

**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 June 26, 2019 of such an incident from the owner or operator of the Former Avon Express facility located at 7065 E Rockville Road in or near Avon, Indiana in Hendricks County.
- For further information on the Leaking Underground Storage Tank program, please go to [www.in.gov/idem/tanks/2333.htm](http://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](mailto:LeakingUST@idem.IN.gov).



## 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](http://www.idem.IN.gov)

Eric J. Holcomb  
*Governor*

Bruno L. Pigott  
*Commissioner*

June 27, 2019

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 #3634  
Incident #201906522

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 June 26, 2019, the Indiana Department of Environmental Management (IDEM) received a confirmed release report of such an incident from the owner or operator of Former Avon Express located at 7065 E Rockville Road in or near Avon, 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](http://www.in.gov/idem/tanks/2333.htm).

Hendricks County Department of Health

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



# 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](mailto:LeakingUST@idem.in.gov)

- INSTRUCTIONS:**
- 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.
  - Complete one report for each release or spill (source area).
  - 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.
  - For additional guidance of the "Source and Cause" section, go the [www.epa.gov/oust/fedlaws/final-pub-rec-qls-011907.pdf](http://www.epa.gov/oust/fedlaws/final-pub-rec-qls-011907.pdf).
  - E-mail completed form to [LeakingUST@idem.in.gov](mailto:LeakingUST@idem.in.gov) or fax to (317) 234-0428.

Facility ID Number **3634**

## INCIDENT/PRIORITY INFORMATION

IDEM USE ONLY	PRIORITY			
	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Unknown
Incident Number	201906522			

## REPORTING/FACILITY/OWNER/OPERATOR INFORMATION

DATE (month, day, year)	TYPE	REPORTED VIA
Reported 6 / 26 / 2019	Discovered 11 / 07 / 2018	<input checked="" type="checkbox"/> Confirmed <input type="checkbox"/> Suspected <input type="checkbox"/> Fax Number <input checked="" type="checkbox"/> E-mail <input type="checkbox"/> Telephone Number

Reporter: Contact/Title Rusty Wheat	<input checked="" type="checkbox"/> Consultant	Facility: Contact/Title
Company Terra Environmental Corporation	Facility Name Former Avon Express, Inc.	
Street Address (number and street) 20 Seumin Street	Street Address (number and street) 7065 E Rockville Road	
City/State/ZIP code Brownsburg IN 46112	Telephone Number 317-858-1858	City/State/ZIP code Avon, IN 46123
E-mail Address <a href="mailto:rwheat@terra-env-corp.com">rwheat@terra-env-corp.com</a>	Existing Environmental Restrictive Covenant on Property <input type="checkbox"/> Yes <input type="checkbox"/> No	

UST Owner: Contact/Title Tim Christensen	UST Property Owner: Contact/Title
Company Obsidian Rockville LLC	Company
Street Address (number and street) 529 Roxbury Road	Street Address (number and street)
City/State/ZIP code Indianapolis IN 46226	Telephone Number
City/State/ZIP code	Telephone Number
E-mail Address <a href="mailto:Tim.Christensen@marcusmillichap.com">Tim.Christensen@marcusmillichap.com</a>	E-mail Address
Financial Assurance Mechanism	Certificate of Financial Assurance (COFA) Number (when applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## UST SYSTEM INFORMATION/CHECK

Last Tank Tightness Test Date / / NA	Last Line Tightness Test Date / / NA	Dispenser leaking/weeping <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Number(s)	Product in UST Pit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Feet	Product in Sumps <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Feet	
TANK SIZE	TANK STATUS	CONTENTS		LEAKING	MANIFOLDED/ COMPARTMENT
15,000	Closed	<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"/>
8,000	Closed	<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"/>
		<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 checked="" type="checkbox"/> UST Closure Date 05/07/2019	<input type="checkbox"/> Phase II ESA Date / /	<input type="checkbox"/> UST Inspection	<input type="checkbox"/> Surface Spill Amount: 50-100 gal
<input type="checkbox"/> Line Tightness Test	<input type="checkbox"/> Line Leak Detector	<input type="checkbox"/> Site Check	<input type="checkbox"/> Cathodic Protection Testing	<input type="checkbox"/> Citizen Complaint	<input type="checkbox"/> Other
<input type="checkbox"/> Inventory loss	<input type="checkbox"/> Sump Leak Detector				



### HISTORICAL RELEASES

Incident Number 200011539	<input type="checkbox"/> Active <input checked="" type="checkbox"/> NFA	Associated with New Release <input checked="" 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 checked="" 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 checked="" type="checkbox"/>
Delivery Problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	ND ppm, Naphthalene	ND ppm, Other :134 ppm
Groundwater Contamination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Highest Lab Results; Benzene	ND ppb, Naphthalene	ND ppb, Other ND ppb
Free Product	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thickness	feet	Area
Drinking water well impacted	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Highest lab sample result	ppb	Distance to well?
Vapors in inhabitable building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/> % LEL <input type="checkbox"/> ppm	
Utility corridors affected	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>		Spill Number		Fire Department Notified <input type="checkbox"/> Yes <input type="checkbox"/> No
Other						


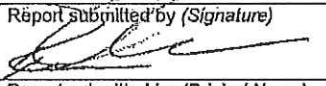
### ADDITIONAL SITE INFORMATION

ADDITIONAL FACTORS	
Nearest inhabitable building	feet <input checked="" type="checkbox"/> N/A
Nearest surface water	feet <input checked="" 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 checked="" 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:

Certain Compounds were detected in the soil prior to UST Closure, these compounds are very low concentrations the greatest 0.134 mg/kg Acetone see table 2 of the UST closure document. The soils did not exceed the screening levels for residential or commercial exposure nor did they exceed the migration to groundwater.

Report received by (IDEM Signature) 	Date (month, day, year) 6/26/2019	Report submitted by (Signature) 	Date (month, day, year) 06/26/2019
Report received by (IDEM Printed Name) Sherry Jordan		Report submitted by (Printed Name) Rusty Wheat	