

## Conditional Sales Agreement

WITNESSETH THIS AGREEMENT dated \_\_\_\_\_, 2012, by and between THE STATE OF INDIANA acting through the Indiana Department of Administration, ("Seller") and \_\_\_\_\_, ("Buyer").

In consideration of this Agreement, Seller and Buyer agree as follows:

1. Sale of Property. Seller agrees to sell to Buyer, and Buyer agrees to buy from Seller, the following property (collectively, "Property"):

- 1.1 Property. The property commonly known as \_\_\_\_\_ County, Indiana described on the attached **Exhibit A** ("Land") together with all buildings, improvements and fixtures constructed or located on the Land ("Buildings") and all easements of record and rights benefiting or appurtenant to the Land (collectively the "Property"), subject to all existing legal rights-of-way, easements, conditions and restrictions of record.
- 1.2 Personal Property. No personal property is being sold or conveyed as a part of this Purchase Agreement.

2. Purchase Price, Buyer's Premium, and Manner of Payment. The total purchase price ("Purchase Price") to be paid for the Property shall be \_\_\_\_\_ Dollars (\$\_\_\_\_\_). The Purchase Price shall be payable as follows:

- 2.1 In conjunction with execution of this Agreement (the "Execution Date"), Buyer shall submit \_\_\_\_\_ Dollars (\$\_\_\_\_\_) to Seller as earnest money ("Earnest Money"). In the event this Agreement is not accepted by Seller, the Earnest Money shall be promptly returned to Buyer. Upon acceptance of this Offer by Seller, such Earnest Money shall secure the Buyer's performance of this Agreement and in the event of a default by Buyer in the performance of its obligations herein specified, Seller shall have the right to terminate this Agreement and the Earnest Money shall be paid to Seller as liquidated damages as Seller's sole remedy at law or in equity; and
- 2.2 The balance of the Purchase Price, subject to adjustments as set forth herein, shall be payable in certified funds or by electronic transfer of funds on the "Closing Date" (as hereinafter defined).
- 2.3 In addition to the Purchase Price, Buyer shall, at Closing as hereinafter defined, pay Seller's representative a 10% Buyer's premium pursuant to the terms of a separate addendum to this Agreement.

3. Contingencies and Inspection Period. The obligation of the Seller is contingent upon approval of the transaction contemplated by this Agreement as required by **IC 4-13-2-14.1, IC 4-13-2-14.2 and IC 4-20.5-7.**

4. Closing. In the event that Seller has accepted this Agreement and the parties proceed to closing, the closing of the purchase and sale contemplated by this Agreement (the "Closing") shall occur within thirty (30) days following State approval as set forth above (the "Closing Date"), **such final closing is subject to and conditional upon approval by the Office of the Governor and the Indiana Attorney General**, unless extended by mutual agreement of the

parties. The Closing shall take place at a time, place, and on a date agreeable by Seller and Buyer. The Buyer will be responsible for title fees, escrow fees, and costs charged by the company with whom the earnest money is deposited as outlined in Section 5.1.

- 4.1 Seller's Closing Documents. On the Closing Date, Seller shall have executed and delivered or caused to be delivered to Buyer the following (collectively, "Seller's Closing Documents"), all in form and content reasonably satisfactory to Buyer:
  - 4.1.1 Deed. A Quitclaim Deed conveying the Property to Buyer, **an exemplar of such Quitclaim Deed is attached hereto as Exhibit B.**
  - 4.1.2 Documents. Copies of all contracts, permits and warranties affecting the Property that will survive the Closing, if any.
  - 4.1.3 Sales Disclosure Form. An Indiana sales disclosure form.
  - 4.1.4 Other Documents. All other documents reasonably determined by Buyer to be necessary to transfer title to the Property to Buyer free and clear except Permitted Exceptions to Title.
- 4.2 Buyer's Closing Documents. On the Closing Date, Buyer will execute and deliver to Seller the following (collectively, "Buyer's Closing Documents"):
  - 4.2.1 Purchase Price. Funds representing the Purchase Price, by electronic transfer of immediately available funds.
  - 4.2.2 Assumption of Contracts, Permits, Warranties and Miscellaneous Documents. An Assumption of Contracts, Permits and Warranties, if any, assuming Seller's obligations under such documents.
  - 4.2.3 Sales Disclosure Form. An Indiana sales disclosure form.
  - 4.2.4 Other Documents. All other documents reasonably determined by Seller or Title Company to be necessary to complete the transaction contemplated by this Agreement. Including a Vendor Information form required by the State of Indiana Auditor's Office, **an exemplar of such Vendor Information form is attached hereto as Exhibit C.**

5. Allocation of Costs. Seller and Buyer agree to the following allocation of costs regarding this Agreement:

- 5.1 Title Insurance and Closing Fee. Buyer shall be solely responsible for the payment of all premiums and fees associated with title insurance, including any and all closing fees or recording charges. Buyer shall be responsible for payment, at or before Closing, of search fees charged by the title company from whom Seller obtained a preliminary title review and commitment. Unless waived by the title company, said closing fees shall be payable by Buyer whether or not Buyer obtains a policy of title insurance.
- 5.2 Taxes and Assessments. The Property being conveyed is owned by the State of Indiana and is exempt from all real property taxes. The Seller shall assume no responsibility or liability for any real property taxes or other assessments from which it is statutorily exempt. Buyer shall be solely responsible for, and indemnify Seller against, any and all real property taxes assessed with respect to the Real Property on or after Closing.

5.3 Utilities. Seller shall either ensure that utility service to the Property is disconnected as of the Closing Date or shall cooperate with Buyer in having such utility services transferred to Seller's account. All contracts relating to operating the Property shall be canceled as of the Closing Date.

5.4 Attorney's Fees. Each of the parties will pay its own attorney's fees.

6. Evidence of Title. In the event that Buyer does not order and receive a commitment for title insurance, Seller shall, at its expense, within ten (10) days after written request from Buyer, furnish to Buyer a copy of the documents by which the State obtained or otherwise holds title or a letter from the State Land Office describing the documents by which the State obtained and otherwise holds title. Seller will cooperate with the Buyer or its title company in clarifying or resolving any perceived deficiencies or clouds in the title, but shall not be required to incur any expense beyond commitment of the time of the State Land Office. If such issues cannot be resolved to Buyer's satisfaction, Buyer may terminate this Agreement, and the Earnest Money, if any, shall be returned.

7. Maintenance of the Real Property Prior to Closing. During the period from the date of Seller's acceptance of this Agreement to the Closing Date, Seller shall maintain the Property **and improvements** in a reasonably prudent manner. Seller shall execute no contracts, leases or other agreements regarding the Property between the date hereof and the Date of Closing that are not terminable on or before the Closing Date, without the prior written consent of Buyer, which consent may be withheld by Buyer at its sole discretion.

8. Representations and Warranties by Seller. Seller represents and warrants to Buyer as follows:

8.1 Existence; Authority. Seller has the requisite power and authority to enter into and perform this Agreement and to execute and deliver Seller's Closing Documents; such documents have been duly authorized by all necessary action.

8.2 Contracts. Seller has made available to Buyer a correct and complete copy of any Contract and its amendments which will survive a closing hereunder, if any.

8.3 Operations. Seller has received no written notice of actual or threatened cancellation or suspension of any utility services for any portion of the Property. Seller has received no written notice of actual or threatened special assessments or reassessments of the Property.

8.4 Litigation. To Seller's knowledge, there is no litigation or proceeding pending or threatened against or relating to the Property, nor does Seller know of or have reasonable grounds to know of any basis for any such action or claim.

8.5 Physical Condition. Seller makes no representation or warranty concerning the physical condition of the Property and puts Buyer to the obligation to satisfy itself pursuant to the contingency contained in Section 3 above.

9. Casualty; Condemnation. If all or any part of the Property is materially damaged by fire, casualty, the elements or any other cause, Seller shall immediately give notice to Buyer, and Buyer shall have the right to terminate this Agreement and receive back all Earnest Money by giving notice within thirty (30) days after Seller's notice. If eminent domain proceedings are threatened or commenced against all or any part of the Property, Seller shall immediately give notice to Buyer, and Buyer shall have the right to terminate this Agreement and receive back all Earnest Money by giving notice within thirty (30) days after Seller's notice. Termination of this Agreement and return of all Earnest Money are Seller's sole remedies

10. Notices. Any notice required or permitted hereunder shall be given by personal delivery upon an authorized representative of a party hereto; or if mailed by United States certified mail, return receipt requested, postage prepaid; or if transmitted by facsimile copy followed by mailed notice; or if deposited cost paid with a nationally recognized, reputable overnight courier, properly addressed as follows:

If to Seller: Commissioner  
Indiana Department of Administration  
402 W. Washington St., W479  
Indianapolis, IN 46204

With Copy to: Attorney General  
Office of the Indiana Attorney General  
302 W. Washington St.  
Indianapolis, IN 46204

If to Buyer:

With a Copy to:

Notices shall be deemed effective on the date of receipt. Any party may change its address for the service of notice by giving notice of such change ten (10) days prior to the effective date of such change.

11. Miscellaneous. The paragraph headings or captions appearing in this Agreement are for convenience only, are not a part of this Agreement, and are not to be considered in interpreting this Agreement. This written Agreement constitutes the complete agreement between the parties and supersedes any prior oral or written agreements between the parties regarding the Property. There are no verbal agreements that change this Agreement, and no waiver of any of its terms will be effective unless in a writing executed by the parties. This Agreement binds and benefits the parties and their successors and assigns. This Agreement has been made under the laws of the State of Indiana, and any suit must be brought in an Indiana court of competent jurisdiction.

12. Remedies. If Buyer defaults, and if Buyer fails to cure such default within ten (10) days of the date of notice of such default from Seller, then Seller shall have the right to terminate this Agreement by giving written notice of termination to Buyer. In the event of termination Seller will receive the Earnest Money as liquidated damages, time being of the essence of this Agreement. The termination of this Agreement and retention of the Earnest Money will be the sole remedy available to Seller for such default by Buyer, and Buyer will not be liable for damages or specific performance. Buyer's sole remedy for any default by Seller shall be termination of this Agreement and return of the Earnest Money.

13. Buyer's Examination. Buyer is relying solely upon its own examination of the Property and inspections in determining its physical condition, character, and suitability for Buyer's intended use of the Property and is not relying upon any representation by Seller or any broker, except for those made by Seller directly to Buyer in writing in **Exhibit D, which is attached to this agreement**. Buyer agrees and acknowledges that it is accepting the Property "AS IS" subject to all faults of every kind and nature whatsoever, whether latent or patent, and whether now or

hereafter existing, and Buyer acknowledges that it has based its decision to purchase the Property solely upon information obtained independently by Buyer. Buyer shall sign a Hold Harmless Affidavit, **an exemplar of such Hold Harmless Affidavit is attached hereto as Exhibit E**. Buyer shall acquire the Property subject to all laws imposed upon the Property by any governmental or quasi-governmental authority having jurisdiction thereof. Buyer represents and warrants to Seller that Buyer has not relied, and will not rely, upon the representation or statement, or the failure to make any representation or statement, by Seller or Seller's agents, employees or by any person acting or purporting to act on the behalf of Seller with respect to the physical condition of the Property.

14. Compliance with Telephone Privacy. As required by IC 5-22-3-7:

(1) the Buyer and any principals of the Buyer certify that (A) the Buyer, except for de minimis and nonsystematic violations, has not violated the terms of (i) IC 24-4.7 [Telephone Solicitation Of Consumers], (ii) IC 24-5-12 [Telephone Solicitations] , or (iii) IC 24-5-14 [Regulation of Automatic Dialing Machines] in the previous three hundred sixty-five (365) days, even if IC 24-4.7 is preempted by federal law; and (B) the Buyer will not violate the terms of IC 24-4.7 for the duration of the Contract, even if IC 24-4.7 is preempted by federal law.

(2) The Buyer and any principals of the Buyer certify that an affiliate or principal of the Buyer and any agent acting on behalf of the Buyer or on behalf of an affiliate or principal of the Buyer (A) except for de minimis and nonsystematic violations, has not violated the terms of IC 24-4.7 in the previous three hundred sixty-five (365) days, even if IC 24-4.7 is preempted by federal law; and (B) will not violate the terms of IC 24-4.7 for the duration of the Contract, even if IC 24-4.7 is preempted by federal law.

