



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We make Indiana a cleaner, healthier place to live

Evan Bayh
Governor
Kathy Prosser
Commissioner

100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015
Telephone 317-232-8603
Environmental Helpline 1-800-451-6027

24-Jan-96

UST SYSTEM CLOSURE REPORT REVIEW CHECKLIST (OCTOBER 1994 GUIDANCE)

FACILITY I.D.: 007106 OWNER I.D.: 00107 LUST I.D.:

OWNER/OPERATOR NAME: Emro Marketing Company
CONTACT NAME/TITLE: Mr. Phil Eley
ADDRESS LINE 1: 5000 West 86th Street
ADDRESS LINE 2: _____
CITY/STATE: Indianapolis, Indiana
ZIP CODE: 46268
PHONE NUMBER: _____

FACILITY NAME: Wake Up #6379
CONTACT NAME/TITLE: _____
ADDRESS: 2509 10th Street
CITY: Anderson
COUNTY: Madison
ZIP CODE: 46102

DATE REPORT RECEIVED: 10/30/95 CLOSURE DATE: 4/17/95
INITIAL DATE UST STAFF: Chris Bauer
REVIEWED: 1/24/96 STAFF PHONE: (317) 233-1806
ADDITIONAL INFO RECEIVED: 3/28/96

Dear UST facility owner/operator;

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

Failure to comply with this request for additional information may result in formal enforcement action. The significance of such action is the assessment of civil penalties not to exceed \$25,000 per day. Additionally, such an enforcement action will result in the forfeiture of your eligibility for Excess Liability Fund (ELF) reimbursement. If you anticipate seeking ELF reimbursement for corrective action costs, please contact the ELF Program at (317) 233-6390 for more information on eligibility requirements and reimbursable costs.

To ensure prompt processing of any additional information, please return a copy of this form with any reply to this notice. Should any 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

	N	S	N/A	I	A	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

	N	S	N/A	I	A		
						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

	N	S	N/A	I	A		
						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

	N	S	N/A	I	A		
						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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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

	N	S	N/A	I	A		
						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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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

INVOLVED CLOSURE PARTIES INFORMATION FOR COURTESY COPIES

CONTRACTOR INFORMATION

COPY REQUESTED:

COMPANY:
CONTACT:
CERTIFICATION NUMBER:
ADDRESS1:
ADDRESS2:
CITY/STATE:
ZIP:
PHONE:

CONSULTANT INFORMATION

COPY REQUESTED:

COMPANY: Soil Exploration Services, Inc.
CONTACT: Mr. Matthew Manka
CERTIFICATION NUMBER:
ADDRESS1: 7946 Zionsville Road
ADDRESS2:
CITY/STATE: Indianapolis, Indiana
ZIP: 46268
PHONE:

OPERATOR INFORMATION

COPY REQUESTED:

COMPANY:
CONTACT:
ADDRESS1:
ADDRESS2:
CITY/STATE:
ZIP:
PHONE:



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		COMPLETE					
		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PAST OWNER/OPERATORS	
		DATE				UST CONTRACTOR	
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UST CLOSURE CONTRACTOR NAME & ADDRESS	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAME AND OSFM CERTIFICATION NUMBER	
		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SITE SOIL TEXTURE	
		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	
		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LEAK DETECTION METHODS USED	
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RECORDS OF TANK TIGHTNESS TEST RESULTS	
30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	
						SAMPLE RESULTS
32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DATA FROM ANALYSIS OF SOIL SAMPLES (TPH, ETC.)
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DATA FROM ANALYSIS OF WATER SAMPLES (BTEX, ETC.)
34	<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
35	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ANALYTICAL METHODS USED
36	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DETECTION LIMITS USED
37	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIGNED CERTIFICATE OF ANALYSIS
38	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CHAIN OF CUSTODY DOCUMENTATION
39	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TIER II WASTE OIL ANALYSIS
40	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DECONTAMINATION PROCEDURES
41	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SAMPLING PROCEDURES AND TECHNIQUES
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EXCAVATION SAMPLES
43	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPING RUN SAMPLES
44	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PUMP ISLAND SAMPLES

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

*=SEE SPECIFIC COMMENTS

SPECIFIC COMMENTS:

Why were no excavation (backfill) samples not taken? Replaced with clean fill? Please indicate if so. Additionally, why was past ownership considered not applicable?

CC: ,
Mr. Matthew Manka, Soil Exploration Services, Inc.

INVOLVED CLOSURE PARTIES INFORMATION FOR COURTESY COPIES

CONTRACTOR INFORMATION

COPY REQUESTED:

COMPANY:
CONTACT:
CERTIFICATION NUMBER:
ADDRESS1:
ADDRESS2:
CITY/STATE:
ZIP:
PHONE:

CONSULTANT INFORMATION

COPY REQUESTED:

COMPANY: Soil Exploration Services, Inc.
CONTACT: Mr. Matthew Manka
CERTIFICATION NUMBER:
ADDRESS1: 7946 Zionsville Road
ADDRESS2:
CITY/STATE: Indianapolis, Indiana
ZIP: 46268
PHONE:

OPERATOR INFORMATION

COPY REQUESTED:

COMPANY:
CONTACT:
ADDRESS1:
ADDRESS2:
CITY/STATE:
ZIP:
PHONE:

NOTIFICATION FOR UNDERGROUND STORAGE TANKS



RETURN COMPLETED FORM 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) 233-8419 LUST: (317) 233-8418

Facility ID Number	007106
Owner ID Number	
Federal ID Number	34-115557
EPA ID Number	

GENERAL INFORMATION
 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. 9/94), on page 5 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 type="radio"/> A REQUEST FOR CLOSURE
<input type="radio"/> A NEW TANK	<input type="radio"/> AN ADDRESS CHANGE	<input checked="" type="radio"/> A PERMANENT CLOSURE & SITE ASSESSMENT REVIEW

OWNER OF TANKS	OPERATOR OF FACILITY
OWNER NAME Emro Marketing Company	OPERATOR NAME (IF SAME AS OWNER, MARK BOX HERE <input checked="" type="checkbox"/>)
MAILING ADDRESS P.O. Box 1500	MAILING ADDRESS
CITY Springfield STATE OH	CITY STATE
ZIP CODE 45501 TELEPHONE (513) 864-3000	ZIP CODE TELEPHONE

TANK/FACILITY LOCATION	TYPE OF FACILITY/OWNER	
FACILITY NAME (IF SAME AS OWNER, MARK BOX HERE <input type="checkbox"/>) Wake-up # 6379	TYPE OF OWNER (Please Check One) <input checked="" type="radio"/> PRIVATE/BUSINESS <input type="radio"/> STATE GOVERNMENT <input type="radio"/> LOCAL GOVERNMENT <input type="radio"/> FEDERAL GOVERNMENT GSA FACILITY (ID # _____) <input type="radio"/> OTHER _____	TYPE OF OPERATION (Please Check One) <input checked="" type="radio"/> MOTOR VEHICLE FUEL DISPENSING STATION <input type="radio"/> COMMERCIAL <input type="radio"/> RESIDENTIAL <input type="radio"/> INDUSTRIAL <input type="radio"/> AGRICULTURAL <input type="radio"/> OTHER
MAILING ADDRESS (IF SAME AS OWNER, MARK BOX HERE <input type="checkbox"/>) 2509 10th Street		
LOCATION OF TANKS (IF SAME AS ABOVE, LEAVE BLANK)	EFFECTIVE DATE OF OWNERSHIP 1/1	
CITY Anderson	GEOGRAPHICAL COORDINATES SECTION _____ RANGE _____	
ZIP CODE 461102 COUNTY Madison		

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	NAME OF COMPANY	
SIGNATURE OF CONTRACTOR (IN INK - NO PHOTOCOPIES WILL BE ACCEPTED)	CERTIFICATION NUMBER	DATE

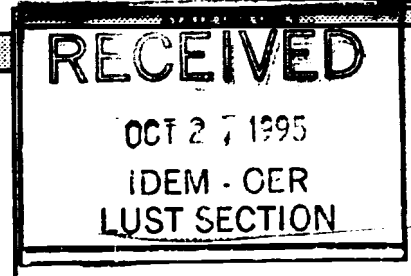
CONTACT AT TANK LOCATION

NAME OF CONTACT PERSON AT TANK LOCATION A.E. Peterson	NUMBER OF TANKS AT THIS LOCATION <input checked="" type="checkbox"/>
JOB TITLE Env/Maint Mgr, West TELEPHONE NUMBER 137872-3146	NUMBER OF PAGES ATTACHED TO THIS NOTIFICATION

OWNER CERTIFICATION

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 Ted M. Jastal Mgr., Corp. Enviro/Maint	DATE
SIGNATURE OF OWNER (IN INK - NO PHOTOCOPIES WILL BE ACCEPTED)	10/23/95



DESCRIPTION OF UNDERGROUND STORAGE TANK SYSTEMS

COMPLETE A COLUMN FOR EACH TANK.		ATTACH ADDITIONAL SHEETS WHEN THE NUMBER OF TANKS EXCEEDS SIX.						
GENERAL	SEQUENTIAL TANK NUMBER	1	2	3	4			
	OWNER - SPECIFIED TANK NUMBER	A	B	C	D			
	DATE INSTALLED	11/12	11/12	11/12	11/12	11	11	
CAPACITY (GALLONS)		1000	10000	10000	10000			
TANK STATUS	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	11	11	11	11	11	11
		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	11	11	11	11	11	11
		C. PERMANENTLY OUT OF USE	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
		DATE REMOVED FROM GROUND	4/17/95	4/17/95	4/17/95	4/17/95	11	11
DATE FILLED IN-PLACE	11	11	11	11	11	11		
A, B OR C MUST BE COMPLETED IF SECTION D IS SELECTED.	D. REQUESTING CLOSURE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	TO BE REMOVED TO BE FILLED IN-PLACE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
CONTENTS	SUBSTANCE CURRENTLY OR LAST STORED (COMPLETE ONLY ONE OF A, B, OR C)	A. PETROLEUM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		DIESEL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		KEROSENE	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
		GASOLINE	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" 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	<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"/>		
SECTIONS (H) TO (L) CHECK BOX IF NO CHANGE IN SINCE LAST NOTIFICATION		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If this is a new tank, complete the remaining sections. if this form is an amendment to an existing registration, please see instructions.								
CONSTRUCTION/PROTECTION	TANK CONSTRUCTION	STEEL	<input 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	CATHODIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	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 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"/>	
	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)								
PIPING	TYPE	BARE STEEL	<input 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 (SEE INSTRUCTIONS)	PRESSURIZED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	EUROPEAN SUCTION	<input 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"/>	

DESCRIPTION OF UNDERGROUND STORAGE TANK SYSTEMS (CONTINUED)

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

RELEASE DETECTION

CATHODIC PROTECTION

SPILL CONTROL

ADDITIONAL INFORMATION

CLOSURE REQUEST

Sequential Tank Number

Manual Tank Gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank Tightness Testing With Inventory Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Tank Gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vapor Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Water Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial Monitoring Within a Secondary Barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial Monitoring Within Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Line Leak Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line Tightness Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another Method (Please specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For Coated Steel Tanks with Cathodic Protection - Impressed Current Sacrificial Anodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For Coated Steel Piping with Cathodic Protection - Impressed Current Sacrificial Anodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another Method (Please specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catchment Basins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Shutoff Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overfill Alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ball Float Valves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another Method (Please specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INSTALLATION, UPGRADE, OR CLOSURE CONTRACTOR INFORMATION

Indicate below compliance specific to this installation, upgrade, or closure (CHECK ALL THAT APPLY).

- The installer has been certified by the tank and piping manufacturers.
- The installer, upgrade, or closure contractor has been certified by the Office of the State Fire Marshal.
- The installation or upgrade has been inspected and certified by a registered professional engineer.
- The installation, upgrade, or closure has been inspected by the Office of the State Fire Marshal.
- All work listed on the manufacturers' installation lists has been completed.
- Another method of compliance was used (specify):

CERTIFICATION OF FINANCIAL RESPONSIBILITY

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

- | | |
|---|---|
| <input type="checkbox"/> Self-insurance - Attach Financial Test of Self Insurance | <input checked="" type="checkbox"/> Guarantee - Attach Guarantee |
| <input type="checkbox"/> Insurance & Risk Retention Group Coverage - Attach Endorsement | <input type="checkbox"/> Surety Bond - Attach Bond |
| <input checked="" type="checkbox"/> Trust Agreement - Attach Trust Agreement | <input type="checkbox"/> Letter of Credit - Attach Letter of Credit |

30-DAY REQUEST FOR TANK CLOSURE

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

PROPOSED CONTRACTOR

CONTRACTOR NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____ TELEPHONE (____) _____

CONTACT PERSON _____ CERTIFICATION NUMBER* _____

LUST INCIDENT INFORMATION

LAST 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) 233-6418 if signs of soil or groundwater contamination are observed.

**Indiana State Fire Marshal
(317) 232-2222**

UST SYSTEM CLOSURE REPORT

0 An UST System Closure Report must be submitted to our office within 30 days of tank closure. Please provide the following requested information and include the required attachments. See page 5, INSTRUCTIONS or refer to the UST System Closure Guidelines in the Underground Storage Tank Branch Guidance Manual for instructions on the completion of sections I-IV.

- I. ENVIRONMENTAL SAMPLING RESULTS** (see Section III, Required Attachments, for documentation requirements)
- a. Total soil samples taken _____ Map locations and three highest levels (ppm) identified respectively, as :
 _____ @ _____ ppm; _____ @ _____ ppm _____ @ _____ ppm
- b. Depth to Groundwater _____ ft. (if encountered) Impacted Areas Soil/Groundwater (check all that apply):
 backfill native soils groundwater
- c. Groundwater (if encountered) sample results (highest level) _____ ppb of (choose) B.T.E.X SVOC TPH
 obtained from (check one):
 pit water/excavation existing monitoring well(s) identified as _____ (i.e. MW-1)
 Located _____ (compass direction) from UST Pit.
- d. Parameters analyzed for (check all that apply):
 VOC (groundwater only) SVOC (groundwater only) TPH (soil or waste oil screen for groundwater)
- e. Type of Hazardous Substance _____ Analytical Parameters _____

- II. CURRENT SITE CORRECTIVE ACTION ACTIVITIES: IDEM/LUST INCIDENT # _____, Date reported ____/____/____.**
 IDEM-LUST incident number obtained when soil samples greater than 100 ppm TPH or evidence of impacted groundwater
- e. Check IDEM assigned site prioritization level (obtained at time of incident reporting @ 317/233-6418).
 LOW PRIORITY (only soil confirmatory contamination greater than 100 ppm TPH)
 MEDIUM PRIORITY (groundwater impact with dissolved product)
 HIGH PRIORITY (drinking water affected; groundwater impact with free product; habitable building and/or utility vapors)
- b. At the time of this notification, current site activity performed (check one):
 COMPLETE/CONFIRMATORY (check Section IV part a);
 LIMITED CORRECTIVE ACTION (check Section IV part b) :
 Check all that apply below and complete all corresponding information
- Over-excavation activities Approximate amount of soil excavated : _____ cubic yards
 On-site Landtreatment Disposal of soil at _____ landfill
 Volume of contaminated groundwater encountered, if any _____ gallons

- III. REQUIRED ATTACHMENTS** (Must accompany this notification form and be submitted within 30 days of UST System closure. Please provide the following requested information ordered and labeled as outlined in the following checklist and in the current UST System Closure Guidelines. Check the following attachments included with this notification form. Information not applicable must be marked with "NA", incomplete forms will be returned to the owner for completion)
- a. Sample information:
 1. Data from analysis of soil samples (depth taken & TPH, etc.) presented in tabular format.
 2. Data from analysis of water samples (depth taken & BTEX, VOC, SVOC) presented in tabular format.
 3. A signed Laboratory Certificate of Analysis listing analysis and preparation methods, dates of sample receipt and analysis. A statement that QA/QC procedures were followed. The QA/QC package must be available upon request.
 4. Proper sample numbers for cross reference to UST site maps.
 5. Chain of custody documentation including laboratory receipts.
 6. Decontamination procedures/sampling procedures and techniques
 7. Data from analysis of waste oil samples (when applicable).
- b. Site Specific Maps:
 1. Illustrated legends and compass directions and at an appropriate scale;
 2. Drainage features (surface slope/surface water runoff direction);
 3. Identified above ground features (buildings, roadways, manways, pump islands, property lines, etc.);
 4. Identified subsurface features (tanks and excavation pit, piping, utility conduits, etc.);
 5. Locations of samples (S1, S2, etc.) soil borings (SB1, SB2, etc.), piping samplings (P1, P2, etc.), and monitoring wells (MW1, MW2, etc.);
 6. Location of previously closed tanks (when applicable)
- c. Miscellaneous Closure Documentation: (Include receipts and manifests)
 1. Soil and water disposal documentation 2. Tank and Piping disposal documentation
 3. Remaining product and sludge documentation 4. Previous ownership history (past 25 yrs.)

- IV. RECOMMENDATIONS** (to be completed by contractor/consultant performing closure)
 These recommendations must be site specific. Next steps recommended are (check one):
- a. "Clean Closure". Documentation must support this recommendation.
 b. Limited overexcavation (if not completed during current site corrective action activities see, Section II above and follow the current LUST Initial Site Characterization (ISC) Report Guidelines & Amendments)
 c. Initiate investigation to determine full extent of soil/groundwater contamination (see the LUST (ISC) Guidelines)
 d. Initiate and maintain 20 day Free Product Initial Abatement Report (see LUST ISC Report Guidelines).



Emro Marketing Company

P.O. Box 1500
Springfield, Ohio 45501
500 Speedway Drive
Enon, Ohio 45323
Telephone 513-864-3000

October 23, 1995

Indiana Department of Environmental Management
Office of Environmental Response
UST Program
P.O. Box 7015
Indianapolis, IN 46207-7015

RE: ID #0-007106 - WAKE-UP #6379
2509 TENTH
ANDERSON, IN 46012

ATTN: UST Coordinator

Enclosed is an amended underground storage tank notification form for the above referenced store. Please be advised this facility has been permanently closed and all underground storage tanks have been removed.

If you have any questions or require additional information, please contact Michele Berry at extension 7633.

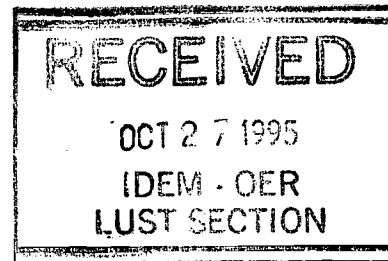
Sincerely,

Ted M. Jastal, P.E.
Manager
Corporate Environmental & Maintenance

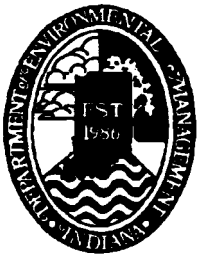
Enclosure

cc: A. E. Peterson

TMJ/mdb



SPEEDWAY STARVIN' MARVIN UNITED BONDED GASTOWN CHEKER WAKE UP



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We make Indiana a cleaner, healthier place to live

Evan Bayh
Governor

Kathy Prosser
Commissioner

100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015
Telephone 317-232-8603
Environmental Helpline 1-800-451-6027

February 22, 1995

Mr. Jim Smith
Emro Marketing Co.
2121 Directors Row
Indianapolis, IN 46241

Dear Mr. Smith:

RE: **Intent to Close Underground Storage Tank System**
Facility ID: 007106
Emro Marketing Co., 2509 Tenth Street,
Anderson
Madison County

On February 17, 1995, 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 March 19, 1995. 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) (317/233-3560) and the UST section (317/233-6419) 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
N1255, 100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015

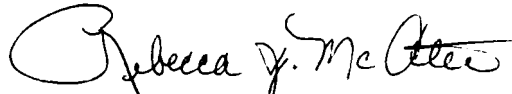
Mr. Smith
Page 2

To assist you in completing the permanent closure in accordance with 329 IAC 9, IDEM's October 1994 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
N1255, 100 North Senate Avenue
P.O. Box 7015
Indianapolis, Indiana 46207-7015

If you have any questions please contact me at 317/233-6419.

Sincerely,



Rebecca J. McAtee
Environmental Scientist
Underground Storage Tank Section
Office of Environmental Response

RJM/rjm
Enclosures

cc: Emro Marketing Co., Anderson
Mr. Dwight Thomas, P.T.S.I.
UST Division, O.S.F.M.



Emro Marketing Company

2121 Directors Row
Indianapolis, Indiana 46241
Telephone 317-243-7500

February 15, 1995

Martin A. Frederick
Indiana Department of Environmental Management
Office of Environmental Response
Underground Storage Tank Section
Room N-1255, 100 North Senate Ave.
P.O. Box 7015
Indianapolis, IN 46206-7015

Subject: Notification of Closure of Underground Storage Tanks
Wake Up #6379
2509 Tenth Steet
Anderson, IN

Dear Mr. Frederick:

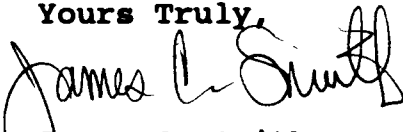
Per our phone conversation of February 14th, please be advised of Emro Marketing Company's intent to remove the underground storage tanks at the subject location. The work is tentatively scheduled to be performed on March, 1995. Your office will be contacted by phone one (1) week in advance of the actual date.

The underground tanks at this location consist of the following:

<u>QTY</u>	<u>SIZE (gallons)</u>	<u>CONSTRUCTION</u>
<u>3</u>	<u>10,000</u>	<u>Steel</u>
<u>1</u>	<u>6,000</u>	<u>Steel</u>
<u>—</u>	<u>—</u>	<u>—</u>

I will be your contact person and can be reached at (317) 243-7500, ext. 2010. Feel free to contact me should you have any questions.

Yours Truly,


James C. Smith
Project Coordinator
JCS/bjt

cc: Tricia Crull

SPEEDWAY STARVIN' MARVIN UNITED BONDED GASTOWN CHEKER WAKE UP

UNDERGROUND STORAGE TANK SYSTEM CLOSURE REQUEST FORM

UST's must be registered with IDEM before a closure approval is given.
 NOTE: If your UST's are NOT registered, then complete an attached Notification For Underground Storage Tanks form (State Form 45223)

MAIL 30 DAYS PRIOR TO CLOSURE DATE TO:
 Indiana Dept. of Environmental Management
 Office of Environmental Response/UST Section
 N-1255, 100 N. Senate Ave.
 P.O. Box 7015
 Indianapolis, Indiana 46207-7015

Leath 6633

TANK OWNER INFORMATION		TANK LOCATION	
Owner I.D. #:		Facility I.D. #:	007106
(These I.D. numbers can be obtained from the annual UST fee invoice or receipt)			
Owner Name:	Emro Marketing Company	Street Address:	2509 Tenth St.
Street Address:	2121 Directors Row	City, County:	Anderson, Madison
City, State, Zip:	Indianapolis, In 46241	State, Zip:	Indiana
Telephone:	(317) 243 - 7500	Telephone:	(317) 243 - 7500
Contact Person:	Jim Smith	Contact Person:	Jim Smith

TANK INFORMATION				
Tank I.D.	Size (gallons)	Contents	Age	Closure Method
A	6000	Gasoline	1962	Removal
B	10000	Gasoline	1975	Removal
C	10000	Gasoline	1975	Removal
D	10000	Gasoline	1962	Removal

RECEIVED
 17 1995
 IDEM - OER
 UST SECTION

INTENDED CLOSURE DATE: March, 1995

CONTRACTOR INFORMATION	FIRE DEPARTMENT
Name: <u>P.T.S.I.</u>	Department Name: <u>Anderson Fire Dept.</u>
Street Address: <u>9195 US 136 East</u>	Street Address: <u>44 W. 5th St.</u>
City, State, Zip: <u>Brownsburg, IN 46112</u>	City, State: <u>Anderson, In</u>
Telephone: <u>(317) 852 - 2278</u>	Zip Code: <u>46016</u>
Contact Person: <u>Dwight Thomas</u>	Telephone: <u>(317) 646 - 5691</u>
Certification Number:	Contact Person: <u>Randy Doster</u>

TANK CLOSURES MUST BE PERFORMED BY PERSONS CERTIFIED BY THE STATE FIRE MARSHAL'S OFFICE. THE STATE FIRE MARSHAL (317) 232-2222 AND CITY/COUNTY FIRE DEPT. MUST BE NOTIFIED 14 DAYS PRIOR TO CLOSURE.

TANK OWNER SIGNATURE: James C. Smith owner
 (If the owner authorizes a representative to sign this form, then a document authorizing that representative must be submitted with the completed form) DATE SIGNED: 2-14-95

IF INTENDED CLOSURE DATE IS CHANGED, PLEASE CONTACT IDEM AT (317) 233-6419
 IF THE SITE ASSESSMENT SHOWS SIGNS OF SOIL/GROUNDWATER CONTAMINATION PLEASE CALL (317) 233-6418

OFFICE OF THE STATE FIRE MARSHAL

NOTICE OF TANK REMOVAL

Tank Owner: Emro Marketing Company Phone #: (317) 243-7500

Property Owner: Emro Marketing Company Phone #: (317) 243-7500

Address of Tank(s): 2509 Tenth St.

Anderson, In

County: Madison

Date of Removal: March, 1995

Size and Number of Tanks: 3 - 10,000 gal, 1 - 6,000 gal.

What did the Tanks Hold: gasoline

Removal Company: P.T.S.I.

Contact Person: Dwight Thomas Phone #: (317) 852-2278

Contractor Name: P.T.S.I.

Certification No: _____

Discipline: _____

Local Fire Department: Anderson Fire Dept.

Fire Chief: Randy Doster Phone #: (317) 646-5691

**If the date of the removal changes, please notify this office at
(317)232-7648.

**UST System Closure Report
Wake-up #6379
2509 East 10th Street
Anderson, Indiana
SES #F95032**

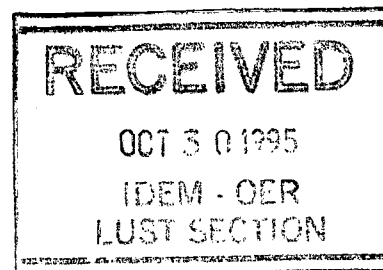
August 15, 1995

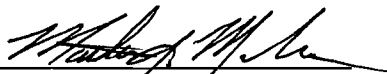
PREPARED FOR:

Mr. Phil Eley
Environmental Representative
Emro Marketing Company, Inc.
5000 West 86th Street
Indianapolis, Indiana 46268

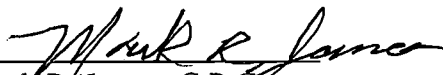
PREPARED BY:

Soil Exploration Services, Inc.
7946 Zionsville Road
Indianapolis, Indiana 46268





Matthew J. Manka
Staff Geologist



Mark R. James, C.P.G.
Project Manager/Principal

FACILITY NAME Wake-up #6379 FACILITY I.D. 007106 PAGE OF

UST SYSTEM CLOSURE REPORT

0 An UST System Closure Report must be submitted to our office within 30 days of tank closure. Please provide the following requested information and include the required attachments. See page 5, INSTRUCTIONS or refer to the UST System Closure Guidelines in the Underground Storage Tank Branch Guidance Manual for instructions on the completion of sections I-IV.

I. ENVIRONMENTAL SAMPLING RESULTS (see Section III, Required Attachments, for documentation requirements)

a. Total soil samples taken 24 Map locations and three highest levels (ppm) identified respectively, as :
pit#1 ESE @ 33 ppm: NNE @ <15 ppm pit#2 ESE @ <15 ppm

b. Depth to Groundwater N/A ft. (if encountered) impacted Areas Soil/Groundwater (check all that apply):
 backfill native soils groundwater

c. Groundwater (if encountered) sample results (highest level) N/A ppb of (choose) B.T.E.X SVOC TPH
 obtained from (check one):
 pit water/excavation existing monitoring well(s) identified as _____ (i.e. MW-1)
 Located _____ (compass direction) from UST Pit.

d. Parameters analyzed for (check all that apply):
 VOC (groundwater only) SVOC (groundwater only) TPH (soil or waste oil screen for groundwater)

e. Type of Hazardous Substance gasoline Analytical Parameters TPH

II. CURRENT SITE CORRECTIVE ACTION ACTIVITIES: IDEM/LUST INCIDENT # _____ Date reported _____/_____/_____
 IDEM-LUST incident number obtained when soil samples greater than 100 ppm TPH or evidence of impacted groundwater

a. Check IDEM assigned site prioritization level (obtained at time of incident reporting @ 317/233-6418).
 LOW PRIORITY (only soil confirmatory contamination greater than 100 ppm TPH)
 MEDIUM PRIORITY (groundwater impact with dissolved product)
 HIGH PRIORITY (drinking water affected; groundwater impact with free product; habitable building and/or utility vapors)

b. At the time of this notification, current site activity performed (check one):
 COMPLETE/CONFIRMATORY (check Section IV part a);
 LIMITED CORRECTIVE ACTION (check Section IV part b):
 Check all that apply below and complete all corresponding information
 Over-excavation activities Approximate amount of soil excavated: 750 cubic yards
 On-site Landtreatment Disposal of soil at Twin Bridges landfill
 Volume of contaminated groundwater encountered, if any N/A gallons

III. REQUIRED ATTACHMENTS (Must accompany this notification form and be submitted within 30 days of UST System closure. Please provide the following requested information ordered and labeled as outlined in the following checklist and in the current UST System Closure Guidelines. Check the following attachments included with this notification form. Information not applicable must be marked with "NA". incomplete forms will be returned to the owner for completion)

a. Sample information:
 1. Data from analysis of soil samples (depth taken & TPH, etc.) presented in tabular format.
 2. Data from analysis of water samples (depth taken & BTEX, VOC, SVOC) presented in tabular format.
 3. A signed Laboratory Certificate of Analysis listing analysis and preparation methods, dates of sample receipt and analysis. A statement that QA/QC procedures were followed. The QA/QC package must be available upon request.
 4. Proper sample numbers for cross reference to UST site maps.
 5. Chain of custody documentation including laboratory receipts.
 6. Decontamination procedures/sampling procedures and techniques
N/A 7. Data from analysis of waste oil samples (when applicable).

b. Site Specific Maps:
 1. Illustrated legends and compass directions and at an appropriate scale;
 2. Drainage features (surface slope/surface water runoff direction);
 3. Identified above ground features (buildings, roadways, manways, pump islands, property lines, etc.);
 4. Identified subsurface features (tanks and excavation pit, piping, utility conduits, etc.);
 5. Locations of samples (S1, S2, etc.) soil borings (SB1, SB2, etc.), piping samplings (P1, P2, etc.), and monitoring wells (MW1, MW2, etc.);
 6. Location of previously closed tanks (when applicable)

c. Miscellaneous Closure Documentation: (Include receipts and manifests)
 1. Soil and water disposal documentation 2. Tank and Piping disposal documentation
 3. Remaining product and sludge documentation 4. Previous ownership history (past 25 yrs.)

