



## 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](http://www.idem.IN.gov)

Eric J. Holcomb  
Governor

Brian C. Rockensuess  
Commissioner

November 20, 2024

VIA ELECTRONIC MAIL

Mr. Robert Rumsey  
Lake County Environmental Services, LLC  
2158 45th St. Suite 155  
Highland, IN 46322  
[lakecountyservices82@gmail.com](mailto:lakecountyservices82@gmail.com)

Re: Inspection Summary Letter  
The City of Gary Residential Ordered  
Demolition  
Gary, Lake County

Dear Mr. Robert Rumsey:

On November 19, 2024, a representative of the Indiana Department of Environmental Management (IDEM), Office of Air Quality (OAQ), conducted an inspection of The City of Gary Residential Ordered Demolition, located at 331 Cleveland Street in Gary, 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: Ordered Demolition 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  
Office of Air Quality

ACES ID: 303582

ENCLOSURE

cc: Mrs. Jessica Linscott, Compliance and Enforcement Branch, Office of Air Quality  
Mr. Cedric Kuykendall, City of Gary, 504 Broadway, Gary, IN 46402,  
[ckuykendall@gary.gov](mailto:ckuykendall@gary.gov)

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



SITE INFORMATION	
SITE NAME/DESCRIPTION	The City of Gary Residential Ordered Demolition
SITE LOCATION	331 Cleveland Street, Gary, 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	11/18/2024 to 02/01/2025
CONTRACTOR INFORMATION	Mr. Robert Rumsey, Lake County Environmental Services, LLC, 2158 45th St. Suite 155, Highland, IN 46322, lakecountyservices82@gmail.com		
OWNER INFORMATION	Mr. Cedric Kuykendall, City of Gary, 504 Broadway, Gary, IN 46402, ckuykendall@gary.gov		

INSPECTION INFORMATION			
INSPECTED BY	Mrs. Jessica Linscott		
INSPECTION DATE AND TIME	November 19, 2024	TIME IN: 9:15 AM	TIME OUT: 9:45 AM
REPORTED BY	Mrs. Jessica Linscott	REPORT DATE: November 19, 2024	
INSPECTION OBJECTIVE(S)	<div><input type="checkbox"/> Renovation</div> <div><input type="checkbox"/> Emergency Renovation</div> <div><input type="checkbox"/> Complaint</div> <div><input type="checkbox"/> Demolition</div> <div><input checked="" type="checkbox"/> Ordered Demolition</div> <div><input type="checkbox"/> Other:</div>		
ACES TRACKING NUMBER(S)	Notification/General Inspection: 303582		
	Complaint: N/A	Violation/Warning: N/A	
RM TRACKING NUMBER(S)	Complaint: N/A		
PROJECT STATUS	The ordered demolition of the former residential structure has begun.		

PERSONNEL INTERVIEWED				
<i>Name</i>	<i>Company</i>	<i>Title</i>	<i>Phone Number</i>	<i>Email Address</i>
N/A	N/A	N/A	N/A	N/A

OBSERVATIONS			
<b>GENERAL SITE OBSERVATIONS</b>			
Description of area(s) inspected and location of material(s): Upon arrival at 331 Cleveland Street, I was able to determine that the ordered demolition of the former residential structure has begun. I observed an excavator onsite, but there was no one from the demolition company and the licensed asbestos inspector onsite. I checked the site for suspect asbestos containing debris 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	No exit interview was conducted, as no one from the demolition company or a licensed asbestos inspector was on site at the time of my inspection.

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

**GEN:ORDER**

Date: 10-30-24

TO: City of Gary Department of Coercive:  
Redevelopment/Visitation (Resolution)  
504 Broadway Suite 200  
Gary, Indiana 402

I am acting pursuant to Section 9, of the Indiana Code, I.C. 36-7-9-9 and Section 162.01 of the City of Gary, Indiana Code of Ordinances entitled "The Unsafe Building (s) Ordinance."

As a result of the en, I have determined that the Building (s) and premises  
Commonly 331 Cleveland situated in Gary, Indiana and legally  
described as:

Legal: Land Co's of West Block 31

Parcel: 4: 508. 5-5 2 55 D<sup>6</sup> . 000 . 000

is/ are Unsafe, for the reasons set forth in the inspection report copies of which may be  
obtained from the Building Department.

