



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

(888) 209-8892 • (219) 464-0053 • www.idem.IN.gov

Eric J. Holcomb
Governor

Brian C. Rockensuess
Commissioner

July 16, 2024

VIA ELECTRONIC MAIL

Mr. Steve Muncila
Safe Environmental Corporation
1006 165th Street
Hammond, IN 46324
tlovelace@safe-env.com

Re: Inspection Summary Letter
Chesterton Middle School Abatement
Chesterton, Porter County

Dear Mr. Steve Muncila:

On July 11, 2024, a representative of the Indiana Department of Environmental Management (IDEM), Northwest Regional Office (NWRO), conducted an inspection of the Chesterton Middle School Abatement, located at 651 West Morgan Avenue in Chesterton, 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.

Sincerely,

Jessica Linscott, Compliance Inspector
Northwest Regional Office

ACES ID: 298653

ENCLOSURE

cc: Mrs. Jessica Linscott, Compliance and Enforcement Branch, NWRO
Mr. Mike Okeley, Duneland School Corporation, 651 West Morgan Avenue, Chesterton,
IN 46304, mokeley@duneland.k12.in.us

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



SITE INFORMATION	
SITE NAME/DESCRIPTION	Chesterton Middle School Abatement
SITE LOCATION	651 West Morgan Avenue, Chesterton, Indiana Porter County

NOTIFICATION INFORMATION			
NOTIFICATION RECEIVED	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ORIGINAL DATE RECEIVED: Unknown	
STRIPPING/REMOVAL DATES	7/8/2024 to 9/16/2024	DEMOLITION DATES	N/A
CONTRACTOR INFORMATION	Mr. Steve Muncila, Safe Environmental Corporation, 1006 165th Street, Hammond, IN 46324, tlovelace@safe-env.com		
OWNER INFORMATION	Mr. Mike Okeley, Duneland School Corporation, 651 West Morgan Avenue, Chesterton, IN 46304, mokeley@duneland.k12.in.us		

INSPECTION INFORMATION			
INSPECTED BY	Mrs. Jessica Linscott		
INSPECTION DATE AND TIME	July 11, 2024	TIME IN: 10:10 AM	TIME OUT: 11:00 AM
REPORTED BY	Mrs. Jessica Linscott	REPORT DATE: July 12, 2024	
INSPECTION OBJECTIVE(S)	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Complaint <input type="checkbox"/> Demolition <input type="checkbox"/> Ordered Demolition <input type="checkbox"/> Other:		
ACES TRACKING NUMBER(S)	Notification/General Inspection: 298653		
	Complaint: N/A	Violation/Warning: N/A	
RM TRACKING NUMBER(S)	Complaint: N/A		
PROJECT STATUS	Abatement of the Chesterton Middle School has begun.		

PERSONNEL INTERVIEWED				
Name	Company	Title	Phone Number	Email Address
Noe Magallanes	Safe Environmental Corporation	Asbestos Project Supervisor	N/A	N/A

OBSERVATIONS			
GENERAL SITE OBSERVATIONS			
Description of area(s) inspected and location of material(s): Removal of asbestos containing material (ACM) from pipe insulation and duct dampers via the glovebag and unit/sectional removal method.			
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 checked="" type="checkbox"/> No	<input type="checkbox"/> Not Observed <input type="checkbox"/> N/A
Accreditation cards available for inspection	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed <input type="checkbox"/> N/A
ABATEMENT			
Asbestos removal clearly observed If yes, from where:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not Observed <input 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	3 linear feet N/A cubic feet	N/A square feet 1 % 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	
ISOLATION			
Warning signs displayed outside work area	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed <input type="checkbox"/> N/A
Objects within work area covered	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed <input type="checkbox"/> N/A
Evidence of water in containment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed <input type="checkbox"/> N/A
ASBESTOS WASTE HANDLING			
Stripped asbestos adequately wet	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed <input type="checkbox"/> N/A
Stripped asbestos placed in leak tight wrapping	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed <input type="checkbox"/> N/A
Waste bags labeled with generator and warning labels	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed <input type="checkbox"/> N/A
Any visible emissions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not Observed <input type="checkbox"/> N/A
CLEANING			
Work area clear of visible signs of asbestos material	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed <input type="checkbox"/> N/A
Plastic sheeting disposed of as asbestos waste	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed <input 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
STORAGE			
Material remaining on site securely stored	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed <input type="checkbox"/> N/A
Warning signs/labels posted outside storage area	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed <input type="checkbox"/> N/A
ASBESTOS WASTE DISPOSAL			
Waste disposed of at an approved landfill	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not Observed <input type="checkbox"/> N/A
Name and location of landfill	Laraway 21233 West Laraway Road Joliet, IL 60148		
ACM AMOUNTS			
If violation(s) noted, estimated amount of ACM involved:	N/A		
ADDITIONAL COMMENTS			
Upon arrival at 651 West Morgan Avenue, I was greeted by Mr. Noe Magallanes, asbestos project supervisor, with Safe Environmental Corporation. Mr. Magallanes advised me that the abatement crew was removing the non-friable floor tile and mastic portion of the IDEM notification. Mr. Magallanes stated that the crew was almost finished abating			

the non-friable portion of the IDEM notification and that they would begin abating the friable pipe insulation of the IDEM notification tomorrow. To meet the start date requirement of the IDEM notification approximately three (3) linear feet of duct dampers were abated on the given start date. Mr. Magallanes gave me a tour of the areas containing pipe insulation where abatement will occur. The work area was checked for disturbed asbestos containing material and none was observed. Before leaving the site, I checked and recorded the crew's asbestos licenses. Please see attached sheet.