IV. RECOMMENDATIONS (to be completed by contractor/consultant performing closure)
 These recommendations must be site specific. Next steps recommended are (check one):

a. "Clean Closure". Documentation must support this recommendation.
 b. Limited overexcavation (if not completed during current site corrective action activities see, Section II above and follow the current LUST Initial Site Characterization (ISC) Report Guidelines & Amendments)
 c. Initiate investigation to determine full extent of soil/groundwater contamination (see the LUST (ISC) Guidelines)
 d. Initiate and maintain 20 day Free Product Initial Abatement Report (see LUST ISC Report Guidelines).

III. Required Attachments

a. Sample Information

1. Data from analysis of soil samples (depth taken & TPH, etc.) presented in tabular form.

Table 1

Pit 1 Laboratory Analysis

**Wake-up #6379
Anderson, Indiana**

Laboratory Sample I.D.*	Sample Description	Field PID Reading*	TPH (mg/kg)
1049 31	NNE Wall	3	<15
1049 30	NNW Wall	<1	<15
1049 29	WNW Wall	6	<15
1049 28	WSW Wall	<1	<15
1049 35	SSW Wall	6	<15
1049 34	SSE Wall	10	<15
1049 32	ENE Wall	30	<15
1049 33	ESE Wall	20	33
1049 14	Tank 1 Fill (bottom)	5	<15
1049 15	Tank 1 Vent (bottom)	<1	<15
1049 16	Tank 2 Fill (bottom)	40	<15
1049 17	Tank 2 Vent (bottom)	10	<15
1049 18	Tank 3 Fill (bottom)	<1	<15
1049 19	Tank 3 Vent (bottom)	<1	<15

- Bold number shown on map

* - Parts per million vapor

mg/kg - milligrams per kilogram

Table 2

Pit 2 Laboratory Analysis

**Wake-up #6379
Anderson, Indiana**

Lab ID #	Location	PID Field Reading*	TPH (mg/kg)
1049 24	ENE Wall	3	<15
1049 25	ESE Wall	1	<15
1049 22	North Wall	<1	<15
1049 23	South Wall	<1	<15
1049 26	WNW Wall	<1	<15
1049 27	WSW Wall	2	<15
1049 20	Tank 4 Fill Bottom	3	<15
1049 21	Tank 4 Vent Bottom	<1	<15
1049 36	Tank 5 Fill Bottom	16	<15
1049 37	Tank 5 Vent Bottom	8	<15

- Bold number shown on map

* - Parts per million

mg/kg - milligrams per kilogram

III. Required Attachments

a. Sample Information

2. Data from analysis of water samples (depth taken & BTEX, VOC, SVOC) tabular form.

NOT APPLICABLE: groundwater not encountered

III. Required Attachments

a. Sample Information

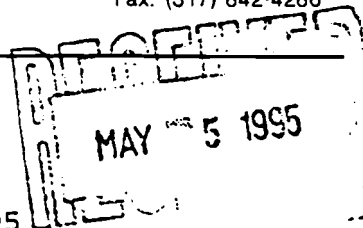
3. A signed Laboratory Certificate of Analysis listing analysis and preparation methods, dates of sample receipt and analysis. A statement QA/QC procedure were followed.
4. Proper sample numbers for cross reference to UST site map.
5. Chain of custody documentation including laboratory receipts.



NATIONAL ENVIRONMENTAL TESTING, INC.

Indianapolis Division
6964 Hillsdale Ct.
Indianapolis, IN 46250
Tel: (317) 842-4261
Fax: (317) 842-4286

ANALYTICAL REPORT



Mr. Phil Eley
EMRO MARKETING
5000 W. 86th St.
Indianapolis, IN 46268

04/28/1995

NET Job Number: 95.01395

Enclosed are the Analytical Results for the following samples submitted to NET, Inc. Indianapolis Division for analysis:

Project Description: #6379 ANDERSON

Sample Number	Sample Description	Date Taken	Date Received
104914	T-1 FILL BOTTOM	04/17/1995	04/21/1995
104915	T-1 VENT BOTTOM	04/17/1995	04/21/1995
104916	T-2 FILL BOTTOM	04/17/1995	04/21/1995
104917	T-2 VENT BOTTOM	04/17/1995	04/21/1995
104918	T-3 FILL BOTTOM	04/17/1995	04/21/1995
104919	T-3 VENT BOTTOM	04/17/1995	04/21/1995
104920	T-4 FILL BOTTOM	04/17/1995	04/21/1995
104921	T-4 VENT BOTTOM	04/17/1995	04/21/1995
104922	PIT 2 NORTH WALL	04/17/1995	04/21/1995
104923	PIT 2 SOUTH WALL	04/17/1995	04/21/1995
104924	PIT 2 ENE WALL	04/17/1995	04/21/1995
104925	PIT 2 ESE WALL	04/17/1995	04/21/1995
104926	PIT 2 WNW WALL	04/17/1995	04/21/1995
104927	PIT 2 WSW WALL	04/17/1995	04/21/1995
104928	PIT 1 WSW WALL	04/17/1995	04/21/1995
104929	PIT 1 WNW WALL	04/18/1995	04/21/1995
104930	PIT 1 NNW WALL	04/18/1995	04/21/1995
104931	PIT 1 NNE WALL	04/18/1995	04/21/1995

Sample analysis in support of the project referenced above has been completed and results are presented on the following pages. Please refer to the enclosed "Key to Abbreviations" for definition of terms. Should you have questions regarding procedures or results, please do not hesitate to call. NET has been pleased to provide these analytical services for you.

Approved By:

Bob Day
Project Manager





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ANALYTICAL REPORT

Mr. Phil Eley
EMRO MARKETING
5000 W. 86th St.
Indianapolis, IN 46268

04/28/1995

NET Job Number: 95.01395

Enclosed are the Analytical Results for the following samples submitted to NET, Inc. Indianapolis Division for analysis:

Project Description: #6379 ANDERSON

Sample Number	Sample Description	Date Taken	Date Received
104932	PIT 1 ENE WALL	04/18/1995	04/21/1995
104933	PIT 1 ESE WALL	04/18/1995	04/21/1995
104934	PIT 1 SSE WALL	04/18/1995	04/21/1995
104935	PIT 1 SSW WALL	04/18/1995	04/21/1995
104936	T-5 FILL BOTTOM	04/18/1995	04/21/1995
104937	T-5 VENT BOTTOM	04/17/1995	04/21/1995
		04/17/1995	04/21/1995

Sample analysis in support of the project referenced above has been completed and results are presented on the following pages. Please refer to the enclosed "Key to Abbreviations" for definition of terms. Should you have questions regarding procedures or results, please do not hesitate to call. NET has been pleased to provide these analytical services for you.

Approved By:

Project Manager





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ANALYTICAL REPORT

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5000 W. 86th St.
Indianapolis, IN 46268

04/28/1995

P.O. NO.:
Job No.: 95.01395
Page 3

Date Received: 04/21/1995
Job Description: #6379 ANDERSON

Sample Number / Sample I.D.	Result	Flag	Sample Date/ Units	Analyst & Date Analyzed	Method	PQL
104914 T-1 FILL BOTTOM			04/17/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/26/1995	S-8015M	<15.
104915 T-1 VENT BOTTOM			04/17/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/26/1995	S-8015M	<15.
104916 T-2 FILL BOTTOM			04/17/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/26/1995	S-8015M	<15.
104917 T-2 VENT BOTTOM			04/17/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/26/1995	S-8015M	<15.
104918 T-3 FILL BOTTOM			04/17/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/26/1995	S-8015M	<15.





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04/28/1995

P.O. NO.:
Job No.: 95.01395
Page 4

Date Received: 04/21/1995
Job Description: #6379 ANDERSON

Sample Number / Sample I.D.	Sample Date/	Analyst &				
Parameters	Result	Flag	Units	Date Analyzed	Method	POL
104919	T-3 VENT BOTTOM		04/17/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/26/1995	S-8015M	<15.
104920	T-4 FILL BOTTOM		04/17/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/26/1995	S-8015M	<15.
104921	T-4 VENT BOTTOM		04/17/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/26/1995	S-8015M	<15.
104922	PIT 2 NORTH WALL		04/17/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/26/1995	S-8015M	<15.
104923	PIT 2 SOUTH WALL		04/17/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/26/1995	S-8015M	<15.





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04/28/1995

P.O. NO.:
Job No.: 95.01395
Page 5

Date Received: 04/21/1995
Job Description: #6379 ANDERSON

Sample Number / Sample I.D.	Sample Date/	Analyst &			
Parameters	Units	Date Analyzed	Result	Flag	Method
104924 PIT 2 ENE WALL	04/17/1995				
TPH - GC/FID Volatile 8015M	mg/kg	bga / 04/26/1995	<15		S-8015M <15
104925 PIT 2 ESE WALL	04/17/1995				
TPH - GC/FID Volatile 8015M	mg/kg	bga / 04/26/1995	<15		S-8015M <15.
104926 PIT 2 WNW WALL	04/17/1995				
TPH - GC/FID Volatile 8015M	mg/kg	bga / 04/26/1995	<15		S-8015M <15.
104927 PIT 2 WSW WALL	04/17/1995				
TPH - GC/FID Volatile 8015M	mg/kg	bga / 04/26/1995	<15		S-8015M <15.
104928 PIT 1 WSW WALL	04/17/1995				
TPH - GC/FID Volatile 8015M	mg/kg	bga / 04/26/1995	<15		S-8015M <15.





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04/28/1995

P.O. NO.:
Job No.: 95.01395
Page 6

Date Received: 04/21/1995
Job Description: #6379 ANDERSON

Sample Number / Sample I.D.	Result	Flag	Sample Date/ Units	Analyst & Date Analyzed	Method	PQL
104929 PIT 1 WNW WALL			04/18/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/26/1995	S-8015M	<15.
104930 PIT 1 NNW WALL			04/18/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/26/1995	S-8015M	<15.
104931 PIT 1 NNE WALL			04/18/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/26/1995	S-8015M	<15.
104932 PIT 1 ENE WALL			04/18/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/27/1995	S-8015M	<15.
104933 PIT 1 ESE WALL			04/18/1995			
TPH - GC/FID Volatile 8015M	33	c.g	mg/kg	bga / 04/27/1995	S-8015M	<15.





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04/28/1995

P.O. NO.:
Job No.: 95.01395
Page 7

Date Received: 04/21/1995
Job Description: #6379 ANDERSON

Sample Number / Sample I.D.	Result	Flag	Sample Date/ Units	Analyst & Date Analyzed	Method	PQL
104934			04/18/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/27/1995	S-8015M	<15.
104935			04/18/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/27/1995	S-8015M	<15.
104936			04/17/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/27/1995	S-8015M	<15.
104937			04/17/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/27/1995	S-8015M	<15.





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KEY TO ABBREVIATIONS

- < Less than; when appearing in the results column indicates the analyte was not detected at or above the reported value.
- mg/L Concentration in units of milligrams of analyte per Liter of sample. Measurement used for aqueous samples. Can also be expressed as parts per million (ppm).
- ug/L Concentration in units of micrograms of analyte per Liter of sample. Measurement used for aqueous samples. Can also be expressed as parts per billion (ppb).
- mg/kg Concentration in units of milligrams of analyte per kilogram of sample. Measurement used for non-aqueous samples. Can also be expressed as parts per million (ppm).
- ug/kg Concentration in units of micrograms of analyte per kilogram of sample. Measurement used for non-aqueous samples. Can also be expressed as parts per billion (ppb).
- PQL Practical Quantitation Limit; the lowest level that can be reliably achieved within specified limits of precision and accuracy under routine conditions.
- a Indicates the sample concentration was quantitated using a diesel fuel standard.
- b Indicates the analyte of interest was also found in the method blank.
- c Sample resembles unknown Hydrocarbon.
- d1 Indicates the sample was diluted due to high analyte concentration.
- d2 Indicates the sample was diluted due to matrix interference and that the PQL may be elevated.
- e Indicates the reported concentration is estimated.
- f Indicates the sample concentration was quantitated using a fuel oil standard.
- g Indicates the sample concentration was quantitated using a gasoline standard.
- h Indicates the sample was analyzed past holding time.
- j Indicates the reported concentration is below the PQL.
- k Indicates the sample concentration was quantitated using a kerosene standard.
- l Indicates an MS/MSD was not analyzed due to insufficient sample. An LCS duplicate has been provided.
- m Indicates the sample concentration was quantitated using a mineral spirits standard.
- o Indicates the sample concentration was quantitated using a motor oil standard.
- q Indicates MS/MSD exceeded control limits due to sample matrix. All other QCIs were in control.
- r Indicates the sample was received past holding time.
- s Indicates the sample concentration was quantitated using a stoddard solvent standard.
- u Indicates the sample was received improperly preserved and/or contained.
- TCLP Indicates the Toxicity Characteristic Leaching Procedure was performed for this analysis.
- ICP Indicates the analysis was performed using Inductively Coupled Plasma Spectroscopy.
- GFAA Indicates the analysis was performed using Graphite Furnace Atomic Absorption Spectroscopy.
- % Percent; To convert ppm to %, divide the result by 10,000.
To convert % to ppm, multiply the result by 10,000.
- * Reporting limits are elevated due to insufficient sample submitted by client.
- Dry Weight When indicated, the results are reported on a dry weight basis. The contribution of the moisture content in the sample is subtracted when calculating the concentration of the analyte.





NATIONAL ENVIRONMENTAL TESTING, INC.

CHAIN OF CUSTODY RECORD

COMPANY Environ MARKETING
 ADDRESS 2121 DICKINSON RD
 PHONE 783-7100 FAX
 PROJECT NAME/LOCATION # 6777 ADDISONS
 PROJECT NUMBER
 PROJECT MANAGER Phil Fry

REPORT TO: Environ
 INVOICE TO: Environ
 P.O. NO.
 NET QUOTE NO.

SES

SAMPLED BY Eric McCles
 (PRINT NAME)

SIGNATURE Eric McCles

SIGNATURE

DATE	TIME	SAMPLE ID/DESCRIPTION	MATRIX	GRAB	COMP	HC	NaOH	HNO3	H2SO4	OTHER	ANALYSES	
											Is this work being conducted for regulatory compliance monitoring?	Yes
		T-1 FILL BOTTOM										
		T-1 WATER										
		T-2 FILL										
		T-2 WATER										
		T-3 FILL										
		T-3 WATER										
		T-4 FILL										
		T-4 WATER										
		PIT 2 NORTH WALL										
		SOUTH										
		EAST										
		EAST										
		WEST										
		PIT 1 WEST										

ANALYSES

To assist us in selecting the proper method
 Is this work being conducted for regulatory compliance monitoring? Yes ___ No ___
 Is this work being conducted for regulatory enforcement action? Yes ___ No ___
 Which regulators apply: RCRA ___ NPDES Wastewater ___
 UST ___ Drinking Water ___
 Other ___ None ___

COMMENTS

TRH 805
 924

CONDITION OF SAMPLE: BOTTLES INTACT? YES / NO
 FIELD FILTERED? YES / NO
 COC SEALS PRESENT AND INTACT? YES / NO
 VOLATILES FREE OF HEADSPACE? YES / NO
 TEMPERATURE UPON RECEIPT: _____
 Bottles supplied by NET? YES / NO

SAMPLE REMAINDER DISPOSAL: RETURN SAMPLE REMAINDER TO CLIENT VIA _____
 REQUEST NET TO DISPOSE OF ALL SAMPLE REMAINDERS

RELINQUISHED BY	DATE	TIME	RECEIVED BY	DATE	TIME	RECEIVED FOR NET BY
<u>Eric McCles</u>	<u>7/21/97</u>	<u>2:35</u>				<u>M. Mathison</u>

METHOD OF SHIPMENT

REMARKS:



REPORT TO: Environ
 INVOICE TO: Environ
 P.O. NO. _____
 NET QUOTE NO. _____

COMPANY: Environ Marketing
 ADDRESS: 2121 Diablos Hills
 PHONE: 243-7700 FAX: _____
 PROJECT NAME/LOCATION: #16379 Anderson
 PROJECT NUMBER: _____
 PROJECT MANAGER: Phil E. [unclear]

SAMPLED BY		DATE	TIME	SAMPLE ID/DESCRIPTION	# and Type of Containers							ANALYSES	COMMENTS	
PRINT NAME	SIGNATURE				MATRIX	GRAB	COMP	HCl	NaOH	HNO ₃	H ₂ SO ₄			OTHER
<u>Phil E. [unclear]</u>	<u>[Signature]</u>			<u>PT 1 6000 water</u>										
				<u>LINE</u>										
				<u>ENE</u>										
				<u>ENE</u>										
				<u>ESC</u>										
				<u>SSE</u>										
				<u>SSE</u>										
				<u>T-S Fill 13010</u>										
				<u>T-S 6000</u>										

CONDITION OF SAMPLE: BOTTLES INTACT? YES / NO
 FIELD FILTERED? YES / NO

TEMPERATURE UPON RECEIPT: _____
 Bottles supplied by NET? YES / NO

COC SEALS PRESENT AND INTACT? YES / NO
 VOLATILES FREE OF HEADSPACE? YES / NO

SAMPLE REMAINDER DISPOSAL: RETURN SAMPLE REMAINDER TO CLIENT VIA _____
 REQUEST NET TO DISPOSE OF ALL SAMPLE REMAINDERS

RECEIVED BY: [Signature] DATE: 4/21/05 TIME: 2:56
 RELINQUISHED BY: _____ DATE: _____ TIME: _____
 RECEIVED FOR NET BY: M. Harrison

METHOD OF SHIPMENT: _____
 REMARKS: _____

III. Required Attachments

a. Sample Information

6. Decontamination procedures /sampling procedures and techniques.

Sample Procedures

Do to the depth of the excavation, samples were retrieved using the bucket of the track-hoe. The sample was collected from soils that were not in contact with the bucket. The samples were placed into the sample containers by hand. A new pair of surgical-type gloves were used for each sample to prevent cross-contamination.

III. Required Attachments

a. Sample Information

7. Data from analysis of waste oil samples.

NOT APPLICABLE: not waste oil tanks closed

III. Required Attachments

b. Site Specific Maps:

1. Illustrated legends and compass directions and at an appropriate scale
2. Drainage features (surface slope/surface runoff direction)
3. Identified above ground features (buildings, roadways, manways, pump islands, property lines, etc.)
4. Identified subsurface features (tanks and excavation pit, piping, utility conduits, etc.)
5. Locations of samples, soil borings, piping samplings, and monitoring wells
6. Locations of previously closed tanks (where applicable)

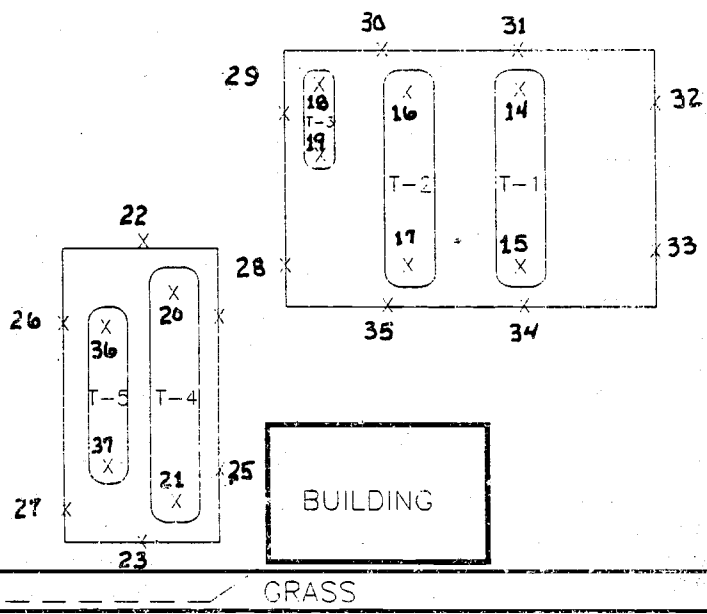
NOT APPLICABLE

RESIDENTIAL

10TH STREET

GRASS

APARTMENT COMPLEX



GRASS

22 X = SAMPLE LOCATIONS
 - - - - OVERHEAD ELECTRIC

APARTMENT COMPLEX

SITE PLAN
 WAKE-UP #6379
 2509 E. 10 ST
 ANDERSON, INDIANA

PROJECT NO.

SCALE
1" = 20'

FIGURE NO.



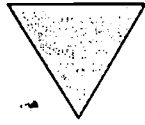
III. Required Attachments

c. Miscellaneous Closure Documentation

1. Soil and water disposal documentation

(DRIVER: PLEASE SIGN BELOW)

306797



REFERENCE NO.
306797

(PLEASE SIGN HERE)

J. Tolan 4-14-95

Emrd 6379

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L356	DB	11:23:58	04/14/95	

CUSTOMER: EMRD MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 53 MONROE COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	21.10	
SPF	OTHER FEES-SPL.TONS	21.10	
	GROSS: 67980		
	TARE : 25780		
	NET : 42200		

**DISPOSAL
AREA**

Disposal Notification

#356

Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date: 4/14/95

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN OPP No.: 322

Disposal Volume - Quantity: 15 Type of Containers: Bulk

Signature: *[Signature]* Date: 4-14-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

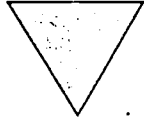
Indiana Department of Environmental Management 317/232-4473.

356
7:45
8/92

(DRIVER: PLEASE SIGN BELOW)

306798

REFERENCE NO.
306798



(PLEASE SIGN HERE)

357

A. E. Gascon

X

414.95

Emeo 6379

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L357	DB	11:25:39	04/14/95	

CUSTOMER: EMRD MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST (OTHER)
GEO SRC: 53 MONROE COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	20.94	
SPF	OTHER FEES-SPL.TONS	20.94	
	GROSS: 67740		
	TARE : 25860		
	NET : 41880		

67740

TK 357

DISPOSAL AREA



Disposal Notification

Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address:	2121 Directors Row
	Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008
Contact:	W. Phillip Eley Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature:	Date:

W. Phillip Eley

Clean up Contractor

Company Name: PTSI	
Mailing Address:	P.O. Box 218
	Brownsburg, IN
Contractor Contact:	Dwight Thomas Phone: (317) 852-2278
Transporter (to landfill):	PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN	OPP No.: <i>20-94</i> <i>32</i>
Disposal Volume - Quantity: <i>15</i>	Type of Containers: Bulk
Signature: <i>[Signature]</i>	Date: <i>4-14-95</i>

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

Indiana Department of Environmental Management 317/232-4473.

3

357
750

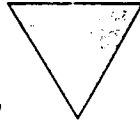
8/92

(DRIVER: PLEASE SIGN BELOW)

306800

REFERENCE NO.

306800



(PLEASE SIGN HERE)

TR 381 4.14.95

Empo 6379-

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L381	DB	11:31:23	04/14/95	

CUSTOMER: EMRD MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 53 MONROE COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	20.59	
SPF	OTHER FEES-SPL.TONS	20.59	
	GROSS: 66580		
	TARE : 25400		
	NET : 41180		

66580

DISPOSAL AREA



381

Spill/Underground Storage Tank Debris

Spill/UST Information (please check)

Spill

UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)
 2509 E. 10th Street, Anderson, IN County: Madison
 Material Spilled/Leaked: Unleaded Gasoline
 Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check)

Owner

Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company
 Mailing Address: 2121 Directors Row
 Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008
 Contact: W. Phillip Eley Title: Environmental Representative
 I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.
 Signature: *W. Phillip Eley* Date:

Clean up Contractor

Company Name: PTSI
 Mailing Address: P.O. Box 218
 Brownsburg, IN
 Contractor Contact: Dwight Thomas Phone: (317) 852-2278
 Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN
 Disposal Volume - Quantity: 15
 Signature: *[Signature]* Date: 4/18/95
 OPP No.: 322
 Type of Containers: Bulk

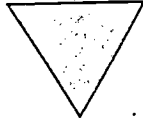
This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.
Indiana Department of Environmental Management 317/232-4473.

4

(DRIVER: PLEASE SIGN BELOW)

308230

REFERENCE NO.
308230



(PLEASE SIGN HERE)

Bell Wright

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC
129 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317) 745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L358	DE	10:25:09	04/14/95	

CUSTOMER: EMRO MARKETING
2509 E 10TH STREET
ANDERSON, IN

COMMENTS:
GEO SRC: 32 HENDRICKS COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	18.61	
SPF	OTHER FEES-SPL.TONS	18.61	
	GROSS: 63020		
	TARE : 25800		
	NET : 37220		

DISPOSAL AREA

~~SECRET~~

63020

351

**Disposal Notification
Spill/Underground Storage Tank Debris**

Spill/UST Information (please check)

Spill

UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN

County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown

Time: Unknown

Volume: Unknown

Owner/Owner's Representative (please check)

Owner

Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley

Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature:

Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas

Phone: (317) 852-2278

Transporter (to landfill): PTSI

Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN

1861

OPP No.: 322

Disposal Volume - Quantity: 15

Type of Containers: Bulk

Signature:

Date: 4-14-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

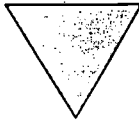
Indiana Department of Environmental Management 317/232-4473.

5 358
8:40

8/92

(DRIVER: PLEASE SIGN BELOW)

308231



REFERENCE NO.
308231

(PLEASE SIGN HERE)

[Signature] 231

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	2L379	DB	10:26:14	04/14/95	

CUSTOMER: EMRO MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 53 MONROE COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	20.73	
SPF	OTHER FEES-SPL.TONS	20.73	
	GROSS: 66700		
	TARE : 25240		
	NET : 41460		

DISPOSAL AREA

~~Disposal Notification~~

Spill/Underground Storage Tank Debris

379

Spill/UST Information (please check)

Spill

UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN

County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown

Time: Unknown

Volume: Unknown

Owner/Owner's Representative (please check)

Owner

Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley

Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature:

Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas

Phone: (317) 852-2278

Transporter (to landfill): PTSI

Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN

OPP No.: 2073 322

Disposal Volume - Quantity: 15

Type of Containers: Bulk

Signature:

Date: 4-14-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

Indiana Department of Environmental Management 317/232-4473.

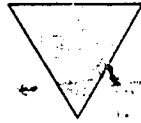
(6) 379 8/92
8:45

(DRIVER: PLEASE SIGN BELOW)

306794

REFERENCE NO.

306794



(PLEASE SIGN HERE)

[Handwritten Signature]

4-14-95

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
129 TWIN BRIDGES ROAD
DANVILLE, IN. 46122

(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L377	DB	10:52:56	04/14/95	

CUSTOMER: EMRO MARKETING

2509 E 10TH STREET
ANDERSON, IN

COMMENTS: SPL WST(OTHER)

GEO SRC: 53 MONROE COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	16.09	
SPF	OTHER FEES-SPL.TONS	16.09	
	GROSS: 58660		
	TARE : 26480		
	NET : 32180		

DISPOSAL AREA



~~Disposal Notification~~
Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)
2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row
Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218
Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN OPP No.: *32-2* ^{16.09}

Disposal Volume - Quantity: *15* Type of Containers: Bulk

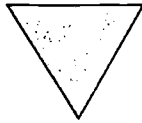
Signature: *[Signature]* Date: *4-14-95*

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.
Indiana Department of Environmental Management 317/232-4473.

① 317
8:50 8/92

(DRIVER: PLEASE SIGN BELOW)

308233



REFERENCE NO.
308233

(PLEASE SIGN HERE)

X TR 41493

TWIN BRIDGES RDF
WASTE MANAGEMENT INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L368	DB	10:32:40	04/14/95	

CUSTOMER: EMRU MARKETING

2509 E 10TH STREET
ANDERSON, IN

COMMENTS: MUNICIPAL WASTE
GEO SRC: 53 MONROE COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	17.33	
SPF	OTHER FEES-SPL.TONS	17.33	
	GROSS: 59600		
	TARE : 24940		
	NET : 34660		

DISPOSAL AREA

368

Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN OPP No.: *12.33* *32.2*

Disposal Volume - Quantity: *15* Type of Containers: Bulk

Signature: *[Signature]* Date: *4-14-95*

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

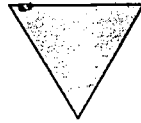
Indiana Department of Environmental Management 317/232-4473.

(P) 368 8/92
8:55

(DRIVER: PLEASE SIGN BELOW)

308234

REFERENCE NO.
308234



(PLEASE SIGN HERE)

41495

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC
123 TWIN BRIDGES ROAD
DANVILLE IN 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L382	DB	10:35:42	04/14/95	

CUSTOMER: EMRO MARKETING
2509 E 10TH STREET
ANDERSON, IN

MANIFEST NO.
PERMIT NO.

COMMENTS: MUNICIPAL WASTE
GEO SRC: 53 MONROE COUNTY

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	18.77	
SPF	OTHER FEES-SPL.TONS	18.77	
	GROSS: 62800		
	TARE : 25260		
	NET : 37540		

DISPOSAL AREA.



Disposal Notification
Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN OPP No.: *18-77* 322

Disposal Volume - Quantity: *15* Type of Containers: Bulk

Signature: *[Signature]* Date: *4-14-95*

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

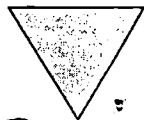
Indiana Department of Environmental Management 317/232-4473.

⑨ 382 8/92
9:00

(DRIVER: PLEASE SIGN BELOW)

306811

REFERENCE NO.
306811



(PLEASE SIGN HERE)

Tyson Smoot

X

4/14/95

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
129 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L359	DB	13:24:26	04/14/95	

CUSTOMER: EMRO MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 53 MONROE COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	21.54 21.50	
SPF	OTHER FEES-SPL.TONS	21.50 21.50	
	GROSS: 69160		
	TARE : 26160		
	NET : 43000		

Disposal Area

DISP-

#359

~~Disposal Notification~~

Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date: 4-14-95

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN OPP No.: 32-2

Disposal Volume - Quantity: 15 gds Type of Containers: Bulk

Signature: *Chris Cox* Date: 4/14/95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

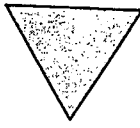
Indiana Department of Environmental Management 317/232-4473

⑩ 359 8/92
11:00

R: PLEASE SIGN BELOW)

306812

REFERENCE NO.
306812



(SIGN HERE)

[Handwritten Signature]

4.14.95

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, TN. 46122
(317)745-2878

CUSTOMER NO. 4498	TRUCK NO. L356	INITIALS DB	TIME 13:25:49	DATE 04/14/95	BATCH NO.
----------------------	-------------------	----------------	------------------	------------------	-----------

CUSTOMER: EMRO MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 53 MONROE COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	21.14	
SPF	OTHER FEES-SPL.TONS	21.14	
	GROSS: 68060		
	TARE : 25780		
	NET : 42280		

DISPOSAL AREA

~~350~~

#356

Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date: 4/14/95

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN OPP No.: 32-7

Disposal Volume - Quantity: 15 Type of Containers: Bulk

Signature: *[Signature]* Date: 4-18-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

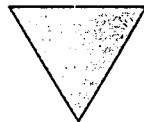
Indiana Department of Environmental Management 317/232-4473.

