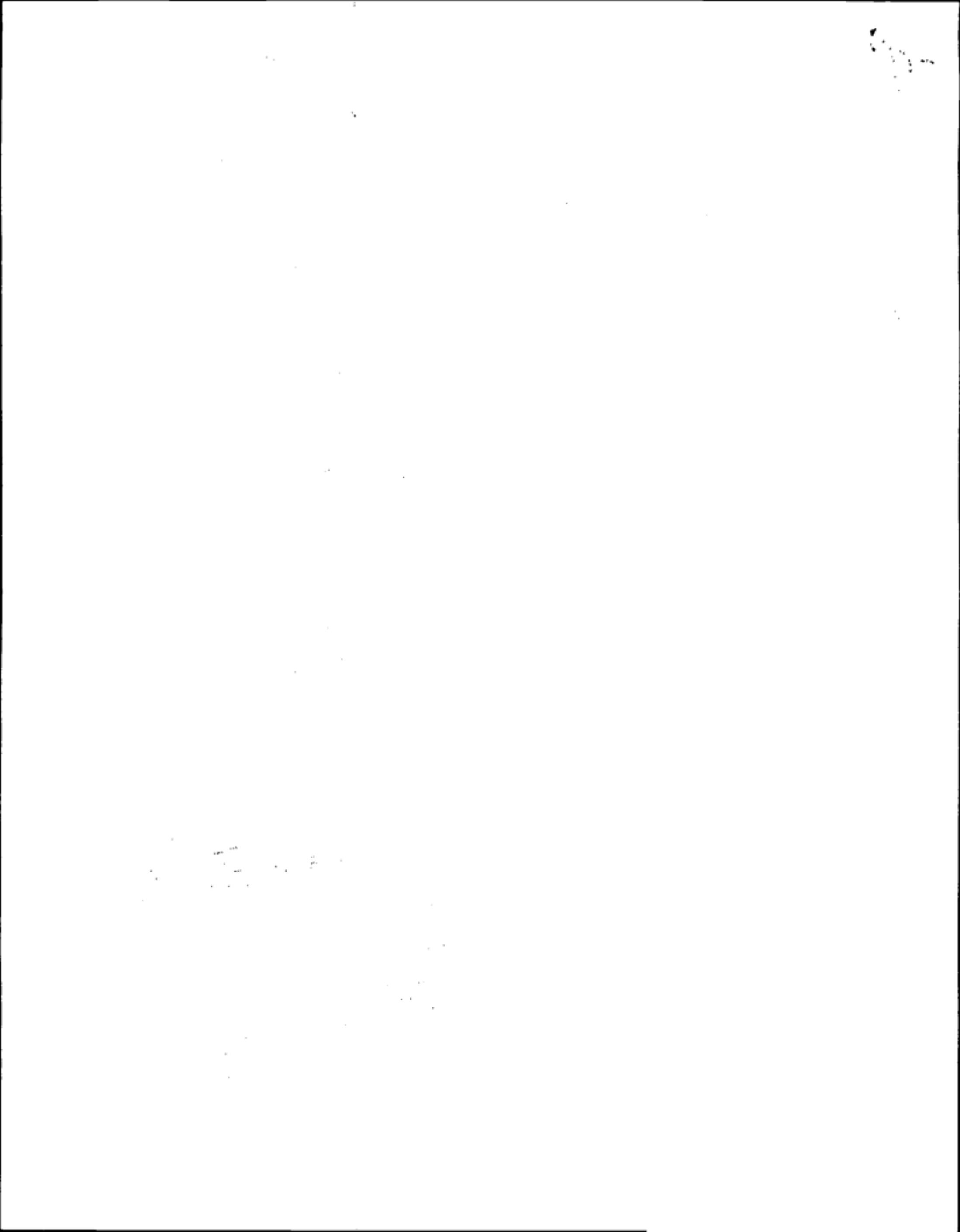


**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS**

80236

State Form 44593 (R2 / 8-99)

