



## INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

*We Protect Hoosiers and Our Environment.*

Northwest Regional Office • 330 W. U.S. Hwy 30, Suite F • Valparaiso, IN 46385

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Eric J. Holcomb  
Governor

Brian C. Rockensuess  
Commissioner

July 9, 2024

VIA ELECTRONIC MAIL

Mr. Fred Cox  
Actin Contracting, LLC  
1102 E. Columbus Drive  
East Chicago, IN 46312  
[fred@actincontracting.com](mailto:fred@actincontracting.com)

Re: Inspection Summary Letter  
Former Schererville Wastewater Treatment  
Plant – Biosolids/Sludge Building Demolition  
Schererville, Lake County

Dear Mr. Fred Cox:

On July 9, 2024, a representative of the Indiana Department of Environmental Management (IDEM), Northwest Regional Office (NWRO), conducted an inspection of the Former Schererville Wastewater Treatment Plant – Biosolids/Sludge Building Demolition, located at 550 Kaeser Blvd. in Schererville, Indiana to determine compliance with Indiana's asbestos rules. This inspection was conducted pursuant to IC 13-14-2-2. For your information, and in accordance with IC 13-14-5, a summary of the inspection is provided below:

Inspection Type: Routine Demolition/Renovation Project  
Inspection Results: No violations were observed

Please direct any questions to me at 219-216-3657 or by email at [jlinscott@idem.in.gov](mailto:jlinscott@idem.in.gov).

Sincerely,

Jessica Linscott, Compliance Inspector  
Northwest Regional Office

ACES ID: 298690

ENCLOSURE

cc: Mrs. Jessica Linscott, Compliance and Enforcement Branch, NWRO  
Mr. Jim Gorman, Town of Schererville, 10 E. Joliet Street, Schererville, IN 46375,  
[jgorman@shererville.org](mailto:jgorman@shererville.org)

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
ASBESTOS FIELD INSPECTION REPORT**



SITE INFORMATION	
SITE NAME/DESCRIPTION	Former Schererville Wastewater Treatment Plant – Biosolids/Sludge Building Demolition
SITE LOCATION	550 Kaeser Blvd., Schererville, Indiana Lake County

NOTIFICATION INFORMATION			
NOTIFICATION RECEIVED	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ORIGINAL DATE RECEIVED: Unknown	
STRIPPING/REMOVAL DATES	N/A	DEMOLITION DATES	7/9/2024 to 12/31/2024
CONTRACTOR INFORMATION	Mr. Fred Cox, Actin Contracting, LLC, 1102 E. Columbus Drive, East Chicago, IN 46312, fred@actincontracting.com		
OWNER INFORMATION	Mr. Jim Gorman, Town of Schererville, 10 E. Joliet Street, Schererville, IN 46375, jgorman@shererville.org		

INSPECTION INFORMATION			
INSPECTED BY	Mrs. Jessica Linscott and Mr. Nicholas Ream		
INSPECTION DATE AND TIME	July 9, 2024	TIME IN: 9:15 AM	TIME OUT: 9:45 AM
REPORTED BY	Mrs. Jessica Linscott	REPORT DATE: July 9, 2024	
INSPECTION OBJECTIVE(S)	<div><input type="checkbox"/> Renovation</div> <div><input checked="" type="checkbox"/> Demolition</div> <div><input type="checkbox"/> Emergency Renovation</div> <div><input type="checkbox"/> Ordered Demolition</div> <div><input type="checkbox"/> Complaint</div> <div><input type="checkbox"/> Other:</div>		
ACES TRACKING NUMBER(S)	Notification/General Inspection: 298690		
	Complaint: N/A	Violation/Warning: N/A	
RM TRACKING NUMBER(S)	Complaint: N/A		
PROJECT STATUS	Demolition of the former Schererville Wastewater Treatment Plant – Biosolids/Sludge Building has begun.		

PERSONNEL INTERVIEWED				
Name	Company	Title	Phone Number	Email Address
Mr. Michael Lopez, Jr.	Actin Contracting, LLC.	Owner	219—712-6192	mlopez@actincontracting.com