① 356 8/92
11:05

(DRIVER: PLEASE SIGN BELOW)

306814

REFERENCE NO.
306814



(PLEASE SIGN HERE)
357
A.E. Gaslow
CJC

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L357	DB	13:28:45	04/14/95	

CUSTOMER: EMRO MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 53 MONROE COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	19.91	
SPF	OTHER FEES-SPL.TONS	19.91	
	GROSS: 65480		
	TARE : 25860		
	NET : 39820		

DISPOSAL AREA

#357
11:10

~~Disposal Notification~~
Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date: 4-14-95

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN OPP No.: 32-2 ¹⁹⁻⁹¹

Disposal Volume - Quantity: 15 Type of Containers: Bulk

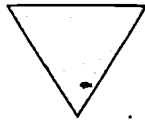
Signature: *[Signature]* Date: 4-14-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

Indiana Department of Environmental Management 317/232-4473. (12) 8/92

(DRIVER: PLEASE SIGN BELOW)

306813



REFERENCE NO.
306813

(PLEASE SIGN HERE)

[Handwritten Signature] 381 CJC

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	381	DB	13:28:16	04/14/95	

CUSTOMER: EMRD MARKETING

2509 E 10TH STREET

ANDERSON, IN

COMMENTS: SPL WST(OTHER)

GEO SRC: 53 MONROE COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	19.92	
SPF	OTHER FEES-SPL.TONS	19.92	
	GROSS: 65240		
	TARE : 25400		
	NET : 39840		

OSAL AREA

~~Disposal Notification~~

#381
11:15

Spill/Underground Storage Tank Debris

UST Information (please check) Spill UST Cleanup

UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row
Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date: 4-14-95

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): ~~PTSI~~ Littleton 381 Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN OPP No.: *1992*

Disposal Volume - Quantity: 150y Type of Containers: Bulk

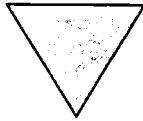
Signature: *[Signature]* Date: 4/14/95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.
Indiana Department of Environmental Management 317/232-4473.

(13)

(DRIVER: PLEASE SIGN BELOW)

306823



REFERENCE NO.

306823

(PLEASE SIGN HERE)

W. H. L. 231

4.14.95

TWIN BRIDGES ROF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122

(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L379	DB	13:44:48	04/14/95	

CUSTOMER: EMRO MARKETING

2509 E 10TH STREET

ANDERSON, IN

COMMENTS: SPL WST (OTHER)

GEO SRC: 53 MONROE COUNTY

MANIFEST NO.

PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	20.14	
SPF	OTHER FEES-SPL.TONS	20.14	
	GROSS: 65520		
	TARE : 25240		
	NET : 40280		

DISPOSAL AREA

#379
12:15

~~Disposal Notification~~
Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN OPP No: *32.2*

Disposal Volume - Quantity: *15* Type of Containers: Bulk

Signature: *[Signature]* Date: *4-14-98*

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

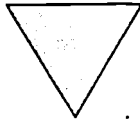
Indiana Department of Environmental Management 317/232-4473.

(14) 8/92

(DRIVER: PLEASE SIGN BELOW)

308298

REFERENCE NO.
308298



(PLEASE SIGN HERE)

X *Bill Wright* 4.14.95

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
1498	L358	DB	14:16:24	04/14/95	

CUSTOMER: EMRO MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 53 MONROE COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	21.61	
SPF	OTHER FEES-SPL.TONS	21.61	
	GROSS: 69020		
	TARE : 25800		
	NET : 43220		

DISPOSAL
AREA

#358
12:25

~~Disposal Notification~~
Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.:	Emro Marketing Company	
Mailing Address:	2121 Directors Row	
	Indianapolis, Indiana 46241	Phone: 317/243-7500, extension 2008
Contact:	W. Phillip Eley	Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date:

Clean up Contractor

Company Name:	PTSI	
Mailing Address:	P.O. Box 218	
	Brownsburg, IN	
Contractor Contact:	Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill):	PTSI	Phone: (317) 852-2278

Disposal Site Information

Site Name:	Twin Bridges RDF, Danville, IN	OPP No.: <i>32-2</i>
Disposal Volume - Quantity:	<i>15</i>	Type of Containers: Bulk
Signature:	<i>[Signature]</i>	Date: <i>4-14-95</i>

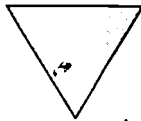
This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

Indiana Department of Environmental Management 317/232-4473.

(15)

(DRIVER: PLEASE SIGN BELOW)

306825



REFERENCE NO.

306825

(PLEASE SIGN HERE)

X TR

4-19-95

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122

(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L368	DB	14:05:39	04/14/95	

CUSTOMER: EMRD MARKETING

2509 E 10TH STREET

ANDERSON, IN

COMMENTS: SPL WST(OTHER)

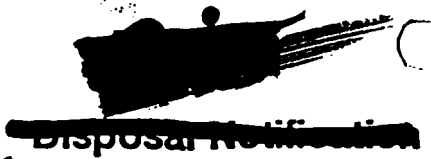
GEO SRC: 53 MONROE COUNTY

MANIFEST NO.

PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	15.50	
SPF	OTHER FEES-SPL.TONS	15.50	
	GROSS: 55940		
	TARE : 24940		
	NET : 31000		

DISPOSAL AREA



#368
12:30

Spill/Underground Storage Tank Debris

Spill/UST Information (please check)

Spill

UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check)

Owner

Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address:	2121 Directors Row
	Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008
Contact:	W. Phillip Eley Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature:	Date:

W. Phillip Eley

Clean up Contractor

Company Name:	PTSI	
Mailing Address:	P.O. Box 218	
	Brownsburg, IN	
Contractor Contact:	Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill):	PTSI	Phone: (317) 852-2278

Disposal Site Information

Site Name:	Twin Bridges RDF, Danville, IN	OPP No.:	15.50 322
Disposal Volume - Quantity:	15	Type of Containers:	Bulk
Signature:	<i>[Signature]</i>	Date:	4-14-25

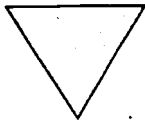
This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

16

(DRIVER: PLEASE SIGN BELOW)

308297

REFERENCE NO.
308297



(PLEASE SIGN HERE)

[Handwritten Signature]
4.14.95

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

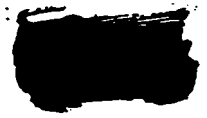
CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L382	DB	14:13:18	04/14/95	

CUSTOMER: EMRU MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 53 MONROE COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	22.21	
SPF	OTHER FEES-SPL.TONS	22.21	
	GROSS: 69680		
	TARE : 25260	--	
	NET : 44420		

DISPOSAL AREA



382
12:35

~~Disposal Notification~~
Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN OPP No.: *2221*
32.2

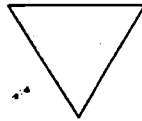
Disposal Volume - Quantity: *15* Type of Containers: Bulk

Signature: *[Signature]* Date: *4-14-95*

(DRIVER: PLEASE SIGN BELOW)

308296

REFERENCE NO.
308296



(PLEASE SIGN HERE)

[Handwritten Signature] 4.14.95

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC
123 TWIN BRIDGES ROAD
DANVILLE, IN 46122
(317) 745-2878

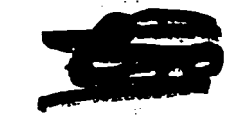
CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
498	L377	DB	14:12:41	04/14/95	

CUSTOMER: EMRU MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 53 MONROE COUNTY

MANIFEST NO.
PERMIT NO.

LOAD TYPE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	23.05	
SPF	OTHER FEES-SPL.TONS	23.05	
	GROSS: 72580		
	TARE : 26480	--	
	NET : 46100		

DISPOSAL AREA



#377
12:40

Disposal Notification
Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN OPP No.: *32-2*

Disposal Volume - Quantity: *15* Type of Containers: Bulk

Signature: *[Signature]* Date: *4-14-95*

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

Indiana Department of Environmental Management 317/232-4473.

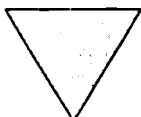
(18)

(DRIVER: PLEASE SIGN BELOW)

306846

REFERENCE NO.

306846



(PLEASE SIGN HERE)

x *Bill Wright*

4-17-95

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122

(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	1358	DB	8:48:11	04/17/95	

CUSTOMER: EMRD MARKETING

2509 E 10TH STREET

ANDERSON, IN

COMMENTS: SPL WST(OTHER)

GEO SRC: 48 MADISON COUNTY

MANIFEST NO.

PERMIT NO.

ST/CDY/COO	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	21.43	
SPF	OTHER FEES-SPL.TONS	21.43	
	GROSS: 68660		
	TARE : 25800		
	NET : 42860		

DISPOSAL

#358



~~Disposal Notification~~
Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN OPP No.: *21.43* *33-2*

Disposal Volume - Quantity: *15* Type of Containers: Bulk

Signature: *[Signature]* Date: *4-17-95*

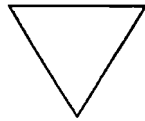
This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

Indiana Department of Environmental Management 317/232-4473. (19) 8/92

(DRIVER: PLEASE SIGN BELOW)

308513

REFERENCE NO.
308513



(PLEASE SIGN HERE)

357

A. E. Gaseow

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN 46122
(317) 745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L357	DB	8:45:24	04/17/95	

CUSTOMER: EMRD MARKETING

2509 E 10TH STREET
ANDERSON, IN

COMMENTS: SPL WST(OTHER)

GED SRC: 48 MADISON COUNTY

MANIFEST NO.

PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	21.04	
SPF	OTHER FEES-SPL.TONS	21.04	
	GROSS: 67940		
	TARE : 25860		
	NET : 42080		

#357

~~Disposal Notification~~
Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

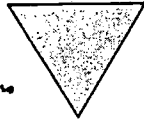
Site Name: Twin Bridges RDF, Danville, IN OPP No.: 32-2

Disposal Volume - Quantity: 15 Type of Containers: Bulk

Signature: *[Signature]* Date: 4-17-95

(DRIVER: PLEASE SIGN BELOW)

306845



REFERENCE NO.

306845

(PLEASE SIGN HERE)

William White

199

4-17-95

#6379

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122

(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498		DB	8:45:18	04/17/95	

CUSTOMER: EMRO MARKETING
2509 E 10TH STREET

ANDERSON, IN

COMMENTS: SPL WST(OTHER)

GEO SRC: 48 MADISON COUNTY

MANIFEST NO.

PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	21.61	
SPF	OTHER FEES-SPL.TONS	21.61	
	GROSS: 70620		
	TARE : 27400		
	NET : 43220		

DISPOSAL

1022 CST
199



Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN OPP No.: 32-2

Disposal Volume - Quantity: 15 Type of Containers: Bulk

Signature: *[Signature]* Date: 4-17-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

Indiana Department of Environmental Management 317/232-4473. 8/92

(DRIVER: PLEASE SIGN BELOW)

308517



REFERENCE NO.
308517

(PLEASE SIGN HERE)

[Handwritten signature] 231

41791

#6379

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L379	DB	8:51:41	04/17/95	

CUSTOMER: EMRU MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.

PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	23.73	
SPF	OTHER FEES-SPL.TONS	23.73	
	GROSS: 72700		
	TARE : 25240		
	NET : 47460		

Disposal

379

~~Disposal Notification~~

Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

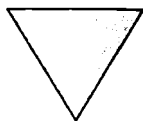
Site Name: Twin Bridges RDF, Danville, IN OPP No.: 32-2

Disposal Volume - Quantity: 15 Type of Containers: Bulk

Signature: *[Signature]* Date: 4-17-95

(DRIVER: PLEASE SIGN BELOW)

306853



REFERENCE NO.

306853

(PLEASE SIGN HERE)

X *John Hunt*

J

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122

(317)745-2878

CUSTOMER NO. 4498	TRUCK NO. 111	INITIALS DB	TIME 8:57:26	DATE 04/17/95	BATCH NO.
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CUSTOMER: EMRO MARKETING

2509 E 10TH STREET

ANDERSON, IN

COMMENTS: SPL WST(OTHER)

GEO SRC: 48 MADISON COUNTY

MANIFEST NO.

PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	22.30	
SPF	OTHER FEES-SPL.TONS	22.30	
	GROSS: 73320		
	TARE : 28720		
	NET : 44600		

Bio

111

~~Disposal Notification~~
Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address:	2121 Directors Row
Indianapolis, Indiana 46241	Phone: 317/243-7500, extension 2008
Contact:	W. Phillip Eley
	Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature:	Date:

Clean up Contractor

Company Name:	PTSI	
Mailing Address:	P.O. Box 218	
	Brownsburg, IN	
Contractor Contact:	Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill):	PTSI	Phone: (317) 852-2278

Disposal Site Information

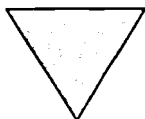
Site Name: Twin Bridges RDF, Danville, IN	OPP No.: 32-2
Disposal Volume - Quantity: 15	Type of Containers: Bulk
Signature:	Date: 4-17-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

23

(DRIVER: PLEASE SIGN BELOW)

306847



REFERENCE NO.

306847

(PLEASE SIGN HERE)

x M. COX

41725

#6379

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122

(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498		DB	8:50:42	04/17/95	

CUSTOMER: EMRO MARKETING

2509 E 10TH STREET
ANDERSON, IN

COMMENTS: SPL WST(OTHER)

GEO SRC: 48 MADISON COUNTY

MANIFEST NO.

PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	19.37	
SPF	OTHER FEES-SPL.TONS	19.37	
	GROSS: 66240		
	TARE : 27500		
	NET : 38740		

DISPOSAL

133

Disposal Notification

Spill/Underground Storage Tank Debris

Spill/UST Information (please check)

Spill

UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check)

Owner

Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address: 2121 Directors Row	
Indianapolis, Indiana 46241	Phone: 317/243-7500, extension 2008
Contact: W. Phillip Eley	Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature: <i>W. Phillip Eley</i>	Date:

Clean up Contractor

Company Name: PTSI	
Mailing Address: P.O. Box 218	
Brownsburg, IN	
Contractor Contact: Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill): PTSI	Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN	OPP No.: 322
Disposal Volume - Quantity: 15	Type of Containers: Bulk
Signature: <i>[Signature]</i>	Date: 4-17-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

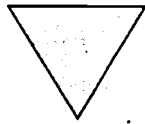
Indiana Department of Environmental Management 317/232-4473.

24

(DRIVER: PLEASE SIGN BELOW)

308518

REFERENCE NO.
308518



(PLEASE SIGN HERE)

X
MORRIS

J

TWIN BRIDGES RFD
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO. 4498	TRUCK NO. 321	INITIALS DB	TIME 8:52:22	DATE 04/17/95	BATCH NO.
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CUSTOMER: EMRU MARKETING

2509 E 10TH STREET
ANDERSON, IN

COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	21.72	
SPF	OTHER FEES-SPL.TONS	21.72	
	GROSS: 69940		
	TARE : 26500		
	NET : 43440		

Bio

321

~~Disposal Notification~~
Spill/Underground Storage Tank Debris

Spill/UST Information (please check)

Spill

UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check)

Owner

Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address:	2121 Directors Row
	Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008
Contact:	W. Phillip Eley Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature:	Date:

Clean up Contractor

Company Name:	PTSI	
Mailing Address:	P.O. Box 218	
	Brownsburg, IN	
Contractor Contact:	Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill):	PTSI	Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN	OPP No.: 32-2
Disposal Volume - Quantity:	Type of Containers: Bulk
Signature:	Date: 4-17-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

Indiana Department of Environmental Management 317/232-4473.

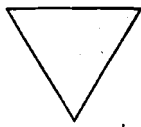
25

(DRIVER: PLEASE SIGN BELOW)

306852

REFERENCE NO.

306852



(PLEASE SIGN HERE)

[Handwritten signature]

[Handwritten initials]

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122

(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L378	DB	8:56:17	04/17/95	

CUSTOMER: EMRO MARKETING

2509 E 10TH STREET

ANDERSON, IN

COMMENTS: SPL WST(OTHER)

GEO SRC: 48 MADISON COUNTY

MANIFEST NO.

PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	18.96	
SPF	OTHER FEES-SPL.TONS	18.96	
	GROSS: 64500		
	TARE : 26580		
	NET : 37920		

DISPOSAL

378

~~Disposal Notification~~

Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address: 2121 Directors Row	
Indianapolis, Indiana 46241	Phone: 317/243-7500, extension 2008
Contact: W. Phillip Eley	Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature: <i>W. Phillip Eley</i>	Date:

Clean up Contractor

Company Name: PTSI	
Mailing Address: P.O. Box 218	
Brownsburg, IN	
Contractor Contact: Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill): PTSI	Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN	OPP No.: 1896 32-2
Disposal Volume - Quantity: 15	Type of Containers: Bulk
Signature: <i>[Signature]</i>	Date: 4-17-96

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

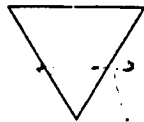
Indiana Department of Environmental Management 317/232-4473.

26

(DRIVER: PLEASE SIGN BELOW)

306854

REFERENCE NO.
306854



(PLEASE SIGN HERE)
[Handwritten signature]
[Handwritten initials]

[Handwritten signature]

TWIN BRIDGES ROF
WASTE MANAGEMENT, INC
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L381	DB	8:59:21	04/17/95	

CUSTOMER: EMRO MARKETING

2509 E 10TH STREET

ANDERSON, IN

COMMENTS: SPL WST(OTHER)

GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	21.83	
SPF	OTHER FEES-SPL.TONS	21.83	
	GROSS: 69060		
	TARE : 25400		
	NET : 43660		

381

DISPOSAL

381

Disposal Notification
Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date: 4-17-95

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): ~~PTSI~~ *Littleton* Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN OPP No.: *2183* ~~32-2~~

Disposal Volume - Quantity: *15* Type of Containers: Bulk

Signature: *[Signature]* Date: *4-17-95*

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

Indiana Department of Environmental Management 317/232-4473.

27

(DRIVER: PLEASE SIGN BELOW)

306857

319

REFERENCE NO
306857

(PLEASE SIGN HERE)

Ernest Johnson

47795

anup

Madison

Unknown

r's Rep.

500, extension 2008

al Representative

UST Cleanup are true

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
122 TWIN BRIDGES ROAD
DANVILLE, IN 46122
(317) 745-2878

CUSTOMER: EMRO MARKETING
2509 E 10TH STREET
ANDERSON, IN
DATE: 04/26/95

COMMENTS: SPL UST (OTHER)
GEO SRC: 48 MADISON COUNTY

CST	DESCRIPTION	LOAD QUANTITY	AMOUNT
SPF	CONTAM. SOIL-TONS	20.71	
	OTHER FEES-SPL.TONS	20.71	
	GROSS:	48820	
	TARE :	27400	
	NET :	41420	

Phone: (317) 852-2278

Phone: (317) 852-2278

Site Name: Twin Bridges RDF, Danville, IN

OPP No.: 327

Disposal Volume - Quantity: 15

Type of Containers: Bulk

Signature:

Date: 4-17-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

28

319

~~Disposal Notification~~
Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date:

Cleanup Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN OPP No.: 2071 327

Disposal Volume - Quantity: 15 Type of Containers: Bulk

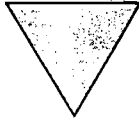
Signature: *[Signature]* Date: 4-17-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

(DRIVER: PLEASE SIGN BELOW)

308527

REFERENCE NO.
308527



(PLEASE SIGN HERE)

J. Tolan

[Handwritten flourish]

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L356	DB	9:14:04	04/17/95	

CUSTOMER: EMRU MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM: SOIL-TONS	18.76	
SPF	OTHER FEES-SPL.TONS	18.76	
	GROSS: 63300		
	TARE: 25780		
	NET: 37520		

DISPOSAL

~~356~~

356

~~Disposal Notification~~
Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)
 2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row
 Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date: 4/17/95

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218
 Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN OPP No.: 18-76
 32-2

Disposal Volume - Quantity: 15 Type of Containers: Bulk

Signature: *[Signature]* Date: 4-17-95

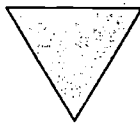
This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.
Indiana Department of Environmental Management 317/232-4473.

29

(DRIVER: PLEASE SIGN BELOW)

308532

REFERENCE NO.
308532



(PLEASE SIGN HERE)

X
[Signature]

[Handwritten flourish]

TWIN BRIDGES ROF
WASTE MANAGEMENT, INC
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L355	DB	9:21:14	04/17/95	

CUSTOMER: EMRO MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	20.91	
SPF	OTHER FEES-SPL.TONS	20.91	
	GROSS: 67760		
	TARE : 25940		
	NET : 41820		

355

Disposal Notification

Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN		County: Madison
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address: 2121 Directors Row	
Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008	
Contact: W. Phillip Eley	Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature: <i>W. Phillip Eley</i>	Date:

Clean up Contractor

Company Name: PTSI	
Mailing Address: P.O. Box 218	
Brownsburg, IN	
Contractor Contact: Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill): PTSI	Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN	OPP No.: 20.91 32.2
Disposal Volume - Quantity: 15	Type of Containers: Bulk
Signature: <i>[Signature]</i>	Date: 4-17-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

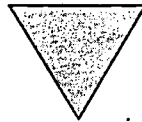
Indiana Department of Environmental Management 317/232-4473.

30

(DRIVER: PLEASE SIGN BELOW)

308552

REFERENCE NO.
308552



(PLEASE SIGN HERE)

SM

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L382	DB	10:03:48	04/17/95	

CUSTOMER: EMKO MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	22.59	
SPF	OTHER FEES-SPL.TONS	22.59	
	GROSS: 70440		
	TARE : 25260		
	NET : 45180		

Bio
Disposal
~~Disposal Notification~~

382

Spill/Underground Storage Tank Debris

Spill/UST Information (please check)

Spill

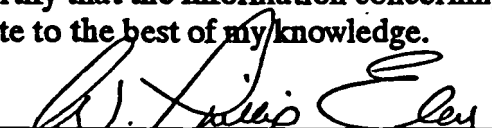
UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check)

Owner

Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address: 2121 Directors Row	
Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008	
Contact: W. Phillip Eley	Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature: 	Date:

Clean up Contractor

Company Name: PTSI	
Mailing Address: P.O. Box 218	
Brownsburg, IN	
Contractor Contact: Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill): PTSI	Phone: (317) 852-2278

Disposal Site Information

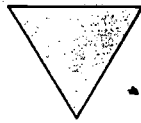
Site Name: Twin Bridges RDF, Danville, IN	OPP No.: 32-2
Disposal Volume - Quantity: 15 yds	Type of Containers: Bulk
Signature: JM	Date: 4-17-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

31

(DRIVER: PLEASE SIGN BELOW)

308553



REFERENCE NO.
308553

(PLEASE SIGN HERE)

JM TR

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L368	DB	10:05:24	04/17/95	

CUSTOMER: EMRU MARKETING
2509 E 10TH STREET
ANDERSON, IN

COMMENTS: SPL WST(OTHER)
GEO SRC: 49 MARION COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	20.95	
SPF	OTHER FEES-SPL.TONS	20.95	
	GROSS: 66840		
	TARE : 24940		
	NET : 41900		

~~Disposal~~
~~Notification~~

368

66840

Spill/Underground Storage Tank Debris

Spill/UST Information (please check)

Spill

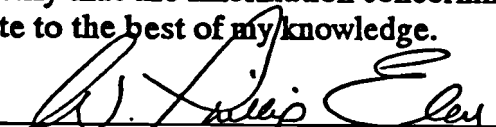
UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN		County: Madison
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check)

Owner

Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address: 2121 Directors Row	
Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008	
Contact: W. Phillip Eley	Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature: 	Date:

Clean up Contractor

Company Name: PTSI	
Mailing Address: P.O. Box 218	
Brownsburg, IN	
Contractor Contact: Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill): PTSI	Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN	OPP No.: 32-2
Disposal Volume - Quantity: 20.95	Type of Containers: Bulk
Signature: JM	Date: 4-7-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

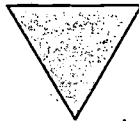
Indiana Department of Environmental Management 317/232-4473,

32

(DRIVER: PLEASE SIGN BELOW)

306858

REFERENCE NO.
306858



(PLEASE SIGN HERE)

[Handwritten Signature]

[Handwritten Initials]

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L377	DB	10:05:06	04/17/95	

CUSTOMER: EMRD MARKETING
2509 E 10TH STREET
ANDERSON, IN

COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	19.90	
SPF	OTHER FEES-SPL.TONS	19.90	
	GROSS: 66280		
	TARE : 26480		
	NET : 39800		

377

~~Disposal Notification~~
Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN OPP No.: 19.90 32-2

Disposal Volume - Quantity: 15 Type of Containers: Bulk

Signature: *[Signature]* Date: 4-17-92

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

Indiana Department of Environmental Management 317/232-4473

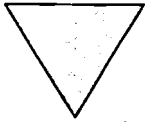
33

(DRIVER: PLEASE SIGN BELOW)

306870

REFERENCE NO.

306870



(PLEASE SIGN HERE)

Tyone Smart

JS

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	1359	DR	10:32:16	04/17/95	

CUSTOMER: EMRO MARKETING
2509 E 10TH STREET

ANDERSON, IN

COMMENTS: SPL WST(OTHER)

GEO SRC: 48 MADISON COUNTY

MANIFEST NO.

PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	22.33	
SPF	OTHER FEES-SPL.TONS	22.33	
	GROSS: 70820		
	TARE : 26160		
	NET : 44660		

359

~~Disposal Notification~~
Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)
2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row
Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218
Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN OPP No.: 32-2

Disposal Volume - Quantity: 5 Type of Containers: Bulk

Signature: *[Signature]* Date: 4-17-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.
Indiana Department of Environmental Management 317/232-4473.

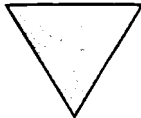
34 8/92

(DRIVER: PLEASE SIGN BELOW)

308596

REFERENCE NO.
308596

199



(PLEASE SIGN HERE)

White

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

Oath

CUSTOMER NO. 4498	TRUCK NO. 199	INITIALS DB	TIME 11:51:08	DATE 04/17/95	BATCH NO.
----------------------	------------------	----------------	------------------	------------------	-----------

CUSTOMER: EMRU MARKETING
2509 E 10TH STREET

ANDERSON, IN

COMMENTS: SPL WST (SLUDGES)

GED SRC: 48 MADISON COUNTY

MANIFEST NO.

PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	18.76	
SPF	OTHER FEES-SPL.TONS	18.76	
	GROSS: 64920		
	TARE : 27400		
	NET : 37520		

199

~~Disposal Notification~~
Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address:	2121 Directors Row
	Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008
Contact:	W. Phillip Eley Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature:	Date:

Clean up Contractor

Company Name:	PTSI	
Mailing Address:	P.O. Box 218	
	Brownsburg, IN	
Contractor Contact:	Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill):	PTSI	Phone: (317) 852-2278

Disposal Site Information

Site Name:	Twin Bridges RDF, Danville, IN	OPP No.:	32-2
Disposal Volume - Quantity:	85	Type of Containers:	Bulk
Signature:	<i>[Signature]</i>	Date:	4-17-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

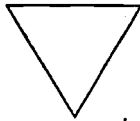
Indiana Department of Environmental Management 317/232-4473.

35

(DRIVER: PLEASE SIGN BELOW)

308597

REFERENCE NO.
308597



(PLEASE SIGN HERE)

X

Bob [Signature]

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO. 4498	TRUCK NO. 133	INITIALS DB	TIME 11:52:36	DATE 04/17/95	BATCH NO.
----------------------	------------------	----------------	------------------	------------------	-----------

CUSTOMER: EMRO MARKETING
2509 E 10TH STREET
ANDERSON, IN

COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	21.32	
SPF	OTHER FEES-SPL.TONS	21.32	
	GROSS: 70140		
	TARE : 27500	--	
	NET : 42640		

133

Disposal Notification
Spill/Underground Storage Tank Debris

Spill/UST Information (please check)

Spill

UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check)

Owner

Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address: 2121 Directors Row	
Indianapolis, Indiana 46241	Phone: 317/243-7500, extension 2008
Contact: W. Phillip Eley	Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature: <i>W. Phillip Eley</i>	Date:

Clean up Contractor

Company Name: PTSI	
Mailing Address: P.O. Box 218	
Brownsburg, IN	
Contractor Contact: Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill): PTSI	Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN	OPP No.: 322
Disposal Volume - Quantity: 15	Type of Containers: Bulk
Signature: <i>[Signature]</i>	Date: 4-17-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

36

(DRIVER: PLEASE SIGN BELOW)

308598

321

REFERENCE NO.
308598



(PLEASE SIGN HERE)

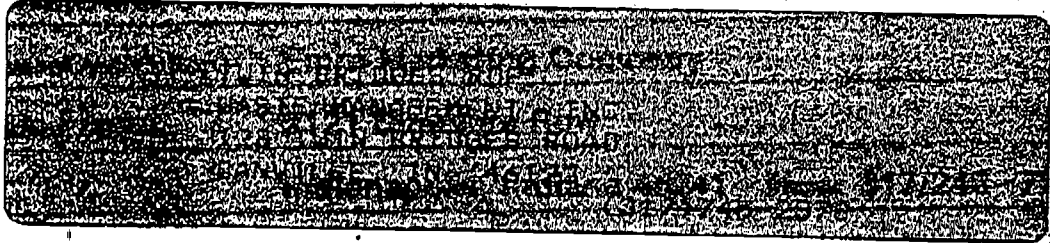
MOTS

ip

Mr son

Unknown

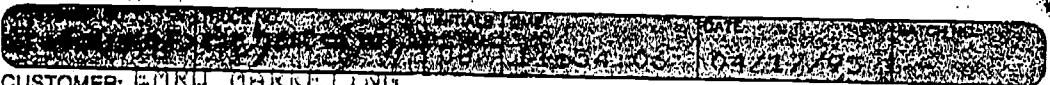
Rep.



