



NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

State Form 44593 (R4 / 10-18)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Received
State of Indiana

JUL 26 2024

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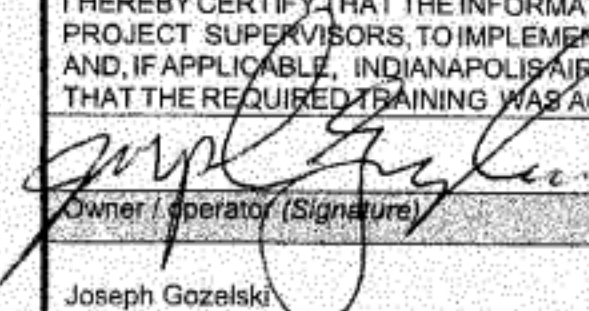
Environmental Mgmt
Office of Air Quality

I. TYPE OF NOTIFICATION (check one):		<input type="checkbox"/> Original	<input checked="" type="checkbox"/> Revised	<input type="checkbox"/> Cancel	<input type="checkbox"/> Courtesy
II. FACILITY INFORMATION					
Owner / Operator: City of South Bend					
Address: 227 W. Jefferson Blvd		City: South Bend		State: IN	ZIP: 46601
Contact: Craig Sharpe		Telephone: (574) 235-5997		E-mail: csharpe@southbendin.gov	
Asbestos Removal Contractor: West Milwaukee Recycling, LLC			Demolition Contractor: The MRD Group, Inc.		
Address: 4777 West Lincoln Ave.			Address: 4777 West Lincoln Ave.		
City: West Milwaukee	State: WI	ZIP: 53219	City: West Milwaukee	State: WI	ZIP: 53219
Contact: Joseph Gozelski		Telephone: (414) 399-0377		Contact: Joseph Gozelski	
E-mail: gozelski@themrdgroup.net		E-mail: gozelski@themrdgroup.net			
IN License Number: 19A014775		Expiration: 4/6/2025			
Licensed Asbestos Inspector: Leah Simon (August Mack)			Project Designer: Not Applicable		
Address: 1302 North Meridian Street, Suite 300			Address:		
City: Indianapolis	State: IN	ZIP: 46202	City:	State:	ZIP:
Contact: Leah Simon		Telephone: (317) 916-3155		Contact:	
E-mail: lsimon@augustmack.com			E-mail:		
IN License Number: 19A013661		Expiration: 3/16/2025			
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					
Asbestos Inspection completed on March 4-20, 2024 and April 30, 2024 by August Mack Environmental; Samples analyzed using EPA approved PLM method					
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.)	2951	0	0	0	0
Surface Area (Sq. Ft.)	160	18,330	0	0	0
Total Volume (Cu. Ft.)	55	0	0	0	0
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): 07/29/2024		End (mm/dd/yy): 08/30/2024	
VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION					
Renovation	Start (mm/dd/yy): 07/15/24	End (mm/dd/yy): 08/30/24			
Demolition	Start (mm/dd/yy): 09/03/24	End (mm/dd/yy): 12/20/24			
IX. FACILITY DESCRIPTION					
Building Name: Former Beacon Health - Medical Foundation					
Street Address: 531 N. Main Street					
City: South Bend			State: IN	County: St. Joseph	
Location of removal within building (including floor and room numbers): Throughout Building (see attached report)					
Building Size (Sq. Ft.): 75,083		Number of Floors: 2-7		Age / Year Built: 1935 thru 2000 (10 additions/renovation)	
Present Use: Vacant			Prior Use: Medical		

298843 CST 55872
Loc 1 Seq 2

3rd Q24

John A.

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIAL REMOVED					
Complete demolition of the former Beacon Health Medical Foundation Building. Removal of asbestos containing materials (ACM) and non-ACM materials which are not suitable for recycling followed by mass building demolition. Mass building demolition will include systematic and safe removal of structural members with waste identification for segregation of roofing, steel, clean hard fill. Clean hard fill and steel will be recycled to minimize landfill requirements.					
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					
All removal of asbestos containing materials will be performed within a containment constructed of 6-mil poly utilizing a three-stage decontamination chamber. Containment will utilize negative air HEPA filtration maintaining a minimum of four air changes per hour to prevent emissions of asbestos fibers. Materials will be removed with wet methods and containerized / manifested / disposed of in an Indiana licensed landfill certified to accept asbestos waste.					
XII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER					
Any materials suspected of containing asbestos that were not identified by the previous inspection and are discovered during demolition activities will cause work to stop with notification to the asbestos inspector. Suspected ACM will be removed by certified asbestos handlers utilizing wet methods. All materials impacted by damaged ACM will be treated and disposed as asbestos containing materials.					
XIII. ASBESTOS WASTE TRANSPORTER			XIV. ASBESTOS WASTE DISPOSAL SITE		
Name: Waste Management - Prairie View			Name: Waste Management - Prairie View Landfill		
Address: 15505 Shively Rd.			Address: 15505 Shively Rd.		
City: Wyatt	State: IN	ZIP: 46595	City: Wyatt	State: IN	ZIP: 46595
Contact: Phil Bonifer	Telephone: (574) 301 - 6021		Contact: Phil Bonifer		
E-mail: pbonifer@wm.com			E-mail: pbonifer@wm.com		
XV. ORDER DEMOLITIONS					
Agency Name: Not Applicable			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:					
Not Applicable					
Explanation of how the event caused unsafe conditions or would cause equipment damage:					
Not Applicable					
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.					
 Owner / operator (Signature)			Date (mm/dd/yy): 07/26/24	E-mail: gozelski@themrdgroup.net	
Joseph Gozelski			Title: Senior Project Manager		
Owner / operator (Printed)					