OBSERVATIONS			
<b>GENERAL SITE OBSERVATIONS</b>			
Description of area(s) inspected and location of material(s): Upon arrival at 550 Kaeser Blvd., we were able to determine that the demolition of the former Schererville Wastewater Treatment Plant – Biosolids/Sludge Building has begun. We met with Mr. Michael Lopez, Jr., Owner/Operator with Actin Contracting, LLC. Mr. Lopez stated that his demolition crew was removing the fiber glass siding panels by hand to prevent the spread or inhalation of the fiber glass dust. The demolition crew will do the same for the ceiling fiber glass panels. Once the panels are all removed, the demolition crew will come in with shears and cut the beams down. We checked the site for suspect asbestos containing material and none was observed.			
Pre-existing contamination in work area	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed <input checked="" type="checkbox"/> N/A
Contractor equipment on site	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed <input type="checkbox"/> N/A
Asbestos removal in progress	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed <input checked="" type="checkbox"/> N/A
Accreditation cards available for inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed <input checked="" type="checkbox"/> N/A
<b>ABATEMENT</b>			
Asbestos removal clearly observed If yes, from where:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Through viewing ports <input type="checkbox"/> By entering enclosures <input type="checkbox"/> Direct observation (No enclosures)
Estimated amounts of RACM removed/disturbed	N/A linear feet N/A cubic feet	N/A square feet N/A % of total	
Abatement method(s) observed:	<input type="checkbox"/> Wetting and stripping <input type="checkbox"/> Glovebag method	<input type="checkbox"/> Unit/Sectional <input type="checkbox"/> Dry	
<b>ISOLATION</b>			
Warning signs displayed outside work area	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed <input checked="" type="checkbox"/> N/A
Objects within work area covered	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed <input checked="" type="checkbox"/> N/A
Evidence of water in containment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed <input checked="" type="checkbox"/> N/A
<b>ASBESTOS WASTE HANDLING</b>			
Stripped asbestos adequately wet	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed <input checked="" type="checkbox"/> N/A
Stripped asbestos placed in leak tight wrapping	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed <input checked="" type="checkbox"/> N/A
Waste bags labeled with generator and warning labels	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed <input checked="" type="checkbox"/> N/A
Any visible emissions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed <input checked="" type="checkbox"/> N/A
<b>CLEANING</b>			
Work area clear of visible signs of asbestos material	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed <input checked="" type="checkbox"/> N/A
Plastic sheeting disposed of as asbestos waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed <input checked="" type="checkbox"/> N/A
Area wet wiped/HEPA vacuumed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed <input checked="" type="checkbox"/> N/A
Final visual inspection completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed <input checked="" type="checkbox"/> N/A
<b>STORAGE</b>			
Material remaining on site securely stored	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed <input checked="" type="checkbox"/> N/A
Warning signs/labels posted outside storage area	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed <input checked="" type="checkbox"/> N/A
<b>ASBESTOS WASTE DISPOSAL</b>			
Waste disposed of at an approved landfill	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed <input checked="" type="checkbox"/> N/A
Name and location of landfill	N/A		
<b>ACM AMOUNTS</b>			
If violation(s) noted, estimated amount of ACM involved:	N/A		
<b>ADDITIONAL COMMENTS</b>			
None			

SAMPLE INFORMATION					
Sample ID	Photo No.	Sample Location/Description	Chain of Custody Complete	Sent to Lab	Results
N/A	N/A	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	... N/A	N/A
ADDITIONAL SAMPLING COMMENTS					
N/A					

INSPECTION FINDINGS	
<input checked="" type="checkbox"/> No violations were observed or determined at the time of the inspection. <input type="checkbox"/> The following violations were determined at the time of the inspection:	
RECOMMENDED ACTION	Issue inspection summary letter.
EXIT INTERVIEW	I explained my findings, recommendations, and conclusions with Mr. Lopez prior to exiting the site.

ATTACHMENTS
<input type="checkbox"/> None <input checked="" type="checkbox"/> Notification(s) <input type="checkbox"/> List of licensed personnel <input type="checkbox"/> Other:




# NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

State Form 44593 (R4 : 10-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

<b>I. TYPE OF NOTIFICATION</b> (check one):		<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Revised	<input type="checkbox"/> Cancelled	<input type="checkbox"/> Courtesy
<b>II. FACILITY INFORMATION</b>					
Owner : Operator: Town Of Schererville					
Address: 10 E. Joliet St		City: Schererville		State: IN	ZIP: 46375
Contact: Jim Gorman, Town Manager		Telephone: 219.322.2211 Ext 1350		E-mail: jgorman@shererville.org	
Asbestos Removal Contractor: N/A		Demolition Contractor: Actin Contracting, LLC,			
Address:		Address: 1102 E. Columbus Dr.			
City:	State:	ZIP:	City: East Chicago	State: IN	ZIP: 46312
Contact:	Telephone:		Contact: Fred Cox	Telephone: 219-397-5020	
E-mail:		E-mail: fred@actincontracting.com			
IN License Number:		Expiration:			
Licensed Asbestos Inspector: Devyn Unger		Project Designer:			
Address: 54 Michigan Ave		Address:			
City: Valparaiso	State: IN	ZIP: 46383	City:	State:	ZIP:
Contact: Amereco Engineering	Telephone: 219-531-0531		Contact:	Telephone:	
E-mail: dunger@amerecoeng.com		E-mail:			
IN License Number: 19A009608		Expiration: 9/25/24		IN License Number:	
Expiration:					
<b>III. TYPE OF OPERATION</b>					
<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Renovation		<input type="checkbox"/> Ordered Demolition	
				<input type="checkbox"/> Emergency Renovation	
				<input type="checkbox"/> Intentional Burning	
<b>IV. IS ASBESTOS PRESENT?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>V. PROCEDURES / ANALYTICAL METHODS USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIALS</b>					
An onsite inspection was performed. Samples were analyzed by PLM w/Disp Staining. Asbestos materials were measured.					
<b>VI. APPROXIMATE AMOUNT OF ASBESTOS TO BE REMOVED AND/OR NOT TO BE REMOVED</b>					
	Regulated ACM to be removed	Nonfriable Asbestos Material to be removed		Nonfriable Asbestos Material NOT to be removed	
		Category I	Category II	Category I	Category II
Pipes (Ln. Ft.)	0	0	0	34	0
Surface Area (Sq. Ft.)	0	0	0	0	0
Total Volume (Cu. Ft.)	0	0	0	.02	0
Total amount on or off all facility components where length or area could not be measured previously	0	0	0	0	
<b>VII. SCHEDULED DATE OF STRIPPING / REMOVAL</b>		Start (mm/dd/yy): N/A		End (mm/dd/yy): N/A	
<b>VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION</b>					
Renovation	Start (mm/dd/yy): N/A		End (mm/dd/yy): N/A		
Demolition	Start (mm/dd/yy): 7/9/24		End (mm/dd/yy): 12/31/25		
<b>IX. FACILITY DESCRIPTION</b>					
Building Name: Schererville Wastewater Treatment Plant - Biosolids/Sludge Building					
Street Address: 550 Kaeser Blvd					
City: Schererville		State: IN		County: Lake	
Location of removal within building (including floor and room numbers):		N/A			
Building Size (Sq. Ft.): 46,600 SqFt		Number of Floors: 1		Age / Year Built: 41yrs / 1983	
Present Use: Public Wastewater Treatment			Prior Use: Public Wastewater Treatment		

<b>X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIAL REMOVED</b>					
Hydraulic Excavator will be used to dismantle the structure. Excavator will load debris onto trucks Facility components affected by asbestos included exterior door caulk, The door caulk is nonfriable and will be demolished and disposed of with building.					
<b>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 NONFRIABLE ASBESTOS MATERIAL FROM BECOMING FRIABLE IN THE COURSE OF THE PROJECT</b>					
<b>XII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER</b>					
Operations will cease and a Certified Asbestos Contractor will be used to remove material					
<b>XIII. ASBESTOS WASTE TRANSPORTER</b>			<b>XIV. ASBESTOS WASTE DISPOSAL SITE</b>		
Name:			Name:		
Address:			Address:		
City:	State:	ZIP:	City:	State:	ZIP:
Contact:	Telephone:		Contact:	Telephone:	
E-mail:			E-mail:		
<b>XV. ORDER DEMOLITIONS</b>					
Agency Name:			Date Ordered Demolition to Begin (mm/dd/yy):		
Contact:	Title:		Telephone:	E-mail:	
Regulatory Authority:			Date of Order (mm/dd/yy):		
<b>XVI. EMERGENCY RENOVATIONS</b>					
Date (mm/dd/yy) and Time of Emergency:					
Description of sudden, unexpected event.					
Explanation of how the event caused unsafe conditions or would cause equipment damage:					
<b>XVII. CERTIFICATION STATEMENT AND SIGNATURE BY OWNER / OPERATOR</b>					
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 32B IAC 14-10; 40 CFR PART 61, SUBPART M; AND, IF APPLICABLE, INDIANAPOLIS AIR POLLUTION CONTROL BOARD REGULATION 14. THE TRAINED INDIVIDUAL(S) ALONG WITH EVIDENCE THAT THE REQUIRED TRAINING WAS ACCOMPLISHED SHALL BE AVAILABLE AT THE JOB SITE DURING ACTUAL WORKING HOURS.					
			Date (mm/dd/yy): 6/21/24		E-mail: fred@actincontracting.com
Owner / operator (Signature)					
Fred Cox			Title: Demolition Coordinator		
Owner / operator (Printed)					