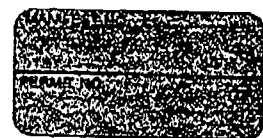
extension 2008

representative

T Cleanup are true



CUSTOMER: ENKO MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY



CST	DESCRIPTION	LOAD QUANTITY
SPL	CONTAM. SOIL-TONS	20.11
	OTHER FEES-SPL.TONS	20.11
	GROSS: 66720	
	TARE: 26500	
	NET: 40220	

(317) 852-2278

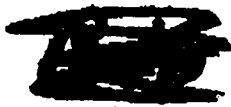
(317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN OPP No.: 32-2

Disposal Volume - Quantity: 5 Type of Containers: Bulk

Signature: *[Signature]* Date: 4-17-95



321

~~Disposal Notification~~
Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN OPP No.: 32-2

Disposal Volume - Quantity: 5 Type of Containers: Bulk

Signature: *[Signature]* Date: 4-17-95

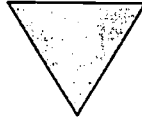
This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

(37)

(DRIVER: PLEASE SIGN BELOW)

308602

REFERENCE NO.
308602



(PLEASE SIGN HERE)

Y 357
A. E. Gascon

[Handwritten signature]

TWIN BRIDGES ROF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L357	DB	11:57:07	04/17/95	

CUSTOMER: EMRO MARKETING

2509 E 10TH STREET

ANDERSON, IN

COMMENTS: SPL WST(OTHER)

GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	20.07	
SPF	OTHER FEES-SPL.TONS	20.07	
	GROSS: 66000		
	TARE : 25860		
	NET : 40140		

~~Disposal Notification~~
Spill/Underground Storage Tank Debris

Spill/UST Information (please check)

Spill

UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check)

Owner

Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address:	2121 Directors Row
	Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008
Contact:	W. Phillip Eley Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature:	Date:

Clean up Contractor

Company Name:	PTSI	
Mailing Address:	P.O. Box 218	
	Brownsburg, IN	
Contractor Contact:	Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill):	PTSI	Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN	OPP No.: 20.07 322
Disposal Volume - Quantity: 15	Type of Containers: Bulk
Signature:	Date: 4-17-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

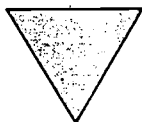
Indiana Department of Environmental Management 317/232-4473

32

(DRIVER: PLEASE SIGN BELOW)

308605

REFERENCE NO.
308605



(PLEASE SIGN HERE)

[Handwritten Signature]

[Handwritten Initials]

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	11	DB	12:02:10	04/17/95	

CUSTOMER: EMRO MARKETING

2509 E 10TH STREET

ANDERSON, IN

COMMENTS: SPL WST(OTHER)

GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	21.29	
SPF	OTHER FEES-SPL.TONS	21.29	
	GROSS: 70580		
	TARE: 28000	--	
	NET: 42580		

~~Disposal Notification~~
Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address: 2121 Directors Row	
Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008	
Contact: W. Phillip Eley	Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature: <i>W. Phillip Eley</i>	Date:

Clean up Contractor

Company Name: PTSI	
Mailing Address: P.O. Box 218	
Brownsburg, IN	
Contractor Contact: Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill): PTSI	Phone: (317) 852-2278

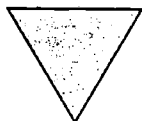
Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN	OPP No.: 21-29 32-3
Disposal Volume - Quantity: 15	Type of Containers: Bulk
Signature: <i>[Signature]</i>	Date: 4-17-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

(DRIVER: PLEASE SIGN BELOW)

308635



REFERENCE NO.
308635

(PLEASE SIGN HERE)

SM
Bill Wright

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L358	DB	12:56:20	04/17/95	

CUSTOMER: EMRO MARKETING
2509 E 10TH STREET
ANDERSON, IN

MANIFEST NO.
PERMIT NO.

COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	19.65	
SPF	OTHER FEES-SPL.TONS	19.65	
	GROSS: 65100		
	TARE: 25800		
	NET: 39300		

~~Bio~~

358

~~Disposal Notification~~
Spill/Underground Storage Tank Debris

Spill/UST Information (please check)

Spill

UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check)

Owner

Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address:	2121 Directors Row
Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008	
Contact:	W. Phillip Eley Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature:	Date:

W. Phillip Eley

Clean up Contractor

Company Name:	PTSI	
Mailing Address:	P.O. Box 218	
	Brownsburg, IN	
Contractor Contact:	Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill):	PTSI	Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN	OPP No.: 32-2
Disposal Volume - Quantity: 15	Type of Containers: Bulk
Signature: JM	Date: 4-17-95

19.65

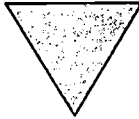
This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

Indiana Department of Environmental Management 317/232-4473.

40

(DRIVER: PLEASE SIGN BELOW)

308619



REFERENCE NO.
308619

(PLEASE SIGN HERE)

SM [Signature] 201

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L379	DB	12:22:54	04/17/95	

CUSTOMER: EMRU MARKETING

2509 E 10TH STREET
ANDERSON, IN

COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	17.99	
SPF	OTHER FEES-SPL.TONS	17.99	
	GROSS: 61220		
	TARE : 25240		
	NET : 35980		

~~Bio~~

379

~~Disposal Notification~~
Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN OPP No.: 32-2 ^{17.99}

Disposal Volume - Quantity: 15 yds Type of Containers: Bulk

Signature: *JM* Date: 4-17-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

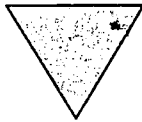
Indiana Department of Environmental Management 317/232-4473.

41

(DRIVER: PLEASE SIGN BELOW)

306876

REFERENCE NO.
306876



(PLEASE SIGN HERE)

M/e
dlr

g

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L378	DB	12:16:42	04/17/95	

CUSTOMER: EMRO MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	16.75	
SPF	OTHER FEES-SPL.TONS	16.75	
	GROSS: 60080		
	TARE : 26580		
	NET : 33500		

378

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check)

Spill

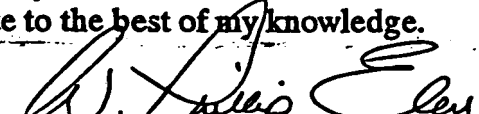
UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check)

Owner

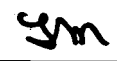
Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address: 2121 Directors Row	
Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008	
Contact: W. Phillip Eley	Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature: 	Date:

Clean up Contractor

Company Name: PTSI	
Mailing Address: P.O. Box 218	
Brownsburg, IN	
Contractor Contact: Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill): PTSI	Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN	OPP No.: 32-2
Disposal Volume - Quantity: 16.75	Type of Containers: Bulk
Signature: 	Date: 4-17-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed by the owner/owner's representative and the landfill representative.
Department of Environmental Management 317/232-4473.

42

**Disposal Notification
Spill/Underground Storage Tank Debris**

Spill/UST Information (please check)

Spill

UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check)

Owner

Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address: 2121 Directors Row	
Indianapolis, Indiana 46241	Phone: 317/243-7500, extension 2008
Contact: W. Phillip Eley	Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature: <i>W. Phillip Eley</i>	Date: 4-17-95

Clean up Contractor

Company Name: PTSI	
Mailing Address: P.O. Box 218	
Brownsburg, IN	
Contractor Contact: Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill): PTSI <i>Hilton</i>	Phone: (317) 852-2278

Disposal Site Information

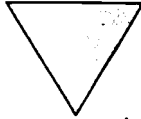
Site Name: Twin Bridges RDF, Danville, IN	OPP No.: <i>32-2</i>
Disposal Volume - Quantity: <i>15</i>	Type of Containers: Bulk
Signature: <i>[Signature]</i>	Date: 4-17-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

Indiana Department of Environmental Management 317/232-4473

(DRIVER: PLEASE SIGN BELOW)

308637



REFERENCE NO.
308637

(PLEASE SIGN HERE)

ym Janice Tolon 4/17/95

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	1356	DB	13:03:47	04/17/95	

CUSTOMER: EMRO MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODES	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	18.98	
SPF	OTHER FEES-SPL.TONS	18.98	
	GROSS: 63740		
	TARE : 25780		
	NET : 37960		

356

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address: 2121 Directors Row	
Indianapolis, Indiana 46241	Phone: 317/243-7500, extension 2008
Contact: W. Phillip Eley	Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: <i>W. Phillip Eley</i>	Date: 4/17/95
-----------------------------------	---------------

Clean up Contractor

Company Name: PTSI	
Mailing Address: P.O. Box 218	
Brownsburg, IN	
Contractor Contact: Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill): PTSI	Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN	OPP No.: 32-2
Disposal Volume - Quantity: 15	Type of Containers: Bulk
Signature: <i>Jm</i>	Date: 4-17-95

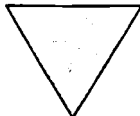
This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

44

(DRIVER: PLEASE SIGN BELOW)

308649

REFERENCE NO.
308649



(PLEASE SIGN HERE)

[Handwritten Signature]

[Handwritten Initials]

TWIN BRIDGES ROF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L355	DB	13:30:11	04/17/95	

CUSTOMER: EMRO MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	17.71	
SPF	OTHER FEES-SPL.TONS	17.71	
	GROSS: 61360		
	TARE : 25940		
	NET : 35420		

355

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN OPP No.: 17.71 32-2

Disposal Volume - Quantity: 15 Type of Containers: Bulk

Signature: *[Signature]* Date: 4-17-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

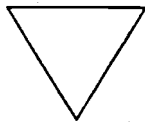
Indiana Department of Environmental Management 317/232-4473.

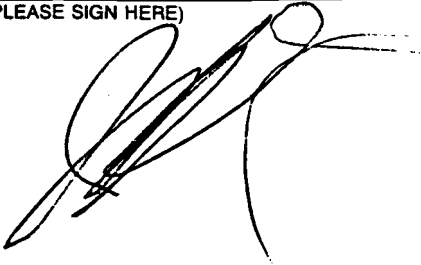
45 8/92


(DRIVER: PLEASE SIGN BELOW)

308663

REFERENCE NO.
308663



(PLEASE SIGN HERE)




TWIN BRIDGES ROF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L382	DB	13:59:37	04/17/95	

CUSTOMER: EMKO MARKETING

2509 E 10TH STREET
ANDERSON, IN

COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	23.46	
SPF	OTHER FEES-SPL.TONS	23.46	
	GROSS: 72180		
	TARE : 25260		
	NET : 46920		

382

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address:	2121 Directors Row
Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008	
Contact:	W. Phillip Eley Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature:	Date:

Clean up Contractor

Company Name:	PTSI	
Mailing Address:	P.O. Box 218	
	Brownsburg, IN	
Contractor Contact:	Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill):	PTSI	Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN	OPP No.: 23.46
Disposal Volume - Quantity: 15	Type of Containers: Bulk
Signature:	Date: 4-17-95

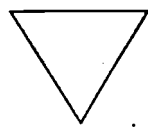
This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.
Indiana Department of Environmental Management 317/232-4473.

46

(DRIVER: PLEASE SIGN BELOW)

308664

REFERENCE NO.
308664



(PLEASE SIGN HERE)
X
TR

[Handwritten signature]

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L368	DB	14:01:15	04/17/95	

CUSTOMER: EMRO MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	17.78	
SPF	OTHER FEES-SPL.TONS	17.78	
	GROSS: 60500		
	TARE : 24940		
	NET : 35560		

368

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check)

Spill

UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check)

Owner

Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address:	2121 Directors Row
	Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008
Contact:	W. Phillip Eley Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature:	Date:

W. Phillip Eley

Clean up Contractor

Company Name:	PTSI	
Mailing Address:	P.O. Box 218	
	Brownsburg, IN	
Contractor Contact:	Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill):	PTSI	Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN	OPP No.: 22-2
Disposal Volume - Quantity: 5	Type of Containers: Bulk
Signature:	Date: 4-17-95

17-8

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

Indiana Department of Environmental Management 317/232-4473.

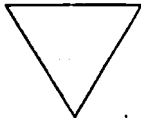
47

(DRIVER: PLEASE SIGN BELOW)

306882

REFERENCE NO.

306882



(PLEASE SIGN HERE)

Handwritten signature

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L377	DB	13:59:46	04/17/95	

CUSTOMER: EMRO MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 49 MARION COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	16.34	
SPF	OTHER FEES-SPL.TONS	16.34	
	GROSS: 59160		
	TARE : 26480		
	NET : 32680		

#377

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address:	2121 Directors Row
	Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008
Contact:	W. Phillip Eley Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature:	Date:

Clean up Contractor

Company Name:	PTSI
Mailing Address:	P.O. Box 218
	Brownsburg, IN
Contractor Contact:	Dwight Thomas Phone: (317) 852-2278
Transporter (to landfill):	PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN	OPP No.: 322
Disposal Volume - Quantity: 15	Type of Containers: Bulk
Signature:	Date: 4-17-95

16-34

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

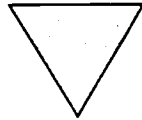
48

(DRIVER: PLEASE SIGN BELOW)

306879

REFERENCE NO.

306879



(PLEASE SIGN HERE)

Tyler Smith

[Handwritten signature]

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122

(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	1376	DS	13:54:28	04/17/95	

CUSTOMER: EMRO MARKETING

2509 E 10TH STREET
ANDERSON, IN

COMMENTS: SPL WST(OTHER)

GEO SRC: 49 MARION COUNTY

MANIFEST NO.

PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	20.30	
SPF	OTHER FEES-SPL.TONS	20.30	
	GROSS: 67420		
	TARE : 26820		
	NET : 40600		

376

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address:	2121 Directors Row
	Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008
Contact:	W. Phillip Eley Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature:	Date:

Clean up Contractor

Company Name:	PTSI	
Mailing Address:	P.O. Box 218	
	Brownsburg, IN	
Contractor Contact:	Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill):	PTSI	Phone: (317) 852-2278

Disposal Site Information

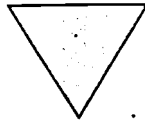
Site Name: Twin Bridges RDF, Danville, IN	OPP No.: 32-2
Disposal Volume - Quantity: 15	Type of Containers: Bulk
Signature:	Date: 4-17-95

49

(DRIVER: PLEASE SIGN BELOW)

308698

REFERENCE NO.
308698



(PLEASE SIGN HERE)

357

A. E. Gascon

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L357	DB	15:20:00	04/17/95	

CUSTOMER: EMRU MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	15.70	
SPF	OTHER FEES-SPL.TONS	15.70	
	GROSS: 57260		
	TARE : 25860		
	NET : 31400		

357

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN		County: Madison
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address:	2121 Directors Row
Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008	
Contact:	W. Phillip Eley
Title: Environmental Representative	

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date:

Clean up Contractor

Company Name:	PTSI	
Mailing Address:	P.O. Box 218	
	Brownsburg, IN	
Contractor Contact:	Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill):	PTSI	Phone: (317) 852-2278

Disposal Site Information

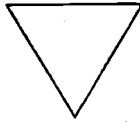
Site Name:	Twin Bridges RDF, Danville, IN	OPP No.:	15.70 32-2
Disposal Site Name:	PTSI Type of Containers: Bulk		
Signature:	<i>[Signature]</i> Date: 4-17-95		

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

(DRIVER: PLEASE SIGN BELOW)

30860

REFERENCE NO.
308697



(PLEASE SIGN HERE)

[Handwritten signature]

[Handwritten signature]

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122

(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L378	DB	15:16:37	04/17/95	

CUSTOMER: EMRU MARKETING

2509 E 10TH STREET
ANDERSON, IN

COMMENTS: SPL WST(OTHER)

GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	16.08	
SPF	OTHER FEES-SPL.TONS	16.08	
	GROSS: 58740		
	TARE : 26580		
	NET : 32160		

378

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check)

Spill

UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN

County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown

Time: Unknown

Volume: Unknown

Owner/Owner's Representative (please check)

Owner

Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature:

Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas

Phone: (317) 852-2278

Transporter (to landfill): PTSI

Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN

OPP No.:

16.08
32-2

Disposal Volume - Quantity: 5

Type of Containers: Bulk

Signature:

Date:

4-17-95

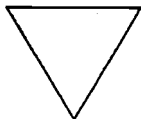
This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.
Indiana Department of Environmental Management 317/232-4473.

51

(DRIVER: PLEASE SIGN BELOW)

308724

REFERENCE NO.
308724



(PLEASE SIGN HERE)

[Handwritten Signature] 231

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	1379	DB	16:33:40	04/17/95	

CUSTOMER: EMRO MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	17.81	
SPF	OTHER FEES-SPL.TONS	17.81	
	GROSS: 60860		
	TARE : 25240		
	NET : 35620		

379

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check)

Spill

UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN

County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown

Time: Unknown

Volume: Unknown

Owner/Owner's Representative (please check)

Owner

Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley

Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature:

Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas

Phone: (317) 852-2278

Transporter (to landfill): PTSI

Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN

OPP No:

17.81
32-2

Disposal Volume - Quantity: 15

Type of Containers: Bulk

Signature:

Date:

4-17-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

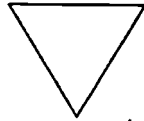
Indiana Department of Environmental Management 317/232-4473.

52

(DRIVER: PLEASE SIGN BELOW)

308717

REFERENCE NO.
308717



(PLEASE SIGN HERE)

Bill Wright

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122

(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L358	DB	16:18:53	04/17/95	

CUSTOMER: EMRU MARKETING

2509 E 10TH STREET

ANDERSON, IN

COMMENTS: SPL WST(OTHER)

GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	20.20	
SPF	OTHER FEES-SPL.TONS	20.20	
	GROSS: 66200		
	TARE : 25800		
	NET : 40400		

358

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check)

Spill

UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN		County: Madison
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check)

Owner

Owner's Rep.

Owner/Owner's Rep.:	Emro Marketing Company	
Mailing Address:	2121 Directors Row	
	Indianapolis, Indiana 46241	Phone: 317/243-7500, extension 2008
Contact:	W. Phillip Eley	Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature:

Date:

Clean up Contractor

Company Name:	PTSI	
Mailing Address:	P.O. Box 218	
	Brownsburg, IN	
Contractor Contact:	Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill):	PTSI	Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN	OPP No.: 32-2
Disposal Volume - Quantity: 20.20	Type of Containers: Bulk
Signature:	Date: 4-17-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

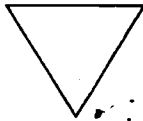
Indiana Department of Environmental Management 317/232-4473.

53

(DRIVER: PLEASE SIGN BELOW)

308738

REFERENCE NO.
308738



(PLEASE SIGN HERE)
Harby

#6379

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L355	DB	6:15:13	04/18/95	

CUSTOMER: EMRO MARKETING
2509 E 10TH STREET
ANDERSON, IN

COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	20.43	
SPF	OTHER FEES-SPL.TONS	20.43	
	GROSS: 66800		
	TARE : 25940		
	NET : 40860		

355

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check)

Spill

UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check)

Owner

Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address:	2121 Directors Row
	Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008
Contact:	W. Phillip Eley Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature:	Date:

W. Phillip Eley

Clean up Contractor

Company Name:	PTSI	
Mailing Address:	P.O. Box 218	
	Brownsburg, IN	
Contractor Contact:	Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill):	PTSI	Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN	OPP No.: ²⁰⁴³ 32
Disposal Volume - Quantity: 15	Type of Containers: Bulk
Signature:	Date: 4-18-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

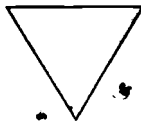
Indiana Department of Environmental Management 317/232-4473.

54

(DRIVER: PLEASE SIGN BELOW)

308748

REFERENCE NO.
308748



(PLEASE SIGN HERE)

J. Tolan *4/18/95*

#6375

TWIN BRIDGES ROF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122

(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L356	DB	6:41:26	04/18/95	

CUSTOMER: EMRD MARKETING

2509 E 10TH STREET

ANDERSON, IN

COMMENTS: SPL WST(OTHER)

GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	16.08	
SPF	OTHER FEES-SPL.TONS	16.08	
	GROSS: 57940		
	TARE : 25780		
	NET : 32160		

356

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check)

Spill

UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check)

Owner

Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address:	2121 Directors Row
	Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008
Contact:	W. Phillip Eley Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature:	Date: 4/17/95

Clean up Contractor

Company Name:	PTSI	
Mailing Address:	P.O. Box 218	
	Brownsburg, IN	
Contractor Contact:	Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill):	PTSI	Phone: (317) 852-2278

Disposal Site Information

Site Name:	Twin Bridges RDF, Danville, IN	OPP No.:	1608 32-2
Disposal Volume - Quantity:	15	Type of Containers:	Bulk
Signature:		Date:	4-18-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

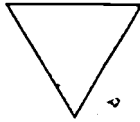
Indiana Department of Environmental Management 317/232-4473

55

(DRIVER: PLEASE SIGN BELOW)

308761

REFERENCE NO.
308761



(PLEASE SIGN HERE)

Tyron Smoot

418-94

6379

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L376	DB	7:34:56	04/18/95	

CUSTOMER: EMRU MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.

PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	17.20	
SPF	OTHER FEES-SPL.TONS	17.20	
	GROSS: 61220		
	TARE : 26820	--	
	NET : 34400		

376

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company
Mailing Address: 2121 Directors Row
Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008
Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date:

Clean up Contractor

Company Name: PTSI
Mailing Address: P.O. Box 218
Brownsburg, IN
Contractor Contact: Dwight Thomas Phone: (317) 852-2278
Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN	OPP No.: ¹⁷²⁰ 322
Disposal Volume - Quantity: 15	Type of Containers: Bulk
Signature: <i>[Signature]</i>	Date: 4-18-95

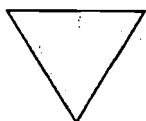
This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

56

(DRIVER: PLEASE SIGN BELOW)

308746

REFERENCE NO.
308746



(PLEASE SIGN HERE)

RC 381

4.18.95

6B79

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
498	L381	DB	6:39:47	04/18/95	

CUSTOMER: EMRU MARKETING

2509 E 10TH STREET

ANDERSON, IN

COMMENTS: SPL WST(OTHER)

GEO SRC: 48 MADISON COUNTY

MANIFEST NO.

PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	6.64	
SPF	OTHER FEES-SPL.TONS	16.64	
	GROSS: 58680		
	TARE : 25400		
	NET : 33280		

381

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN OPP No.: 32-2 ^{16.64}

Disposal Volume - Quantity: 15 Type of Containers: Bulk

Signature: *[Signature]* Date: 4-18-95

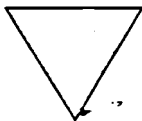
This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

Indiana Department of Environmental Management 317/232-4473.

(57) 8/92

(DRIVER: PLEASE SIGN BELOW)

308759



REFERENCE NO.
308759

(PLEASE SIGN HERE)

41895

#6378

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122

(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L382	DB	7:32:57	04/18/95	

CUSTOMER: EMRO MARKETING

2509 E 10TH STREET

ANDERSON, IN

COMMENTS: SPL WST(OTHER)

GEO SRC: 48 MADISON COUNTY

MANIFEST NO.

PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	21.54	
SPF	OTHER FEES-SPL.TONS	21.54	
	GROSS: 68340		
	TARE : 25260		
	NET : 43080		

382

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check)

Spill

UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN

County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown

Time: Unknown

Volume: Unknown

Owner/Owner's Representative (please check)

Owner

Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley

Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature:

Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas

Phone: (317) 852-2278

Transporter (to landfill): PTSI

Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN

OPP No: 2154
322

Disposal Volume - Quantity: 15

Type of Containers: Bulk

Signature:

Date: 4/8/95

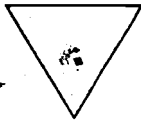
This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

Indiana Department of Environmental Management 317/232-4473.

58

(DRIVER: PLEASE SIGN BELOW)

306893



REFERENCE NO.
306893

(PLEASE SIGN HERE)

TR

4.18.95

6378

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L368	DB	6:55:59	04/18/95	

CUSTOMER: EMRD MARKETING

2509 E 10TH STREET

ANDERSON, IN

COMMENTS: SPL WST(OTHER)

GEO SRC: 48 MADISON COUNTY

MANIFEST NO.

PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	17.00	
SPF	OTHER FEES-SPL.TONS	17.12	
	GROSS: 59180		
	TARE : 24940	--	
	NET : 34240		

368

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN OPP No.: 32-2 ^{17.12}

Disposal Volume - Quantity: 15 Type of Containers: Bulk

Signature: *[Signature]* Date: 4-18-95

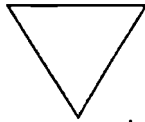
This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

59

(DRIVER: PLEASE SIGN BELOW)

308790

REFERENCE NO.
308790



(PLEASE SIGN HERE)

X³⁵⁷
A.E. Gascon

TWIN BRIDGES ROF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L357	DB	9:07:57	04/18/95	

CUSTOMER: EMRO MARKETING

2509 E 10TH STREET
ANDERSON, IN

COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.

PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	18.82	
SPF	OTHER FEES-SPL TONS	18.82	
	GROSS: 63500		
	TARE : 25860	--	
	NET : 37640		

357

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check)

Spill

UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN

County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown

Time: Unknown

Volume: Unknown

Owner/Owner's Representative (please check)

Owner

Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley

Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature:

Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas

Phone: (317) 852-2278

Transporter (to landfill): PTSI

Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN

OPP No.:

18-82
32-2

Disposal Volume - Quantity: 15

Type of Containers: Bulk

Signature:

Date:

4-18-92

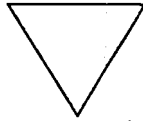
This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

Indiana Department of Environmental Management 317/232-4473

60

(DRIVER: PLEASE SIGN BELOW)

308797



REFERENCE NO.
308797

(PLEASE SIGN HERE)

X

Bill Wright

JB

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC
123 TWIN BRIDGES ROAD
DANVILLE, IN 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L358	DB	9:22:03	04/18/95	

CUSTOMER: EMRU MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	17.00	
SPF	OTHER FEES-SPL.TONS	17.00	
	GROSS: 59800		
	TARE : 25800		
	NET : 34000		

358

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

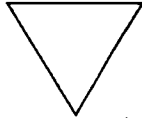
Site Name: Twin Bridges RDF, Danville, IN OPP No.: 17.00
32-2

Disposal Volume - Quantity: *5* Type of Containers: Bulk

Signature: *[Signature]* Date: 4-18-95

(DRIVER: PLEASE SIGN BELOW)

308789



REFERENCE NO.
308789

(PLEASE SIGN HERE)
Mike
212

jr

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L378	DB	9:06:00	04/18/95	

CUSTOMER: EMRU MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	16.01	
SPF	OTHER FEES-SPL.TONS	16.01	
	GROSS: 58600		
	TARE : 26580		
	NET : 32020		

378

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check)

Spill

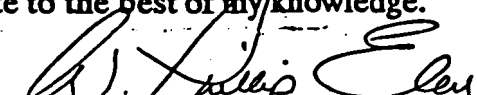
UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check)

Owner

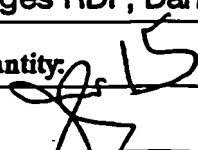
Owner's Rep.

Owner/Owner's Rep.:	Emro Marketing Company	
Mailing Address:	2121 Directors Row	
	Indianapolis, Indiana 46241	Phone: 317/243-7500, extension 2008
Contact:	W. Phillip Eley	Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.		
Signature:		Date:

Clean up Contractor

Company Name:	PTSI	
Mailing Address:	P.O. Box 218	
	Brownsburg, IN	
Contractor Contact:	Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill):	PTSI	Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN	OPP No.: 32-2	16.01
Disposal Volume - Quantity: 15	Type of Containers: Bulk	
Signature: 	Date: 4-18-55	

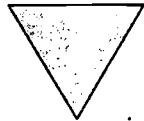
This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

63

(DRIVER: PLEASE SIGN BELOW)

308794

REFERENCE NO.
308794



(PLEASE SIGN HERE)

X *[Signature]* 231

[Signature]

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L379	DB	9:18:12	04/18/95	

CUSTOMER: EMRU MARKETING
2509 E 10TH STREET **6379**

ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GED SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	17.54	
SPF	OTHER FEES-SPL.TONS	17.54	
	GROSS: 60320		
	TARE: 25240	--	
	NET: 35080		

379

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check)

Spill

UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN

County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown

Time: Unknown

Volume: Unknown

Owner/Owner's Representative (please check)

Owner

Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley

Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature:

Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas

Phone: (317) 852-2278

Transporter (to landfill): PTSI

Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN

OPP No.:

17.54
32.2

Disposal Volume - Quantity: 15

Type of Containers: Bulk

Signature:

Date:

4-18-95

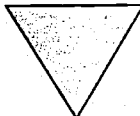
This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

Indiana Department of Environmental Management 317/232-4473.

(DRIVER: PLEASE SIGN BELOW)

308793

REFERENCE NO.
308793



(PLEASE SIGN HERE)
J. [Signature]

J. [Signature]

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498		DB	9:17:33	04/18/95	

CUSTOMER: EMRO MARKETING
2509 E 10TH STREET
ANDERSON, IN

MANIFEST NO.
PERMIT NO.

COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	19.06	
SPF	OTHER FEES-SPL.TONS	19.06	
	GROSS: 66840		
	TARE : 28720	--	
	NET : 38120		

111

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN		County: Madison
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address: 2121 Directors Row	
Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008	
Contact: W. Phillip Eley	Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature: <i>W. Phillip Eley</i>	Date:

Clean up Contractor

Company Name: PTSI	
Mailing Address: P.O. Box 218	
Brownsburg, IN	
Contractor Contact: Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill): PTSI	Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN	OPP No.: 32-2
Disposal Volume - Quantity: 15	Type of Containers: Bulk
Signature: <i>[Signature]</i>	Date: 4-18-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

Indiana Department of Environmental Management 317/232-4473.

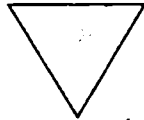
19.06
105

(DRIVER: PLEASE SIGN BELOW)

306908

REFERENCE NO.

306908



(PLEASE SIGN HERE)

Michael Thacker
J

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122

(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498		DB	9:29:23	04/18/95	

CUSTOMER: EMRO MARKETING

2509 E 10TH STREET

ANDERSON, IN

COMMENTS: SPL WST(OTHER)

GEO SRC: 48 MADISON COUNTY

MANIFEST NO.

PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	16.54	
SPF	OTHER FEES-SPL.TONS	16.54	
	GROSS: 61980		
	TARE : 28900		
	NET : 33080		

122

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN		County: Madison
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address:	2121 Directors Row
Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008	
Contact:	W. Phillip Eley
Title: Environmental Representative	
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature:	Date:

W. Phillip Eley

Clean up Contractor

Company Name:	PTSI	
Mailing Address:	P.O. Box 218	
Brownsburg, IN		
Contractor Contact:	Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill):	PTSI	Phone: (317) 852-2278

Disposal Site Information

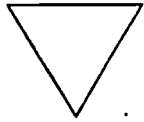
Site Name:	Twin Bridges RDF, Danville, IN	OPP No.:	32-2 ¹⁶⁻⁵⁴
Disposal Volume - Quantity:	15	Type of Containers:	Bulk
Signature:	<i>[Signature]</i>	Date:	4-18-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

(de)

(DRIVER: PLEASE SIGN BELOW)

306911



REFERENCE NO.
306911

(PLEASE SIGN HERE)
D. Miller

[Handwritten signature]

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO. 4498 TRUCK NO. 317 INITIALS DB TIME 9:33:44 DATE 04/18/95 BATCH NO.

CUSTOMER: EMRO MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	17.14	
SPF	OTHER FEES-SPL.TONS	17.14	
	GROSS: 60780		
	TARE : 26500		
	NET : 34280		

317

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check)

Spill

UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check)

Owner

Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address:	2121 Directors Row
	Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008
Contact:	W. Phillip Eley Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature:	Date:

W. Phillip Eley

Clean up Contractor

Company Name:	PTSI	
Mailing Address:	P.O. Box 218	
	Brownsburg, IN	
Contractor Contact:	Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill):	PTSI	Phone: (317) 852-2278

Disposal Site Information

Site Name:	Twin Bridges RDF, Danville, IN	OPP No.:	17.14 32-2
Disposal Volume - Quantity:	5	Type of Containers:	Bulk
Signature:	<i>[Signature]</i>	Date:	4-18-95

Disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed by the owner/owner's representative and the landfill representative.

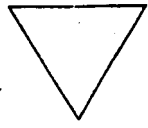
Department of Environmental Management 317/232-4473.

67

(DRIVER: PLEASE SIGN BELOW)

306910

REFERENCE NO.
306910



(PLEASE SIGN HERE)
X E. Johnson

je

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO. 4498	TRUCK NO. 319	INITIALS DB	TIME 9:33:00	DATE 04/18/95	BATCH NO.
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CUSTOMER: EMRD MARKETING

2509 E 10TH STREET

ANDERSON, IN

COMMENTS: SPL WST(OTHER)

GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	14.68	
SPF	OTHER FEES-SPL.TONS	14.68	
	GROSS: 56760		
	TARE : 27400		
	NET : 29360		

319

Disposal Notification Spill/Underground Storage Tank Debris

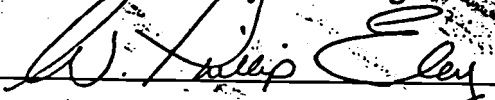
Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address: 2121 Directors Row	
Indianapolis, Indiana 46241	Phone: 317/243-7500, extension 2008
Contact: W. Phillip Eley	Title: Environmental Representative

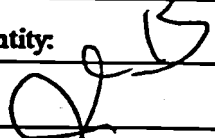
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: 	Date:
--	-------

Clean up Contractor

Company Name: PTSI	
Mailing Address: P.O. Box 218	
Brownsburg, IN	
Contractor Contact: Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill): PTSI	Phone: (317) 852-2278

Disposal Site Information

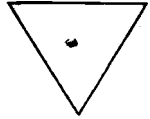
Site Name: Twin Bridges RDF, Danville, IN	OPP No.: 32-2
Disposal Volume - Quantity: 15	Type of Containers: Bulk
Signature: 	Date: 4-18-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.



(DRIVER: PLEASE SIGN BELOW)

308805



REFERENCE NO.
308805

(PLEASE SIGN HERE)

Langdon *4-18-95*

6379

TWIN BRIDGES ROF
WASTE MANAGEMENT, INC
123 TWIN BRIDGES ROAD
DANVILLE, IN 46122
(317)745-2878

CUSTOMER NO. TRUCK NO. INITIALS TIME DATE BATCH NO.
1498 #320 DB 9:48:45 04/18/95

CUSTOMER: EMRO MARKETING

2509 E 10TH STREET
ANDERSON, IN

COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	18.89	
SPF	OTHER FEES-SPL.TONS	18.89	
	GROSS: 65380		
	TARE : 27600		
	NET : 37780		

350

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address:	2121 Directors Row
	Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008
Contact:	W. Phillip Eley Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature:	Date:

Clean up Contractor

Company Name:	PTSI	
Mailing Address:	P.O. Box 218	
	Brownsburg, IN	
Contractor Contact:	Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill):	PTSI	Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN	OPP No.: 32-2
Disposal Volume - Quantity: 15	Type of Containers: Bulk
Signature:	Date: 4-18-85

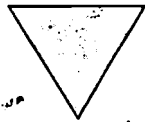
This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.
Indiana Department of Environmental Management 317/232-4473.

69

(DRIVER: PLEASE SIGN BELOW)

308809

REFERENCE NO.
308809



(PLEASE SIGN HERE)

Handwritten signature

#6319

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN 46122
(317)745-2878

CUSTOMER NO. TRUCK NO. INITIALS TIME DATE BATCH NO.

CUSTOMER: 78 L355 DB 9:53:14 04/18/95

EMRO MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	19.52	
SPF	OTHER FEES-SPL.TONS	19.52	
	GROSS: 64980		
	TARE : 25940		
	NET : 39040		

355

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN OPP No.: *32-2* ^{19.52}

Disposal Volume - Quantity: *15* Type of Containers: Bulk

Signature: *[Signature]* Date: *4.18.95*

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

Indiana Department of Environmental Management 317/232-4473. *(70)* 8/92

(DRIVER: PLEASE SIGN BELOW)

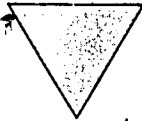
306914

REFERENCE NO.

306914

(PLEASE SIGN HERE)

[Handwritten signature]



[Handwritten signature]
[Handwritten number: 351]

TWIN BRIDGES RDF
WASTE MANAGEMENT INC
123 TWIN BRIDGES ROAD
DANVILLE, IN 46122

(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	1381	DB	9:59:59	04/18/95	

CUSTOMER: EMRO MARKETING

2509 E 10TH STREET
ANDERSON, IN

COMMENTS: SPL WST(OTHER)

GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	14.98	
SPF	OTHER FEES-SPL.TONS	14.98	
	GROSS: 55360		
	TARE : 25400		
	NET : 29960		

381

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check)

Spill

UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN

County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown

Time: Unknown

Volume: Unknown

Owner/Owner's Representative (please check)

Owner

Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley

Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature:

Date:

4-18-95

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas

Phone: (317) 852-2278

Transporter (to landfill):

~~PTSI~~ Littleton

Phone: (317) 852-2278

Disposal Site Information

1498

Site Name: Twin Bridges RDF, Danville, IN

OPP No.:

Disposal Volume - Quantity: 15

Type of Containers: Bulk

Signature:

Date:

4-18-95

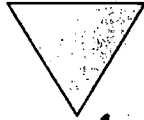
This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

Indiana Department of Environmental Management 317/232-4473.

(DRIVER: PLEASE SIGN BELOW)

308830

REFERENCE NO.
308830



(PLEASE SIGN HERE)

[Signature] 4-18-95

A 6379

TWIN BRIDGES ROF
WASTE MANAGEMENT, INC
123 TWIN BRIDGES ROAD
DANVILLE, IN 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	1377	DB	10:29:28	04/18/95	

CUSTOMER: EMRO MARKETING

2509 E 10TH STREET
ANDERSON, IN

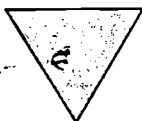
COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	16.85	
SPF	OTHER FEES-SPL.TONS	16.85	
	GROSS: 60180		
	TARE : 26480		
	NET : 33700		

(DRIVER: PLEASE SIGN BELOW)

308821



REFERENCE NO.

308821

(PLEASE SIGN HERE)

J. Tolson *4/18/95*
#6379

TWIN BRIDGES ROF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122

(317) 745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
76	L358	DB	10:16:43	04/18/95	

CUSTOMER: EMRO MARKETING

2509 E 10TH STREET
ANDERSON, IN

COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.

PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	18.66	
SPF	OTHER FEES-SPL.TONS	18.66	
	GROSS: 63100		
	TARE : 25780		
	NET : 37320		

356

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check)

Spill

UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN

County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown

Time: Unknown

Volume: Unknown

Owner/Owner's Representative (please check)

Owner

Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley

Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature:

Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas

Phone: (317) 852-2278

Transporter (to landfill): PTSI

Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN

OPP No.: 322

Disposal Volume - Quantity: 15

Type of Containers: Bulk

Signature:

Date: 4-18-95

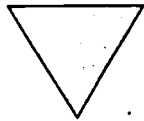
This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

Indiana Department of Environmental Management 317/232-4473.

73

(DRIVER: PLEASE SIGN BELOW)

308831



REFERENCE NO.
308831

(PLEASE SIGN HERE)
TR
4-18-95

6379

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO. TRUCK NO. INITIALS TIME DATE BATCH NO.
478 L368 DB 10:29:57 04/18/95

CUSTOMER: EMRD MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	18.06	
SPF	OTHER FEES-SPL.TONS	18.06	
	GROSS: 61060		
	TARE : 24940		
	NET : 36120		

368

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN OPP No.: *1806* *322*

Disposal Volume - Quantity: *15* Type of Containers: Bulk

Signature: *[Signature]* Date: *4-18-89*

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.
 Indiana Department of Environmental Management 317/232-4473.

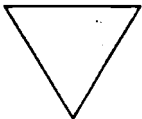
79

(DRIVER: PLEASE SIGN BELOW)

308850

REFERENCE NO.

308850



(PLEASE SIGN HERE)

Arneer M115

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122

(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
198	1380	DB	11:14:27	04/18/95	

CUSTOMER: EMRO MARKETING

2509 E 10TH STREET
ANDERSON, IN

COMMENTS: SPL WST(OTHER)

GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	19.17	
SPF	OTHER FEES-SPL.TONS	19.17	
	GROSS: 63200		
	TARE : 24860		
	NET : 38340		

380

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN OPP No.: 32-2

Disposal Volume - Quantity: 5 Type of Containers: Bulk

Signature: *[Signature]* Date: 4-18-99

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

Indiana Department of Environmental Management 317/232-4473.

19.17

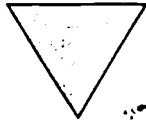
75

(DRIVER: PLEASE SIGN BELOW)

308834

REFERENCE NO.

308834



(PLEASE SIGN HERE)

Handwritten signature
227-359

4/18/95

#6379

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L359	DB	10:39:09	04/18/95	

CUSTOMER: EMRD MARKETING

2509 E 10TH STREET
ANDERSON, IN

COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.

PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	14.57	
SPF	OTHER FEES-SPL.TONS	14.57	
	GROSS: 55300		
	TARE : 26160		
	NET : 29140		

359

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: -Twin Bridges RDF, Danville, IN OPP No.: 322 ^{14.57}

Disposal Volume - Quantity: 15 Type of Containers: Bulk

Signature: *[Signature]* Date: 4/18/95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.
Indiana Department of Environmental Management 317/232-4473.

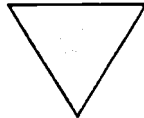
76

(DRIVER: PLEASE SIGN BELOW)

308833

REFERENCE NO.

308833



(PLEASE SIGN HERE)

Tyron Street

2

418-95

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122

(317)745-2678

#637

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
1378	L378	DB	10:35:44	04/18/95	

CUSTOMER: EMRO MARKETING
2509 E 10TH STREET
ANDERSON, IN

COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.

PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	14.27	
SPF	OTHER FEES-SPL.TONS	14.27	
	GROSS: 55360		
	TARE : 26820		
	NET : 28540		

**Disposal Notification
Spill/Underground Storage Tank Debris**

Spill/UST Information (please check)

Spill

UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN

County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown

Time: Unknown

Volume: Unknown

Owner/Owner's Representative (please check)

Owner

Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

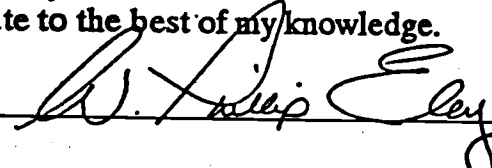
Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley

Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature:



Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas

Phone: (317) 852-2278

Transporter (to landfill): PTSI

Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN

OPP No.: ^{14.27} 322

Disposal Volume - Quantity: 15

Type of Containers: Bulk

Signature: 

Date: 4/18/93

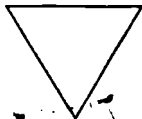
This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

Indiana Department of Environmental Management 317/232-4473.

(77)

(DRIVER: PLEASE SIGN BELOW)

306921



REFERENCE NO.
306921

(PLEASE SIGN HERE)

[Handwritten signature]
4-18-95

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L382	DB	10:54:13	04/18/95	

CUSTOMER: EMRO MARKETING

2509 E 10TH STREET

ANDERSON, IN

COMMENTS: SPL WST(OTHER)

GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	15.90	
SPF	OTHER FEES-SPL.TONS	15.90	
	GROSS: 57060		
	TARE: 25260		
	NET: 31800		

**Disposal Notification
Spill/Underground Storage Tank Debris**

Spill/UST Information (please check)

Spill

UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN

County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown

Time: Unknown

Volume: Unknown

Owner/Owner's Representative (please check)

Owner

Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

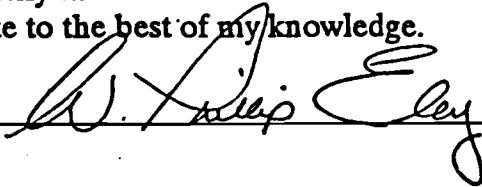
Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley

Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature:



Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas

Phone: (317) 852-2278

Transporter (to landfill): PTSI

Phone: (317) 852-2278

Disposal Site Information

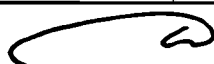
Site Name: Twin Bridges RDF, Danville, IN

OPP No.: 322 ¹⁵⁹⁰

Disposal Volume - Quantity: 15

Type of Containers: Bulk

Signature:



Date: 4/18-25

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

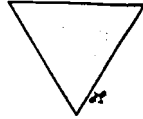
Indiana Department of Environmental Management 317/232-4473.

8/92



(DRIVER: PLEASE SIGN BELOW)

306941



REFERENCE NO.

306941

(PLEASE SIGN HERE)

357

A. E. Gascon

4-18-95

#6379

TWIN BRIDGES RDE
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122

(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	1357	DB	13:21:39	04/18/95	

CUSTOMER: EMRO MARKETING

2509 E 10TH STREET

ANDERSON, IN

COMMENTS: SPL WST(OTHER)

GEO SRC: 48 MADISON COUNTY

MANIFEST NO.

PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	20.31	
SPF	OTHER FEES-SPL.TONS	20.31	
	GROSS: 66480		
	TARE : 25860		
	NET : 40620		

357

Disposal Notification Spill/Underground Storage Tank Debris

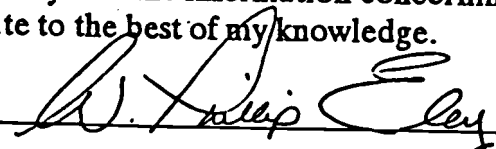
Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address: 2121 Directors Row	
Indianapolis, Indiana 46241	Phone: 317/243-7500, extension 2008
Contact: W. Phillip Eley	Title: Environmental Representative

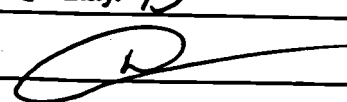
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature:  Date:

Clean up Contractor

Company Name: PTSI	
Mailing Address: P.O. Box 218	
Brownsburg, IN	
Contractor Contact: Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill): PTSI	Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN	OPP No.: 32.2
Disposal Volume - Quantity: 15	Type of Containers: Bulk
Signature: 	Date: 4/18/95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

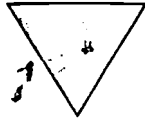
Indiana Department of Environmental Management 317/232-4473.



(DRIVER: PLEASE SIGN BELOW)

308894

REFERENCE NO.
308894



(PLEASE SIGN HERE)

E. Johnson

41895

#6376

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN 46122
(317)745-2878

CUSTOMER NO. 4498	TRUCK NO. <i>319</i>	INITIALS DB	TIME 12:50:19	DATE 04/18/95	BATCH NO.
----------------------	-------------------------	----------------	------------------	------------------	-----------

CUSTOMER: E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
EST	CONTAM. SOIL-TONS	13.92	
SPF	OTHER FEES-SPL.TONS	13.92	
	GROSS: 55240		
	TARE : 27400		
	NET : 27840		

378

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address:	2121 Directors Row
	Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008
Contact:	W. Phillip Eley Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature:	Date:

W. Phillip Eley

Clean up Contractor

Company Name:	PTSI	
Mailing Address:	P.O. Box 218	
	Brownsburg, IN	
Contractor Contact:	Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill):	PTSI	Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN	OPP No.: 1392
Disposal Volume - Quantity: 15	Type of Containers: Bulk
Signature:	Date: 4-18-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.
Indiana Department of Environmental Management 317/232-4473.

80

(DRIVER: PLEASE SIGN BELOW)

306935

379

REFERENCE NO:
306935



(PLEASE SIGN HERE)

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anup

adison

e: Unknown

s Rep.

00, extension 2008

l Representative

UST Cleanup are true

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
223 TWIN BRIDGES ROAD
DANVILLE, IN 46122
(317) 745-2878

CUSTOMER NO. 4498	TRUCK NO. 1375	INITIALS DB	TIME 15:28	DATE 04/18/95	BATCH NO.
----------------------	-------------------	----------------	---------------	------------------	-----------

CUSTOMER: EMRO MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL UST (SLUDGES)
GEO SRC: 49 MARION COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	17.71	
SPF	OTHER FEES-SPL.TONS	17.71	
	GROSS: 60660		
	TARE : 25240		
	NET : 35420		

ne: (317) 852-2278
ne: (317) 852-2278

Site Name: Twin Bridges RDF, Danville, IN

Disposal Volume - Quantity: 15

Signature: *[Handwritten signature]*

UPP No: 32-2

Type of Containers: Bulk

Date: 4-18-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.
Indiana Department of Environmental Management 317/232-4473.

81

379

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)
 2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row
 Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218
 Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN OPP No.: 32-2

Disposal Volume - Quantity: 15: Type of Containers: Bulk

Signature: *sm* Date: 4-18-95

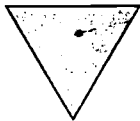
This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.
 Indiana Department of Environmental Management 317/232-4473

81

(DRIVER: PLEASE SIGN BELOW)

308887

REFERENCE NO.
308887



(PLEASE SIGN HERE)

J. Deets

418-95

6379

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498		DB	13:38:32	04/18/95	

EMRD MARKETING

CUSTOMER:

2509 E 10TH STREET

ANDERSON, IN

COMMENTS: SPL WST(OTHER)

GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	19.78	
SPF	OTHER FEES-SPL.TONS	19.78	
	GROSS: 68280		
	TARE : 28720		
	NET : 39560		

110

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN OPP No.: *327* ¹⁹²⁸

Disposal Volume - Quantity: *15* Type of Containers: Bulk

Signature: *[Signature]* Date: *4/8/93*

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

Indiana Department of Environmental Management 317/232-4473.

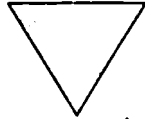
8/92

(DRIVER: PLEASE SIGN BELOW)

306942

REFERENCE NO.

306942



(PLEASE SIGN HERE)

x *Bill Wright* 41895

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L358	DB	13:23:02	04/18/95	

CUSTOMER: EMRO MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	17.72	
SPF	OTHER FEES-SPL.TONS	17.72	
	GROSS: 61240		
	TARE : 25800		
	NET : 35440		

358

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN OPP No.: *17.72* *32-2*

Disposal Volume - Quantity: *15* Type of Containers: Bulk

Signature: *[Signature]* Date: *4-18-98*

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

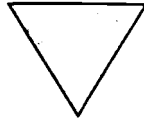
Indiana Department of Environmental Management 317/232-4473.

23

(DRIVER: PLEASE SIGN BELOW)

308898

REFERENCE NO.
308898



(PLEASE SIGN HERE)

Meshaq Thakur

41895

#6379

TWIN BRIDGES ROAD
WASTE MANAGEMENT INC
123 TWIN BRIDGES ROAD
DANVILLE, IN 46122
(317)745-2878

CUSTOMER NO: 498	TRUCK NO: <i>729</i>	INITIALS DB	TIME 12:57:54	DATE 04/18/95	BATCH NO.
---------------------	-------------------------	----------------	------------------	------------------	-----------

CUSTOMER:
2009 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODES	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	17.73	
SPF	OTHER FEES-SPL.TONS	17.73	
	GROSS: 34360		
	TARE: 28900		
	<i>Meshaq</i>		

122

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address:	2121 Directors Row
Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008	
Contact:	W. Phillip Eley Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature:	Date:

Clean up Contractor

Company Name:	PTSI	
Mailing Address:	P.O. Box 218	
Brownsburg, IN		
Contractor Contact:	Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill):	PTSI	Phone: (317) 852-2278

Disposal Site Information

Site Name:	Twin Bridges RDF, Danville, IN	OPP No.:	322
Disposal Volume - Quantity:	15	Type of Containers:	Bulk
Signature:	Date:		4-18-95

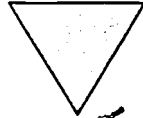
This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.
Indiana Department of Environmental Management 317/232-4473.

84

(DRIVER: PLEASE SIGN BELOW)

3 8893

REFERENCE NO.
308893



(PLEASE SIGN HERE)

[Handwritten Signature]
4-18-95

TWIN BRIDGES ROF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO. 4498	TRUCK NO. 217	INITIALS DB	TIME 12:48:30	DATE 04/18/95	BATCH NO.
----------------------	------------------	----------------	------------------	------------------	-----------

CUSTOMER:
2507 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	15.67	
SPF	OTHER FEES-SPL.TONS	15.67	
	GROSS: 57840		
	TARE : 26500		
	NET : 31340		

(317)

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)
2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row
Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218
Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN OPP No.: 1567 32-2

Disposal Volume - Quantity: 15 Type of Containers: Bulk

Signature: *A* Date: 4-18-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.
Indiana Department of Environmental Management 317/232-4473.

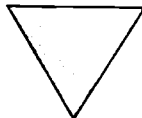
(85) 8/92

(DRIVER: PLEASE SIGN BELOW)

306932

REFERENCE NO.

306932



(PLEASE SIGN HERE)

Jim M. [Signature]

4-18-95

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L378	DB	12:52:25	04/18/95	

CUSTOMER: EMRO MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(SLUDGES)
GEO SRC: 49 MARION COUNTY

MANIFEST NO. _____
PERMIT NO. _____

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	17.39	
SPF	OTHER FEES-SPL.TONS	17.39	
	GROSS: 61360		
	TARE : 26580		
	NET : 34780		

10M016410

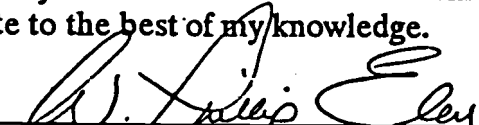
(319)

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown


Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address: 2121 Directors Row	
Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008	
Contact: W. Phillip Eley	Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature: 	Date:

Clean up Contractor

Company Name: PTSI	
Mailing Address: P.O. Box 218	
Brownsburg, IN	
Contractor Contact: Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill): PTSI	Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN	OPP No.: 32-2
Disposal Volume - Quantity: 15	Type of Containers: Bulk
Signature: 	Date: 4-18-95

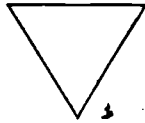
This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

Indiana Department of Environmental Management 317/232-4473.

(86)

(E RIVER: PLEASE SIGN BELOW)

308899



REFERENCE NO.
308899

(PLEASE SIGN HERE)
[Signature] 4-18-95

#6379

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC
123 TWIN BRIDGES ROAD
DANVILLE, IN, 46122
(317)745-2878

CUSTOMER NO. 4498	TRUCK NO. 320	INITIALS DB	TIME 13:00:29	DATE 04/18/95	BATCH NO.
----------------------	------------------	----------------	------------------	------------------	-----------

CUSTOMER:
2507 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	16.00	
SPF	OTHER FEES-SPL.TONS	16.00	
	GROSS: 59600		
	TARE : 27600		
	NET : 32000		

320

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check)

Spill

UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN

County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown

Time: Unknown

Volume: Unknown

Owner/Owner's Representative (please check)

Owner

Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

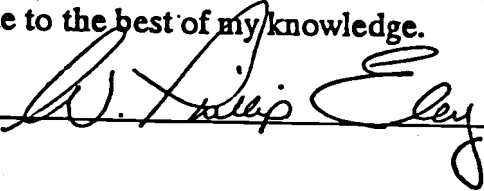
Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley

Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature:



Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas

Phone: (317) 852-2278

Transporter (to landfill): PTSI

Phone: (317) 852-2278

Disposal Site Information

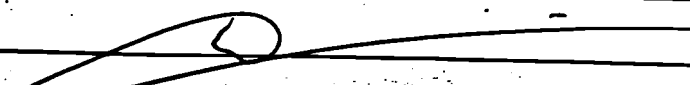
Site Name: Twin Bridges RDF, Danville, IN

OPP No.: 32 160

Disposal Volume - Quantity: 15

Type of Containers: Bulk

Signature:



Date: 4-18-95

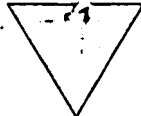
This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

Indiana Department of Environmental Management 317/232-4473.

87

(DRIVER: PLEASE SIGN BELOW)

306937



REFERENCE NO.
306937

(PLEASE SIGN HERE)

gm
Harky

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L355	DB	13:00:21	04/18/95	

CUSTOMER: EMRO MARKETING
2509 E 10TH STREET
ANDERSON, IN

MANIFEST NO.
PERMIT NO.

COMMENTS: SPL WST(SLUDGES)
GEO SRC: 49 MARION COUNTY

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	16.12	
SPF	OTHER FEES-SPL.TONS	16.12	
	GROSS: 58180		
	TARE : 25940		
	NET : 32240		

355

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check)

Spill

UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN		County: Madison
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check)

Owner

Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address: 2121 Directors Row	
Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008	
Contact: W. Phillip Eley	Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature: <i>W. Phillip Eley</i>	Date:

Clean up Contractor

Company Name: PTSI	
Mailing Address: P.O. Box 218	
Brownsburg, IN	
Contractor Contact: Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill): PTSI	Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN	OPP No.: 32-2
Disposal Volume - Quantity: 15	Type of Containers: Bulk
Signature: <i>Jm</i>	Date: 4-18-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

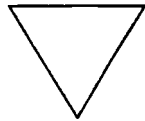
Indiana Department of Environmental Management 317/232-4473.

88

(DRIVER: PLEASE SIGN BELOW)

308912

REFERENCE NO.
308912



(PLEASE SIGN HERE)

[Handwritten Signature]

4/18/95

#6379

TWIN BRIDGES ROF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122

(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L377	DB	13:39:21	04/18/95	
EMRD MARKETING					

CUSTOMER:
2507 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
EST	CONTAM. SOLID TONS	17.82	
SPF	OTHER FEES-SPL.TONS	17.82	
	GROSS: 62120		
	TARE : 26480		
	NET : 35640		

377

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN OPP No.: 17-80 32-2

Disposal Volume - Quantity: 15 Type of Containers: Bulk

Signature: *[Signature]* Date: 4/18-25

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

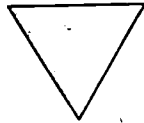
Indiana Department of Environmental Management 317/232-4473.

89

(DRIVER: PLEASE SIGN BELOW)

308914

REFERENCE NO.
308914



(PLEASE SIGN HERE)

J. Tolson

418-95

6379

TWIN BRIDGES ROF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
1498	L356	DB	13:43:07	04/18/95	

CUSTOMER: EMRO MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	16.92	
SPF	OTHER FEES-SPL.TONS	16.92	
	GROSS: 59620		
	TARE : 25780		
	NET : 33840		

LOGM01418

356

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address:	2121 Directors Row
	Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008
Contact:	W. Phillip Eley Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature:	Date:

W. Phillip Eley

Clean up Contractor

Company Name:	PTSI	
Mailing Address:	P.O. Box 218	
	Brownsburg, IN	
Contractor Contact:	Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill):	PTSI	Phone: (317) 852-2278

Disposal Site Information

Site Name:	Twin Bridges RDF, Danville, IN	OPP No.:	1692 322
Disposal Volume - Quantity:	15	Type of Containers:	Bulk
Signature:	<i>[Signature]</i>	Date:	4-18-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.
Indiana Department of Environmental Management 317/232-4473.

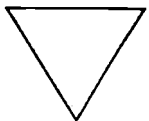
90

8/92

(DRIVER: PLEASE SIGN BELOW)

308917

REFERENCE NO.
308917



(PLEASE SIGN HERE)
Tyone Smoot

J

TWIN BRIDGES ROF
WASTE MANAGEMENT, INC
123 TWIN BRIDGES ROAD
DANVILLE, IN 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	FL376	DB	13:48:12	04/18/95	

CUSTOMER: EMRO MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	18.14	
SPF	OTHER FEES-SPL.TONS	18.14	
	GROSS: 63100		
	TARE : 26820		
	NET : 36280		

**Disposal Notification
Spill/Underground Storage Tank Debris**

376

Spill/UST Information (please check)

Spill

UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN

County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown

Time: Unknown

Volume: Unknown

Owner/Owner's Representative (please check)

Owner

Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

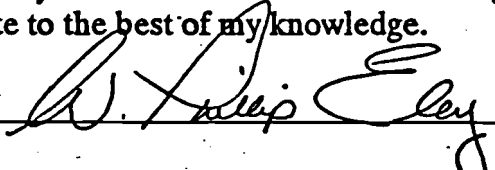
Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley

Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature:



Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas

Phone: (317) 852-2278

Transporter (to landfill): PTSI

Phone: (317) 852-2278

Disposal Site Information

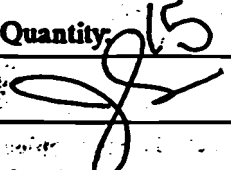
Site Name: Twin Bridges RDF, Danville, IN

OPP No.: 32-2

Disposal Volume - Quantity: 15

Type of Containers: Bulk

Signature:



Date: 4-18-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

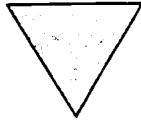
Indiana Department of Environmental Management 317/232-4473.