15. Withdrawal of Offer. This Agreement shall be deemed to be withdrawn, unless accepted by Seller, after one-hundred-fifty (150) days of delivery to Seller. In the event of a withdrawal under this section, Buyer shall be entitled the return of the Earnest Money.

16. Additional terms.

---

---

---

17. Non-Collusion and Acceptance. The undersigned attests, subject to the penalties for perjury, that he/she is the Buyer, or that he/she is the properly authorized representative, agent, member or officer of the Buyer, that he/she has not, nor has any other member, employee, representative, agent or officer of the Buyer, directly or indirectly, to the best of the undersigned's knowledge, entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he/she has not received or paid any sum of money or other consideration for the execution of this Property Purchase Agreement other than that which appears upon the face of this Agreement.

**In Witness Whereof**, Buyer and the Seller have, through their duly authorized representatives, entered into this Property Purchase Agreement. The parties, having read and understood the foregoing terms, do by their respective signatures dated below hereby agree to the terms thereof.

**BUYER:**

\_\_\_\_\_  
Printed Name  
Title

**BUYER SHALL TAKE TITLE OF THE PROPERTY AS FOLLOWS:**

\_\_\_\_\_  
**BUYERS PRIMARY ADDRESS:**  
\_\_\_\_\_

**SELLER:**

State of Indiana acting through the Indiana Department of Administration.

By \_\_\_\_\_  
For:





**EXHIBIT C**



**Vendor Information**

State Form 53788 (12-08)  
 Approved by Auditor of State, 2008  
 Approved by State Board of Accounts, 2008

Name and telephone number of the Person who completed this document must be provided.

Name: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

**Send completed form to Auditor of State, 240 Statehouse, 200 W. Washington St., Indianapolis, IN 46204 or fax to (317) 234-1916**

Print or Type

Legal Name (OWNER OF THE EIN OR SSN AS NAME APPEARS ON YOUR TAX RETURN. DO NOT ENTER THE BUSINESS NAME OF A SOLE PROPRIETORSHIP ON THIS LINE.)

Trade Name (Doing Business as Name D/B/A) (Complete only if payment is to be made payable to the DBA name)

Remit Address

Purchase Order Address - Optional

Enter 9-digit Taxpayer Identification Number (TIN) of the legal name:  
 (SSN=Social Security Number, EIN=Employer Identification Number)

(Individual's SSN) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or EIN \_\_\_\_\_ - \_\_\_\_\_

Check legal entity type (A box must be checked in this section. Check only one box.)

Individual     Sole Proprietorship     Partnership

Estate / Trust Note: Show above, the name and number of the legal trust, or estate, not personal representatives

Other [Limited Liability Company (LLC) (attach IRS Form 8832 if applicable), Joint Venture, Club, etc.]

Corporation Do you provide legal or medical services?  Yes  No

Government (or Government operated entity)

Organization Exempt from Tax under Section 501(a)

One box must be checked  I am a U.S. Person (including a U.S. resident alien)  I am not a U.S. Person (a W-8 must be filed with the Auditor of State)

Add Deposit  Change Deposit **Indiana law (I.C. 4-13-2-14.8) requires that YOU receive PAYMENT(S) by means of electronic transfer of funds.**

**SECTION 1: AUTHORIZATION**

According to Indiana law, your signature below authorizes the transfer of electronic funds under the following terms:

Account Holder's Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Account:  Checking (Demand)  Savings

**SECTION 2: FINANCIAL INSTITUTION'S APPROVAL (Attach a voided check or have your financial institution complete this section)**

The financial institution identified below agrees to accept automated deposits under the terms set forth herein:

Name of Financial Institution: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Number and Street, and/or P.O. Box No. \_\_\_\_\_

City, State, and Zip Code (00000-0000) \_\_\_\_\_

ABA Transit-Routing Number \_\_\_\_\_

Financial Institution's Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_, 20\_\_\_\_

**SECTION 3: ELECTRONIC NOTIFICATION OF ELECTRONIC FUND TRANSFER (EFT) DEPOSITS**  
 (Complete this section only if you are requesting electronic notification. You may provide up to four email addresses.)

I hereby request that all future notices of EFT deposits to the bank account specified above be sent to the following email addresses:

\_\_\_\_\_

\_\_\_\_\_

I agree to the provisions contained on the reverse side of this form.

NAME (Print or Type) \_\_\_\_\_ TITLE \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PHONE \_\_\_\_\_

ATTACH VOIDED CHECK HERE

ATTACH VOIDED CHECK HERE

**EXHIBIT D**  
**Property Conditions**



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

*We make Indiana a cleaner, healthier place to live*

**Frank O'Bannon**  
Governor

**Lori F. Kaplan**  
Commissioner

100 North Senate Avenue  
P.O. Box 6015  
Indianapolis, Indiana 46206-6015  
(317) 232-8603  
(800) 451-6027  
[www.state.in.us/idem](http://www.state.in.us/idem)

May 21, 1999

Industry & Farms/Ind. State Prison  
P.O. Box 41  
Michigan City, IN 46361

Dear Sir:

Re: Intent to Close Underground Storage Tank System  
**Facility ID: 22999**  
Summi Farm, 4903 Johnson Rd., Laporte  
Laporte County

On May 13, 1999 the Indiana Department of Environmental Management (IDEM), Underground Storage Tank (UST) Section, received your notice indicating your intent to permanently close an underground storage tank system located at the above address.

You may begin your permanent tank system closure on June 12, 1999. Ninety (90) days after your approved closure date, the approval will expire and you will be required to resubmit the 30-day closure notification. In addition, fourteen (14) days prior to closure activities, both the Office of the State Fire Marshal (OSFM) (317/232-2222) and the UST Section (317/308-3064) must be notified.

The closure must be completed in accordance with federal UST regulation 40 CFR 280.71 and with the requirements of the Indiana State Fire Prevention Code (Article 79. 675 IAC 22). This letter must be kept on location during the entire tank closure process. This will ensure that fire department officials recognize that you have fulfilled the IDEM closure notification requirements.

The acceptable analytical methods to be used for analysis of site assessment samples are listed in the UST Site Closure Guidelines. If a method other than those listed is to be used, submit a written request for a variance to the Chemistry Section of the Indiana Department of Environmental Management Technical Support Branch (see address below). The Chemistry Section will reply with a written approval of the variance.

Indiana Department of Environmental Management  
Office of Environmental Response  
Tech Support/Chemistry Section  
N 1255, 100 North Senate Avenue  
P.O. Box 6015  
Indianapolis, Indiana 46206-7015

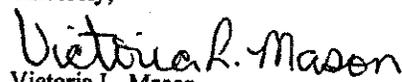
*Dent*  
5.21.99

To assist you in completing the permanent closure in accordance with 329 IAC 9, IDEM's November 1995 UST Site Closure Guidelines are enclosed. Please follow these guidelines to ensure that all UST site closure requirements of IDEM have been fulfilled. Within thirty (30) days after the closure, return the notification form and site assessment report to:

Indiana Department of Environmental Management  
Office of Environmental Response  
Underground Storage Tank Section  
100 North Senate Avenue  
P.O. Box 7015  
Indianapolis, Indiana 46207-7015

If you have any questions please contact me at 317/308-3067.

Sincerely,



Victoria L. Mason  
Closure Coordinator  
Underground Storage Tank Section  
Office of Environmental Response

VLM/

Enclosures

cc: UST Division - Office of the Indiana State Fire Marshal  
Scott Miller

---

**UNDERGROUND STORAGE TANK  
CLOSURE REPORT  
INDIANA STATE PRISON  
SUMMIT FARM  
LAPORTE, INDIANA  
DATE: AUGUST 31, 1999**

**PREPARED BY  
U. S. TECH GROUP, INC.  
1010 SYCAMORE STREET  
EVANSVILLE IN 47708  
(812)424-2996**

---

**PREPARED FOR  
MR. KEVIN HOGAN  
SENIOR ENVIRONMENTAL MANAGER  
INDIANA DEPARTMENT OF CORRECTIONS  
302 W. WASHINGTON STREET E-327  
INDIANAPOLIS, INDIANA 46204  
(317)233-6088**

---



An Environmental Services Company  
"People & Technology Creating A Better Environment"

August 31, 1999

Mr. Kevin Hogan  
State of Indiana  
Department of Corrections  
302 W. Washington Street E-327  
Indianapolis, IN 46204

RE: UST Closure Report for Summit Farm

Dear Mr. Hogan:

U. S. Tech Group, Inc. has completed the removal of the underground storage tank (UST) at the Summit Farm located at 4903 Johnson Road, LaPorte.

Enclosed is a report of the project. Thank you for allowing us to complete this project. If you have any questions regarding the project or if we can be of further assistance, please feel free to contact us.

Sincerely,

U.S. Tech Group, Inc.

Matthew White  
Project Manager

## TABLE OF CONTENTS

1.0 Responsible Party.....	PAGE 1
A. Facility Owner	
B. Contact Person	
C. Operator	
2.0 UST Contractor.....	PAGE 1
A. Company Name and Address	
B. OSFM Certified Individual on Site	
3.0 UST Site.....	PAGE 2
A. Facility	
B. Type of Area	
C. Coverage of Area	
D. History of Past Spills	
E. Site Surroundings	
F. Site Soil Texture	
4.0 Site Specific Map.....	PAGE 3
5.0 Underground Storage Tanks.....	PAGE 3
A. Number and Volume of Tanks	
B. Past and Present Contents of Tanks	
C. Tank Construction Material	
D. Age and Installation Dates of Tanks	
E. Leak Detection Methods Used	
F. Tank Tightness Test Results	
G. Leak Detection Methods (Last Two Months)	
H. Information on Previously Closed UST Systems	
6.0 Sample Results.....	PAGE 4
A. Analytical Method Used	
B. Detection Limits Used	
C. Quality Assurance/Quality Control Data	
D. Chain of Custody Documentation	
E. Date from Soil and Water Samples	
7.0 Miscellaneous Closure Documentation.....	PAGE 6
A. Date of Closure	
B. Soil Boring Logs	
C. Over-Excavation Activities	
D. Amount of Soil Excavated	
E. Disposal or Treatment of Soils or Water	
F. Disposal of Removing Product and Sludge	
G. Disposal of Closed UST System	



CLOSURE ASSESSMENT

---

1.0 **Responsible Party**

- A. Facility Owner  
Indiana State Prison  
  
Summit Farm  
Facility ID #22999  
4903 Johnson Road  
LaPorte, Indiana 46351
- B. Contact Person  
Mr. Kevin M. J. Hogan  
Indiana Department of Corrections  
Indiana Government Center South  
302 West Washington Street  
Indianapolis, Indiana 46204  
(317) 233-6088
- C. Operator  
Indiana State Prison

2.0 **UST Contractor**

- A. Company Name and Address  
  
U.S. Tech Group, Inc.  
1010 Sycamore Street  
Evansville, Indiana 47708  
(812) 424-2996
- B. OSFM Certified Individual on Site  
  
Jeff Guisewite  
OSFM Certification Number: 98IL565797
-

3.0 UST Site

A. Facility

Summit Farm  
Facility ID# 22999  
4903 Johnson Road  
LaPorte, Indiana 46351

B. Type of Facility

The facility is a state owned agricultural farm.

C. Coverage

Surface cover over the tank was soil and gravel.

D. History of Spill Reports

No recorded spills were reported to U.S. Tech Group, Inc.

E. Site Surroundings

The site is located in a rural, agricultural area just outside the city limits of LaPorte. The properties closest to the location are farms.

F. Site Soil Texture

Subsurface soils at the site were silty clay native soils overlaying sand.

4.0 **Site Specific Map**

Site map showing locations of tank, excavation pit, and site features are attached in the Appendix.

**Map Checklist**

<u>x</u>	Scale and legends
<u>x</u>	Buildings/Structures and Site Surroundings
<u>x</u>	Location of UST at Site
<u>x</u>	Tank Excavations
<u>x</u>	Location of any Previously Closed UST Systems
<u>x</u>	Location of UST Piping
<u>x</u>	Identified any Utilities
<u>x</u>	Drainage Features
<u>x</u>	Sampling Locations (Soil and Water) Identified by Sample ID#
<u>x</u>	Groundwater Monitoring Well Locations

5.0 **Underground Storage Tanks**

**SUMMIT FARM**

Tank #	Tank Volume	Past and Present Contents	Tank Construction Material	Age & Installation Date	Leak Detection Methods	Tank Tightness Test	Leak Detection Last 12 Months
1	500 Gallon	Gasoline	Steel	28 years (1971)	N/A	N/A	N/A

H. Information on Previously Closed UST Systems

No previously closed UST systems were reported to U.S. Tech Group, Inc.