I. TYPE OF NOTIFICATION (check one):		Original <input type="checkbox"/>	Revised * <input checked="" type="checkbox"/>	Canceled <input type="checkbox"/>	Courtesy <input type="checkbox"/>
* Must include copy of notification which is being revised					
II. FACILITY INFORMATION (identify owner, removal contractor, demolition contractor, inspector, and project designer)					
Owner: <u>General Electric Company</u>					
Address: <u>2000 Taylor Street</u>					
City: <u>Ft. Wayne</u>		State: <u>IN</u>		Zip: <u>46802</u>	
Contact: <u>Larry Porter</u>			Telephone #: <u>260-439-4009</u>		
Removal Contractor: <u>Environmental Management Specialists, Inc.</u>			Demolition Contractor: <u>N/A</u>		
Address: <u>PO Box 39</u>			Address: _____		
City: <u>Huntertown</u>		State: <u>IN</u>		Zip: <u>46748</u>	
Contact: <u>William R. Papaik</u>		Phone: <u>260-637-9414</u>			
IN License #: <u>191608032</u>		Expiration: <u>3-12-08</u>			
Inspector: <u>William R. Papaik</u>			(Required for asbestos projects at schools K - 12)		
Address: <u>PO Box 39</u>			Project Designer: <u>N/A</u>		
City: <u>Huntertown</u>		State: <u>IN</u>		Zip: <u>46748</u>	
IN License #: <u>194510026</u>		Expiration: <u>3-9-07</u>			
Phone: <u>260-637-9414</u>		Phone: _____			
III. TYPE OF OPERATION (check one)		Renovation: <input checked="" type="checkbox"/>		Emergency Renovation: <input type="checkbox"/>	
Intentional Burning: <input type="checkbox"/>		Demolition: <input type="checkbox"/>		Ordered Demolition: <input type="checkbox"/>	
IV. IS ASBESTOS PRESENT? (check one)		YES: <input checked="" type="checkbox"/>			
V. PROCEDURES, INCLUDING ANALYTICAL METHODS, IF APPROPRIATE USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIAL					
<u>Bulk samples analyzed using polarized light microscopy</u>					
VI. APPROXIMATE AMOUNT OF ASBESTOS (Including Regulated ACM, Category I non-friable Category II non-friable ACM)					
	Regulated ACM to be removed	Non-friable Asbestos Material To be removed		Non-friable Asbestos Material Not to be removed before demolition	
		Category I	Category II	Category I	Category II
Pipes (LnFt)	4,955	0	0	N/A	N/A
Surface Area (SqFt)	0	5,325	0	N/A	N/A
Total Volume (CuFt) on/off Components	68	54	0	N/A	N/A
VII. SCHEDULED DATES OF ASBESTOS STRIPPING/REMOVAL:		Start: <u>11-16-06</u>		End: <u>9-28-07</u>	
VIII. SCHEDULED DATES OF RENOVATION:		Start: <u>12-4-06</u>		End: <u>9-31-07</u>	
DEMOLITION:		Start: <u>N/A</u>		End: <u>N/A</u>	
IX. FACILITY DESCRIPTION (Including building name, floor, and room number)					
Building Name: <u>GE - Building 26 / Building 21</u>					
Street Address: <u>1701 College St / 1701 College St.</u>					
City: <u>Ft. Wayne / Ft. Wayne</u>		State: <u>IN / IN</u>		County: <u>Allen / Allen</u>	
Location of removal within building: <u>1st Floor &amp; Basement / Throughout</u>					
Building Size (SqFt): <u>150,000 / 6,100</u>			# of Floors <u>4+bsmt / 1</u> Age: <u>75+/80</u>		
Present Use: <u>Manufacturing / Manufacturing</u>			Prior use: <u>Manufacturing / Manufacturing</u>		



X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIALS REMOVED

Remove asbestos pipe insulation and flooring in preparation for upcoming renovation project

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE SITE; INCLUDING ASBESTOS STRIPPING, REMOVAL AND WASTE HANDLING PROCEDURES TO PREVENT NON-FRIABLE ASBESTOS MATERIAL FROM BECOMING FRIABLE IN THE COURSE OF THE PROJECT:

Regulate area, construct negative pressure enclosure with attached decontamination facilities and install glovebags,

remove wetted asbestos, place into two 6 mil disposal bags, transport to landfill in a covered dumpster

XII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED POWDER:

Contact IDEM with revised notification information and follow all required work practices

XIII. WASTE TRANSPORTER

Name: Waste Management

Address: 4636 Adams Center Rd.

City: Ft. Wayne State: IN Zip: 46806

Contact: Elizabeth Maynard Phone: 260-441-2733

XIV. WASTE DISPOSAL SITE

Name: Jay County Landfill

Address: 5825 W 400 S

City: Portland State: IN Zip: 47371

Contact: Leon Leach Phone: 260-726-2871

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW AND ATTACH A COPY OF THE ORDER TO THIS FORM. IF THE FACILITY IS NOT INSPECTED PRIOR TO DEMOLITION, THE DEBRIS MUST BE KEPT ADEQUATELY WET. THE DEBRIS MUST THEN BE INSPECTED AFTER DEMOLITION OR ASSUME ALL DEBRIS TO BE CONTAMINATED WITH RACM AND DISPOSED OF APPROPRIATELY TO COMPLY WITH 326 IAC 14-10-1(b).