91

(DRIVER: PLEASE SIGN BELOW)

308927

REFERENCE NO.
308927



(PLEASE SIGN HERE)

[Signature]
381

[Signature]

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L381	DB	14:16:26	04/18/95	

CUSTOMER: EMRO MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	18.09	
SPF	OTHER FEES-SPL.TONS	18.09	
	GROSS: 61580		
	TARE : 25400	--	
	NET : 36180		

381

381

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check)

Spill

UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN

County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown

Time: Unknown

Volume: Unknown

Owner/Owner's Representative (please check)

Owner

Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley

Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature:

Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas

Phone: (317) 852-2278

Transporter (to landfill): PTSI

Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN

OPP No.:

32-2

Disposal Volume - Quantity: 15

Type of Containers: Bulk

Signature:

Date:

4-18-99

18.09

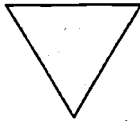
This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

Indiana Department of Environmental Management 317/232-4473.

92

(DRIVER: PLEASE SIGN BELOW)

308919



REFERENCE NO.
308919

(PLEASE SIGN HERE)
X
Gay Rhea
227-359

J

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	359	DB	13:57:33	04/18/95	

CUSTOMER: EMRD MARKETING
2509 E 10TH STREET
ANDERSON, IN
(COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	19.15	
SPF	OTHER FEES-SPL.TONS	19.15	
	GROSS: 64460		
	TARE : 26160		
	NET : 38300		

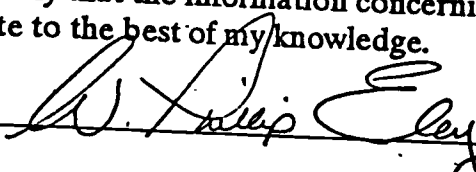
359

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)	
2509 E. 10th Street, Anderson, IN	County: Madison
Material Spilled/Leaked: Unleaded Gasoline	
Spill/UST Date: Unknown	Time: Unknown Volume: Unknown


Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address: 2121 Directors Row	
Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008	
Contact: W. Phillip Eley	Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature: 	Date:

Clean up Contractor

Company Name: PTSI	
Mailing Address: P.O. Box 218	
Brownsburg, IN	
Contractor Contact: Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill): PTSI	Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN	OPP No.: 32-2 ^{19.15}
Disposal Volume - Quantity: 15	Type of Containers: Bulk
Signature: 	Date: 4-18-95

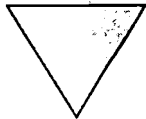
This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.
Indiana Department of Environmental Management 317/232-4473.

(93) 8/92

(DRIVER: PLEASE SIGN BELOW)

308929

REFERENCE NO.
308929



(PLEASE SIGN HERE)

[Handwritten signature]

[Handwritten initials]

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L382	DB	14:23:20	04/18/95	

CUSTOMER: EMRO MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	18.41	
SPF	OTHER FEES-SPL.TONS	18.41	
	GROSS: 62080		
	TARE : 25260		
	NET : 36820		

(382)

**Disposal Notification
Spill/Underground Storage Tank Debris**

Spill/UST Information (please check)

Spill

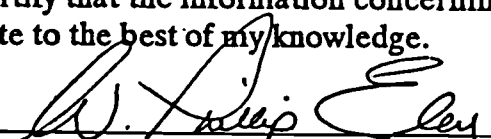
UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check)

Owner


Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address: 2121 Directors Row	
Indianapolis, Indiana 46241	Phone: 317/243-7500, extension 2008
Contact: W. Phillip Eley	Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature: 	Date:

Clean up Contractor

Company Name: PTSI	
Mailing Address: P.O. Box 218	
Brownsburg, IN	
Contractor Contact: Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill): PTSI	Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN	OPP No.: 32-2
Disposal Volume - Quantity: 15	Type of Containers: Bulk
Signature: 	Date: 4-18-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

Indiana Department of Environmental Management 317/232-4473.

(94)

(DRIVER: PLEASE SIGN BELOW)

308931

REFERENCE NO.
308931

(PLEASE SIGN HERE)

Handwritten signature

TWIN BRIDGES ROF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN 46122

(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L380	DB	14:31:03	04/18/95	

CUSTOMER: EMRD MARKETING

2509 E 10TH STREET
ANDERSON, IN

COMMENTS: SPL WST(OTHER)

GEO SRC: 48 MADISON COUNTY

MANIFEST NO.

PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	20.82	
SPF	OTHER FEES-SPL.TONS	20.82	
	GROSS: 66500		
	TARE : 24860		
	NET : 41640		

380

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address:	2121 Directors Row
	Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008
Contact:	W. Phillip Eley Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature:	Date:

W. Phillip Eley

Clean up Contractor

Company Name:	PTSI	
Mailing Address:	P.O. Box 218	
	Brownsburg, IN	
Contractor Contact:	Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill):	PTSI	Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN	OPP No.: 32-2
Disposal Volume - Quantity: 15	Type of Containers: Bulk
Signature:	Date: 4-18-95

20.82

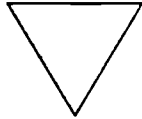
This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

Indiana Department of Environmental Management 317/232-4473.

(DRIVER: PLEASE SIGN BELOW)

308935

REFERENCE NO.
308935



(PLEASE SIGN HERE)

X
TR

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	2368	DB	14:36:17	04/18/95	

CUSTOMER: EMRO MARKETING

2509 E 10TH STREET

ANDERSON, IN

COMMENTS: SPL WST(OTHER)

GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	20.83	
SPF	OTHER FEES-SPL.TONS	20.83	
	GROSS: 66600		
	TARE : 24940		
	NET : 41660		

Disposal Notification Spill/Underground Storage Tank Debris

368

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address: 2121 Directors Row	
Indianapolis, Indiana 46241	Phone: 317/243-7500, extension 2008
Contact: W. Phillip Eley	Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley*

Date:

Clean up Contractor

Company Name: PTSI	
Mailing Address: P.O. Box 218	
Brownsburg, IN	
Contractor Contact: Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill): PTSI	Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN	OPP No.: <i>32-2</i>
Disposal Volume - Quantity: <i>15</i>	Type of Containers: Bulk
Signature: <i>[Signature]</i>	Date: <i>4-18-95</i>

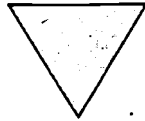
This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

96

(DRIVER: PLEASE SIGN BELOW)

308967

REFERENCE NO.
308967



(PLEASE SIGN HERE)

*Mike
an*

gr

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	1378	DB	15:46:37	04/18/95	

CUSTOMER: EMRO MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	16.90	
SPF	OTHER FEES-SPL.TONS	16.90	
	GROSS: 60380		
	TARE : 26580	--	
	NET : 33800		

378

**Disposal Notification
Spill/Underground Storage Tank Debris**

Spill/UST Information (please check)

Spill

UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN

County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown

Time: Unknown

Volume: Unknown

Owner/Owner's Representative (please check)

Owner

Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

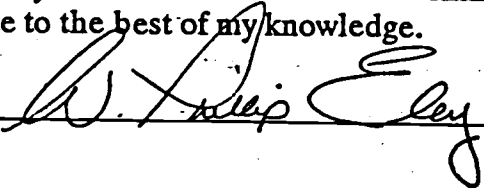
Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley

Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true — and accurate to the best of my knowledge.

Signature:



Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas

Phone: (317) 852-2278

Transporter (to landfill): PTSI

Phone: (317) 852-2278

Disposal Site Information

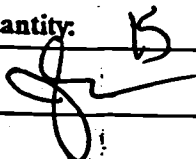
Site Name: Twin Bridges RDF, Danville, IN

OPP No.: 16-90
32-2

Disposal Volume - Quantity: 5

Type of Containers: Bulk

Signature:



Date: 4-18-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

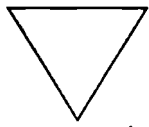
Indiana Department of Environmental Management 317/232-4473.

97

(DRIVER: PLEASE SIGN BELOW)

308974

REFERENCE NO.
308974



(PLEASE SIGN HERE)
[Signature]

[Signature]

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
498	1355	DB	16:08:36	04/18/95	

CUSTOMER: EMRO MARKETING

2509 E 10TH STREET
ANDERSON, IN

COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	17.84	
SPF	OTHER FEES-SPL.TONS	17.84	
	GROSS: 61620		
	TARE : 25940		
	NET : 35680		

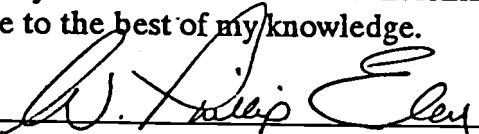
355

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown


Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address:	2121 Directors Row
	Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008
Contact:	W. Phillip Eley Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature: 	Date:

Clean up Contractor

Company Name:	PTSI
Mailing Address:	P.O. Box 218
	Brownsburg, IN
Contractor Contact:	Dwight Thomas Phone: (317) 852-2278
Transporter (to landfill):	PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN	OPP No.: 32-2
Disposal Volume - Quantity: 5	Type of Containers: Bulk
Signature: 	Date: 4-18-95

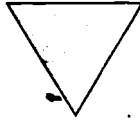
This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

Indiana Department of Environmental Management 317/232-4473.

98

(DRIVER: PLEASE SIGN BELOW)

309021



REFERENCE NO.
309021

(PLEASE SIGN HERE)

357

A. E. Jascow

4-19-95

6379

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L357	DB	7:18:24	04/19/95	

CUSTOMER: EMRO MARKETING

2509 E 10TH STREET
ANDERSON, IN

COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	18.07	
SPF	OTHER FEES-SPL.TONS	18.07	
	GROSS: 62000		
	TARE : 25860	--	
	NET : 36140		

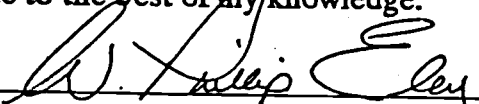
(357)

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown


Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address: 2121 Directors Row	
Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008	
Contact: W. Phillip Eley	Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature: 	Date:

Clean up Contractor

Company Name: PTSI	
Mailing Address: P.O. Box 218	
Brownsburg, IN	
Contractor Contact: Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill): PTSI	Phone: (317) 852-2278

Disposal Site Information

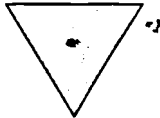
Site Name: Twin Bridges RDF, Danville, IN	OPP No.: 1807 32-2
Disposal Volume - Quantity: 15	Type of Containers: Bulk
Signature: 	Date: 4-19-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

(DRIVER: PLEASE SIGN BELOW)

308998

REFERENCE NO.
308998



(PLEASE SIGN HERE)

Bull Wright

4.19.95

6399

TWIN BRIDGES ROF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
1498	L358	DB	6:25:11	04/19/95	

CUSTOMER: EMRD MARKETING
2509 E 10TH STREET

ANDERSON, IN

COMMENTS: SPL WST(OTHER)

GEO SRC: 41 JOHNSON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	19.24	
SPF	OTHER FEES-SPL.TONS	19.24	
	GROSS: 64280		
	TARE : 25800	--	
	NET : 38480		

Disposal Notification Spill/Underground Storage Tank Debris

358

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address: 2121 Directors Row	
Indianapolis, Indiana 46241	Phone: 317/243-7500, extension 2008
Contact: W. Phillip Eley	Title: Environmental Representative


I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: 	Date:
--	-------

Clean up Contractor

Company Name: PTSI	
Mailing Address: P.O. Box 218	
Brownsburg, IN	
Contractor Contact: Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill): PTSI	Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN	OPP No.: ^{19.24} 32-2
Disposal Volume - Quantity: 15	Type of Containers: Bulk
Signature: 	Date: 4-19-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

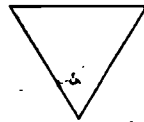
Indiana Department of Environmental Management 317/232-4473.

100

(DRIVER: PLEASE SIGN BELOW)

309006

REFERENCE NO.
309006



(PLEASE SIGN HERE)

[Signature] 231

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
498	L379	DB	6:46:41	04/19/95	

CUSTOMER: EMRD MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	21.04	
SPF	OTHER FEES-SPL.TONS	21.04	
	GROSS: 67320		
	TARE : 25240		
	NET : 42080		

379

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check)

Spill


UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check)

Owner


Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company	
Mailing Address: 2121 Directors Row	
Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008	
Contact: W. Phillip Eley	Title: Environmental Representative
I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.	
Signature: 	Date:

Clean up Contractor

Company Name: PTSI	
Mailing Address: P.O. Box 218	
Brownsburg, IN	
Contractor Contact: Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill): PTSI	Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN	OPP No.: 32-2 ^{21.04}
Disposal Volume - Quantity: 15	Type of Containers: Bulk
Signature: 	Date: 4-19-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

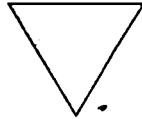
Indiana Department of Environmental Management 317/232-4473.

101

(DRIVER: PLEASE SIGN BELOW)

309023

REFERENCE NO.
309023



(PLEASE SIGN HERE)

[Handwritten signature] 4-19-95

#6379

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	E381	DB	7:30:27	04/19/95	

CUSTOMER: EMRO MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	21.66	
SPF	OTHER FEES-SPL.TONS	21.66	
	GROSS: 68720		
	TARE : 25400		
	NET : 43320		

#381

381

Disposal Notification Spill/Underground Storage Tank Debris

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)		
2509 E. 10th Street, Anderson, IN	County: Madison	
Material Spilled/Leaked: Unleaded Gasoline		
Spill/UST Date: Unknown	Time: Unknown	Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company		
Mailing Address:	2121 Directors Row	
	Indianapolis, Indiana 46241	Phone: 317/243-7500, extension 2008
Contact:	W. Phillip Eley	Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: <i>W. Phillip Eley</i>	Date: 4-18-95
-----------------------------------	---------------

Clean up Contractor

Company Name: PTSI	
Mailing Address:	P.O. Box 218
	Brownsburg, IN
Contractor Contact: Dwight Thomas	Phone: (317) 852-2278
Transporter (to landfill): PTSI Littleton	Phone: (317) 852-2278

Disposal Site Information

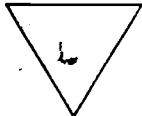
Site Name: Twin Bridges RDF, Danville, IN	OPP No.: 32-2
Disposal Volume - Quantity: 15	Type of Containers: Bulk
Signature: <i>[Signature]</i>	Date: 4-19-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

102 8/92

(DRIVER: PLEASE SIGN BELOW)

309019



REFERENCE NO.
309019

(PLEASE SIGN HERE)

James 115

X

4.19.95

6379

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
498	380	DB	7:15:39	04/19/95	

CUSTOMER: EMRO MARKETING
2509 E 10TH STREET
ANDERSON, IN
COMMENTS: SPL WST(OTHER)
GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	20.87	
SPF	OTHER FEES-SPL.TONS	20.87	
	GROSS: 66600		
	TARE : 24860		
	NET : 41740		

Disposal Notification
Spill/Underground Storage Tank Debris

#380

Spill/UST Information (please check) Spill UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown Time: Unknown Volume: Unknown

Owner/Owner's Representative (please check) Owner Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature: *W. Phillip Eley* Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas Phone: (317) 852-2278

Transporter (to landfill): PTSI Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN OPP No.: 2087 32-2

Disposal Volume - Quantity: 15 Type of Containers: Bulk

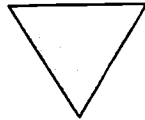
Signature: *[Signature]* Date: 4-19-95

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.
Indiana Department of Environmental Management 317/232-4473.

103

(DRIVER: PLEASE SIGN BELOW)

309239



REFERENCE NO.
309239

(PLEASE SIGN HERE)

357

A. E. Gascon

TWIN BRIDGES RDF
WASTE MANAGEMENT, INC.
123 TWIN BRIDGES ROAD
DANVILLE, IN. 46122
(317)745-2878

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
4498	L357	DB	9:45:20	04/20/95	

CUSTOMER: EMRO MARKETING

2509 E 10TH STREET
ANDERSON, IN

COMMENTS: SPL WST(OTHER)

GEO SRC: 48 MADISON COUNTY

MANIFEST NO.
PERMIT NO.

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
CST	CONTAM. SOIL-TONS	16.40	
SPF	OTHER FEES-SPL.TONS	16.40	
	GROSS: 58660		
	TARE : 25860		
	NET : 32800		

Disposal Notification
Spill/Underground Storage Tank Debris

#357

Spill/UST Information (please check)

Spill

UST Cleanup

Spill/UST Location: Wake Up #6379 (Emro Marketing)

2509 E. 10th Street, Anderson, IN

County: Madison

Material Spilled/Leaked: Unleaded Gasoline

Spill/UST Date: Unknown

Time: Unknown

Volume: Unknown

Owner/Owner's Representative (please check)

Owner

Owner's Rep.

Owner/Owner's Rep.: Emro Marketing Company

Mailing Address: 2121 Directors Row

Indianapolis, Indiana 46241 Phone: 317/243-7500, extension 2008

Contact: W. Phillip Eley Title: Environmental Representative

I hereby certify that the information concerning the circumstances of this spill/UST Cleanup are true and accurate to the best of my knowledge.

Signature:

Date:

Clean up Contractor

Company Name: PTSI

Mailing Address: P.O. Box 218

Brownsburg, IN

Contractor Contact: Dwight Thomas

Phone: (317) 852-2278

Transporter (to landfill): PTSI

Phone: (317) 852-2278

Disposal Site Information

Site Name: Twin Bridges RDF, Danville, IN

OPP No.: 322

Disposal Volume - Quantity: 15

Type of Containers: Bulk

Signature:

Date: 4-20-85

This disposal notification form must accompany each load of spill/UST cleanup debris sent for disposal and shall be signed and dated by the owner/owner's representative and the landfill representative.

Indiana Department of Environmental Management 317/232-4473.

104

III. Required Attachments

c. Miscellaneous Closure Documentation

2. Tank and piping disposal documentation

DENNEY EXCAVATING, INC.
PO BOX 50
ANDERSON, IN 46013
(317) 845-1111

JOHN # X9523

TANK DESTRUCTION CERTIFICATION

Denney Excavating, Inc. certifies that the tank(s) referenced below have been thoroughly and properly cleaned and degassed in accordance with all state, federal, and A.P.D. 1504 regulations. The tank(s) have been disassembled and will not be sold for reuse as a tank vessel.

Tank(s) Tracking Number: X95239-1 thru X95239 5

Date(s) Cleaning/Delivery: 4/14/95 / 4/20/95

Content of Tank Prior to Cleaning: Gasoline

Location of Tank(s): Wake Up 2509
E. 10th St. Anderson, IN

As a representative of Denney Excavating, Inc., I certify the above mentioned tank(s) have been thoroughly cleaned and degassed as described above and acknowledge the delivery/pick-up of the tank to A.R. E on this date.

Signature: Randy Denney Date: 4-20-95

I, Anderson Refuse Co., Inc. located at 6328 Columbus Ave.

Anderson, IN 46013 do hereby acknowledge receipt of the above mentioned tank(s) and have inspected for verification of cleanliness. I agree to properly handle the tank for landfilling purposes.

Signature: Ray Dulward Date: 5/1/95

III. Required Attachments

c. Miscellaneous Closure Documentation

3. Remaining product and sludge documentation
4. Previously ownership history (past 25 years)

NOT APPLICABLE

NON-HAZARDOUS WASTE MANIFEST 1. Generator's US EPA ID No. S O G 2. Page 1 of 1 Manifest Document No. E. M. 3. 5. 5 95- 6336

3. Generator's Name and Mailing Address
Emro Marketing
5000 W. 86th St. Indianapolis, IN 46268
4. Generator's Phone (317) 872-3146 Phil Eley

5. Transporter 1 Company Name Spill Recovery of Indiana, Inc. 6. US EPA ID Number I.N.D.9.8.1.9.5.6.0.5.5

7. Transporter 2 Company Name 8. US EPA ID Number

9. Designated Facility Name and Site Address Ecological Systems
1125 Brookside Avenue
Indianapolis, IN 46202
10. US EPA ID Number
A. Transporter's Phone 800/421-7764
B. Transporter's Phone
C. Facility's Phone 317/685-1432

11. Waste Shipping Name and Description	12. Containers		13. Total Quantity	14. Unit Wt/Vol
	No.	Type		
a. NON-REGULATED WASTEWATER (Contaminated with less than 5% petroleum)	0.0.1	T. T	0.0863	G
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above
Site: From tank/piping closure at Wake-Up Stn#6379
2509 E. 10th, Anderson, IN
E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
Contact and Phone: Phil Eley/Emro Mktg 317/872-3146

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name John C Pickerel Signature John C Pickerel Month Day Year 10/17/95

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name COURTNEY D. RICE JR Signature Courtney Rice Month Day Year 10/17/95

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name Signature Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.

Printed/Typed Name M. Taylor Sanders Signature M. Taylor Sanders Month Day Year 10/17/95

GENERATOR
TRANSPORTER
FACILITY

IV. Recommendations

a. "Clean Closure"

Based on the analytical data, SES recommends clean closure for this site. None of the soils samples exceeded the maximum contaminant level for onsite TPH and groundwater was not encountered during excavation activities.



Emro Marketing Company

P.O. Box 1500
Springfield, Ohio 45501
500 Speedway Drive
Enon, Ohio 45323
Telephone 513-864-3000

October 23, 1995

Indiana Department of Environmental Management
Office of Environmental Response
UST Program
P.O. Box 7015
Indianapolis, IN 46207-7015

RE: ID #0-007106 - WAKE-UP #6379
2509 TENTH
ANDERSON, IN 46012

Log # 3615

ATTN: UST Coordinator

Enclosed is an amended underground storage tank notification form for the above referenced store. Please be advised this facility has been permanently closed and all underground storage tanks have been removed.

If you have any questions or require additional information, please contact Michele Berry at extension 7633.

Sincerely,

Ted M. Jastal, P.E.
Manager
Corporate Environmental & Maintenance

Enclosure

cc: A. E. Peterson

TMJ/mdb

SPEEDWAY STARVIN' MARVIN UNITED BONDED GASTOWN CHEKER WAKE UP

NOTIFICATION FOR UNDERGROUND STORAGE TANKS



RETURN
COMPLETED
FORM
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) 233-6419 LUST: (317) 233-6418

Facility ID Number	00711016
Owner ID Number	
Federal ID Number	34-1155557
EPA ID Number	

A GENERAL INFORMATION
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. 9/94), on page 5 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 type="radio"/> A REQUEST FOR CLOSURE |
| <input type="radio"/> A NEW TANK | <input type="radio"/> AN ADDRESS CHANGE | <input checked="" type="radio"/> A PERMANENT CLOSURE & SITE ASSESSMENT REVIEW |

OWNER OF TANKS OPERATOR OF FACILITY

<p>OWNER OF TANKS</p> <p>OWNER NAME Emro Marketing Company</p> <p>MAILING ADDRESS P.O. Box 1500</p> <p>CITY Springfield STATE OH</p> <p>ZIP CODE 45501 TELEPHONE (513) 864-3000</p>	<p>OPERATOR OF FACILITY</p> <p>OPERATOR NAME (IF SAME AS OWNER, MARK BOX HERE <input checked="" type="checkbox"/>)</p> <p>MAILING ADDRESS</p> <p>CITY STATE</p> <p>ZIP CODE TELEPHONE</p>
--	--

TANK/FACILITY LOCATION TYPE OF FACILITY/OWNER

<p>TANK/FACILITY LOCATION</p> <p>FACILITY NAME (IF SAME AS OWNER, MARK BOX HERE <input type="checkbox"/>) Wake-up # 6379</p> <p>MAILING ADDRESS (IF SAME AS OWNER, MARK BOX HERE <input type="checkbox"/>) 2509 10th Street</p> <p>LOCATION OF TANKS (IF SAME AS ABOVE, LEAVE BLANK)</p> <p>CITY Anderson</p> <p>ZIP CODE 461102 COUNTY Madison</p>	<p>TYPE OF FACILITY/OWNER</p> <p>TYPE OF OWNER (Please Check One)</p> <p><input checked="" type="radio"/> PRIVATE/BUSINESS <input type="radio"/> STATE GOVERNMENT <input type="radio"/> LOCAL GOVERNMENT <input type="radio"/> FEDERAL GOVERNMENT GSA FACILITY (ID # _____) <input type="radio"/> OTHER _____</p> <p>TYPE OF OPERATION (Please Check One)</p> <p><input checked="" type="radio"/> MOTOR VEHICLE FUEL DISPENSING STATION <input type="radio"/> COMMERCIAL <input type="radio"/> RESIDENTIAL <input type="radio"/> INDUSTRIAL <input type="radio"/> AGRICULTURAL <input type="radio"/> OTHER</p> <p>EFFECTIVE DATE OF OWNERSHIP 1/1</p> <p>GEOGRAPHICAL COORDINATES SECTION _____ RANGE _____</p>
---	---

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	NAME OF COMPANY
SIGNATURE OF CONTRACTOR (IN INK - NO PHOTOCOPIES WILL BE ACCEPTED)	CERTIFICATION NUMBER _____ DATE 1/1

CONTACT AT TANK LOCATION

NAME OF CONTACT PERSON AT TANK LOCATION A.E. Peterson	NUMBER OF TANKS AT THIS LOCATION <input checked="" type="checkbox"/>
JOB TITLE Env/Maint Mgr West TELEPHONE NUMBER 1371872-3146	NUMBER OF PAGES ATTACHED TO THIS NOTIFICATION <input type="checkbox"/>

OWNER CERTIFICATION

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.

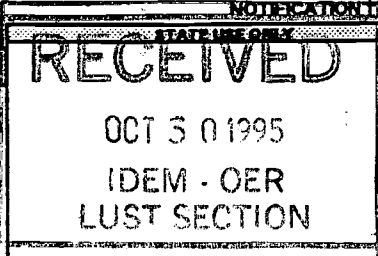
NAME AND TITLE OF OWNER OR AUTHORIZED REPRESENTATIVE Ted M. Jastal Mgr., Corp. Enviro/Maint	DATE 10/23/95
SIGNATURE OF OWNER (IN INK - NO PHOTOCOPIES WILL BE ACCEPTED)	

CERTIFICATION AND CONTACTS

GENERAL INFORMATION

OWNERSHIP OF TANKS

LOCATION OF TANKS



DESCRIPTION OF UNDERGROUND STORAGE TANK SYSTEMS

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

GENERAL (M)

SEQUENTIAL TANK NUMBER	1	2	3	4		
OWNER - SPECIFIED TANK NUMBER	A	B	C	D		
DATE INSTALLED	11/162	11/162	11/162	11/162	11	11
CAPACITY (GALLONS)	1000	10000	10000	10000		

TANK STATUS (F)

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	11	11	11	11	11	11
	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	11	11	11	11	11	11
A, B OR C MUST BE COMPLETED IF SECTION D IS SELECTED.	C. PERMANENTLY OUT OF USE	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	DATE REMOVED FROM GROUND	4/17/95	4/17/95	4/17/95	4/17/95	11	11
	DATE FILLED IN-PLACE	11	11	11	11	11	11
D. REQUESTING CLOSURE	TO BE REMOVED	<input 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"/>

CONTENTS (G)

SUBSTANCE CURRENTLY OR LAST STORED (COMPLETE ONLY ONE OF A, B, OR C)	A. PETROLEUM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	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 checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" 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	<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"/>

SECTIONS (H) TO (L) CHECK BOX IF NO CHANGE IN SINCE LAST NOTIFICATION. If this is a new tank, complete the remaining sections. if this form is an amendment to an existing registration, please see instructions.

CONSTRUCTION/PROTECTION (E) PIPING (I)

TANK CONSTRUCTION	STEEL	<input 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"/>
INTERNAL PROTECTION	CATHODIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EXTERNAL PROTECTION	CATHODIC	<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"/>
	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"/>
TYPE	OTHER (specify)						
	BAKE STEEL	<input 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"/>
METHOD (SEE INSTRUCTIONS)	UNKNOWN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	OTHER (specify)						
	PRESSURIZED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
METHOD (SEE INSTRUCTIONS)	EUROPEAN SUCTION	<input 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"/>

DESCRIPTION OF UNDERGROUND STORAGE TANK SYSTEMS (CONTINUED)

COMPLETE A COLUMN FOR EACH TANK.

ATTACH ADDITIONAL SHEETS WHEN THE NUMBER OF TANKS EXCEEDS SIX.

RELEASE DETECTION

CATHODIC PROTECTION

SPILL CONTROL

ADDITIONAL INFORMATION

CLOSURE REQUEST

Sequential Tank Number

- Manual Tank Gauging
- Tank Tightness Testing With Inventory Controls
- Automatic Tank Gauging
- Vapor Monitoring
- Ground Water Monitoring
- Interstitial Monitoring Within a Secondary Barrier
- Interstitial Monitoring Within Secondary Containment
- Automatic Line Leak Detectors
- Line Tightness Testing
- Statistical Inventory Reconciliation (SIR)
- Another Method (Please specify below)

- For Coated Steel Tanks with Cathodic Protection - Impressed Current Sacrificial Anodes
- For Coated Steel Piping with Cathodic Protection - Impressed Current Sacrificial Anodes
- Another Method (Please specify below)

- Catchment Basins
- Automatic Shutoff Devices
- Overfill Alarms
- Ball Float Valves
- Another Method (Please specify below)

INSTALLATION, UPGRADE, OR CLOSURE CONTRACTOR INFORMATION

Indicate below compliance specific to this installation, upgrade, or closure (CHECK ALL THAT APPLY).

- The installer has been certified by the tank and piping manufacturers.
- The installer, Upgrade, or Closure Contractor has been certified by the Office of the State Fire Marshal.
- The installation or upgrade has been inspected and certified by a registered professional engineer.
- The installation, upgrade, or closure has been inspected by the Office of the State Fire Marshal.
- All work listed on the manufacturers' installation lists has been completed.
- Another method of compliance was used (specify):

CERTIFICATION OF FINANCIAL RESPONSIBILITY

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

- Self-Insurance - Attach Financial Test of Self Insurance
- Insurance & Risk Retention Group Coverage - Attach Endorsement
- Trust Agreement - Attach Trust Agreement
- Guarantee - Attach Guarantee
- Surety Bond - Attach Bond
- Letter of Credit - Attach Letter of Credit

30-DAY REQUEST FOR TANK CLOSURE

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

PROPOSED CONTRACTOR

CONTRACTOR NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____ TELEPHONE () _____

CONTACT PERSON _____ CERTIFICATION NUMBER* _____

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) 233-6418 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

Evan Bayh
Governor
Kathy Prosser
Commissioner

100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015
Telephone 317-232-8603
Environmental Helpline 1-800-451-6027

October 13, 1994

Jim Smith
Emro Marketing Company
2121 Directors Row
Indianapolis, IN 46241

Dear Mr. Smith:

RE: **Intent to Close Underground Storage Tank
System
Facility ID: 007106
Wake-Up #6379, 2509 Tenth Street, Anderson
Madison County**

On October 11, 1994, 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 November 10, 1994. 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) (317/233-3560) and the UST section (317/233-6419) 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
N1255, 100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-7015

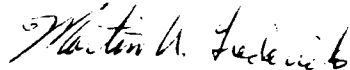
Mr. Smith
Page 2

To assist you in completing the permanent closure in accordance with 329 IAC 9, IDEM's July 1993 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
N1255, 100 North Senate Avenue
P.O. Box 7015
Indianapolis, Indiana 46207-7015

If you have any questions please contact me at 317/233-6419.

