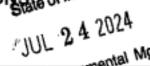


## NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS Received State Form 44593 (R4 / 10-18) INDIANA DEPARTMENT OF ENVIRONMENTAL AND RENOVATION OPERATIONS RECEIVED IN INDIANA DEPARTMENT OF ENVIRONMENTAL AND RENOVATION OPERATIONS.

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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29	9	44	ι

I. TYPE OF NOTIFICATION (ch	eck one):	☐ Origina	al .	☑ Revised		end of the left	Air Quasis	☐ Courtesy	
II. FACILITY INFORMATION	West a				A TANK THE	Office 1		Committee Cons	
Owner / Operator: City of East Ch	icago								
Address: 4525 Indianapolis Blvd			City: East Ch	nicago			State: IN	ZIP: 46312	
Contact: James Portalatin	ntact: James Portalatin			219-391-829	4		E-mail: JPo	ortalatin@eastchicago.com	
Asbestos Removal Contractor:	Asbestos Removal Contractor:			ontractor: Acti	in Contracting	g LLC			
Address:			Address: 110	2 E Colunbus	Dr				
City:	State:	ZIP:	City: East Ch	nicago		State: IN		ZIP: 46312	
Contact:	Telephone:		Contact: Free	d Cox			Telephone	hone: 219-397-5020	
E-mail:			E-mail: fred:	@actincontra	acting.com		Maria de la compansión de	NAME AND ADDRESS OF THE OWNER, WHEN	
IN License Number:	Expiration:								
	ereco, Inc		Project Desig	ner: N/A					
Addreas: 54 Michigan Ave			Address:			-			
City; Valpariso	State: IN	ZIP: 46383	City:				State:	ZIP:	
Contact: Devyn Unger	Telephone: 219	9-531-0531	Contact:				Telephone		
E-mail:		25/04	E-mail:			-			
IN License Number: 19A009608	Expiration: 9/2	25/24	IN License N	umber:	SOUTH DESIGNATION	1900年高州 <b>北</b> 地区区	Expiration:		
III. TYPE OF OPERATION				超 在 图 图 图 图 图		ax n W			
	Renovation		Ordered Dem	olition	Emerge	ncy Renovatio	n 📗 [n	tentional Burning	
IV. IS ASBESTOS PRESENT?	☐ Yes	☑ No	<b>"操作"</b> 为"行"	William Co.	10000000000000000000000000000000000000	TO HE STATE	<b>使用的</b>		
V. PROCEDURES / ANALYTIC			ETECT THE	PRESENCE	AND AMO	UNT OF AS	BESTOS N	MATERIALS	
Licensed asbestos inspector perform									
VI. APPROXIMATE AMOUNT (			OVED AND	OR NOT TO	BE REMO	VED			
	Regulated ACM to removed		able Asbestos	Material to be	removed	Nonfriable A	sbestos Mat	erial NOT to be removed	
		Ca	ategory 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	۱ ۲	,	0		0	
VII. SCHEDULED DATE OF ST	RIPPING / REA	MOVAL Str	art (mm/dd/yy):	I	End (mm	(ddhod)			
VIII. SCHEDULED DATES OF				430	End (mm	ouryy).			
Renovation Start (mm/s		End (mm		Maria Caracana de					
				24					
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									
294786 CS+ 2	.4300	, ~	Page 1 o	of 2	df)	i	1	inscott	
LOC 1	SOL	2		1	U.J.	1			