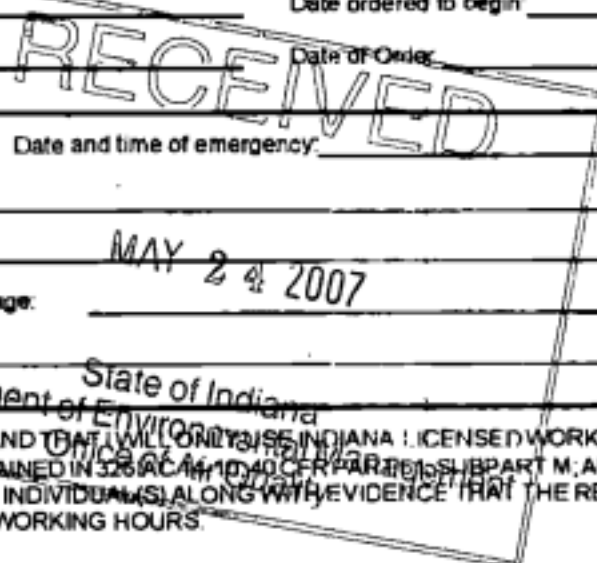
Name: N/A Title: Date ordered to begin: Authority: Date of Order:

XVI. FOR EMERGENCY RENOVATIONS:

Date and time of emergency:

Description of sudden unexpected event: N/A

Explanation of how the event caused unsafe conditions or would cause equipment damage:



XVII. I HEREBY CERTIFY THAT THE INFORMATION IN THIS NOTIFICATION IS CORRECT AND THAT I WILL ONLY USE INDIANA LICENSED WORKERS AND PROJECT SUPERVISORS TO IMPLEMENT THIS ASBESTOS PROJECT, WHICH HAVE BEEN TRAINED IN 326 IAC 14-10-10 CFR PART 101, SUBPART M; AND, IF APPLICABLE, INDIANAPOLIS AIR POLLUTION CONTROL BOARD REGULATION 14. THE TRAINED INDIVIDUALS, ALONG WITH EVIDENCE THAT THE REQUIRED TRAINING WAS ACCOMPLISHED SHALL BE AVAILABLE AT THE JOB SITE DURING ACTUAL WORKING HOURS.

Signature of William R. Papak, Owner/operator (signature) and printed name.

May 24, 2007 date, Asbestos Contractor affiliation.

OFFICE USE ONLY

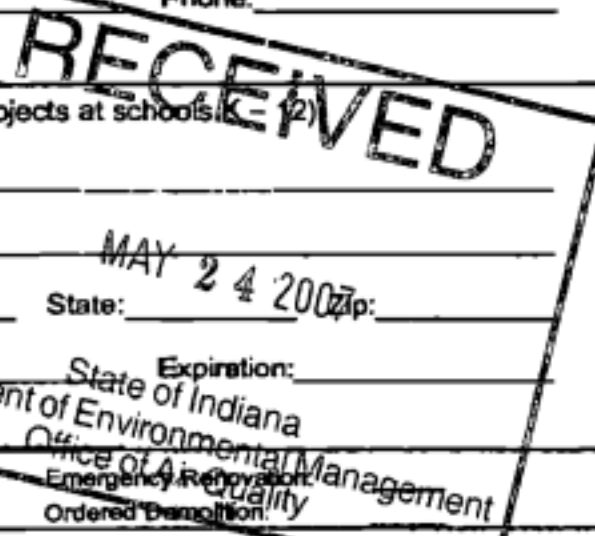
POSTMARK: RECEIVED: REVIEWED BY: DEFICIENCIES:

1. The first part of the document  
describes the general situation  
of the country and the  
state of the economy.  
2. The second part of the document  
describes the state of the  
economy and the state of  
the country.

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IN License #: <u>191608032</u>		Expiration: <u>3-12-07</u>			
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Intentional Burning: <input type="checkbox"/>		Demolition: <input type="checkbox"/>			
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Name: N/A Title:

Authority:

Date ordered to begin:

Date of Order:

XVI. FOR EMERGENCY RENOVATIONS:

Date and time of emergency:

Description of sudden unexpected event: N/A

Explanation of how the event caused unsafe conditions or would cause equipment damage:

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Owner/operator (signature)

William R. Papaik

Owner/operator (printed)

March 12, 2007

date

Asbestos Contractor

affiliation

OFFICE USE ONLY

POSTMARK:

RECEIVED:

REVIEWED BY: AAL

DEFICIENCIES: NONE