Sincerely,



Martin A. Frederick
Environmental Scientist
Underground Storage Tank Section
Office of Environmental Response

MAF/deh
Enclosures

cc: UST Division, Office of State Fire Marshal



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We make Indiana a cleaner, healthier place to live

Evan Bayh
Governor
Kathy Prosser
Commissioner

100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015
Telephone 317-232-8603
Environmental Helpline 1-800-451-6027

October 13, 1994

Jim Smith
Emro Marketing Company
2121 Directors Row
Indianapolis, IN 46241

Dear Mr. Smith:

**RE: Intent to Close Underground Storage Tank
System
Facility ID: 007106
Wake-Up #6379, 2509 Tenth Street, Anderson
Madison County**

On October 11, 1994, 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 November 10, 1994. 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) (317/233-3560) and the UST section (317/233-6419) 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
N1255, 100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-7015

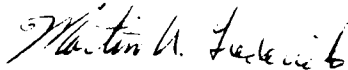
Mr. Smith
Page 2

To assist you in completing the permanent closure in accordance with 329 IAC 9, IDEM's July 1993 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
N1255, 100 North Senate Avenue
P.O. Box 7015
Indianapolis, Indiana 46207-7015

If you have any questions please contact me at 317/233-6419.

Sincerely,



Martin A. Frederick
Environmental Scientist
Underground Storage Tank Section
Office of Environmental Response

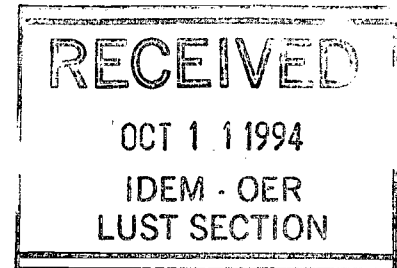
MAF/deh
Enclosures

cc: UST Division, Office of State Fire Marshal



Emro Marketing Company

2121 Directors Row
Indianapolis, Indiana 46241
Telephone 317-243-7500



October 4, 1994

Tony Sollers
Indiana Department of Environmental Management
100 N. Senate Ave.
Room N-1255
P.O. Box 7015
Indianapolis, IN 46206-7015

Subject: Notification of Closure of Underground Storage Tanks
Wake UP #6379
2509 Tenth Street
Anderson, In

Dear Mr. Sollers:

Please be advised of Emro Marketing Company's intent to remove the underground storage tanks at the subject location. The work is tentatively scheduled to be performed on December 1994. Your office will be contacted by phone one (1) week in advance of the actual date.

The underground tanks at this location consist of the following:

<u>QTY</u>	<u>SIZE (gallons)</u>	<u>CONSTRUCTION</u>
<u>3</u>	<u>10,000</u>	<u>Steel</u>
<u>1</u>	<u>6,000</u>	<u>Steel</u>
<u>—</u>	<u>—</u>	<u>—</u>

I will be your contact person and can be reached at (317) 243-7500, ext. 2010. Feel free to contact me should you have any questions.

Yours Truly,

James C. Smith
James C. Smith
Project Coordinator
JCS/bjt

cc: Tricia Crull

OFFICE OF THE STATE FIRE MARSHAL

NOTICE OF TANK REMOVAL

Tank Owner: Emro Marketing Company Phone #: (317) 243-7500

Property Owner: Emro Marketing Company Phone #: (317) 243-7500

Address of Tank(s): 2509 Tenth St.

Anderson, In

County: Madison

Date of Removal: December 1994

Size and Number of Tanks: 3 - 10,000 gal, 1 - 6,000 gal.

What did the Tanks Hold: gasoline

Removal Company: currently out to bid

Contact Person: _____ Phone #: (_____) _____

Contractor Name: _____

Certification No: _____

Discipline: _____

Local Fire Department: Anderson Fire Dept.

Fire Chief: Randy Doster Phone #: (317) 646-5691

****If the date of the removal changes, please notify this office at (317)232-7648.**

613 Letter 10/94 guidelines

UNDERGROUND STORAGE TANK SYSTEM CLOSURE REQUEST FORM 288

UST's must be registered with IDEM before a closure approval is given.
NOTE: If your UST's are NOT registered, then complete an attached Notification For Underground Storage Tanks form (State Form 45223)

MAIL 30 DAYS PRIOR TO CLOSURE DATE TO:
Indiana Dept. of Environmental Management
Office of Environmental Response/UST Section
N-1255, 100 N. Senate Ave.
P.O. Box 7015
Indianapolis, Indiana 46207-7015

TANK OWNER INFORMATION		TANK LOCATION	
Owner I.D. #:		Facility I.D. #: 1007106 Wake-Up # 6379	
(These I.D. numbers can be obtained from the annual UST fee invoice or receipt)			
Owner Name: Emro Marketing Company		Street Address: 2509 Tenth St.	
Street Address: 2121 Directors Row		City, County: Anderson, Madison	
City, State, Zip: Indianapolis, In 46241		State, Zip: Indiana	
Telephone: (317) 243 - 7500		Telephone: (317) 243 - 7500	
Contact Person: Jim Smith		Contact Person: Jim Smith	

TANK INFORMATION					
Tank I.D.	Size (gallons)	Contents	Age	Closure Method	Comments
A	6000	Gasoline	1962	Removal	RECEIVED
B	10000	Gasoline	1975	Removal	
C	10000	Gasoline	1975	Removal	UNIT 1994
DD	10000	Gasoline	1962	Removal	

APPROVE 10/10/94
MAR

IDEM - OER
UST SECTION

INTENDED CLOSURE DATE: December 1994

CONTRACTOR INFORMATION		FIRE DEPARTMENT	
Name: currently out to bid		Department Name: Anderson Fire Dept.	
Street Address:		Street Address: 44 W. 5th St.	
City, State, Zip:		City, State: Anderson, In	
Telephone: () -		Zip Code: 46016	
Contact Person:		Telephone: (317) 646 - 5691	
Certification Number:		Contact Person: Randy Doster	

TANK CLOSURES MUST BE PERFORMED BY PERSONS CERTIFIED BY THE STATE FIRE MARSHAL'S OFFICE. THE STATE FIRE MARSHAL (317) 232-2222 AND CITY/COUNTY FIRE DEPT. MUST BE NOTIFIED 14 DAYS PRIOR TO CLOSURE.

TANK OWNER SIGNATURE: James C. Smith agent
(If the owner authorizes a representative to sign this form, then a document authorizing that representative must be submitted with the completed form) DATE SIGNED: 10-4-94

IF INTENDED CLOSURE DATE IS CHANGED, PLEASE CONTACT IDEM AT (317) 233-6419
IF THE SITE ASSESSMENT SHOWS SIGNS OF SOIL/GROUNDWATER CONTAMINATION PLEASE CALL (317) 233-6418



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

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Evan Bayh
Governor
Kathy Prosser
Commissioner

100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015
Telephone 317-232-8603
Environmental Helpline 1-800-451-6027

24-Jan-96

UST SYSTEM CLOSURE REPORT REVIEW CHECKLIST (OCTOBER 1994 GUIDANCE)

FACILITY I.D.: 007106 OWNER I.D.: 00107 LUST I.D.:

OWNER/OPERATOR NAME: Emro Marketing Company
CONTACT NAME/TITLE: Mr. Phil Eley
ADDRESS LINE 1: 5000 West 86th Street
ADDRESS LINE 2: _____
CITY/STATE: Indianapolis, Indiana
ZIP CODE: 46268
PHONE NUMBER: _____

FACILITY NAME: Wake Up #6379
CONTACT NAME/TITLE: _____
ADDRESS: 2509 10th Street
CITY: Anderson
COUNTY: Madison
ZIP CODE: 46102

DATE REPORT RECEIVED: 10/30/95 CLOSURE DATE: 4/17/95
INITIAL DATE UST STAFF: Chris Bauer
REVIEWED: 1/24/96 STAFF PHONE: (317) 233-1806
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. All information marked as inadequate must be forwarded to the IDEM UST Branch within 30 days. Specific comments to help improve your submittal are provided, if necessary. If all required information is submitted and adequate, the UST System Closure requirements have been fulfilled.

Failure to comply with this request for additional information may result in formal enforcement action. The significance of such action is the assessment of civil penalties not to exceed \$25,000 per day. Additionally, such an enforcement action will result in the forfeiture of your eligibility for Excess Liability Fund (ELF) reimbursement. If you anticipate seeking ELF reimbursement for corrective action costs, please contact the ELF Program at (317) 233-6390 for more information on eligibility requirements and reimbursable costs.

To ensure prompt processing of any additional information, please return a copy of this form with any reply to this notice. Should any 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		
	N	S	N/A	I	A	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	PAST OWNER/OPERATORS	

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

	N	S	N/A	I	A		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	SITE SOIL TEXTURE _____	

	N	S	N/A	I	A		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	

	N	S	N/A	I	A		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	LEAK DETECTION METHODS USED	
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	RECORDS OF TANK TIGHTNESS TEST RESULTS	
30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SAMPLING PROCEDURES AND TECHNIQUES
43	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	EXCAVATION SAMPLES
44	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

Why were no excavation (backfill) samples not taken? Replaced with clean fill? Please indicate if so. Additionally, why was past ownership considered not applicable?

cc:

Mr. Matthew Manka, Soil Exploration Services, Inc.

INVOLVED CLOSURE PARTIES INFORMATION FOR COURTESY COPIES

CONTRACTOR INFORMATION

COPY REQUESTED:

COMPANY:
CONTACT:
CERTIFICATION NUMBER:
ADDRESS1:
ADDRESS2:
CITY/STATE:
ZIP:
PHONE:

CONSULTANT INFORMATION

COPY REQUESTED:

COMPANY: Soil Exploration Services, Inc.
CONTACT: Mr. Matthew Manka
CERTIFICATION NUMBER:
ADDRESS1: 7946 Zionsville Road
ADDRESS2:
CITY/STATE: Indianapolis, Indiana
ZIP: 46268
PHONE:

OPERATOR INFORMATION

COPY REQUESTED:

COMPANY:
CONTACT:
ADDRESS1:
ADDRESS2:
CITY/STATE:
ZIP:
PHONE:

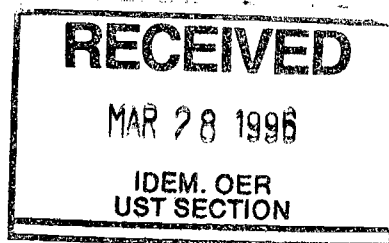


March 22, 1996

Emro Marketing Company

5000 West 86th Street
Indianapolis, Indiana 46268
Telephone 317-872-3146
Fax 317-872-3479

Mr. Chris Bauer
Indiana Department of Environmental Management
Underground Storage Tank Branch
100 North Senate Avenue
P.O. Box 6015
Indianapolis, IN 46206-6015



RE: Wake Up Store #6379
Anderson, IN
Facility #007106

Dear Mr. Bauer:

This letter is a response to the UST System Closure Report Review Checklist dated January 24, 1996 received by Emro Marketing Company (Emro) for the above-referenced site. The information enclosed and provided below addresses those categories listed on the checklist as inadequate. For your convenience, a copy of the checklist is enclosed.

Past Owner/Operators

It is believed that this facility was owned and operated by Wake-Up Oil Company, Inc. for the past 25 years. Wake-Up Oil Company was acquired by Emro Marketing Company in early 1994.

UST Closure Contractor Name & Address

*Denney Excavating, Inc.
P.O. Box 506
Plainfield, IN*

(This is the name and address of the contractor that removed the tanks. Denney Excavating, Inc. was subcontracted by Paul Taylor and Sons, Inc. of 9195 US 136 East, Brownsburg, Indiana)

Name and OSFM Certification Number

*Randy Denney
OSFM #95-7514*

Site Soil Texture

Please see Attachment A for an explanation prepared by Soil Exploration Services.

Leak Detection Methods Used

Emro utilized Statistical Inventory Reconciliation (SIR) as means of leak detection.

SPEEDWAY STARVIN' MARVIN UNITED BONDED GASTOWN CHEKER WAKE UP

Records of Tank Tightness Test Results

No precision tank tightness tests are available for the tanks at this facility. Wake Up Oil Company, Inc. was acquired by Emro Marketing in early 1994. No records of precision tank tightness tests were transferred to Emro by Wake Up Oil for facility #007106. Furthermore, Emro did not perform precision tightness tests on the tanks while under Emro ownership prior to tank closure on April 17, 1994.

Records of Any Other Leak Detection Method Results (Last 2 Months)

Please see Attachment B for inventory records.

Excavation Samples

Please see Attachment A for an explanation prepared by Soil Exploration Services.

I trust this information will fulfill the UST System Closure Report requirements for Facility #007106. If you have any questions or concerns, I may be contacted at 317/872-3146, ext. 2037.

Sincerely,

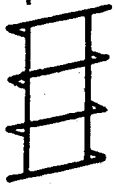
EMRO MARKETING COMPANY



Anthony M. Kunkler
Co-Op, Environmental Coordinator

enclosures

cc: Phil Eley w/o enclosures
file w/enclosures



**Soil
Exploration
Services**

7946 Zionsville Rd. • Indianapolis, IN 46268-1649

(317) 334-1997
FAX (317) 334-1998

February 15, 1996

Tony Kunkler
Emro Marketing Company
5000 W. 86th Street
Indianapolis, Indiana 46268

RE: TPI Closure Checklist
Wake-up #6379
Anderson, IN

Dear Mr. Kunkler:

The following are the responses to the IDEM checklist points marked as inadequate, which SES is in a position to answer. The remaining points will have to be answered by Emro.

Item #11

"Site soil texture"

Response

Although the closure report form does not request this information, the site soils in the sampled area consisted of silt/clay.

Item #42

"Excavation samples"

Response

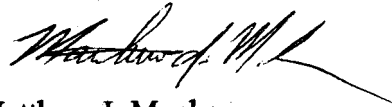
As the 750 yd³ hauled from the site indicates, excavated soils were not placed back into the tank pit. SES did not arrange for soil disposal, so we do not have any analytical data for any samples submitted to the landfill for approval. Further, information about fill material placed into the excavation is not requested on the closure report form.

Specific Comments

Because of the excavation noted above, clean fill was placed back into the excavation. Past ownership of the site was not determined by SES.

If you have any further question concerning this information, please contact me at your convenience.

Sincerely,
Soil Exploration Services, Inc.

A handwritten signature in black ink, appearing to read "Matthew J. Manka", with a long horizontal flourish extending to the right.

Matthew J. Manka
Project Manager

ATTACHMENT A

ATTACHMENT B

REPORT DATE	COMMODITY	SALES GALS	GAIN LOSS
19940201	102	110	-125
19940202	102	195	94
19940203	102	216	-20
19940204	102	214	-21
19940205	102	479	-175
19940207	102	240	22
19940208	102	173	-138
19940209	102	166	108
19940210	102	170	-7
19940211	102	194	-47
19940212	102	279	33
19940214	102	147	-41
19940215	102	131	37
19940216	102	88	56
19940217	102	186	-134
19940218	102	159	29
19940219	102	243	-84
19940221	102	55	55
19940222	102	91	91
19940223	102	234	3
19940224	102	192	25
19940225	102	211	-190
19940226	102	328	105
19940228	102	157	157
		-----	-----
		4658	-167

REPORT DATE	COMMODITY	SALES GALS	GAIN LOSS
19940301	102	193	42
19940302	102	182	-247
19940303	102	123	206
19940304	102	222	-30
19940305	102	425	-136
19940307	102	142	-41
19940308	102	174	174
19940309	102	191	-27
19940310	102	189	-32
19940311	102	266	10
19940312	102	288	-70
19940314	102	227	63
19940315	102	159	-39
19940316	102	251	18
19940317	102	187	-14
19940318	102	240	-95
19940319	102	267	132
19940321	102	220	-49
19940322	102	207	1515
19940323	102	357	75
19940324	102	181	-263
19940325	102	208	268
19940326	102	310	-26
19940328	102	197	-1565
19940329	102	129	66
19940330	102	56	-71
19940331	102	184	87
		-----	-----
		5775	-49

REPORT DATE	COMMODITY	SALES GALS	GAIN LOSS
19940201	103	826	-49
19940202	103	644	-61
19940203	103	656	69
19940204	103	602	-89
19940205	103	1258	-78
19940207	103	790	151
19940208	103	672	-220
19940209	103	542	55
19940210	103	689	239
19940211	103	1009	50
19940212	103	998	-20
19940214	103	678	-38
19940215	103	597	57
19940216	103	681	-194
19940217	103	732	-57
19940218	103	966	-35
19940219	103	1180	37
19940221	103	199	-306
19940222	103	512	277
19940223	103	1293	-212
19940224	103	631	134
19940225	103	718	-3
19940226	103	1151	66
19940228	103	697	283
		-----	-----
		18721	56

REPORT DATE	COMMODITY	SALES GALS	GAIN LOSS
19940301	103	691	-84
19940302	103	558	-65
19940303	103	713	-84
19940304	103	947	-226
19940305	103	1390	212
19940307	103	736	-35
19940308	103	635	-66
19940309	103	854	269
19940310	103	724	35
19940311	103	781	-24
19940312	103	1244	-101
19940314	103	723	1
19940315	103	721	-10
19940316	103	619	-16
19940317	103	872	-69
19940318	103	737	-105
19940319	103	1201	62
19940321	103	783	325
19940322	103	548	-63
19940323	103	765	-20
19940324	103	753	68
19940325	103	568	-96
19940326	103	1065	-79
19940328	103	571	75
19940329	103	531	-136
19940330	103	507	440
19940331	103	568	-304
		-----	-----
		20805	-96

REPORT DATE	COMMODITY	SALES GALS	GAIN LOSS
19940201	104	262	-64
19940202	104	89	-102
19940203	104	396	116
19940204	104	225	-31
19940205	104	523	504
19940207	104	228	-41
19940208	104	186	19
19940209	104	158	-69
19940210	104	96	39
19940211	104	201	7
19940212	104	200	-55
19940214	104	221	4
19940215	104	233	34
19940216	104	280	0
19940217	104	205	-33
19940218	104	274	-3
19940219	104	463	-41
19940221	104	111	-3
19940222	104	137	-12
19940223	104	464	0
19940224	104	269	-29
19940225	104	368	-42
19940226	104	419	257
19940228	104	205	-75
		-----	-----
		6213	380

REPORT DATE	COMMODITY	SALES GALS	GAIN LOSS
19940301	104	253	35
19940302	104	200	26
19940303	104	198	-37
19940304	104	229	25
19940305	104	289	-55
19940307	104	235	20
19940308	104	195	-21
19940309	104	254	-64
19940310	104	158	58
19940311	104	311	-28
19940312	104	412	-23
19940314	104	166	-9
19940315	104	174	-19
19940316	104	245	0
19940317	104	197	-6
19940318	104	421	-17
19940319	104	423	-17
19940321	104	114	-25
19940322	104	321	-1275
19940323	104	211	17
19940324	104	108	77
19940325	104	219	-58
19940326	104	177	-66
19940328	104	68	1530
19940329	104	61	-65
19940330	104	74	38
19940331	104	149	-35
		-----	-----
		5862	6

NOTIFICATION FOR UNDERGROUND STORAGE TANKS



RETURN COMPLETED FORM 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) 233-6419 LUST: (317) 233-6418

Facility ID Number	007106
Owner ID Number	
Federal ID Number	34-115557
EPA ID Number	

GENERAL INFORMATION

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. 9/94), on page 5 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 CHANGE OF OWNERSHIP
- A SYSTEM UPGRADE
- AN ADDRESS CHANGE
- A TEMPORARY CLOSURE
- A REQUEST FOR CLOSURE
- A PERMANENT CLOSURE & SITE ASSESSMENT REVIEW

OWNERSHIP OF TANKS

OWNER OF TANKS

OPERATOR OF FACILITY

OWNER NAME
Enviro Marketing Company

MAILING ADDRESS
P.O. Box 1500

CITY
Springfield STATE
OH

ZIP CODE
45501 TELEPHONE
(513) 864-3000

OPERATOR NAME (IF SAME AS OWNER, MARK BOX HERE)

MAILING ADDRESS

CITY STATE

ZIP CODE TELEPHONE

LOCATION OF TANKS

TANK/FACILITY LOCATION

TYPE OF FACILITY/OWNER

FACILITY NAME (IF SAME AS OWNER, MARK BOX HERE)
Wake-up # 6379

MAILING ADDRESS (IF SAME AS OWNER, MARK BOX HERE)
2509 10th Street

LOCATION OF TANKS (IF SAME AS ABOVE, LEAVE BLANK)

CITY
Anderson

ZIP CODE
46110 COUNTY
Madison

TYPE OF OWNER (Please Check One) <input checked="" type="radio"/> PRIVATE/BUSINESS <input type="radio"/> STATE GOVERNMENT <input type="radio"/> LOCAL GOVERNMENT <input type="radio"/> FEDERAL GOVERNMENT GSA FACILITY (ID # _____) <input type="radio"/> OTHER _____	TYPE OF OPERATION (Please Check One) <input checked="" type="radio"/> MOTOR VEHICLE FUEL DISPENSING STATION <input type="radio"/> COMMERCIAL <input type="radio"/> RESIDENTIAL <input type="radio"/> INDUSTRIAL <input type="radio"/> AGRICULTURAL <input type="radio"/> OTHER
EFFECTIVE DATE OF OWNERSHIP ___/___/___	GEOGRAPHICAL COORDINATES SECTION _____ RANGE _____

CERTIFICATION AND CONTACTS

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 DAVID E. WEST	NAME OF COMPANY PTSI INC.
SIGNATURE OF CONTRACTOR (IN INK - NO PHOTOCOPIES WILL BE ACCEPTED) <i>David E. West</i>	CERTIFICATION NUMBER 95-7241 DATE 11/9/95

CONTACT AT TANK LOCATION

NAME OF CONTACT PERSON AT TANK LOCATION
A.E. Peterson

JOB TITLE
Env. Maint Mgr. West TELEPHONE NUMBER
1371872-3146

NUMBER OF TANKS AT THIS LOCATION 1

NUMBER OF PAGES ATTACHED TO THIS NOTIFICATION

STATE USE ONLY

OWNER CERTIFICATION

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
Ted M. Jastal Mgr., Corp. Enviro/Maint

SIGNATURE OF OWNER (IN INK - NO PHOTOCOPIES WILL BE ACCEPTED)
Ted M. Jastal DATE
11/13/95

FACILITY NAME Wake Up # 6379 FACILITY I.D. 007106 PAGE OF

DESCRIPTION OF UNDERGROUND STORAGE TANK SYSTEMS

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

GENERAL	SEQUENTIAL TANK NUMBER	1	2	3	4		
	OWNER - SPECIFIED TANK NUMBER	A	B	C	D		
	DATE INSTALLED	11/162	11/162	11/162	11/162	11	11
	CAPACITY (GALLONS)	1000	10000	10000	10000		

TANK STATUS	COMPLETE ONLY ONE OF A, B, OR C.	A. CURRENTLY IN USE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		DATE BROUGHT INTO USE	11	11	11	11	11	11
		B. TEMPORARILY OUT OF USE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		DATE LAST USED	11	11	11	11	11	11
		C. PERMANENTLY OUT OF USE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		DATE REMOVED FROM GROUND	4/17/95	4/17/95	4/17/95	4/17/95	11	11
DATE FILLED IN-PLACE	11	11	11	11	11	11		
A, B OR C MUST BE COMPLETED IF SECTION D IS SELECTED.	D. REQUESTING CLOSURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	TO BE REMOVED TO BE FILLED IN-PLACE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

CHECK BOX IF NO CHANGE IN SECTIONS (H) TO (L) SINCE LAST NOTIFICATION

If this is a new tank, complete the remaining sections. If this form is an amendment to an existing registration, please see instructions.

CONSTRUCTION/PROTECTION	TANK CONSTRUCTION	STEEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CONCRETE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		FIBERGLASS/PLASTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERNAL PROTECTION	CATHODIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	INTERIOR LINING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	NONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EXTERNAL PROTECTION	CATHODIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	FIBERGLASS / PLASTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	NONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PIPING	TYPE	BARE STEEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		GALVANIZED STEEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		FIBERGLASS REINFORCED PLASTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		CATHODIC PROTECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		OTHER (specify)						
METHOD (SEE INSTRUCTIONS)	PRESSURIZED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	EUROPEAN SUCTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	AMERICAN SUCTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

DESCRIPTION OF UNDERGROUND STORAGE TANK SYSTEMS (CONTINUED)

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

RELEASE DETECTION	CATHODIC PROTECTION	SPILL CONTROL	Sequential Tank Number							
			1	2	3	4	5	6	7	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manual Tank Gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Tank Tightness Testing With Inventory Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Automatic Tank Gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Vapor Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Ground Water Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Interstitial Monitoring Within a Secondary Barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Interstitial Monitoring Within Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Automatic Line Leak Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Line Tightness Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another Method (Please specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For Coated Steel Tanks with Cathodic Protection - Impressed Current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Sacrificial Anodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			For Coated Steel Piping with Cathodic Protection - Impressed Current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Sacrificial Anodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Catchment Basins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Automatic Shutoff Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Overflow Alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Bell Float Valves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Another Method (Please specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INSTALLATION, UPGRADE, OR CLOSURE CONTRACTOR INFORMATION

- M** Indicate below compliance specific to this installation, upgrade, or closure (CHECK ALL THAT APPLY).
- The installer has been certified by the tank and piping manufacturers.
 - The Installer, Upgrade, or Closure Contractor has been certified by the Office of the State Fire Marshal.
 - The installation or upgrade has been inspected and certified by a registered professional engineer.
 - The installation, upgrade, or closure has been inspected by the Office of the State Fire Marshal.
 - All work listed on the manufacturers' installation lists has been completed.
 - Another method of compliance was used (specify): _____

CERTIFICATION OF FINANCIAL RESPONSIBILITY

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

- Self-insurance - Attach Financial Test of Self Insurance
- Insurance & Risk Retention Group Coverage - Attach Endorsement
- Trust Agreement - Attach Trust Agreement
- Guarantee - Attach Guarantee
- Surety Bond - Attach Bond
- Letter of Credit - Attach Letter of Credit

30-DAY REQUEST FOR TANK CLOSURE

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

PROPOSED CONTRACTOR

CONTRACTOR NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____ TELEPHONE (____) _____

CONTACT PERSON _____ CERTIFICATION NUMBER* _____

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 Leading Underground Storage Tank Section at (317) 233-6418 if signs of soil or groundwater contamination are observed.

**Indiana State Fire Marshal
(317) 232-2222**

UST SYSTEM CLOSURE REPORT

0 An UST System Closure Report must be submitted to our office within 30 days of tank closure. Please provide the following requested information and include the required attachments. See page 5, INSTRUCTIONS or refer to the UST System Closure Guidelines in the Underground Storage Tank Branch Guidance Manual for instructions on the completion of sections I-IV.

I. ENVIRONMENTAL SAMPLING RESULTS (see Section III, Required Attachments, for documentation requirements)

- a. Total soil samples taken _____ Map locations and three highest levels (ppm) identified respectively, as :
 _____ @ _____ ppm; _____ @ _____ ppm _____ @ _____ ppm
- b. Depth to Groundwater _____ ft. (if encountered) Impacted Areas Soil/Groundwater (check all that apply):
 backfill native soils groundwater
- c. Groundwater (if encountered) sample results (highest level): _____ ppb of (choose) B.T.E.X SVOC TPH
 obtained from (check one):
 pit water/excavation existing monitoring well(s) identified as _____ (i.e. MW-1)
 Located _____ (compass direction) from UST Pit.
- d. Parameters analyzed for (check all that apply):
 VOC (groundwater only) SVOC (groundwater only) TPH (soil or waste oil screen for groundwater)
- e. Type of Hazardous Substance _____ Analytical Parameters _____

II. CURRENT SITE CORRECTIVE ACTION ACTIVITIES: IDEM/LUST INCIDENT # _____, Date reported ____/____/____.
 IDEM-LUST incident number obtained when soil samples greater than 100 ppm TPH or evidence of impacted groundwater

- a. Check IDEM assigned site prioritization level (obtained at time of incident reporting @ 317/233-6418).
 LOW PRIORITY (only soil confirmatory contamination greater than 100 ppm TPH)
 MEDIUM PRIORITY (groundwater impact with dissolved product)
 HIGH PRIORITY (drinking water affected; groundwater impact with free product; habitable building and/or utility vapors)
- b. At the time of this notification, current site activity performed (check one):
 COMPLETE/CONFIRMATORY (check Section IV part a);
 LIMITED CORRECTIVE ACTION (check Section IV part b):
 Check all that apply below and complete all corresponding information
 Over-excavation activities Approximate amount of soil excavated: _____ cubic yards
 On-site Landtreatment Disposal of soil at _____ landfill
 Volume of contaminated groundwater encountered, if any _____ gallons

III. REQUIRED ATTACHMENTS (Must accompany this notification form and be submitted within 30 days of UST System closure. Please provide the following requested information ordered and labeled as outlined in the following checklist and in the current UST System Closure Guidelines. Check the following attachments included with this notification form. Information not applicable must be marked with "NA", incomplete forms will be returned to the owner for completion)

- a. Sample information:
- 1. Data from analysis of soil samples (depth taken & TPH, etc.) presented in tabular format.
 - 2. Data from analysis of water samples (depth taken & BTEX, VOC, SVOC) presented in tabular format.
 - 3. A signed Laboratory Certificate of Analysis listing analysis and preparation methods, dates of sample receipt and analysis. A statement that QA/QC procedures were followed. The QA/QC package must be available upon request.
 - 4. Proper sample numbers for cross reference to UST site maps.
 - 5. Chain of custody documentation including laboratory receipts.
 - 6. Decontamination procedures/sampling procedures and techniques
 - 7. Data from analysis of waste oil samples (when applicable).
- b. Site Specific Maps:
- 1. Illustrated legends and compass directions and at an appropriate scale;
 - 2. Drainage features (surface slope/surface water runoff direction);
 - 3. Identified above ground features (buildings, roadways, manways, pump islands, property lines, etc.);
 - 4. Identified subsurface features (tanks and excavation pit, piping, utility conduits, etc.);
 - 5. Locations of samples (S1, S2, etc.) soil borings (SB1, SB2, etc.), piping samplings (P1, P2, etc.), and monitoring wells (MW1, MW2, etc.);
 - 6. Location of previously closed tanks (when applicable)
- c. Miscellaneous Closure Documentation: (Include receipts and manifests)
- 1. Soil and water disposal documentation
 - 2. Tank and Piping disposal documentation
 - 3. Remaining product and sludge documentation
 - 4. Previous ownership history (past 25 yrs.)