X. DESCRIPTION OF PLANNED DEM FACILITY COMPONENTS AND TYPE				QUES TO BE USE	D, AFFECTED			
Hydraulic Excavator will be used to disman Excavator will load debris onto trucks wood		crete hauled aw	ay		1800			
VI DESCRIPTION OF WORK PRACT	IOEO AND EN	ODJECTIVO O						
XI. DESCRIPTION OF WORK PRACT AT THE SITE; INCLUDING ASBESTO ASBESTOS MATERIAL FROM BECO	S STRIPPING	, REMOVAL A	AND WASTE HANDLING PR	OCEDURES TO P	REVENT NONFRIABLE			
Crew will adequately wet the material for de			ONOR OF THE FROND		1200 1202000000000000000000000000000000			
. ,	•							
XII. DESCRIPTION OF PROCEDURES NONFRIABLE ASBESTOS MATERIA	L BECOMES	CRUMBLED, I	PULVERIZED, OR REDUCED	TO POWDER				
Stop work, isolate areas, determine if suspe all ACM prior to continuation of demolition.	ected material is	actually RACM,	and notify appropriate agencies.	Contact licensed asbe	estos contractor to remove			
XIII. ASBESTOS WASTE TRANSPOR	TER		XIV. ASBESTOS WASTE	ISPOSAL SITE				
Name:			Name:					
Address:		1	Address:					
City:	State:	ZIP:	City:	State:	ZIP:			
Contact:	Telephone:		Contact:					
E-mail:			E-mail:					
XV. ORDERD DEMOLITIONS								
Agency Name:			Date Ordered Demolition to Be	gin (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.								
Fred Cox			Date (mm/dd/yy): 7/24/24	E-mail: fred@actin	contracting.com			
Owner / operator (Signature)								
Operator Fred Cox	Title: Demolition Coordinator	itle: 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 NOTIFICA	TION (che	eck one):	120	Origina	el		Revise	d	☐ Canceled	1		Courtesy
II. FACILITY INFORM	ATION											
Owner / Operator: City of East Chicago												
Address: 4525 Indianapolis Blvd				City: East (	Chicago				State:	IN	ZIP: 46312	
Contact: James Portals	atin				Telephone:	219-3	91-82	94		E-mai	: JPortalati	n@eastchicago.com
Asbestos Removal Contr	actor:					Demolition Contractor: Actin Contracting LLC						
Address:						Address: 1102 E Columbus Dr						
City:		State:	ZIP:		City: East 0	Chicago	,			State: IN ZIP: 4		ZIP: 46312
Contact:		Telephone:			Contact: Fr	ed Cox				Telephone: 219-397-5020		
E-mail:					E-mail: fre	d@act	incont	tracting.com				
IN License Number:		Expiration:										
Licensed Asbestos Inspector:	The	Harbor Group	Inc.		Project Des	signer: 1	N/A					
Address: 10314 Applewo	od court				Address:							
City: Munster		State: IN	ZIP: 46	321	City:					State:		ZIP:
Contact: Antonios Yiara	as	Telephone: 21	9-670-29	12	Contact:					Telep	hone:	
E-mail: dvjestica@thehar	rborgroup.c				E-mail:							
IN License Number: 19A	014940	Expiration: 06	8-02-202	24	IN License	Numbe	r.			Expira	ation:	
III. TYPE OF OPERAT	TION									, 2 K		1977 6 18
☑ Demolition		Renovation			Ordered Der	molition		☐ Emerge	ency Renovation	on	☐ Intentio	nal Burning
IV. IS ASBESTOS PR	ESENT?	☐ Yes	☑ No									
V. PROCEDURES / A	NALYTIC	AL METHODS	USED	TO D	ETECT THE	PRE	SENC	E AND AMO	OUNT OF AS	BEST	OS MATE	RIALS
Licensed asbestos inspe	ctor perfor	ned pre-demoliti	on survey	1-								
VI. APPROXIMATE A	MOUNT	OF ASBESTOS	з то ве	REM	OVED AND	O/OR N	ют т	O BE REMO	VED			
		Regulated ACM removed	to be	Nonfr	iable Asbesto	ne Mate	rial to	he removed	Nonfriable A	sheetne	Material I	NOT to be removed
		10110700	$\neg$		ategory I			egory II	Catego			
Pipes (Ln. Ft.)			$\neg$		atogo: y :	$\top$		ogory ii	Jaiogo	.,.		00.050.7
Surface Area (Sq. Ft.)						_						
Total Volume (Cu. Ft.)									<u> </u>		1	
Total amount on or off al						1					1	
components where lengt area could not be measu		0			0			0	0			0
previously				_							THE SALE OF SALE	
VII. SCHEDULED DA	TE OF ST	RIPPING / RE	MOVAL	St	art (mm/dd/yy)	10000000	(1913 Sales)	End (mm	v/dd/yy):	Programmer Co.		
VIII. SCHEDULED DA	ATES OF	RENOVATION	/ DEMC	LITIC	ON							
	Start (mm/c				n/dd/yy);		- 1					
Demolition	Start (mm/c	id/yy): 12/31/24	E	nd (mn	n/dd/yy): 1/30	/25						
IX. FACILITY DESCR	RIPTION											
Building Name:												
Street Address: 4834 Kennedy Ave.												
City: East Chicago State: IN County: Lake Location of removal within building												
Location of removal with (including floor and room												
Building Size (Sq. Ft.):	92 Sq Ft			Nun	nber of Floors	: 2		Age / Year B	uilt: 92 Yrs O	ld / 193	32	
Present Use: Vacant	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 transf	er station.					
XI. DESCRIPTION OF WORK PRACT	ICES AND EN	GINEERING C	ONTROLS TO BE USED TO	PREVENT EMISS	ONS OF ASBESTOS			
AT THE SITE; INCLUDING ASBESTO	S STRIPPING	, REMOVAL A	ND WASTE HANDLING PRO					
ASBESTOS MATERIAL FROM BECO Water will be used during demolition to prev		E IN THE CO	URSE OF THE PROJECT					
	rrater will be used during demolition to prevent emissions.							
XII. DESCRIPTION OF PROCEDURES NONFRIABLE ASBESTOS MATERIA					OR PREVIOUSLY			
Stop work, isolate areas, determine if suspe					stos 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:	ZÎP:	City:	State:	ZIP:			
Contact:	Telephone:		Contact:					
E-mail:			E-mail:					
XV. ORDERD DEMOLITIONS								
Agency Name:								
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:								
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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.								
Fred Cox Date (mm/dd/yy): 3/14/2024 E-mail: fred@actincontracting.com								
Owner / operator (Signature)								
Operator Fred Cox Title: Demolition Coordinator								
Owner / operator (Printed)								