



NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS
State Form 44593 (R4 / 10-18)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Received
State of Indiana

JUL 24 2024

Dept of Environmental Mgmt
Office of Air Quality

299947

I. TYPE OF NOTIFICATION (check one):		<input type="checkbox"/> Original	<input checked="" type="checkbox"/> Revised	<input type="checkbox"/> Office of Environmental Mgmt Office of Air Quality		<input type="checkbox"/> Courtesy
II. FACILITY INFORMATION						
Owner / Operator: City of East Chicago						
Address: 4525 Indianapolis Blvd		City: East Chicago		State: IN	ZIP: 46312	
Contact: James Portalatin		Telephone: 219-391-8294		E-mail: JPortalatin@eastchicago.com		
Asbestos Removal Contractor:		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: Amereco, Inc		Project Designer: N/A				
Address: 54 Michigan Ave		Address:				
City: Valpariso	State: IN	ZIP: 46383	City:	State:	ZIP:	
Contact: Devyn Unger	Telephone: 219-531-0531	Contact:		Telephone:		
E-mail:		E-mail:				
IN License Number: 19A009608		Expiration: 9/25/24		IN License Number:		Expiration:
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
V. PROCEDURES / ANALYTICAL METHODS USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIALS						
Licensed asbestos inspector performed pre-demolition survey.						
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.)						
Surface Area (Sq. Ft.)						
Total Volume (Cu. Ft.)						
Total amount on or off all facility components where length or area could not be measured previously	0	0	0	0	0	
VII. SCHEDULED DATE OF STRIPPING / REMOVAL		Start (mm/dd/yy):		End (mm/dd/yy):		
VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION						
Renovation	Start (mm/dd/yy):	End (mm/dd/yy):				
Demolition	Start (mm/dd/yy): 7/29/24	End (mm/dd/yy): 8/29/24				
IX. FACILITY DESCRIPTION						
Building Name:						
Street Address: 4834 Kennedy Ave.						
City: East Chicago		State: IN		County: Lake		
Location of removal within building (including floor and room numbers):						
Building Size (Sq. Ft.): 692 Sq Ft		Number of Floors: 2		Age / Year Built: 92 Yrs Old / 1932		
Present Use: Vacant				Prior Use: Residential		

294788 CST 29300
Loc 1 seq 3

2nd Q24

Linscott

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIAL REMOVED					
Hydraulic Excavator will be used to dismantle the structure Excavator will load debris onto trucks wood, bricks, and concrete hauled away					
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					
Crew will adequately wet the material for demolition to prevent emissions.					
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, isolate areas, determine if suspected material is actually RACM, and notify appropriate agencies. Contact licensed asbestos contractor to remove all ACM prior to continuation of demolition.					
XIII. ASBESTOS WASTE TRANSPORTER			XIV. ASBESTOS WASTE DISPOSAL SITE		
Name:			Name:		
Address:			Address:		
City:	State:	ZIP:	City:	State:	ZIP:
Contact:	Telephone:		Contact:	Telephone:	
E-mail:			E-mail:		
XV. ORDERD DEMOLITIONS					
Agency Name:			Date Ordered Demolition to Begin (mm/dd/yy):		
Contact:	Title:		Telephone:	E-mail:	
Regulatory Authority:			Date of Order (mm/dd/yy):		
XVI. EMERGENCY RENOVATIONS					
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:					
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>Fred Cox</i>			Date (mm/dd/yy): 7/24/24		E-mail: fred@actincontracting.com
Owner / operator (Signature)					
Operator..... Fred Cox			Title: Demolition Coordinator		
Owner / operator (Printed)					

**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: City of East Chicago					
Address: 4525 Indianapolis Blvd		City: East Chicago		State: IN	ZIP: 46312
Contact: James Portalatin		Telephone: 219-391-8294		E-mail: JPortalatin@eastchicago.com	
Asbestos Removal Contractor:		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: The Harbor Group Inc.		Project Designer: N/A			
Address: 10314 Applewood court		Address:			
City: Munster	State: IN	ZIP: 46321	City:	State:	ZIP:
Contact: Antonios Yiaras	Telephone: 219-670-2912		Contact:	Telephone:	
E-mail: dvjestica@theharbargroup.com		E-mail:			
IN License Number: 19A014940		Expiration: 06-02-2024		IN License Number:	
		Expiration:			
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
V. PROCEDURES / ANALYTICAL METHODS USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIALS					
Licensed asbestos inspector performed pre-demolition survey.					
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.)					
Surface Area (Sq. Ft.)					
Total Volume (Cu. Ft.)					
Total amount on or off all facility components where length or area could not be measured previously	0	0	0	0	0
VII. SCHEDULED DATE OF STRIPPING / REMOVAL		Start (mm/dd/yy):		End (mm/dd/yy):	
VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION					
Renovation	Start (mm/dd/yy):	End (mm/dd/yy):			
Demolition	Start (mm/dd/yy): 12/31/24	End (mm/dd/yy): 1/30/25			
IX. FACILITY DESCRIPTION					
Building Name:					
Street Address: 4834 Kennedy Ave.					
City: East Chicago		State: IN		County: Lake	
Location of removal within building (including floor and room numbers):					
Building Size (Sq. Ft.): 692 Sq Ft		Number of Floors: 2		Age / Year Built: 92 Yrs Old / 1932	
Present Use: Vacant			Prior Use: Residential		

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

Demolition will be done by hand. Debris will be transported to licensed transfer station.

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

Water will be used during demolition to prevent emissions.

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, isolate areas, determine if suspected material is actually RACM, and notify appropriate agencies. Contact licensed asbestos contractor to remove all ACM prior to continuation of demolition.

XIII. ASBESTOS WASTE TRANSPORTER

Name:		
Address:		
City:	State:	ZIP:
Contact:	Telephone:	
E-mail:		

XIV. ASBESTOS WASTE DISPOSAL SITE

Name:		
Address:		
City:	State:	ZIP:
Contact:	Telephone:	
E-mail:		

XV. ORDER DEMOLITIONS

Agency Name:		Date Ordered Demolition to Begin (mm/dd/yy):	
Contact:	Title:	Telephone:	E-mail:
Regulatory Authority:		Date of Order (mm/dd/yy):	

XVI. EMERGENCY RENOVATIONS

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:	

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>Fred Cox</i>	Date (mm/dd/yy): 3/14/2024	E-mail: fred@actincontracting.com
Owner / operator (Signature)		
Operator..... Fred Cox	Title: Demolition Coordinator	
Owner / operator (Printed)		