IV. RECOMMENDATIONS (to be completed by contractor/consultant performing closure)

These recommendations must be site specific. Next steps recommended are (check one):

- a. "Clean Closure". Documentation must support this recommendation.
- b. Limited overexcavation (if not completed during current site corrective action activities see, Section II above and follow the current LUST Initial Site Characterization (ISC) Report Guidelines & Amendments)
- c. Initiate Investigation to determine full extent of soil/groundwater contamination (see the LUST (ISC) Guidelines)
- d. Initiate and maintain 20 day Free Product Initial Abatement Report (see LUST ISC Report Guidelines).



Emro Marketing Company

P.O. Box 1500
Springfield, Ohio 45501
500 Speedway Drive
Enon, Ohio 45323
Telephone 513-864-3000

November 13, 1995

Indiana Department of Environmental Management
Office of Environmental Response
UST Program
P.O. Box 7015
Indianapolis, IN 46207-7015

RE: ID #0-007106 - WAKE-UP #6379
2509 TENTH
ANDERSON, IN 46012

ATTN: UST Coordinator

Enclosed is an amended underground storage tank notification form for the above referenced store. Please be advised this facility has been permanently closed and all underground storage tanks have been removed.

If you have any questions or require additional information, please contact Michele Berry at extension 7633.

Sincerely,

Ted M. Jastal, P.E.
Manager
Corporate Environmental & Maintenance

Enclosure

cc: A. E. Peterson

TMJ/mdb

FID 7106



Emro Marketing Company

P.O. Box 1500
Springfield, Ohio 45501
500 Speedway Drive
Enon, Ohio 45323
Telephone 513-864-3000

December 6, 1995

Indiana Department of Environmental Management
Office of Environmental Response
Underground Storage Tank Branch
N1255, 100 North Senate Avenue
P.O. Box 7015
Indianapolis, IN 46207-7015

4-18-95

ATTN: UST Registration Unit

**RE: Wake-Up #6379
2509 10th Street
Anderson, IN**

Enclosed is notification form for the permanent closure and site assessment review for the above referenced store.

If you have any questions or require additional information, please contact Michele Berry at extension 7633.

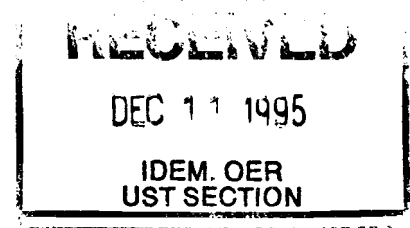
Sincerely,

Ted M. Gastal, P.E.
Manager
Corporate Environmental and Maintenance

TMJ/mbd

Enclosures

cc: A. E. Peterson



SPEEDWAY STARVIN' MARVIN UNITED BONDED GASTOWN CHEKER WAKE UP

NOTIFICATION FOR UNDERGROUND STORAGE TANKS



RETURN
COMPLETED
FORM
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) 233-6419 LUST: (317) 233-6418

Facility ID Number 0 0 7 1 0 1 6
Owner ID Number 5 1 3 4
Federal ID Number 34-1155557
EPA ID Number

A GENERAL INFORMATION
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. 9/94), on page 5 of this form or by contacting the UST Branch at the above address.

TYPE OF NOTIFICATION

Leak 3639

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

- A NEW FACILITY
- A NEW OWNER
- A NEW TANK
- A CHANGE OF OWNERSHIP
- A SYSTEM UPGRADE
- AN ADDRESS CHANGE
- A TEMPORARY CLOSURE
- A REQUEST FOR CLOSURE
- A PERMANENT CLOSURE & SITE ASSESSMENT REVIEW

B OWNERSHIP OF TANKS

OWNER NAME
Enviro Marketing Company

MAILING ADDRESS
P.O. Box 1500

CITY
Springfield STATE
OH

ZIP CODE
4 5 1 5 1 0 1 TELEPHONE
(5 1 3) 8 6 4 - 3 0 0 0

OPERATOR OF FACILITY

OPERATOR NAME (IF SAME AS OWNER, MARK BOX HERE)

MAILING ADDRESS

CITY STATE

ZIP CODE TELEPHONE

C TANK/FACILITY LOCATION

FACILITY NAME (IF SAME AS OWNER, MARK BOX HERE)
Wake up #6379

MAILING ADDRESS (IF SAME AS OWNER, MARK BOX HERE)
2509 10th St

LOCATION OF TANKS (IF SAME AS ABOVE, LEAVE BLANK)

CITY
Anderson

ZIP CODE
4 6 1 0 1 1 2 COUNTY

TYPE OF FACILITY/OWNER

TYPE OF OWNER (Please Check One)

- PRIVATE/BUSINESS
- STATE GOVERNMENT
- LOCAL GOVERNMENT
- FEDERAL GOVERNMENT
- GSA FACILITY (ID # _____)
- OTHER _____

TYPE OF OPERATION (Please Check One)

- MOTOR VEHICLE FUEL DISPENSING STATION
- COMMERCIAL
- RESIDENTIAL
- INDUSTRIAL
- AGRICULTURAL
- OTHER

EFFECTIVE DATE OF OWNERSHIP
 / /

GEOGRAPHICAL COORDINATES
SECTION _____
RANGE _____

D 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 _____ NAME OF COMPANY _____

SIGNATURE OF CONTRACTOR (IN INK - NO PHOTOCOPIES WILL BE ACCEPTED) _____ CERTIFICATION NUMBER _____ DATE **/ /**

CONTACT AT TANK LOCATION

NAME OF CONTACT PERSON AT TANK LOCATION
A. E. Peterson

JOB TITLE
Environmental Mgr., West TELEPHONE NUMBER
1317 1572-3146

NUMBER OF TANKS AT THIS LOCATION
NUMBER OF PAGES ATTACHED TO THIS NOTIFICATION

STATE USE ONLY

OWNER CERTIFICATION

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
Ted M. Jastal Mgr., Corp. Enviro/Maint

SIGNATURE OF OWNER (IN INK - NO PHOTOCOPIES WILL BE ACCEPTED) _____ DATE
12/6/95

RECEIVED
DEC 11 1995
IDEM. OER
UST SECTION

FACILITY NAME _____ FACILITY I.D. _____ PAGE _____ OF _____

DESCRIPTION OF UNDERGROUND STORAGE TANK SYSTEMS

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

GENERAL	SEQUENTIAL TANK NUMBER						
	OWNER - SPECIFIED TANK NUMBER						
	DATE INSTALLED	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
	CAPACITY (GALLONS)	_____	_____	_____	_____	_____	_____

TANK STATUS	COMPLETE ONLY ONE OF A, B, OR C. A, B OR C MUST BE COMPLETED IF SECTION D IS SELECTED.	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	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	
		B. TEMPORARILY OUT OF USE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		DATE LAST USED	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	
		C. PERMANENTLY OUT OF USE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		DATE REMOVED FROM GROUND	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	
		DATE FILLED IN-PLACE	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___		
		D. REQUESTING CLOSURE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		TO BE REMOVED	<input 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"/>	

CONTENTS	SUBSTANCE CURRENTLY OR LAST STORED (COMPLETE ONLY ONE OF A, B, OR C)	A. PETROLEUM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		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 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	<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"/>	

CHECK BOX IF NO CHANGE IN SECTIONS (H) TO (L) SINCE LAST NOTIFICATION

If this is a new tank, complete the remaining sections. If this form is an amendment to an existing registration, please see instructions.

CONSTRUCTION / PROTECTION	TANK CONSTRUCTION	STEEL	<input 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	CATHODIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		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 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"/>
		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)	_____	_____	_____	_____	_____	_____	
PIPING	TYPE	BARE STEEL	<input 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 (SEE INSTRUCTIONS)	PRESSURIZED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		EUROPEAN SUCTION	<input 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"/>

Log # 3639

**UST System Closure Report
Wake-Up #6379
2509 East 10th Street
Anderson, Indiana
SES Project Number: F95032**

May 30, 1995

RECEIVED
DEC 11 1995
IDEM. OER
UST SECTION

Prepared For:

Mr. Phil Eley
Emro Marketing Company
5000 West 86th Street
Indianapolis, Indiana 46268

Prepared By:

Soil Exploration Services
9001 Technology Drive
Fishers, Indiana 46038

Colin Hudson
Colin Hudson
Field Geologist

Mark R. James
Mark R. James, C.P.G.
Senior Geologist

Introduction

Soil Exploration Services, Inc. (SES) was contracted by Emro Marketing, Inc. to conduct an Underground Storage Tank (UST) closure assessment at Wake-Up #6379 in Anderson, Indiana. The project site is an inactive service station. The assessment was conducted in accordance with the IDEM guidelines for a UST system closure.

Responsible Party Information

- a. *The UST system facility's owner/operator name, IDEM owner I.D. number (if known), address, phone number;*
Emro Marketing Company, Inc.
2121 Directors Row
Indianapolis, Indiana 46241
(317) 243-7500
- b. *The name of the UST system facility contact person, owner/operator affiliation, phone number:*
W. Phil Eley
Environmental Representative
(317) 243-7500 ext. 2008
- c. *Past owner/operators.*
Unknown

UST Contractor

- a. *UST closure contractor company name and address:*
Denney Excavating, Inc.
P.O. Box 506
Plainfield, Indiana
- b. *Name and OFSM certification number of person(s) on site during closure.*
Randy Denney OFSM # 95-7514

UST Site

- a. *Facility name, IDEM facility I.D. number and address:*
Wake-Up #6379
2509 East 10th Street
Anderson, Indiana

- b. Type of facility past and current operation:**
The project site has been a retail gasoline station.
- c. Coverage:**
Asphalt and concrete.
- d. History of Spill Reports:**
N/A
- e. Site proximity to both human and environmentally sensitive areas:**
The station is located in a residential /commercial area of Anderson..
The site is located approximately 1500 feet north of the White River.
- f. Site soil texture:**
The natural soil at the site consists of a brown, damp, medium stiff, silty clay to approximately 12 ft. Below 16 ft, the soil consists of a gray, dry, hard, silty clay with trace coarse sand.
- g. Site specific map:**
See Appendix A.

Underground Storage Tanks

The following information refers to the tanks being closed;

- a. Number and volume of tanks;**
3- 10,000 gallon
1- 6,000 gallon
1- 2,000 gallon
- b. Past and present contents of tanks;**
Unleaded gasoline.
- c. Construction material of tanks;**
Steel.
- d. Age and installation dates of tanks;**
Unknown.
- e. Leak detection methods used;**
None.
- f. Records of tank tightness test results;**
None.

4/18/95

- g. *Records of any other leak detection method results from the last two months:*
None.
- h. *Information on any previously closed UST systems (date closed, number, size, and product stored).*
None.

Sample Results

- a. *Data from analysis of soil samples (total petroleum hydrocarbons- TPH, etc.) presented in a tabular format;*

Laboratory Sample I.D.	Sample Description	Field PID Reading	TPH Analysis mg/kg
104931	NNE Wall	3	<15
104930	NNW Wall	<1	<15
104929	WNW Wall	6	<15
104928	WSW Wall	<1	<15
104935	SSW Wall	6	<15
104934	SSE Wall	10	<15
104932	ENE Wall	30	<15
104933	ESE Wall	20	33
104914	Tank 1 Fill (bottom)	5	<15
104915	Tank 1 Vent (bottom)	<1	<15
104916	Tank 2 Fill (bottom)	40	<15
104917	Tank 2 Vent (bottom)	10	<15
104918	Tank 3 Fill (bottom)	<1	<15
104919	Tank 3 Vent (bottom)	<1	<15

Table 1. Pit 1 (Northern Most Pit)

Lab ID #	Location	PID Field Reading	TPH analysis mg/kg
104924	ENE Wall	3	<15
104925	ESE Wall	1	<15
104922	North Wall	<1	<15
104923	South Wall	<1	<15
104926	WNW Wall	<1	<15
104927	WSW Wall	2	<15
104920	Tank 4 Fill Bottom	3	<15
104921	Tank 4 Vent Bottom	<1	<15
104936	Tank 5 Fill Bottom	16	<15
104937	Tank 5 Vent Bottom	8	<15

Table 2. Pit 2 (Southern Most Pit)

- b. Data from analysis of water samples (benzene, toluene, ethylbenzene, xylene-BTEX, etc.) presented in tabular format;**
Not applicable.
- c. Proper sample numbers for cross reference to UST site maps;**
Reference last two numbers of laboratory sample identification in Table 1 for sample locations on map in Appendix A.
- d. Analytical methods used;**
GC/FID 8015 Modified
- e. Detection limits used;**
20 ppm (mg/kg)
- f. Quality assurance/Quality control data;**
Available upon request.
- g. Chain of Custody documentation**
Enclosed (see appendix B)
- h. Data from analysis of soil and water sampled for other miscellaneous parameters (lead, other metals, etc.)**
None

Miscellaneous Closure Documentation

- a. *Date of closure;*
April 18, 1995.
- b. *Soil boring logs that give lithologic descriptions or USDA soil textures, degree of sorting, Munsell Soil colors, sedimentary contacts, gas/vapor readings, etc.;*
None
- c. *Soil boring logs using same vertical scale;*
None
- d. *Documentation of any over-excavation activities (soils excavation);*
None
- e. *Approximate amount soils excavated.*
Approximately 750 cubic yards.
- f. *Documentation of disposal or treatment of excavated soils and contaminated water (procedures used to dispose of or treat contaminated soils and water, and disposal site used);*
The fill material that was removed from the excavation was sent to the Danville Recycling and Disposal Facility. Waste Disposal Documentation will be forwarded under a separate cover as it becomes available.
- g. *Documentation of disposal procedures and of disposal site for product remaining tank before closure and for tank sludge removed during closure;*
The USTs were cleaned by an Emro subcontractor. The documentation will be forwarded under a separate cover, as it becomes available.
- h. *Documentation of disposal procedures and disposal site for closed UST system (tank and piping).*
Copies of documentation will be forwarded at a later date.

Our professional services have been performed in accordance with generally accepted scientific and engineering principles and practices. This warranty is in lieu of all other warranties either express or implied. SES is not responsible for the independent conclusions or recommendations made by others based on the information presented in this report.

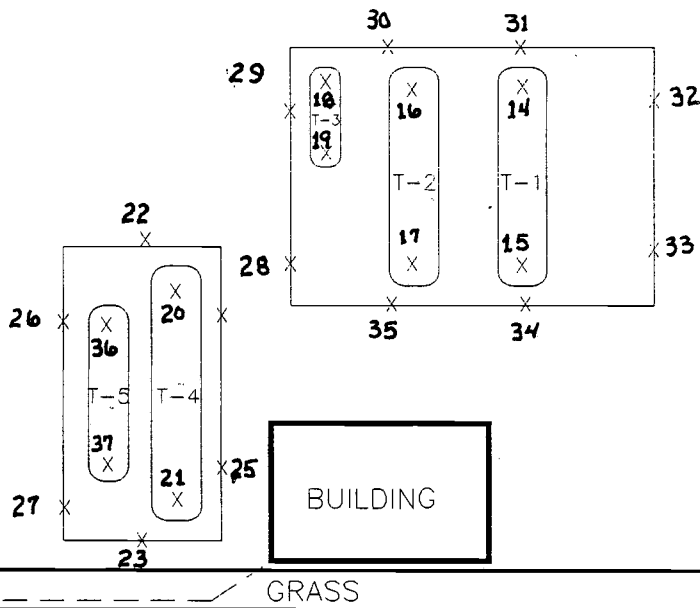
Appendix A

RESIDENTIAL

10TH STREET

GRASS

APARTMENT COMPLEX



GRASS

APARTMENT COMPLEX

22 X = SAMPLE LOCATIONS

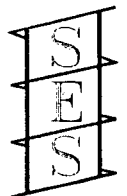
----- OVERHEAD ELECTRIC

SITE PLAN
 WAKE-UP #6379
 2509 E. 10 ST
 ANDERSON, INDIANA

PROJECT NO.

SCALE
1" = 20'

FIGURE NO.
2



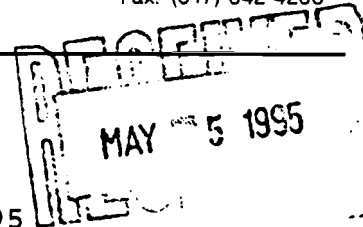
Appendix B



NATIONAL ENVIRONMENTAL TESTING, INC.

Indianapolis Division
6964 Hillside Ct.
Indianapolis, IN 46250
Tel: (317) 842-4261
Fax: (317) 842-4286

ANALYTICAL REPORT



Mr. Phil Eley
EMRO MARKETING
5000 W. 86th St.
Indianapolis, IN 46268

04/28/1995

NET Job Number: 95.01395

Enclosed are the Analytical Results for the following samples submitted to NET, Inc. Indianapolis Division for analysis:

Project Description: #6379 ANDERSON

Sample Number	Sample Description	Date Taken	Date Received
104914	T-1 FILL BOTTOM	04/17/1995	04/21/1995
104915	T-1 VENT BOTTOM	04/17/1995	04/21/1995
104916	T-2 FILL BOTTOM	04/17/1995	04/21/1995
104917	T-2 VENT BOTTOM	04/17/1995	04/21/1995
104918	T-3 FILL BOTTOM	04/17/1995	04/21/1995
104919	T-3 VENT BOTTOM	04/17/1995	04/21/1995
104920	T-4 FILL BOTTOM	04/17/1995	04/21/1995
104921	T-4 VENT BOTTOM	04/17/1995	04/21/1995
104922	PIT 2 NORTH WALL	04/17/1995	04/21/1995
104923	PIT 2 SOUTH WALL	04/17/1995	04/21/1995
104924	PIT 2 ENE WALL	04/17/1995	04/21/1995
104925	PIT 2 ESE WALL	04/17/1995	04/21/1995
104926	PIT 2 WNW WALL	04/17/1995	04/21/1995
104927	PIT 2 WSW WALL	04/17/1995	04/21/1995
104928	PIT 1 WSW WALL	04/17/1995	04/21/1995
104929	PIT 1 WNW WALL	04/18/1995	04/21/1995
104930	PIT 1 NNW WALL	04/18/1995	04/21/1995
104931	PIT 1 NNE WALL	04/18/1995	04/21/1995

Sample analysis in support of the project referenced above has been completed and results are presented on the following pages. Please refer to the enclosed "Key to Abbreviations" for definition of terms. Should you have questions regarding procedures or results, please do not hesitate to call. NET has been pleased to provide these analytical services for you.

Approved By:

Beth Day
Project Manager





NATIONAL ENVIRONMENTAL TESTING, INC.

Indianapolis Division
6964 Hillsdale Ct.
Indianapolis, IN 46250
Tel: (317) 842-4261
Fax: (317) 842-4286

ANALYTICAL REPORT

Mr. Phil Eley
EMRO MARKETING
5000 W. 86th St.
Indianapolis, IN 46268

04/28/1995

NET Job Number: 95.01395

Enclosed are the Analytical Results for the following samples submitted to NET, Inc. Indianapolis Division for analysis:

Project Description: #6379 ANDERSON

Sample Number	Sample Description	Date Taken	Date Received
104932	PIT 1 ENE WALL	04/18/1995	04/21/1995
104933	PIT 1 ESE WALL	04/18/1995	04/21/1995
104934	PIT 1 SSE WALL	04/18/1995	04/21/1995
104935	PIT 1 SSW WALL	04/18/1995	04/21/1995
104936	T-5 FILL BOTTOM	04/17/1995	04/21/1995
104937	T-5 VENT BOTTOM	04/17/1995	04/21/1995

Sample analysis in support of the project referenced above has been completed and results are presented on the following pages. Please refer to the enclosed "Key to Abbreviations" for definition of terms. Should you have questions regarding procedures or results, please do not hesitate to call. NET has been pleased to provide these analytical services for you.

Approved By:

Project Manager





NATIONAL ENVIRONMENTAL TESTING, INC.

Indianapolis Division
6964 Hillside Ct.
Indianapolis, IN 46250
Tel: (317) 842-4261
Fax: (317) 842-4286

ANALYTICAL REPORT

Mr. Phil Eley
EMRO MARKETING
5000 W. 86th St.
Indianapolis, IN 46268

04/28/1995

P.O. NO.:
Job No.: 95.01395
Page 3

Date Received: 04/21/1995
Job Description: #6379 ANDERSON

Sample Number / Sample I.D.	Result	Flag	Sample Date/ Units	Analyst & Date Analyzed	Method	PQL
104914 T-1 FILL BOTTOM			04/17/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/26/1995	S-8015M	<15.
104915 T-1 VENT BOTTOM			04/17/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/26/1995	S-8015M	<15.
104916 T-2 FILL BOTTOM			04/17/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/26/1995	S-8015M	<15.
104917 T-2 VENT BOTTOM			04/17/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/26/1995	S-8015M	<15.
104918 T-3 FILL BOTTOM			04/17/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/26/1995	S-8015M	<15.





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Sample Number / Sample I.D.	Result	Flag	Sample Date/ Units	Analyst & Date Analyzed	Method	POL
104919 T-3 VENT BOTTOM			04/17/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/26/1995	S-8015M	<15.
104920 T-4 FILL BOTTOM			04/17/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/26/1995	S-8015M	<15.
104921 T-4 VENT BOTTOM			04/17/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/26/1995	S-8015M	<15.
104922 PIT 2 NORTH WALL			04/17/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/26/1995	S-8015M	<15.
104923 PIT 2 SOUTH WALL			04/17/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/26/1995	S-8015M	<15.





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Sample Number / Sample I.D.	Result	Flag	Sample Date/ Units	Analyst & Date Analyzed	Method	PQL
104924 PIT 2 ENB WALL			04/17/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/26/1995	S-8015M	<15.
104925 PIT 2 ESE WALL			04/17/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/26/1995	S-8015M	<15.
104926 PIT 2 WNW WALL			04/17/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/26/1995	S-8015M	<15.
104927 PIT 2 WSW WALL			04/17/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/26/1995	S-8015M	<15.
104928 PIT 1 WSW WALL			04/17/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/26/1995	S-8015M	<15.





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P.O. NO.:
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Page 6

Date Received: 04/21/1995
Job Description: #6379 ANDERSON

Sample Number / Sample I.D.	Result	Flag	Sample Date/ Units	Analyst & Date Analyzed	Method	PQL
104929 PIT 1 WNW WALL			04/18/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/26/1995	S-8015M	<15.
104930 PIT 1 NNW WALL			04/18/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/26/1995	S-8015M	<15.
104931 PIT 1 NNE WALL			04/18/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/26/1995	S-8015M	<15.
104932 PIT 1 ENE WALL			04/18/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/27/1995	S-8015M	<15.
104933 PIT 1 ESE WALL			04/18/1995			
TPH - GC/FID Volatile 8015M	33	c.g	mg/kg	bga / 04/27/1995	S-8015M	<15.





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P.O. NO.:
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Page 7

Date Received: 04/21/1995
Job Description: #6379 ANDERSON

Sample Number / Sample I.D.	Result	Flag	Sample Date/ Units	Analyst & Date Analyzed	Method	PQL
104934 PIT 1 SSE WALL			04/18/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/27/1995	S-8015M	<15.
104935 PIT 1 SSW WALL			04/18/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/27/1995	S-8015M	<15.
104936 T-5 FILL BOTTOM			04/17/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/27/1995	S-8015M	<15.
104937 T-5 VENT BOTTOM			04/17/1995			
TPH - GC/FID Volatile 8015M	<15		mg/kg	bga / 04/27/1995	S-8015M	<15.





KEY TO ABBREVIATIONS

- < Less than; when appearing in the results column indicates the analyte was not detected at or above the reported value.
- mg/L Concentration in units of milligrams of analyte per Liter of sample. Measurement used for aqueous samples. Can also be expressed as parts per million (ppm).
- ug/L Concentration in units of micrograms of analyte per Liter of sample. Measurement used for aqueous samples. Can also be expressed as parts per billion (ppb).
- mg/kg Concentration in units of milligrams of analyte per kilogram of sample. Measurement used for non-aqueous samples. Can also be expressed as parts per million (ppm).
- ug/kg Concentration in units of micrograms of analyte per kilogram of sample. Measurement used for non-aqueous samples. Can also be expressed as parts per billion (ppb).
- PQL Practical Quantitation Limit; the lowest level that can be reliably achieved within specified limits of precision and accuracy under routine conditions.
- a Indicates the sample concentration was quantitated using a diesel fuel standard.
- b Indicates the analyte of interest was also found in the method blank.
- c Sample resembles unknown Hydrocarbon.
- d1 Indicates the sample was diluted due to high analyte concentration.
- d2 Indicates the sample was diluted due to matrix interference and that the PQL may be elevated.
- e Indicates the reported concentration is estimated.
- f Indicates the sample concentration was quantitated using a fuel oil standard.
- g Indicates the sample concentration was quantitated using a gasoline standard.
- h Indicates the sample was analyzed past holding time.
- j Indicates the reported concentration is below the PQL.
- k Indicates the sample concentration was quantitated using a kerosene standard.
- l Indicates an MS/MSD was not analyzed due to insufficient sample. An LCS duplicate has been provided.
- m Indicates the sample concentration was quantitated using a mineral spirits standard.
- o Indicates the sample concentration was quantitated using a motor oil standard.
- q Indicates MS/MSD exceeded control limits due to sample matrix. All other QC's were in control.
- r Indicates the sample was received past holding time.
- s Indicates the sample concentration was quantitated using a stoddard solvent standard.
- u Indicates the sample was received improperly preserved and/or contained.
- TCLP Indicates the Toxicity Characteristic Leaching Procedure was performed for this analysis.
- ICP Indicates the analysis was performed using Inductively Coupled Plasma Spectroscopy.
- GFAA Indicates the analysis was performed using Graphite Furnace Atomic Absorption Spectroscopy.
- % Percent; To convert ppm to %, divide the result by 10,000.
To convert % to ppm, multiply the result by 10,000.
- * Reporting limits are elevated due to insufficient sample submitted by client.
- Dry Weight When indicated, the results are reported on a dry weight basis. The contribution of the moisture content in the sample is subtracted when calculating the concentration of the analyte.





NATIONAL ENVIRONMENTAL TESTING, INC.

CHAIN OF CUSTODY RECORD

COMPANY EMCO MARKETING
 ADDRESS 2121 DICKINSON RD
 PHONE 243-7700 FAX
 PROJECT NAME/LOCATION #1677 Anderson
 PROJECT NUMBER
 PROJECT MANAGER Pete Ely

REPORT TO: EMCO
 INVOICE TO: EMCO
 P.O. NO.
 NET QUOTE NO.

SAMPLED BY Eric McCreesh SIGNATURE
 (PRINT NAME)

ANALYSES

DATE	TIME	SAMPLE ID/DESCRIPTION	# and Type of Containers							COMMENTS	
			MATRIX	GRAB	COMP	HCl	NaOH	HNO ₃	H ₂ SO ₄		OTHER
		T-1 FILL BOTTOM									
		T-1 VENT									
		T-2 FILL									
		T-2 VENT									
		T-3 FILL									
		T-3 VENT									
		T-4 FILL									
		T-4 VENT									
		PIT 2 NORTH WALL									
		SOUTH									
		E NE									
		E SE									
		W NW									
		W SW									
		PIT 1 WALL									

To assist us in selecting the proper method is this work being conducted for regulatory compliance monitoring? Yes No
 Is this work being conducted for regulatory enforcement action? Yes No
 Which regulations apply: RCRA NPDES Wastewater
 UST Drinking Water
 Other None

CONDITION OF SAMPLE: BOTTLES INTACT? YES / NO
 FIELD FILTERED? YES / NO
 COC SEALS PRESENT AND INTACT? YES / NO
 VOLATILES FREE OF HEADSPACE? YES / NO
 TEMPERATURE UPON RECEIPT: _____
 Bottles supplied by NET? YES / NO

SAMPLE REMAINDER DISPOSAL: RETURN SAMPLE REMAINDER TO CLIENT VIA _____ DATE _____
 REQUEST NET TO DISPOSE OF ALL SAMPLE REMAINDERS

RELINQUISHED BY: Eric McCreesh RECEIVED BY: _____
 DATE: 8/21/97 TIME: 2:35 DATE: _____ TIME: _____
 METHOD OF SHIPMENT: _____ RECEIVED FOR NET BY: M. Mathison

REMARKS:



REPORT TO: Environ
 INVOICE TO: Environ
 P.O. NO. _____
 NET QUOTE NO. _____

COMPANY: Environ Marketing
 ADDRESS: 2121 Durbin Ave
 PHONE: 293-7200 FAX: _____
 PROJECT NAME/LOCATION: #6379
 PROJECT NUMBER: _____
 PROJECT MANAGER: Phil Esy

SAMPLED BY: Phil Esy
 (PRINT NAME)

SIGNATURE: Phil Esy

DATE	TIME	SAMPLE ID/DESCRIPTION	# and Type of Containers							ANALYSES	COMMENTS		
			MATRIX	GRAB	COMP	HCl	NaOH	HNO ₃	H ₂ SO ₄			OTHER	
		Pit 1 6x6w 4x4c											
		UNE											
		ENE											
		ESC											
		SSE											
		SSE											
1/17/95		T-5 Floor Bottom											
		T-5 vent											

CONDITION OF SAMPLE: BOTTLES INTACT? YES / NO _____
 FIELD FILTERED? YES / NO _____

COC SEALS PRESENT AND INTACT? YES / NO _____
 VOLATILES FREE OF HEADSPACE? YES / NO _____

TEMPERATURE UPON RECEIPT: _____
 Bottles supplied by NET? YES / NO _____

SAMPLE REMAINDER DISPOSAL: RETURN SAMPLE REMAINDER TO CLIENT VIA _____
 I REQUEST NET TO DISPOSE OF ALL SAMPLE REMAINDERS _____

RECEIVED BY: Phil Esy DATE: 1/17/95 TIME: 2:56

RELINQUISHED BY: _____ DATE: _____ TIME: _____

RECEIVED FOR NET BY: M. Mathison

METHOD OF SHIPMENT: _____

REMARKS: _____