6.0 **Sample Results**

A. Analytical Methods Used

Soil samples were analyzed using EPA method SW 846-8015 Modified for Total Petroleum Hydrocarbons.

B. Detection Limits Used

The detection limits for the soil samples were 5 parts per million (PPM) for gasoline range hydrocarbons and 10 parts per million (PPM) for diesel range hydrocarbons using method 8015M.

C. Quality Assurance/Quality Control Data

Standard EPA approved SW 846 methods and protocol were followed for the sampling and analysis.

D. Chain of Custody Documentation

Chain of custody for the samples are attached in the Appendix of this report.

E. Data from Analysis of Soil and Water Samples

INITIAL SOIL SAMPLES				
SUMMIT FARM				
Sample ID	Date	Sample Description	Gasoline TPH (PPM)	Diesel TPH (PPM)
1-Summit	06/29/99	Site Characterization	2500	470

SAMPLE FOLLOWING OVEREXCAVATION				
SUMMIT FARM				
Sample ID	Date	Sample Description	Gasoline TPH (PPM)	Diesel TPH (PPM)
1-Summit Wall 1	08/10/99	Summit Wall 1	<5	21
2-Summit Wall 2	08/10/99	Summit Wall 2	<5	<10
3-Summit Wall 3	08/10/99	Summit Wall 3	<5	<10
4-Summit Wall 4	08/10/99	Summit Wall 4	<5	<10
5-Summit Wall 5	08/10/99	Summit Wall 5	<5	<10
6-Summit Wall 6	08/10/99	Summit Wall 6	<5	<10
7-Summit Wall 7	08/10/99	Summit Wall 7	<5	<10
8-Summit Wall 8	08/10/99	Summit Wall 8	<5	<10
9-Summit Wall 9	08/10/99	Summit Wall 9	<5	<10
10-Summit Wall 10	08/10/99	Summit Wall 10	<5	25
11-Summit Wall 11	08/10/99	Summit Wall 11	<5	<10
12-Summit Wall 12	08/10/99	Summit Wall 12	<5	<10
13-Summit Wall 13	08/10/99	Summit Wall 13	<5	<10
14-Summit Wall 14	08/10/99	Summit Wall 14	<5	<10
15-Summit Wall 15	08/10/99	Summit Wall 15	<5	<10
16-Summit Wall 16	08/10/99	Summit Wall 16	<5	<10
17-Summit Wall 17	08/10/99	Summit Wall 17	<5	<10
18-Summit Wall 18	08/10/99	Summit Wall 18	<5	<10

7.0 Miscellaneous Closure Documentation

A. Date of Closure

June 29, 1999

B. Soil Borings Logs

No soil borings were made

C. Documentation of Overexcavation Activities

The soils in the tank excavations showed signs of contamination. Approximately 8505 tons of soil was over-excavated and placed in a landfill. Landfill information is included in the Appendix.

D. Amount of Soil Excavated

Approximately 8505 tons were excavated from the Summit farm Site.

E. Documentation of Disposal or Treatment of Soils or Water

All documented contaminated soil was placed in a certified landfill facility. Details of this are located in the Appendix. Water was not treated.

F. Documentation of Disposal Procedures for Sludge and Liquid

Approximately five (5) gallons of sludge was removed and placed into a fifty-five gallon drum. The sludge was taken by Jeff Guisewite Inc. and disposed of by Howard Industries. A receipt of disposal is included in the appendix.

G. Documentation of Disposal Procedures for UST Systems

The UST system was removed and disposed of by Jeff Guisewite, Inc. A receipt is enclosed in the Appendix.

8.0 **Limitation and Service Constraints**

This report is submitted with the understanding that results may be inconclusive due to the limited scope of the investigation and available records and information. U.S. Tech Group, Inc. cannot be responsible for decisions made solely on the basis of economic factors. This report is intended specifically for the clients of U.S. Tech Group, Inc., at the address shown in this report. This report may not be used for the purpose of anyone else without the previous consent of U.S. Tech Group, Inc., and in any event, only in its entirety. Possession of this report, or a copy thereof, does not carry with it the right of publication.

All professional opinions presented are based on information made available either by review of data provided by others or data gathered by U.S. Tech Group, Inc. personnel. U.S. Tech Group, Inc. affirms that the data gathered and present in this report was collected in an appropriate manner in accordance with generally accepted methods and practices. The information furnished by others is believed to be reliable, but no warranty is given for its accuracy. Conditions stated in this report are as found at the time of the report, unless otherwise stated. U.S. Tech Group, Inc. analyzed only substances, conditions, and locations described in the report at the time indicated. No references regarding other substances, conditions, location, or time can be made unless specifically stated in this report.

All engineering design is assumed to be correct. Plot plan and illustrative materials in this report are included only to assist the reader in visualizing the property. The environmental professionals herein by reason of this report are not required to give further consultation, testimony, or be in attendance in court with reference to the property in question unless arrangements have been previously made. This report may identify, interpret, apply, or advise as to environmental laws and regulations; however, it must be understood that the personnel involved in this project are not attorneys. The services of an attorney may be necessary to best protect the interest of those involved with this project.

**APPENDIX A**  
**CLOSURE NOTIFICATION FORMS**  
**AND IDEM RECORDS**

## NOTIFICATION FOR UNDERGROUND STORAGE TANKS

RETURN COMPLETED FORMS TO: Indiana Department of Environmental Management  
 Office of Environmental Response, UST Branch  
 N1255, 100 North Senate Avenue  
 P.O. Box 7015  
 Indianapolis, Indiana 46207-7015  
 UST: (317) 308-3064 LUST: (317) 308-3088



Facility ID Number	
Owner ID Number	
Federal ID Number	
EPA ID Number	

**A** Notification is required by Federal and State laws for all storage tanks that are operational or have been used to store regulated substances since January 1, 1974. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act (RCRA) and Indiana Code 329 IAC 9, as amended. Specific detailed instructions for the completion of this form may be found in the Underground Storage Tank Branch Guidance Manual (Rev. 11/95), on page 4 of this form or by contacting the UST Branch at the above address.

### TYPE OF NOTIFICATION

THIS NOTIFICATION FORM PROVIDES INFORMATION FOR (CHECK ALL THAT APPLY):

<input type="radio"/> A NEW FACILITY	<input type="radio"/> A CHANGE OF OWNERSHIP	<input type="radio"/> A TEMPORARY CLOSURE
<input type="radio"/> A NEW OWNER	<input type="radio"/> A SYSTEM UPGRADE	<input checked="" type="radio"/> A REQUEST FOR CLOSURE
<input type="radio"/> A NEW TANK	<input type="radio"/> AN ADDRESS CHANGE	<input type="radio"/> A PERMANENT CLOSURE WITH CLOSURE REPORT
<input type="radio"/> A NEW OPERATOR	<input type="radio"/> OTHER	

OWNER OF TANKS	OPERATOR OF FACILITY
OWNER NAME <i>Industry + Farms / Ind.</i>	OPERATOR NAME (IF SAME AS OWNER, MARK BOX HERE [X]) <i>Summit Farm</i>
MAILING ADDR <i>P.O. Box 41</i>	MAILING ADDRESS <i>4903 Johnson Rd.</i>
CITY <i>Michigan City</i> STATE <i>IN</i>	CITY <i>La Porte</i>
ZIP CODE <i>46316</i> TELEPHONE <i>(219) 874-7256</i>	ZIP CODE <i>46350</i> TELEPHONE <i>(219) 824-0442</i>

TANK/FACILITY LOCATION	TYPE OF FACILITY/OWNER	
FACILITY NAME (IF SAME AS OWNER, MARK BOX HERE [X])	TYPE OF OWNER (Please Check One)	TYPE OF OPERATION (Please Check One)
MAILING ADDRESS (IF SAME AS OWNER, MARK BOX HERE [X])		
LOCATION OF TANKS	<input type="radio"/> PRIVATE/BUSINESS	<input type="radio"/> MOTOR VEHICLE FUEL DISPENSING STATION
CITY	<input checked="" type="radio"/> STATE GOVERNMENT	<input type="radio"/> COMMERCIAL
ZIP CODE	<input type="radio"/> LOCAL GOVERNMENT	<input type="radio"/> RESIDENTIAL
COUNTY	<input type="radio"/> FEDERAL GOVERNMENT	<input type="radio"/> INDUSTRIAL
	GSA FACILITY (ID# _____)	<input checked="" type="radio"/> AGRICULTURE
	<input type="radio"/> OTHER	<input type="radio"/> OTHER
	EFFECTIVE DATE OF OWNERSHIP ____/____/____	GIS COORDINATES:

### CONSULTANT/CONTRACTOR COMPLIANCE CERTIFICATION

OATH: I certify that the information concerning installation, upgrade, or closure provided in this notification is true and correct to the best of my knowledge.

NAME OF CONTRACTOR/CONSULTANT <i>Scott Miller</i>	NAME OF COMPANY <i>US Tech Group</i>
SIGNATURE OF CONTRACTOR (IN INK - NO PHOTOCOPIES WILL BE ACCEPTED) <i>Scott Miller</i>	CERTIFICATION NUMBER <i>97-IL - 887881</i>
	DATE <i>4 1 6 1 99</i>

### CONTACT AT TANK LOCATION

NAME OF CONTACT PERSON AT TANK LOCATION <i>Dan Bonfield</i>	NUMBER OF TANKS AT THIS LOCATION <i>1</i>
JOB TITLE <i>Safety Hazard Manager</i>	NUMBER OF PAGES ATTACHED TO THIS NOTIFICATION
TELEPHONE NUMBER <i>(219) 874 - 7256</i>	

OWNER CERTIFICATION	STATE USE ONLY
OATH: I certify that under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.	
NAME AND TITLE OF OWNER OR AUTHORIZED REPRESENTATIVE	
SIGNATURE OF OWNER (IN INK - NO PHOTOCOPIES WILL BE ACCEPTED)	
DATE <i>1 1</i>	

FACILITY NAME Summit Farm FACILITY ID. \_\_\_\_\_ PAGE 2 OF 3

DESCRIPTION OF UNDERGROUND STORAGE TANK SYSTEM

COMPLETE A COLUMN FOR EACH TANK.		ATTACH ADDITIONAL SHEETS WHEN NUMBER OF TANKS EXCEEDS SIX.					
SEQUENTIAL TANK NUMBER		<u>1</u>					
OWNER-SPECIFIED TANK NUMBER		<u>1</u>					
DATE INSTALLED		<u>1/71</u>	<u>1/1</u>	<u>1/1</u>	<u>1/1</u>	<u>1/1</u>	<u>1/1</u>
CAPACITY (GALLONS)		<u>500</u>					
COMPLETE ONLY ONE OF A, B, OR C	A. CURRENTLY IN USE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	DATE BROUGHT INTO USE	<u>1/1</u>	<u>1/1</u>	<u>1/1</u>	<u>1/1</u>	<u>1/1</u>	<u>1/1</u>
	B. TEMPORARILY OUT OF USE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	DATE LAST USED	<u>1/1</u>	<u>1/1</u>	<u>1/1</u>	<u>1/1</u>	<u>1/1</u>	<u>1/1</u>
	C. PERMANENTLY OUT OF USE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DATE REMOVED FROM GROUND		<u>1/1</u>	<u>1/1</u>	<u>1/1</u>	<u>1/1</u>	<u>1/1</u>	<u>1/1</u>
	DATE FILLED IN-PLACE	<u>1/1</u>	<u>1/1</u>	<u>1/1</u>	<u>1/1</u>	<u>1/1</u>	<u>1/1</u>
A, B OR C MUST BE COMPLETED IF SECTIONS D OR E ARE SELECTED.	D. REQUESTING CLOSURE						
	TO BE REMOVED	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	TO BE FILLED IN-PLACE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. CHANGE-IN-SERVICE	REGULATED TO UNREGULATED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	UNREGULATED TO REGULATED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SUBSTANCE CURRENTLY OR LAST STORED (COMPLETE ONLY ONE OF A, B, OR C)	A. PETROLEUM						
	DIESEL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	KEROSENE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	GASOLINE	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	USED OIL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OTHER (specify)							
B. HAZARDOUS SUBSTANCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
CERCLA SUBSTANCE or Chemical Abstract Service Number							
MIXTURE OF SUBSTANCES							
C. UNKNOWN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
TANK CONSTRUCTION	STEEL	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	CONCRETE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	FIBERGLASS/PLASTIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	UNKNOWN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	OTHER (specify)						
INTERNAL PROTECTION	INTERIOR LINING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NONE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	UNKNOWN	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	OTHER (specify)						
EXTERNAL PROTECTION	CATHODIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	PAINTED	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	FIBERGLASS/PLASTIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NONE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	UNKNOWN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OTHER (specify)							
TYPE	BARE STEEL	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	GALVANIZED STEEL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	FIBERGLASS REINFORCED PLASTIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	CATHODIC PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	UNKNOWN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OTHER (specify)							
METHOD	PRESSURIZED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	EUROPEAN SUCTION	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	AMERICAN SUCTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FACILITY NAME Summit Farm FACILITY ID. \_\_\_\_\_ PAGE 7 OF 3

DESCRIPTION OF UNDERGROUND STORAGE TANK SYSTEMS (CONTINUED)

COMPLETE A COLUMN FOR EACH TANK. ATTACH ADDITIONAL SHEETS WHEN THE NUMBER OF TANKS EXCEEDS SIX.