I hereby order that the Building (s) must be **DEMOLISHED**.

Such operations must be completed by 12-1-24

  
Building Commissioner  
City of Gary, Indiana

cc: File

Tiffany Rechee  
657 Irvington Ave Apt #1  
Newark, NJ 07106  
PROPERTY OWNER





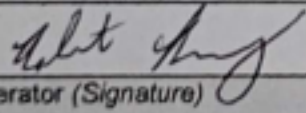
# NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

State Form 44593 (R4 / n0- n87)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

<b>I. TYPE OF NOTIFICATION</b> (check one):		<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Demolition	<input type="checkbox"/> Emergency Renovation	<input type="checkbox"/> Intentional Burning
<b>II. FACILITY INFORMATION</b>					
Owner / Operator: City of Gary					
Address: 504 Broadway		City: Gary		State: IN	ZIP: 46402
Contact: Cedric Kuykendall		Telephone: 219-886-5331		E-mail: ckuykendall@gary.gov	
Asbestos Removal Contractor:		Remediation Contractor: House Demolition			
Address:		Address: 504 Broadway			
City:	State:	ZIP:	City: Gary	State: IN	ZIP: 46402
Contact:	Telephone:	Contact: Cedric Kuykendall		Telephone: 219-886-5331	
E-mail:		E-mail: ckuykendall@gary.gov			
IN License Number:		Expiration Date:			
Licensed Asbestos Inspector:		Project Manager:			
Address: 2158 45th St. Suite #55		Address:			
City: Highland	State: IN	ZIP: 46322	City:	State:	ZIP:
Contact: Robert Rumsey	Telephone: 219-455-2339	Contact:	Telephone:		
E-mail: lakecountyservices82@gmail.com		E-mail:			
IN License Number: 19A03954	Expiration Date: 5/23/25	IN License Number:	Expiration Date:		
<b>III. TYPE OF OPERATION</b>					
<input type="checkbox"/> Demolition		<input type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Ordered Demolition	
<input type="checkbox"/> Emergency Renovation		<input type="checkbox"/> Intentional Burning			
<b>IV. IS ASBESTOS PRESENT?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>V. PROCEDURES / ANALYTICAL METHODS USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIALS</b>					
A site inspection was conducted and tested by Polarized Light					
<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
Process (Ln. Ft.)					
Surface Area (Sq. Ft.)					
Total Volume (Cu. Ft.)					
Total amount of all facility components where length or area could not be measured previously					
<b>VII. SCHEDULED DATE OF STRIPPING / REMOVAL</b>		Start (m/d/y):		End (m/d/y):	
<b>VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION</b>					
Renovation	Start (m/d/y):	End (m/d/y):			
Demolition	Start (m/d/y): 11/8/24	End (m/d/y): 2/25			
<b>IX. FACILITY DESCRIPTION</b>					
Building Name:					
Street Address: 331 Cleveland					
City: Gary		State: IN		County: Lake	
Location of removal within building (including room numbers):		Entire Structure			
Building Size (Sq. Ft.): 1,175		Number of Floors: 1		Age / Year Built: 1928	
Present Use: Residential		Prior Use: unoccupied Residential			



<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 and payloader will load debris onto trucks wood, bricks, and concrete hauled away			
<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>			
crew will adequately wet the material for demolition			
<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>			
Roberts will lease 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:	City:	State:	ZIP:
Contact:	Telephone:	Contact:	Telephone:
E-mail:		E-mail:	
<b>XV. ORDER DEMOLITIONS</b>			
Agency Name: City of Gary		Date ordered: Demolition to Begin (mm/dd/yyyy): 11/14/24	
Contact: Florzell Hawkins	Title: Building Commissioner	Telephone: 219-884-1377	E-mail: dstalf@gary.gov
Regulatory Authority: City of Gary		Date of order (mm/dd/yyyy): 11/13/24	
<b>XVI. EMERGENCY RENOVATIONS</b>			
Date / mm/dd/yyyy 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 326 AC 11.10; 40 CFR PART 61, SUBPART M; AND, IF APPLICABLE, INDIANAPOLIS AIR POLLUTION CONTROL BOARD REGULATION 11R. 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/yyyy): 11/14/24	E-mail: lakecounty.services@gmail.com
Owner / operator (Signature)			
Robert Rumsey		Title: Coordinator	
Owner / operator (Print)			