18 / 2018	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Number(s)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Feet	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Feet		
TANK SIZE	TANK STATUS	CONTENTS			LEAKING	MANIFOLDED/COMPARTMENT
20,000	Temporary Out of Service	<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 #5	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
20,000	Temporary Out of Service	<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 #6	<input type="checkbox"/>	<input type="checkbox"/>		
20,000	Temporary Out of Service	<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 #7	<input type="checkbox"/>	<input type="checkbox"/>		
1,000	Active	<input type="checkbox"/> Gas <input type="checkbox"/> Kerosene <input type="checkbox"/> Diesel <input type="checkbox"/> Used Oil <input type="checkbox"/> Biofuel <input checked="" type="checkbox"/> Other #1 - Antifreeze	<input type="checkbox"/>	<input type="checkbox"/>		
2,500	Active	<input type="checkbox"/> Gas <input type="checkbox"/> Kerosene <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Used Oil <input type="checkbox"/> Biofuel <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>		
1,000	Active	<input type="checkbox"/> Gas <input type="checkbox"/> Kerosene <input type="checkbox"/> Diesel <input type="checkbox"/> Used Oil <input type="checkbox"/> Biofuel <input checked="" type="checkbox"/> Other #3 - Waste Antifreeze	<input type="checkbox"/>	<input type="checkbox"/>		
Unregulated Tanks or Additional Tank Comments		7 tanks total on-site. Tank #4 not listed above is 2,500-gallon Motor Oil UST - active				

KNOWLEDGE OF RELEASE

<input type="checkbox"/> Tank Tightness Test	<input type="checkbox"/> Tank Leak Detector	<input type="checkbox"/> UST Closure	<input 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 / /	Amount: gal	
<input type="checkbox"/> Inventory loss	<input type="checkbox"/> Sump Leak Detector	<input checked="" type="checkbox"/> Site Check	<input type="checkbox"/> Cathodic Protection Testing	<input type="checkbox"/> Citizen Complaint	<input type="checkbox"/> Other

HISTORICAL RELEASES

Incident Number 201803500	<input type="checkbox"/> Active <input checked="" type="checkbox"/> NFA	Associated with New Release <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/>
Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Highest Lab Results; Benzene ppb, Naphthalene ppb, Other ppb			
Free Product	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thickness feet	Area square feet		
Drinking water well impacted	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Distance? feet			
Surface water impacted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type	Name		
Emergency Response Incident Reported?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Spill Number 80300	Fire Department Notified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Other							

ADDITIONAL SITE INFORMATION


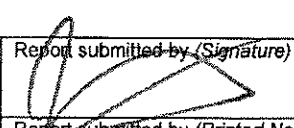
ADDITIONAL FACTORS		
Nearest inhabitable building	25 feet	<input type="checkbox"/> N/A
Nearest surface water	100 feet	<input type="checkbox"/> N/A
Potable water wells within 500 feet	Number of wells	Distance to nearest well
Karst/fractured bedrock	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Anticipated groundwater flow direction		

COMMENTS

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

Upon observing the fuel island, the aboveground pipe located at the base of the fuel island was ruptured and separated from its underground connection to the UST, causing the release of petroleum.

Petroleum release to the asphalt pavement surface, and migrated towards the west to the marsh/retention pond and its grass surface. Pavement, Grass surface and surface water visibly impacted.

Report received by (IDEM Signature)	Date (month, day, year)	Report submitted by (Signature)	Date (month, day, year)
	4/20/2019		4/19/2019
Report received by (IDEM Printed Name)		Report submitted by (Printed Name)	
Sherry Jordan		Jeff Sexten	