	Sequential Tank Number					
J	Manual Tank Gauging	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Tank Tightness Testing With Inventory Controls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Automatic Tank Gauging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Vapor Monitoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Ground Water Monitoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Interstitial Monitoring Within a Secondary Barrier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Interstitial Monitoring Within Secondary Containment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Automatic Line Leak Detectors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Line Tightness Testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Statistical Inventory Reconciliation (SIR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Another Method (Please specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
K	For Coated Steel Tanks with Cathodic Protection - Impressed Current	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Sacrificial Anodes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	For Coated Steel Piping with Cathodic Protection - Impressed Current	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Sacrificial Anodes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Another Method (Please specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
L	Catchment Basins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Automatic Shutoff Devices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Overfill Alarms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Ball Float Valves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Another Method (Please specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M	Indicate compliance specific to this installation upgrade, or closure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Installer is certified by the tank and piping manufacturer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Contractor is certified by the Office of the State Fire Marshal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Work inspected/certified by a registered professional engineer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Work inspected by the Office of the State Fire Marshal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All work has been completed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Another method of compliance was used (specify below).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

CERTIFICATION OF FINANCIAL RESPONSIBILITY

N I have financial responsibility in accordance with Subtitle I Subpart H (Specify below).

<input checked="" type="radio"/> Self-Insurance	<input type="radio"/> Letter of Credit
<input type="radio"/> Insurance & Risk Retention Group Coverage	<input type="radio"/> Local Government - Bond Rating Test
<input type="radio"/> Trust Agreement	<input type="radio"/> Local Government - Financial Test
<input type="radio"/> Guarantee	<input type="radio"/> Local Government - Guarantee
<input type="radio"/> Surety Bond	<input type="radio"/> Local Government - Fund

30 - DAY REQUEST FOR TANK CLOSURE

O To request a tank closure, mark the Request for Closure oval in Type of Notification in Section A, complete sections B, C, D, E, and mark D. REQUESTING CLOSURE in section F. Complete the remaining sections (G-N) and fill in the requested information below.

PROPOSED CONTRACTOR

CONTRACTOR NAME <u>U.S. Tech Group, Inc.</u>	
MAILING ADDRESS <u>1010 Sycamore St.</u>	
CITY <u>Evansville</u>	STATE <u>IN</u>
ZIP CODE <u>47710</u>	TELEPHONE <u>812-424-2996</u>
CONTACT PERSON <u>Scott Miller</u>	CERTIFICATION NUMBER <u>97-IL-887881</u>

LUST INCIDENT INFORMATION

LUST INCIDENT NUMBER, IF APPLICABLE
DATE INCIDENT REPORTED

\*NOTE: Any tank closures must be performed by persons certified by the Indiana State Fire Marshal. City/County Fire Departments, the Indiana State Fire Marshal, and IDEM's UST Section must be notified 14 days prior to closure. Please report to the Leaking Underground Storage Tank Section at (317) 308-3067 if signs of soil or groundwater contamination are observed.

Indiana State Fire Marshal (317) 232-2222



# INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

*We make Indiana a cleaner, healthier place to live*

*Frank O'Bannon*  
Governor

*Lori F. Kaplan*  
Commissioner

100 North Senate Avenue  
P.O. Box 6015  
Indianapolis, Indiana 46206-6015  
(317) 232-8603  
(800) 451-6027  
[www.state.in.us/idem](http://www.state.in.us/idem)

May 21, 1999

Industry & Farms/Ind. State Prison  
P.O. Box 41  
Michigan City, IN 46361

Dear Sir:

Re: Intent to Close Underground Storage Tank System  
Facility ID: 22999  
Summi Farm, 4903 Johnson Rd., Laporte  
Laporte County

On May 13, 1999 the Indiana Department of Environmental Management (IDEM), Underground Storage Tank (UST) Section, received your notice indicating your intent to permanently close an underground storage tank system located at the above address.

You may begin your permanent tank system closure on June 12, 1999. Ninety (90) days after your approved closure date, the approval will expire and you will be required to resubmit the 30-day closure notification. In addition, fourteen (14) days prior to closure activities, both the Office of the State Fire Marshal (OSFM) (317/232-2222) and the UST Section (317/308-3064) must be notified.

The closure must be completed in accordance with federal UST regulation 40 CFR 280.71 and with the requirements of the Indiana State Fire Prevention Code (Article 79. 675 IAC 22). This letter must be kept on location during the entire tank closure process. This will ensure that fire department officials recognize that you have fulfilled the IDEM closure notification requirements.

The acceptable analytical methods to be used for analysis of site assessment samples are listed in the UST Site Closure Guidelines. If a method other than those listed is to be used, submit a written request for a variance to the Chemistry Section of the Indiana Department of Environmental Management Technical Support Branch (see address below). The Chemistry Section will reply with a written approval of the variance.

Indiana Department of Environmental Management  
Office of Environmental Response  
Tech Support/Chemistry Section  
N 1255, 100 North Senate Avenue  
P.O. Box 6015  
Indianapolis, Indiana 46206-7015

To assist you in completing the permanent closure in accordance with 329 IAC 9, IDEM's November 1995 UST Site Closure Guidelines are enclosed. Please follow these guidelines to ensure that all UST site closure requirements of IDEM have been fulfilled. Within thirty (30) days after the closure, return the notification form and site assessment report to:

Indiana Department of Environmental Management  
Office of Environmental Response  
Underground Storage Tank Section  
100 North Senate Avenue  
P.O. Box 7015  
Indianapolis, Indiana 46207-7015

If you have any questions please contact me at 317/308-3067.

Sincerely,

*Victoria L. Mason*  
Victoria L. Mason  
Closure Coordinator  
Underground Storage Tank Section  
Office of Environmental Response

VLM/

Enclosures

cc: UST Division - Office of the Indiana State Fire Marshal  
Scott Miller

**NOTIFICATION FOR UNDERGROUND STORAGE TANKS**

RETURN COMPLETED FORMS TO



Indiana Department of Environmental Management  
Office of Environmental Response, UST Branch  
N1255, 100 North Senate Avenue  
P.O. Box 7015  
Indianapolis, Indiana 46207-7015  
UST: (317) 308-3064 LUST: (317) 308-3083

Facility ID Number	212191919
Owner ID Number	
Federal ID Number	
EPA ID Number	

**A** Notification is required by Federal and State laws for all storage tanks that are operational or have been used to store regulated substances since January 1, 1974. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act (RCRA) and Indiana Code 329 IAC 9, as amended. Specific detailed instructions for the completion of this form may be found in the Underground Storage Tank Branch Guidance Manual (Rev. 11/95), on page 4 of this form or by contacting the UST Branch at the above address.

**TYPE OF NOTIFICATION**

THIS NOTIFICATION FORM PROVIDES INFORMATION FOR (CHECK ALL THAT APPLY):

- A NEW FACILITY
- A NEW OWNER
- A NEW TANK
- A NEW OPERATOR
- A CHANGE OF OWNERSHIP
- A SYSTEM UPGRADE
- AN ADDRESS CHANGE
- OTHER
- A TEMPORARY CLOSURE
- A REQUEST FOR CLOSURE
- A PERMANENT CLOSURE WITH CLOSURE REPORT

<b>B</b>	<b>OWNER OF TANKS</b>	<b>OPERATOR OF FACILITY</b>
	OWNER NAME <i>Indiana State Prison</i>	OPERATOR NAME (IF SAME AS OWNER, MARK BOX HERE) <i>Summit Farm</i>
	MAILING ADDR <i>P.O. Box 41</i>	MAILING ADDRESS <i>4903 Johnson Rd.</i>
	CITY <i>Michigan City</i> STATE <i>IN</i>	CITY <i>La Porte</i>
	ZIP CODE <i>46351</i> TELEPHONE <i>219 874 7256</i>	ZIP CODE <i>41613511</i> TELEPHONE <i>219 324 0442</i>

<b>C</b>	<b>TANK/FACILITY LOCATION</b>	<b>TYPE OF FACILITY/OWNER</b>	
	FACILITY NAME (IF SAME AS OWNER, MARK BOX HERE) <input checked="" type="checkbox"/>	TYPE OF OWNER (Please Check One)	TYPE OF OPERATION (Please Check One)
	MAILING ADDRESS (IF SAME AS OWNER, MARK BOX HERE) <input checked="" type="checkbox"/>		
	LOCATION OF TANKS	<input type="radio"/> PRIVATE-BUSINESS	<input type="radio"/> MOTOR VEHICLE FUEL DISPENSING STATION
	CITY	<input checked="" type="radio"/> STATE GOVERNMENT	<input type="radio"/> COMMERCIAL
	ZIP CODE COUNTY	<input type="radio"/> LOCAL GOVERNMENT	<input type="radio"/> RESIDENTIAL
		<input type="radio"/> FEDERAL GOVERNMENT	<input type="radio"/> INDUSTRIAL
		GSA FACILITY (IC# _____)	<input checked="" type="radio"/> AGRICULTURE
		<input type="radio"/> OTHER	<input type="radio"/> OTHER
		EFFECTIVE DATE OF OWNERSHIP ____/____/____	GIS COORDINATES:

**C** **CONSULTANT/CONTRACTOR COMPLIANCE CERTIFICATION**

CATH: I certify that the information concerning installation, upgrade, or closure provided in this notification is true and correct to the best of my knowledge.

NAME OF CONTRACTOR/CONSULTANT <i>Jeff Gaisewite</i>	NAME OF COMPANY <i>Jeff Gaisewite, Inc.</i>
SIGNATURE OF CONTRACTOR/CONSULTANT <i>Jeff Gaisewite</i>	CERTIFICATION NUMBER <i>9812565797</i>
	DATE <i>9 18 199</i>

**CONTACT AT TANK LOCATION**

NAME OF CONTACT PERSON AT TANK LOCATION <i>Don Banfield</i>	NUMBER OF TANKS AT THIS LOCATION <i>1</i>
JOB TITLE <i>Safety Hazard Manager</i>	NUMBER OF PAGES ATTACHED TO THIS NOTIFICATION
TELEPHONE NUMBER <i>(219) 874-7256</i>	

**OWNER CERTIFICATION**

CATH: I certify that under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

NAME AND TITLE OF OWNER OR AUTHORIZED REPRESENTATIVE <i>KEVIN HOGAN, SR. ENVIRONMENTAL MANAGER</i>	STATE USE ONLY
SIGNATURE OF OWNER (IN INK - NO PHOTOCOPIES WILL BE ACCEPTED) <i>[Signature]</i>	
DATE <i>9 14 199</i>	

FACILITY NAME Summit Farm FACILITY ID. 22999 PAGE 2 OF 3

DESCRIPTION OF UNDERGROUND STORAGE TANK SYSTEM

COMPLETE A COLUMN FOR EACH TANK. ATTACH ADDITIONAL SHEETS WHEN NUMBER OF TANKS EXCEEDS SIX.

