

NFR
design



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We make Indiana a cleaner, healthier place to live

Evan Bayh
Governor
Michael O'Connor
Commissioner

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02-Jan-97

UST SYSTEM CLOSURE REPORT REVIEW CHECKLIST

(OCTOBER 1994 & NOVEMBER 1995 GUIDANCE)

FACILITY I.D.: 2175 OWNER I.D.: 69 LUST I.D.: 9505531

OWNER/OPERATOR NAME: Goodyear Tire & Rubber Co.
CONTACT NAME/TITLE: Mr. J.M. Smerglia
ADDRESS LINE 1: 1144 E. Market Street
ADDRESS LINE 2: _____
CITY/STATE: Akron, Ohio
ZIP CODE: 44316
PHONE NUMBER: 216-796-7898

FACILITY NAME: Michiana Tire of Goshen, Inc.
CONTACT NAME/TITLE: _____
ADDRESS: 410 W. Pike St.
CITY: Goshen
COUNTY: Elkhart
ZIP CODE: 46256

DATE REPORT RECEIVED: 7/12/95
INITIAL DATE REVIEWED: 1/2/97
CLOSURE DATE: 4/24/95
UST STAFF: Chris Bauer
STAFF PHONE: (317) 308-3069
ADDITIONAL INFO RECEIVED: _____

Dear UST facility owner/operator;

This agency has recently received and reviewed the UST system closure report for the above referenced facility marked as inadequate must be forwarded to the IDEM UST Branch within 30 days. Specific comments to help improve are provided, if necessary. If all required information is submitted and adequate, the UST System Closure requirement is fulfilled.

Failure to comply with this request for additional information may result in formal enforcement action. The size of the assessment of civil penalties not to exceed \$25,000 per day. Additionally, such an enforcement action will result in your eligibility for Excess Liability Fund (ELF) reimbursement. If you anticipate seeking ELF reimbursement for your facility, please contact the ELF Program at (317) 233-6390 for more information on eligibility requirements and reimbursement. To ensure prompt processing of any additional information, please return a copy of this form with any reply to questions arise, please contact the UST Branch staff person listed above.

UST SYSTEM CLOSURE REPORT

N: NOT SUBMITTED

S: SUBMITTED

N/A: NOT APPLICABLE

I: INADEQUATE

A: ADEQUATE

COMPLETE

	<i>N</i>	<i>S</i>	<i>N/A</i>	<i>I</i>	<i>A</i>	DATE	RESPONSIBLE PARTY
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	OWNER/OPERATOR NAME, OWNER I.D. #, ADDRESS, & PHONE NUMBER
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	CONTACT PERSON, OWNER/OPERATOR AFFILIATION, PHONE #
3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	PAST OWNER/OPERATORS

	<i>N</i>	<i>S</i>	<i>N/A</i>	<i>I</i>	<i>A</i>	DATE	UST CONTRACTOR
4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	UST CLOSURE CONTRACTOR NAME & ADDRESS
5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	NAME AND OSFM CERTIFICATION NUMBER

	<i>N</i>	<i>S</i>	<i>N/A</i>	<i>I</i>	<i>A</i>	DATE	UST SITE
6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	FACILITY NAME, I.D. NUMBER, ADDRESS, & PHONE NUMBER
7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	TYPE OF FACILITY, PAST AND PRESENT OPERATIONS
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	COVERAGE (PAVED OR NONPAVED, ETC.)
9	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	HISTORY OF SPILL REPORTS (BY INCIDENT NUMBER)
10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	SITE SURROUNDINGS
11	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	SITE SOIL TEXTURE

	<i>N</i>	<i>S</i>	<i>N/A</i>	<i>I</i>	<i>A</i>	DATE	SITE SPECIFIC MAP
12	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	APPROPRIATE SCALE AND LEGENDS
13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	BUILDINGS/STRUCTURES AND SITE BOUNDARIES
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	LOCATIONS OF ALL USTs AT SITE
15	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	TANK EXCAVATIONS WITH DIMENSIONS
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	LOCATION OF ANY PREVIOUSLY CLOSED UST SYSTEMS
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	LOCATION OF PUMP ISLANDS
18	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	LOCATION OF UST PIPING (REMOVED AND NON-REMOVED PIPING)
19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	IDENTIFIED BURIED UTILITY LINES
20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	SOIL BORING LOCATIONS (IN-PLACE CLOSURE)
21	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	DRAINAGE FEATURES (NATURAL AND CONSTRUCTED)
22	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	SAMPLING LOCATIONS (SOIL AND WATER)
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	GROUNDWATER MONITORING WELL LOCATIONS

	<i>N</i>	<i>S</i>	<i>N/A</i>	<i>I</i>	<i>A</i>	DATE	UNDERGROUND STORAGE TANK(S)
24	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	NUMBER AND VOLUME OF TANK(S)
25	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	PAST AND PRESENT CONTENTS OF TANK(S)
26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	CONSTRUCTION MATERIAL OF TANK(S)
27	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	AGE AND INSTALLATION DATES OF TANK(S)
28	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	LEAK DETECTION METHODS USED
29	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	RECORDS OF TANK TIGHTNESS TEST RESULTS
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	RECORDS OF ANY OTHER LEAK DETECTION METHOD RESULTS (LAST 2 MOS.)
31	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	INFORMATION ON ANY PREVIOUSLY CLOSED UST SYSTEMS

*=SEE SPECIFIC COMMENTS

	N	S	N/A	I	A	
32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SAMPLE RESULTS
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DATA FROM ANALYSIS OF SOIL SAMPLES (TPH, ETC.)
34	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DATA FROM ANALYSIS OF WATER SAMPLES (BTEX, ETC.)
35	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PROPER SAMPLE NUMBERS FOR CROSS REFERENCE TO UST SITE MAPS
36	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ANALYTICAL METHODS USED
37	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DETECTION LIMITS USED
38	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIGNED CERTIFICATE OF ANALYSIS
39	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CHAIN OF CUSTODY DOCUMENTATION
40	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TIER II WASTE OIL ANALYSIS
41	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DECONTAMINATION PROCEDURES
42	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SAMPLING PROCEDURES AND TECHNIQUES
43	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXCAVATION SAMPLES
44	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIPING RUN SAMPLES
						PUMP ISLAND SAMPLES

	N	S	N/A	I	A	
45	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MISCELLANEOUS CLOSURE DOCUMENTATION
46	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DATE OF CLOSURE
47	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SOIL BORING LOGS GIVING LITHOLOGIC DESCRIPTIONS (IN-PLACE)
48	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SOIL BORING LOGS ALL USING SAME VERTICAL SCALE (IN-PLACE)
49	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DOCUMENTATION OF ANY OVEREXCAVATION ACTIVITIES
50	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	APPROXIMATE AMOUNT OF SOILS EXCAVATED
51	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DOCUMENTATION OF DISPOSAL OR TREATMENT OF SOILS OR WATER
52	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DOCUMENTATION OF DISPOSAL FOR REMAINING PRODUCT AND SLUDGE
						DOCUMENTATION OF DISPOSAL FOR CLOSED UST SYSTEM

*=SEE SPECIFIC COMMENTS

SPECIFIC COMMENTS:

CC: ,
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