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

No violations were observed or determined at the time of the inspection.
 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. Magallanes prior to exiting the site.

ATTACHMENTS

None Notification(s) List of licensed personnel Other:

ASBESTOS LICENSING PERSONNEL LIST

Inspected By: Jessica Linscott Inspection Date: 07/11/2024
Site Location: 651 West Morgan Avenue, Chesterton, IN 46304

Contractor Name: Safe Environmental Corporation
License Number: 193721047 Expiration Date: 12/08/2024

Circle appropriate license type:

Worker/Supervisor Name: Noe Magallanes
License Number: 19A015666 Expiration Date: 04/05/2025

Worker/Supervisor Name: Paulino Magallanes
License Number: 19A015176 Expiration Date: 08/10/2024

All licensing information was verified by the inspector with MyLicense JLL 07/12/2024
(Inspector Initials & Date Verified)



NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

State Form 44593 (R4 / 10-18)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

I. TYPE OF NOTIFICATION (check one):		<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Revised	<input type="checkbox"/> Canceled	<input type="checkbox"/> Courtesy
II. FACILITY INFORMATION					
Owner / Operator: Duneland School Corporation					
Address: 651 West Morgan Avenue		City: Chesterton		State: IN	ZIP: 46304
Contact: Mike Okeley		Telephone: 219-983-3600		E-mail: mokeley@dunland.k12.in.us	
Asbestos Removal Contractor: Safe Environmental Corporation		Demolition Contractor: na			
Address: 1006 - 165th Street		Address: na			
City: Hammond	State: IN	ZIP: 46324	City: na	State: na	ZIP: na
Contact: Steve Muncila	Telephone: 219-922-0844		Contact: na	Telephone: na	
E-mail: office@safe-env.com		E-mail: na			
IN License Number: 193721047		Expiration: 05/17/25			
Licensed Asbestos Inspector: Devyn Unger		Project Designer: na			
Address: 54 Michigan Avenue		Address: na			
City: Valparaiso	State: IN	ZIP: 46383	City: na	State: na	ZIP: na
Contact: Devyn Unger	Telephone: 219-531-0531		Contact: na	Telephone: na	
E-mail: dungere@amerecoeng.com		E-mail: na			
IN License Number: 19A009608		Expiration: 09/25/24		IN License Number: na	
Expiration: na		Expiration: na			
III. TYPE OF OPERATION					
<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Renovation	<input type="checkbox"/> Ordered Demolition	<input type="checkbox"/> Emergency Renovation	<input type="checkbox"/> Intentional Burning	
IV. IS ASBESTOS PRESENT? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
V. PROCEDURES / ANALYTICAL METHODS USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIALS					
BULK/PLM					
VI. APPROXIMATE AMOUNT OF ASBESTOS TO BE REMOVED AND/OR NOT TO BE REMOVED					
	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.)	410				
Surface Area (Sq. Ft.)		65650	1705		
Total Volume (Cu. Ft.)					
Total amount on or off all facility components where length or area could not be measured previously					
VII. SCHEDULED DATE OF STRIPPING / REMOVAL		Start (mm/dd/yy): 07/08/24		End (mm/dd/yy): 09/16/24	
VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION					
Renovation	Start (mm/dd/yy): na	End (mm/dd/yy): na			
Demolition	Start (mm/dd/yy): na	End (mm/dd/yy): na			
IX. FACILITY DESCRIPTION					
Building Name: Chesterton Middle School					
Street Address: 651 West Morgan Avenue					
City: Chesterton		State: IN		County: Porter	
Location of removal within building (including floor and room numbers):		1st / 2nd / 3rd floors			
Building Size (Sq. Ft.): 339.095		Number of Floors: 3		Age / Year Built: 72 / 1952	
Present Use: Vacant			Prior Use: Middle School		

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIAL REMOVED			
Remove asbestos containing floor tile / black mastic / thermal system insulation / puck mastics / counter tops / window caulk / transite panels / duct dampners			
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			
Remote decontamination unit, Regulated areas and drop cloths for glove bag TSI, Regulated areas for non-friable flooring and mastic removal, Removal with hand held tools, Proper wet working methods, Double bag and wet TSI waste, Lined enclosed dumpster for disposal.			
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			
stop work, regulate area, contact proper agencies, hepa vac and/or wet wipe area, properly dispose of waste.			
XIII. ASBESTOS WASTE TRANSPORTER		XIV. ASBESTOS WASTE DISPOSAL SITE	
Name: Homewood Disposal		Name: Laraway	
Address: 1501 W 175th St		Address: 21233 West Laraway Road	
City: Homewood	State: IL	ZIP: 60430	City: Joliet
			State: IL
			ZIP: 60148
Contact: Greg Piersma	Telephone: 708-332-0273		Contact: Julie Paramo
E-mail: gpiersma@mydisposal.com		E-mail: konkol1@wm.com	
XV. ORDERD DEMOLITIONS			
Agency Name: na		Date Ordered Demolition to Begin (mm/dd/yy): na	
Contact: na	Title: na	Telephone: na	E-mail: na
Regulatory Authority: na		Date of Order (mm/dd/yy): na	
XVI. EMERGENCY RENOVATIONS			
Date (mm/dd/yy) and Time of Emergency: na			
Description of sudden, unexpected event: na			
Explanation of how the event caused unsafe conditions or would cause equipment damage: na			
XVII. CERTIFICATION STATEMENT AND SIGNATURE BY OWNER / OPERATOR			
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 326IAC 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.			
<i>Steve Muncila</i>		Date (mm/dd/yy): 06/20/24	E-mail: office@safe-env.com
Owner / operator (Signature)			
Steve Muncila		Title: Project Manager	
Owner / operator (Printed)			