1	SEQUENTIAL TANK NUMBER	<u>1</u>					
	OWNER-SPECIFIED TANK NUMBER						
	DATE INSTALLED	<u>7/</u>					
	CAPACITY (GALLONS)	<u>500</u>					

2	COMPLETE ONLY ONE OF A, B OR C	A. CURRENTLY IN USE	<input type="radio"/>					
		DATE BROUGHT INTO USE						
		B. TEMPORARILY OUT OF USE	<input type="radio"/>					
		DATE LAST USED						
		C. PERMANENTLY OUT OF USE	<input type="radio"/>					
	DATE REMOVED FROM GROUND	<u>6/29/99</u>	<u>1/1</u>	<u>1/1</u>	<u>1/1</u>	<u>1/1</u>	<u>1/1</u>	
		DATE FILLED IN-PLACE	<u>1/1</u>	<u>1/1</u>	<u>1/1</u>	<u>1/1</u>	<u>1/1</u>	
3	A, B OR C MUST BE COMPLETED IF SECTIONS D OR E ARE SELECTED	D. REQUESTING CLOSURE	<input type="radio"/>					
		TO BE REMOVED	<input type="radio"/>					
		TO BE FILLED IN-PLACE	<input type="radio"/>					
	E. CHANGE-IN-SERVICE	REGULATED TO UNREGULATED	<input type="radio"/>					
		UNREGULATED TO REGULATED	<input type="radio"/>					

3	SUBSTANCE CURRENTLY OR LAST STORED (COMPLETE ONLY ONE OF A, B, OR C)	A. PETROLEUM	DIESEL	<input type="radio"/>					
		KEROSENE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		GASOLINE	<input checked="" type="radio"/>	<input type="radio"/>					
		USED OIL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		OTHER (specify)							
	B. HAZARDOUS SUBSTANCE	OSHA SUBSTANCE or							
		Chemical Abstract Service Number							
		MIXTURE OF SUBSTANCES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	C. UNKNOWN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

4	TANK CONSTRUCTION	STEEL	<input checked="" type="radio"/>	<input type="radio"/>					
		CONCRETE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		FIBERGLASS/PLASTIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		UNKNOWN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		OTHER (specify)							

5	INTERNAL PROTECTION	INTERIOR LINING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		NONE	<input checked="" type="radio"/>	<input type="radio"/>				
		UNKNOWN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		OTHER (specify)						

6	EXTERNAL PROTECTION	CATHODIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		PAINTED	<input checked="" type="radio"/>	<input type="radio"/>				
		FIBERGLASS/PLASTIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		NONE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		UNKNOWN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	OTHER (specify)							

7	TYPE	BARE STEEL	<input checked="" type="radio"/>	<input type="radio"/>				
		GALVANIZED STEEL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		FIBERGLASS REINFORCED PLASTIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		CATHODIC PROTECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		UNKNOWN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	OTHER (specify)							

8	METHOD	PRESSURIZED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		EUROPEAN SUCTION	<input checked="" type="radio"/>	<input type="radio"/>				
		AMERICAN SUCTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FACILITY NAME Summit Farm FACILITY ID. 22999 PAGE 3 OF 3

DESCRIPTION OF UNDERGROUND STORAGE TANK SYSTEMS (CONTINUED)

COMPLETE A COLUMN FOR EACH TANK. ATTACH ADDITIONAL SHEETS WHEN THE NUMBER OF TANKS EXCEEDS SIX.

	Sequential Tank Number	1					
J	Manual Tank Gauging	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Tank Tightness Testing With Inventory Controls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Automatic Tank Gauging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Vapor Monitoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Ground Water Monitoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Interstitial Monitoring Within a Secondary Barrier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Interstitial Monitoring Within Secondary Containment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Automatic Line Leak Detectors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Line Tightness Testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Statistical Inventory Reconciliation (SIR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Another Method (Please specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K	For Coated Steel Tanks with Cathodic Protection - Impressed Current	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Sacrificial Anodes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	For Coated Steel Piping with Cathodic Protection - Impressed Current	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Sacrificial Anodes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Another Method (Please specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L	Catchment Basins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Automatic Shutoff Devices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Overfill Alarms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Ball Float Valves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Another Method (Please specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M	Indicate compliance specific to this installation upgrade, or closure	Installer is certified by the tank and piping manufacturer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Contractor is certified by the Office of the State Fire Marshal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Work inspected/certified by a registered professional engineer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Work inspected by the Office of the State Fire Marshal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		All work has been completed.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Another method of compliance was used (specify below).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CERTIFICATION OF FINANCIAL RESPONSIBILITY

**N** I have financial responsibility in accordance with Subtitle I Subpart H (Specify below).

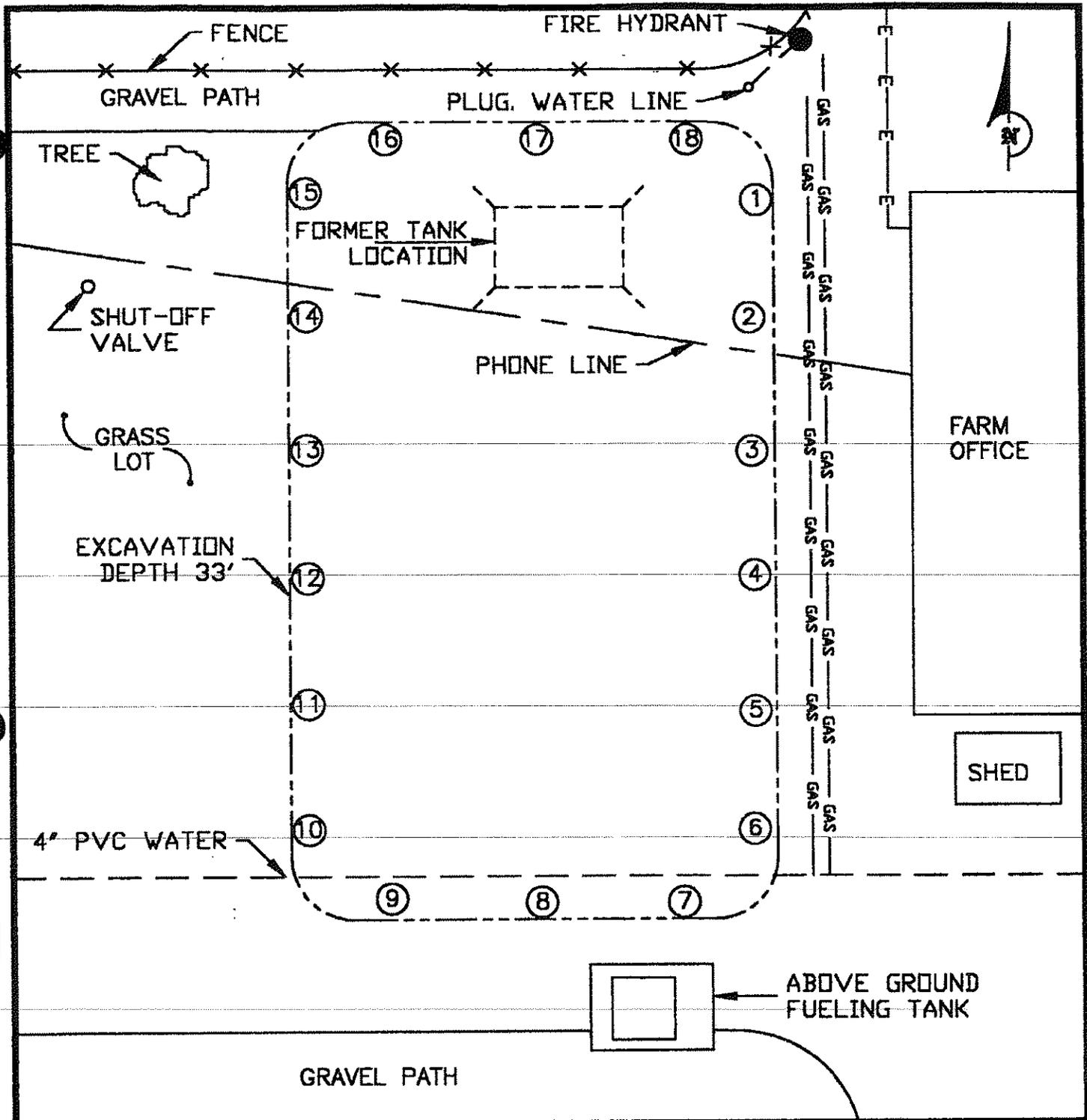
<input checked="" type="radio"/> Self-Insurance	<input type="radio"/> Letter of Credit
<input type="radio"/> Insurance & Risk Retention Group Coverage	<input type="radio"/> Local Government - Bond Rating Test
<input type="radio"/> Trust Agreement	<input type="radio"/> Local Government - Financial Test
<input type="radio"/> Guarantee	<input type="radio"/> Local Government - Guarantee
<input type="radio"/> Surety Bond	<input type="radio"/> Local Government - Fund

30 - DAY REQUEST FOR TANK CLOSURE

**O** To request a tank closure, mark the Request for Closure oval in Type of Notification in Section A, complete sections B, C, D, E, and mark O, REQUESTING CLOSURE in section F. Complete the remaining sections (G-N) and fill in the requested information below.

PROPOSED CONTRACTOR	LUST INCIDENT INFORMATION
CONTRACTOR NAME	LUST INCIDENT NUMBER, IF APPLICABLE <u>9908524</u>
MAILING ADDRESS	DATE INCIDENT REPORTED <u>8-19-99</u>
CITY	<p>*NOTE: Any tank closures must be performed by persons certified by the Indiana State Fire Marshal. City/County Fire Departments, the Indiana State Fire Marshal, and IDEM's UST Section must be notified 14 days prior to closure. Please report to the Leaking Underground Storage Tank Section at (317) 308-3067 if signs of soil or groundwater contamination are observed.</p> <p>Indiana State Fire Marshal (317) 232-2222</p>
STATE	
CITY	
STATE	
ZIP CODE	
TELEPHONE	
CONTACT PERSON	
CERTIFICATION NUMBER	

**APPENDIX B**  
**SITE MAPS**



INDIANA STATE PRISON	
UST SITE DRAWINGS	<u>BUILDING</u> SUMMIT FARM
<u>SCALE:</u> NONE	<u>LOCATION:</u> MICHIGAN CITY, IN
<u>DATE:</u> 08-17-99	PAGE 2 OF 2

**APPENDIX C**  
**LABORATORY ANALYSIS**



# INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Post-It™ Fax Note	7671	Date: 8-30-99	# of Pages: 1
To: Ramadan Abdelsalam	From: K. Hogan		
Co./Dept.	Co.		
Phone #	Phone #		
Fax #	Fax #		

Hand Delivered

August 31, 1999

Mr. Brian Davenport, UST Inspector  
 Underground Storage Tank Section  
 Office of Environmental Response  
 Indiana Department of Environmental Management  
 100 North Senate Avenue  
 Indianapolis, Indiana 46206

Re: UST Removal Sampling Waiver  
 Summit Farm  
 Facility ID: 22999  
 Incident Nr.: 9908524

Dear Mr. Davenport

As we discussed during our telephone discussion of August 4, 1999, the Department of Correction requested guidance in determining the appropriate location and number of excavation base samples to be obtained to confirm the remediation of the leaking underground storage tank (UST) removed from this facility. The guidance was requested due to the size of the excavation required to remediate the contaminated soil resulting from the leaking UST. At the time of our telephone conversation, the base of the excavation was approximately 30 to 35 feet below grade and the excavation measured approximately 80 feet by 55 feet. Based upon the depth and size of the excavation, your office waived the requirement to obtain two (2) samples from below the gasoline. For your information, the final base of the excavation was approximately 40 feet below grade and the excavation measured approximately 110 feet by 55 feet.

Thank you for your assistance in this matter. If I may provide additional information or assistance, please advise. I may be reached at 317/233-6088 or at Inspection Service, Department of Correction, Room E327, Indiana Government Center-South, 302 West Washington Street, Indianapolis, IN 46204.

Sincerely,

Kevin M. J. Hogan, R.E.H.S.  
 Senior Environmental Manager  
 Inspection Service

cc: Ramadan Abdelsalam, U.S. Tech Group, Inc.  
 file



U S TECH  
 1010 SYCAMORE STREET  
 EVANSVILLE, IN 47708

Attn: RAMADAN

Purchase Order: US99 7004  
 Invoice Number:

Order #: 99-08-516  
 Date: 08/24/99 11:46  
 Work ID: STATE PRISON MICHIGAN CITY  
 Date Received: 08/16/99  
 Date Completed: 08/24/99

Client Code: US\_TECH

SAMPLE IDENTIFICATION

Sample Number	Sample Description	Sample Number	Sample Description
01	SUMMIT WALL 1 08/10 100	10	SUMMIT WALL 10 08/10 1000
02	SUMMIT WALL 2 08/10 1000	11	SUMMIT WALL 11 08/10 1000
03	SUMMIT WALL 3 08/10 1000	12	SUMMIT WALL 12 08/10 1000
04	SUMMIT WALL 4 08/10 1000	13	SUMMIT WALL 13 08/10 1000
05	SUMMIT WALL 5 08/10 1000	14	SUMMIT WALL 14 08/10 1000
06	SUMMIT WALL 6 08/10 1000	15	SUMMIT WALL 15 08/10 1000
07	SUMMIT WALL 7 08/10 1000	16	SUMMIT WALL 16 08/10 1000
08	SUMMIT WALL 8 08/10 1000	17	SUMMIT WALL 17 08/10 1000
09	SUMMIT WALL 9 08/10 1000	18	SUMMIT WALL 18 08/10 1000

Enclosed are results of specified samples submitted for analyses. If there are any questions, please contact Tom Batten. Our Ohio EPA Certification numbers are 836 & 837. Any result of "BDL" indicates "BELOW DETECTION LIMIT".

Certified By  
 TOM BATTEN

Committed to Quality Since 1958

11 East Main Street

Dayton, Ohio 45426

(937) 837-3744

Order # 99-08-516  
08/24/99 11:46

Page 2

TEST RESULTS BY SAMPLE

Sample: 01A SUMMIT WALL 1 08/10 100 Collected: 08/10/99 Category: SOLID

<u>Test Description</u>	<u>Result</u>	<u>Detection Limit</u>	<u>Units</u>	<u>Analyzed</u>	<u>By</u>
EXTRACTION, 8015B	-		-		JW

Sample: 02A SUMMIT WALL 2 08/10 1000 Collected: 08/10/99 Category: SOLID

<u>Test Description</u>	<u>Result</u>	<u>Detection Limit</u>	<u>Units</u>	<u>Analyzed</u>	<u>By</u>
EXTRACTION, 8015B	-		-		JW

Sample: 03A SUMMIT WALL 3 08/10 1000 Collected: 08/10/99 Category: SOLID

<u>Test Description</u>	<u>Result</u>	<u>Detection Limit</u>	<u>Units</u>	<u>Analyzed</u>	<u>By</u>
EXTRACTION, 8015B	-		-		JW

Sample: 04A SUMMIT WALL 4 08/10 1000 Collected: 08/10/99 Category: SOLID

<u>Test Description</u>	<u>Result</u>	<u>Detection Limit</u>	<u>Units</u>	<u>Analyzed</u>	<u>By</u>
EXTRACTION, 8015B	-		-		JW

Sample: 05A SUMMIT WALL 5 08/10 1000 Collected: 08/10/99 Category: SOLID

<u>Test Description</u>	<u>Result</u>	<u>Detection Limit</u>	<u>Units</u>	<u>Analyzed</u>	<u>By</u>
EXTRACTION, 8015B	-		-		JW

Sample: 06A SUMMIT WALL 6 08/10 1000 Collected: 08/10/99 Category: SOLID

<u>Test Description</u>	<u>Result</u>	<u>Detection Limit</u>	<u>Units</u>	<u>Analyzed</u>	<u>By</u>
EXTRACTION, 8015B	-		-		JW

Sample: 07A SUMMIT WALL 7 08/10 1000 Collected: 08/10/99 Category: SOLID

<u>Test Description</u>	<u>Result</u>	<u>Detection Limit</u>	<u>Units</u>	<u>Analyzed</u>	<u>By</u>
EXTRACTION, 8015B	-		-		JW

Committed to Quality Since 1958

Order # 99-08-516  
08/24/99 11:46

Page 3

TEST RESULTS BY SAMPLE

Sample: 08A SUMMIT WALL 8 08/10 1000 Collected: 08/10/99 Category: SOLID

<u>Test Description</u>		<u>Result</u>	<u>Detection</u> <u>Limit</u>	<u>Units</u>	<u>Analyzed</u>	<u>By</u>
EXTRACTION,	8015B	-		-		JW

Sample: 09A SUMMIT WALL 9 08/10 1000 Collected: 08/10/99 Category: SOLID

<u>Test Description</u>		<u>Result</u>	<u>Detection</u> <u>Limit</u>	<u>Units</u>	<u>Analyzed</u>	<u>By</u>
EXTRACTION,	8015B	-		-		JW

Sample: 10A SUMMIT WALL 10 08/10 1000 Collected: 08/10/99 Category: SOLID

<u>Test Description</u>		<u>Result</u>	<u>Detection</u> <u>Limit</u>	<u>Units</u>	<u>Analyzed</u>	<u>By</u>
EXTRACTION,	8015B	-		-		JW

Sample: 11A SUMMIT WALL 11 08/10 1000 Collected: 08/10/99 Category: SOLID

<u>Test Description</u>		<u>Result</u>	<u>Detection</u> <u>Limit</u>	<u>Units</u>	<u>Analyzed</u>	<u>By</u>
EXTRACTION,	8015B	-		-		JW

Sample: 12A SUMMIT WALL 12 08/10 1000 Collected: 08/10/99 Category: SOLID

<u>Test Description</u>		<u>Result</u>	<u>Detection</u> <u>Limit</u>	<u>Units</u>	<u>Analyzed</u>	<u>By</u>
EXTRACTION,	8015B	-		-		JW

Sample: 13A SUMMIT WALL 13 08/10 1000 Collected: 08/10/99 Category: SOLID

<u>Test Description</u>		<u>Result</u>	<u>Detection</u> <u>Limit</u>	<u>Units</u>	<u>Analyzed</u>	<u>By</u>
EXTRACTION,	8015B	-		-		JW

Sample: 14A SUMMIT WALL 14 08/10 1000 Collected: 08/10/99 Category: SOLID

<u>Test Description</u>		<u>Result</u>	<u>Detection</u> <u>Limit</u>	<u>Units</u>	<u>Analyzed</u>	<u>By</u>
EXTRACTION,	8015B	-		-		JW

Order # 99-08-516  
08/24/99 11:46

Page 4

TEST RESULTS BY SAMPLE

Sample: 15A SUMMIT WALL 15 08/10 1000 Collected: 08/10/99 Category: SOLID

<u>Test Description</u>		<u>Result</u>	<u>Detection</u> <u>Limit</u>	<u>Units</u>	<u>Analyzed</u>	<u>By</u>
EXTRACTION,	8015B	-		-		JW

Sample: 16A SUMMIT WALL 16 08/10 1000 Collected: 08/10/99 Category: SOLID

<u>Test Description</u>		<u>Result</u>	<u>Detection</u> <u>Limit</u>	<u>Units</u>	<u>Analyzed</u>	<u>By</u>
EXTRACTION,	8015B	-		-		JW

Sample: 17A SUMMIT WALL 17 08/10 1000 Collected: 08/10/99 Category: SOLID

<u>Test Description</u>		<u>Result</u>	<u>Detection</u> <u>Limit</u>	<u>Units</u>	<u>Analyzed</u>	<u>By</u>
EXTRACTION,	8015B	-		-		JW

Sample: 18A SUMMIT WALL 18 08/10 1000 Collected: 08/10/99 Category: SOLID

<u>Test Description</u>		<u>Result</u>	<u>Detection</u> <u>Limit</u>	<u>Units</u>	<u>Analyzed</u>	<u>By</u>
EXTRACTION,	8015B	-		-		JW



Order # 99-08-516  
08/24/99 11:46

Page 5

TEST RESULTS BY SAMPLE

Sample Description: **SUMMIT WALL 1** 08/10 100 Lab No: 01A  
 Test Description: **PETROLEUM HYDROCARBONS** Method: 8015B Test Code: TPH\_F  
 Collected: 08/10/99 Category: **SOLID**

PARAMETER	RESULT	LIMIT
GASOLINE	<u>BDL</u>	<u>5</u>
DIESEL FUEL	<u>21</u>	<u>10</u>

Notes and Definitions for this Report:

EXTRACTED 08/20/99  
 DATE RUN 08/20/99  
 ANALYST CJ  
 INSTRUMENT GC  
 UNITS mg/Kg  
 METHOD 8015 M  
 BDL BELOW DETECTION LIMIT

Order # 99-08-516  
08/24/99 11:46

Page 6

TEST RESULTS BY SAMPLE

Sample Description: **SUMMIT WALL 2 08/10 1000** Lab No: **02A**  
Test Description: **PETROLEUM HYDROCARBONS** Method: **8015B** Test Code: **TPH\_F**  
Collected: **08/10/99** Category: **SOLID**

<u>PARAMETER</u>	<u>RESULT</u>	<u>LIMIT</u>
GASOLINE	<u>BDL</u>	<u>5</u>
DIESEL FUEL	<u>BDL</u>	<u>10</u>

Notes and Definitions for this Report:

EXTRACTED 08/20/99  
DATE RUN 08/20/99  
ANALYST CJ  
INSTRUMENT GC  
UNITS mg/Kg  
METHOD 8015 M  
BDL BELOW DETECTION LIMIT

Order # 99-08-516  
08/24/99 11:46

Page 7

TEST RESULTS BY SAMPLE

Sample Description: **SUMMIT WALL 3 08/10 1000** Lab No: **03A**  
Test Description: **PETROLEUM HYDROCARBONS** Method: **8015B**  
Collected: **08/10/99** Category: **SOLID**

Test Code: **TPH\_F**

<u>PARAMETER</u>	<u>RESULT</u>	<u>LIMIT</u>
GASOLINE	<u>BDL</u>	<u>5</u>
DIESEL FUEL	<u>BDL</u>	<u>10</u>

Notes and Definitions for this Report:

EXTRACTED 08/20/99  
DATE RUN 08/20/99  
ANALYST CJ  
INSTRUMENT GC  
UNITS mg/Kg  
METHOD 8015 M  
BDL BELOW DETECTION LIMIT



Order # 99-08-516  
08/24/99 11:46

TEST RESULTS BY SAMPLE

Sample Description: **SUMMIT WALL 4 08/10 1000** Lab No: **04A**  
 Test Description: **PETROLEUM HYDROCARBONS** Method: **8015B** Test Code: **TPH\_F**  
 Collected: **08/10/99** Category: **SOLID**

PARAMETER	RESULT	LIMIT
GASOLINE	<u>BDL</u>	<u>5</u>
DIESEL FUEL	<u>BDL</u>	<u>10</u>

Notes and Definitions for this Report:

EXTRACTED 08/20/99  
 DATE RUN 08/20/99  
 ANALYST CJ  
 INSTRUMENT GC  
 UNITS mg/Kg  
 METHOD 8015 M  
 BDL BELOW DETECTION LIMIT

Order # 99-08-516  
08/24/99 11:46

Page 9

TEST RESULTS BY SAMPLE

Sample Description: SUMMIT WALL 5 08/10 1000 Lab No: 05A  
Test Description: PETROLEUM HYDROCARBONS Method: 8015B  
Collected: 08/10/99 Category: SOLID

Test Code: TPH\_F

PARAMETER	RESULT	LIMIT
GASOLINE	<u>BDL</u>	<u>5</u>
DIESEL FUEL	<u>BDL</u>	<u>10</u>

Notes and Definitions for this Report:

EXTRACTED 08/20/99  
DATE RUN 08/20/99  
ANALYST CJ  
INSTRUMENT GC  
UNITS mq/Kg  
METHOD 8015 M  
BDL BELOW DETECTION LIMIT

Order # 99-08-516  
08/24/99 11:46

Page 10

TEST RESULTS BY SAMPLE

Sample Description: **SUMMIT WALL 6** 08/10 1000 Lab No: **06A**  
Test Description: **PETROLEUM HYDROCARBONS** Method: **8015B** Test Code: **TPH\_F**  
Collected: **08/10/99** Category: **SOLID**

PARAMETER	RESULT	LIMIT
GASOLINE	<u>BDL</u>	<u>5</u>
DIESEL FUEL	<u>BDL</u>	<u>10</u>

Notes and Definitions for this Report:

EXTRACTED 08/20/99  
DATE RUN 08/20/99  
ANALYST CJ  
INSTRUMENT GC  
UNITS mg/Kg  
METHOD 8015 M  
BDL BELOW DETECTION LIMIT

Order # 99-08-516  
08/24/99 11:46

Page 11

TEST RESULTS BY SAMPLE

Sample Description: **SUMMIT WALL 7 08/10 1000** Lab No: **07A**  
Test Description: **PETROLEUM HYDROCARBONS** Method: **8015B** Test Code: **TPH\_F**  
Collected: **08/10/99** Category: **SOLID**

PARAMETER	RESULT	LIMIT
GASOLINE	<u>BDL</u>	<u>5</u>
DIESEL FUEL	<u>BDL</u>	<u>10</u>

Notes and Definitions for this Report:

EXTRACTED 08/20/99  
DATE RUN 08/20/99  
ANALYST CJ  
INSTRUMENT GC  
UNITS mg/Kg  
METHOD 8015 M  
BDL BELOW DETECTION LIMIT

Order # 99-08-516  
08/24/99 11:46

Page 12

TEST RESULTS BY SAMPLE

Sample Description: **SUMMIT WALL 8 08/10 1000** Lab No: **08A**  
Test Description: **PETROLEUM HYDROCARBONS** Method: **8015B** Test Code: **TPH\_F**  
Collected: **08/10/99** Category: **SOLID**

PARAMETER	RESULT	LIMIT
GASOLINE	<u>BDL</u>	<u>5</u>
DIESEL FUEL	<u>BDL</u>	<u>10</u>

Notes and Definitions for this Report:

EXTRACTED 08/20/99  
DATE RUN 08/20/99  
ANALYST CJ  
INSTRUMENT GC  
UNITS mg/Kg  
METHOD 8015 M  
BDL BELOW DETECTION LIMIT

Order # 99-08-516  
08/24/99 11:46

Page 13

TEST RESULTS BY SAMPLE

Sample Description: **SUMMIT WALL 9 08/10 1000** Lab No: **09A**  
Test Description: **PETROLEUM HYDROCARBONS** Method: **8015B**  
Collected: **08/10/99** Category: **SOLID**

Test Code: **TPH\_F**

PARAMETER	RESULT	LIMIT
GASOLINE	<u>BDL</u>	<u>5</u>
DIESEL FUEL	<u>BDL</u>	<u>10</u>

Notes and Definitions for this Report:

EXTRACTED 08/20/99  
DATE RUN 08/20/99  
ANALYST CJ  
INSTRUMENT GC  
UNITS mg/Kg  
METHOD 8015 M  
BDL BELOW DETECTION LIMIT

Order # 99-08-516  
08/24/99 11:46

Page 14

TEST RESULTS BY SAMPLE

Sample Description: **SUMMIT WALL 10 08/10 1000** Lab No: **10A**  
Test Description: **PETROLEUM HYDROCARBONS** Method: **8015B** Test Code: **TPH\_F**  
Collected: **08/10/99** Category: **SOLID**

PARAMETER	RESULT	LIMIT
GASOLINE	<u>BDL</u>	<u>5</u>
DIESEL FUEL	<u>25</u>	<u>10</u>

Notes and Definitions for this Report:

EXTRACTED 08/20/99  
DATE RUN 08/20/99  
ANALYST CJ  
INSTRUMENT GC  
UNITS mg/Kg  
METHOD 8015 M  
BDL BELOW DETECTION LIMIT

Order # 99-08-516  
08/24/99 11:46

Page 15

TEST RESULTS BY SAMPLE

Sample Description: **SUMMIT WALL 11 08/10 1000** Lab No: **11A**

Test Description: **PETROLEUM HYDROCARBONS**  
Collected: **08/10/99**

Method: **8015B**  
Category: **SOLID**

Test Code: **TPH\_F**

<u>PARAMETER</u>	<u>RESULT</u>	<u>LIMIT</u>
GASOLINE	<u>BDL</u>	<u>5</u>
DIESEL FUEL	<u>BDL</u>	<u>10</u>

Notes and Definitions for this Report:

EXTRACTED 08/20/99  
DATE RUN 08/20/99  
ANALYST CJ  
INSTRUMENT GC  
UNITS mg/Kg  
METHOD 8015 M  
BDL BELOW DETECTION LIMIT

Order # 99-08-516  
08/24/99 11:46

Page 16

TEST RESULTS BY SAMPLE

Sample Description: SUMMIT WALL 12 08/10 1000 Lab No: 12A  
Test Description: PETROLEUM HYDROCARBONS Method: 8015B Test Code: TPH\_F  
Collected: 08/10/99 Category: SOLID

PARAMETER	RESULT	LIMIT
GASOLINE	<u>BDL</u>	<u>5</u>
DIESEL FUEL	<u>BDL</u>	<u>10</u>

Notes and Definitions for this Report:

EXTRACTED 08/20/99  
DATE RUN 08/23/99  
ANALYST CJ  
INSTRUMENT GC  
UNITS mg/Kg  
METHOD 8015 M  
BDL BELOW DETECTION LIMIT

Order # 99-08-516  
08/24/99 11:46

Page 17

TEST RESULTS BY SAMPLE

Sample Description: **SUMMIT WALL 13 08/10 1000** Lab No: **13A**  
Test Description: **PETROLEUM HYDROCARBONS** Method: **8015B**  
Collected: **08/10/99** Category: **SOLID**

Test Code: **TPH\_F**

<u>PARAMETER</u>	<u>RESULT</u>	<u>LIMIT</u>
GASOLINE	<u>BDL</u>	<u>5</u>
DIESEL FUEL	<u>BDL</u>	<u>10</u>

Notes and Definitions for this Report:

EXTRACTED 08/20/99  
DATE RUN 08/23/99  
ANALYST CJ  
INSTRUMENT GC  
UNITS mg/Kg  
METHOD 8015 M  
BDL BELOW DETECTION LIMIT

Order # 99-08-516  
08/24/99 11:46

Page 18

TEST RESULTS BY SAMPLE

Sample Description: SUMMIT WALL 14 08/10 1000 Lab No: 14A  
Test Description: PETROLEUM HYDROCARBONS Method: 8015B Test Code: TPH\_F  
Collected: 08/10/99 Category: SOLID

<u>PARAMETER</u>	<u>RESULT</u>	<u>LIMIT</u>
GASOLINE	<u>BDL</u>	<u>5</u>
DIESEL FUEL	<u>BDL</u>	<u>10</u>

Notes and Definitions for this Report:

EXTRACTED 08/20/99  
DATE RUN 08/23/99  
ANALYST CJ  
INSTRUMENT GC  
UNITS mg/Kg  
METHOD 8015 M  
BDL BELOW DETECTION LIMIT

Order # 99-08-516  
08/24/99 11:46

Page 19

TEST RESULTS BY SAMPLE

Sample Description: **SUMMIT WALL 15 08/10 1000** Lab No: **15A**

Test Description: **PETROLEUM HYDROCARBONS**

Method: **8015B**

Test Code: **TPH\_F**

Collected: **08/10/99**

Category: **SOLID**

PARAMETER	RESULT	LIMIT
GASOLINE	<u>BDL</u>	<u>5</u>
DIESEL FUEL	<u>BDL</u>	<u>10</u>

Notes and Definitions for this Report:

EXTRACTED 08/20/99

DATE RUN 08/23/99

ANALYST CJ

INSTRUMENT GC

UNITS mg/Kg

METHOD 8015 M

BDL BELOW DETECTION LIMIT

Order # 99-08-516  
08/24/99 11:46

Page 20

TEST RESULTS BY SAMPLE

Sample Description: **SUMMIT WALL 16 08/10 1000** Lab No: **16A**  
Test Description: **PETROLEUM HYDROCARBONS** Method: **8015B** Test Code: **TPH\_F**  
Collected: **08/10/99** Category: **SOLID**

PARAMETER	RESULT	LIMIT
GASOLINE	<u>BDL</u>	<u>5</u>
DIESEL FUEL	<u>BDL</u>	<u>10</u>

Notes and Definitions for this Report:

EXTRACTED 08/20/99  
DATE RUN 08/23/99  
ANALYST CJ  
INSTRUMENT GC  
UNITS mg/Kg  
METHOD 8015 M  
BDL BELOW DETECTION LIMIT

Order # 99-08-516  
08/24/99 11:46

Page 21

TEST RESULTS BY SAMPLE

Sample Description: **SUMMIT WALL 17 08/10 1000** Lab No: **17A**  
Test Description: **PETROLEUM HYDROCARBONS** Method: **8015B** Test Code: **TPH\_F**  
Collected: **08/10/99** Category: **SOLID**

<u>PARAMETER</u>	<u>RESULT</u>	<u>LIMIT</u>
GASOLINE	<u>BDL</u>	<u>5</u>
DIESEL FUEL	<u>BDL</u>	<u>10</u>

Notes and Definitions for this Report:

EXTRACTED 08/20/99  
DATE RUN 08/23/99  
ANALYST CJ  
INSTRUMENT GC  
UNITS mg/Kg  
METHOD 8015 M  
BDL BELOW DETECTION LIMIT

Order # 99-08-516  
08/24/99 11:46

Page 22

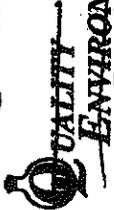
TEST RESULTS BY SAMPLE

Sample Description: **SUMMIT WALL 18 08/10 1000** Lab No: **18A**  
Test Description: **PETROLEUM HYDROCARBONS** Method: **8015B** Test Code: **TPH\_F**  
Collected: **08/10/99** Category: **SOLID**

PARAMETER	RESULT	LIMIT
GASOLINE	<u>BDL</u>	<u>5</u>
DIESEL FUEL	<u>BDL</u>	<u>10</u>

Notes and Definitions for this Report:

EXTRACTED 08/20/99  
DATE RUN 08/23/99  
ANALYST CJ  
INSTRUMENT GC  
UNITS mg/Kg  
METHOD 8015 M  
BDL BELOW DETECTION LIMIT



# CHAIN OF CUSTODY

09-08-516

445 E. MORGANWAY RD. BOX 2368 - BAY VILLAGE, TN 38006  
 BUS-812-221-9944 FAX-812-221-7327

REPORT ANALYSIS TO:  
 CLIENT: U.S. Tech Group, Inc.  
 ADDRESS: 1010 Sycamore St.  
 Evansville, IN 47708  
 CONTACT: Matthew White  
 PHONE: (812) 424-2996

BILL TO: U.S. Tech Group, Inc.  
 CLIENT: 1010 Sycamore St.  
 ADDRESS: Evansville, IN 47708  
 CONTACT: Matthew White  
 PHONE: (812) 424-2996

PROJECT IDENTIFICATION:  
 1010 Sycamore St. Michigan City

PURCHASE ORDER#  
 0599 7004

MATRIX	DATE	TIME (2400)	SAMPLE TYPE	SAMPLE DESCRIPTION	PRESERVED	# SAMPLES
S	9-10	10:00	L	Summit Well (1)	ICE	
S	9-10	10:00	L	Summit Well (2)	ICE	
S	9-10	10:00	L	Summit Well (3)	ICE	
S	9-10	10:00	L	Summit Well (4)	ICE	
S	9-10	10:00	L	Summit Well (5)	ICE	
S	9-10	10:00	L	Summit Well (6)	ICE	
S	9-10	10:00	L	Summit Well (7)	ICE	
S	9-10	10:00	L	Summit Well (8)	ICE	
S	9-10	10:00	L	Summit Well (9)	ICE	
S	9-10	10:00	L	Summit Well (10)	ICE	
S	9-10	10:00	L	Summit Well (11)	ICE	
S	9-10	10:00	L	Summit Well (12)	ICE	
S	9-10	10:00	L	Summit Well (13)	ICE	
S	9-10	10:00	L	Summit Well (14)	ICE	
S	9-10	10:00	L	Summit Well (15)	ICE	
S	9-10	10:00	L	Summit Well (16)	ICE	
S	9-10	10:00	L	Summit Well (17)	ICE	
S	9-10	10:00	L	Summit Well (18)	ICE	

COMMENTS:  
 Relinquished by: (SIGNATURE) Summit Team  
 Relinquished by: (SIGNATURE) Matthew White  
 Relinquished by: (SIGNATURE) M.W.

RECEIVED BY: (SIGNATURE) DATE: 9-11-99  
 RECEIVED BY: (SIGNATURE) DATE: 9-11-99  
 RECEIVED BY: (SIGNATURE) DATE: 9-11-99

TURN AROUND TIME REQUIRED: 5 days  
 MATRIX: WATER-W, WASTEWATER-WW, SOLID-S, OIL-O, GROUNDWATER-GW, SLUDGE-SL  
 SAMPLE TYPE: *(handwritten)*

NOTE:

ORDER NO.

HOWARD INDUSTRIES

2817 W. US Hwy 12  
MICHIGAN CITY, IN 46360  
219 528 8888

005523

SHIPPER

JEFF GUSCHWITZ Inc.  
Westville, Indiana

DATE 6-29-99 SHIPPERS NO.  
CONSIGNEE

Howard Industries

ORIGIN

Mt Carmel, IL

DESTINATION:

Michigan City, Ind

QUANTITY, REGULATION, WEIGHT, RATE, PREPAID, RECEIVED

3 OR WASTE SAND WATER  
1 OR 40 GAL OF SLUDGE

RECEIVED IN GOOD CONDITION EXCEPT AS NOTED

X *[Signature]*

C. O. D. AMOUNT \$

COMMENTS

DATE

6-29-99

SHIPPER'S SIGNATURE SUBJECT TO SECTION 7 OF B-1

*[Signature]*

DRIVER'S SIGNATURE

3 - ORIGINAL FREIGHT BILL  
PAYMENT WITHIN 7 DAYS REQUIRED BY REGULATIONS

P.U.C. & I.C.C. REGULATIONS REQUIRE  
PAYMENT WITHIN SEVEN (7) DAYS

ORIGINAL

BBL 821-S

JEFF GUISEWITE, INC  
RR #3, BOX 104B  
MT. CARMEL, IL 62863  
618-262-4933 FAX 618-262-4983

TO: U. S. Tech Group

DATE OF REMOVAL 6-28-98

LOCATION Westville Prison  
Indiana

TANK DESCRIPTION (3) Underground  
Storage tanks

THE ABOVE REFERENCED UNDERGROUND STORAGE TANK(S) HAVE BEEN  
CLEANED AND ALL RESIDUES REMOVED IN ACCORDANCE WITH ACCEPTED  
STANDARDS AND PRACTICES.

THE TANK(S) WERE DESTROYED AND DISPOSED OF AT AN APPROVED  
WASTE FACILITY.

Jeff Guisewite by Sue  
FACILITY REPRESENTATIVE



**INDIANA LANDFILL DIVISION**  
A WASTE MANAGEMENT COMPANY

124 Twin Bridges Road  
P.O. Box 9  
Danville, IN 46122  
(317) 745-2878  
(800) 981-0213  
(317) 745-2865 Fax

July 15, 1999

Mr. Kevin Hogan  
Industry & Farms/Indiana State Prison  
PO Box 41  
Michigan City, IN. 46360

Dear Mr. Hogan:

The special waste stream referenced below has been approved for disposal at Deercroft Recycling and Disposal Facility. Please note the following information:

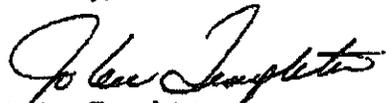
Generator:	Industry & Farms/Indiana State Prison W. Farm 600 E. 1275 N. Westville, IN 46391-
Waste Stream:	Gasoline & diesel contaminated soil
WM Notification Number:	543502
WM Notification Expiration Date:	12/31/99
IDEM Certification Number:	N/A
(if applicable) Certification Expiration Date:	N/A
(if applicable) Manifest Required:	Special Waste Disposal Notification Disposal Notification is Attached
Landfill Notification:	<b>24 HOUR NOTIFICATION REQUIRED</b>

Please note the special conditions as noted by our Technical Manager:

1. No free liquids.
2. Each load must have a signed Special Waste Disposal Notification.
3. Waste is approved under authority of IC 13-20-7-7.

The confidence and trust you have placed in selecting Waste Management, L.L.C. to manage your disposal needs is greatly appreciated. If you have any questions or need assistance with additional waste disposal, please do not hesitate to contact the Indiana Service Center at (800) 981-0213.

Sincerely,



Jo Ann Templeton

Customer Service Representative

Attachments

JAT/rks

# Notification for Underground Storage Tanks

FORM 400-100-000  
OCTOBER 1994 EDITION

FOR  
TANKS  
IN  
IN

RETURN  
COMPLETED  
FORM  
TO

Division of Land Pollution Control  
UST Program  
P.O. Box 7015  
Indianapolis, IN 46207 - 7015

(317) 243-5922

STATE USE ONLY  
I.D. Number  
Date Received

### GENERAL INFORMATION

Notification is required by Federal law for all underground tanks that have been used to store regulated substances since January 1, 1974, that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986. The information requested is required by Section 1002 of the Resource Conservation and Recovery Act (RCRA), as amended.

The primary purpose of this notification program is to locate and evaluate underground tanks that store or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on reasonably available records, or, in the absence of such records, your knowledge, belief, or recollection.

**Who Must Notify?** Section 1002 of RCRA, as amended, requires that, unless exempted, owners of underground tanks that store regulated substances must notify designated State or local agencies of the existence of their tanks. Owner means—  
(a) in the case of an underground storage tank in use on November 8, 1984, or brought into use after that date, any person who owns an underground storage tank used for the storage, use, or dispersing of regulated substances; and  
(b) in the case of any underground storage tank in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before the discontinuation of its use.

**What Tanks Are Included?** Underground storage tank is defined as any one or combination of tanks that (1) is used to contain an accumulation of "regulated substances," and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Some examples are underground tanks storing: 1. gasoline, used oil, or diesel fuel, and 2. industrial solvents, pesticides, herbicides or fumigants.

**What Tanks Are Excluded?** Tanks removed from the ground are not subject to notification. Other tanks excluded from notification are:  
1. farm or residential tanks of 1,100 gallons or less capacity used for storing motor fuel for noncommercial purposes;  
2. tanks used for storing heating oil for consumptive use on the premises where stored;  
3. septic tanks;

4. pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws;
5. surface impoundments, pits, ponds, or lagoons;
6. storm water or waste water collection systems;
7. flow-through process tanks;
8. liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;
9. storage tanks situated in an underground area (such as a basement, cellar, mine-working, drift, shaft, or tunnel) if the storage tank is situated upon or above the surface of the floor.

**What Substances Are Covered?** The notification requirements apply to underground storage tanks that contain regulated substances. This includes any substance defined as hazardous in section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA) with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA. It also includes petroleum, e.g., crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute).

**Where To Notify?** Completed notification forms should be sent to the address given at the top of this page.

**When To Notify?** 1. Owners of underground storage tanks in use or that have been taken out of operation after January 1, 1974, but still in the ground, must notify by May 8, 1986. 2. Owners who bring underground storage tanks into use after May 8, 1986, must notify within 30 days of bringing the tanks into use.

**Penalties:** Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000 for each tank for which notification is not given or for which false information is submitted.

### INSTRUCTIONS

Please type or print in ink all items except "signature" in Section V. This form must be completed for each location containing underground storage tanks. If more than 5 tanks are owned at this location, photocopy the reverse side, and staple continuation sheets to this form.

Indicate number of continuation sheets attached

1

### I OWNERSHIP OF TANK(S)

Owner Name (Corporation, Individual, Public Agency, or Other Entity)  
Industry & Farms Division/Indiana State Prison

Street Address  
P.O. Box 41

County  
LaPorte

City Michigan City State IN ZIP Code 46360

Area Code 219 Phone Number 874 7256

Type of Owner (Mark all that apply )

Current  State or Local Gov't  Private or Corporate  
 Former  Federal Gov't (GSA facility I.D. no. \_\_\_\_\_)  Ownership uncertain

### II LOCATION OF TANK(S)

(If same as Section I, mark box here )

Facility Name or Company Site Identifier, as applicable  
Summit Farm

Street Address or State Road, as applicable  
4903 Johnson Road

County  
LaPorte

City (nearest) LaPorte State IN ZIP Code 46350

Indicate number of tanks at this location  1

Mark box here if tank(s) are located on land within an Indian reservation or on other Indian trust lands

### III CONTACT PERSON AT TANK LOCATION

Name (If same as Section I, mark box here ) Mark Miller Job Title Farm Supervisor Area Code 219 Phone Number 324 0442

### IV TYPE OF NOTIFICATION

Mark box here only if this is an amended or subsequent notification for this location.

### V CERTIFICATION (Read and Sign after completing Section VI)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner or owner's authorized representative Daniel L. Bonfield Safety Hazard Manager Signature Daniel L. Bonfield Date Signed 11/28/89

Name and official title of owner or owner's authorized representative  
Daniel L. Bonfield Safety Hazard Manager

Signature

*Daniel L. Bonfield*

Date Signed

11/28/89

IND. STATE PRISON  
11:24 DEC-21-1988

CONTINUATION SHEET

INSTRUCTIONS

Please type or print in ink all items except "signature" in Section V. This form must be completed for each location containing underground storage tanks. If more than 5 tanks are owned at this location, photocopy the reverse side, and staple continuation sheets to this form.

Indicate number of continuation sheets attached

1

I. OWNERSHIP OF TANK(S)

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

Industry & Farms Division/Indiana State Prison

Street Address

P.O. Box 41

County

LaPorte

City

Michigan City

State

IN

ZIP Code

46360

Area Code

219

Phone Number

874 7256

Type of Owner (Mark all that apply)

Current

State or Local Gov't

Private or Corporate

Former

Federal Gov't (GSA facility I.D. no. \_\_\_\_\_)

Ownership uncertain

II. LOCATION OF TANK(S)

(If same as Section I, mark box here )

Facility Name or Company Site Identifier, as applicable

West Farm

Street Address or State Road, as applicable

600 E 1275 N

County

LaPorte

City (nearest)

Westville

State

IN

ZIP Code

46391

Indicate number of tanks at this location

2

Mark box here if tank(s) are located on land within an Indian reservation or on other Indian trust lands

III. CONTACT PERSON AT TANK LOCATION

Name (If same as Section I, mark box here )

Mark Miller

Job Title

Farm Supervisor

Area Code

219

Phone Number

324 0442

IV. TYPE OF NOTIFICATION

Mark box here only if this is an amended or subsequent notification for this location.

V. CERTIFICATION (Read and sign after completing Section VI)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner or owner's authorized representative

Daniel L. Bonfield Safety Hazard Manager

Signature

*Daniel L. Bonfield*

Date Signed

11/28/89

TOTAL P.02

Post-it Fax Note	7871	Date: 15.99	# of pages: 3
To: BRIAN DAVENPORT		From: KEVIN HOSAN	
Co./Dept. IDGM / DER / UST		Co. DOC	
Phone #		Phone # 317/233-6088	
Fax # 317/308-3086		Fax # 317/233-4761	

22799

BRIAN -

HERE ARE THE ORIGINAL NOTIFICATION  
FORMS AS DELIVERED IN 1989.

IF YOU GET ANY IDEAS & LET ME KNOW  
AND I WILL SEARCH THEM OUT.

THANKS



**EXHIBIT E**

**Hold Harmless Affidavit**

STATE OF INDIANA       )  
  )SS:  
COUNTY OF \_\_\_\_\_ )

**AFFIDAVIT**

Comes now the Affiant(s), \_\_\_\_\_, and swear and affirm to the following:.

- 1) That the above Affiant(s) shall **hold harmless and indemnify** the State of Indiana and its agents, the Indiana Department of Administration and the Indiana Department of Correction and accept the property transfer through Quit Claim Deed without any warranties and receive the property "As-Is".

SUBSCRIBED AND SWORN TO THIS \_\_\_\_\_ DAY OF \_\_\_\_\_,  
20\_\_.

\_\_\_\_\_ Affiant's printed name

\_\_\_\_\_ Affiant's signature

State of Indiana       )  
  )SS:  
County of \_\_\_\_\_ )

Subscribed and sworn to before me a Notary Public this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_.

\_\_\_\_\_  
Notary Public

A Resident of \_\_\_\_\_ County Indiana  
My Commission expires: \_\_\_\_\_