



NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

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

Received
State of Indiana

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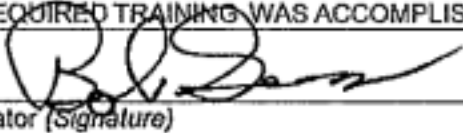
Dept of Environmental Mgmt
Office of Air Quality

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: AT&T					
Address: 1200 Peachtree Street		City: Atlanta		State: GA	ZIP: 30309
Contact: Nigel Downtown		Telephone: 317.265.4403		E-mail: nd2147@att.com	
Asbestos Removal Contractor: DELTA Services, Inc.			Demolition Contractor: N/A		
Address: 3220 North Shadeland Avenue			Address:		
City: Indianapolis	State: IN	ZIP: 46226	City:	State:	ZIP:
Contact: Robert Seamon	Telephone: 317.791.6653		Contact:	Telephone:	
E-mail: bseamon@deltaservicesinc.com			E-mail:		
IN License Number: 195306042	Expiration: 4/4/2025				
Licensed Asbestos Inspector: Robert Seamon			Project Designer: N/A		
Address: 3220 North Shadeland Avenue			Address:		
City: Indianapolis	State: IN	ZIP: 46226	City:	State:	ZIP:
Contact: Robert Seamon	Telephone: 317.791.6653		Contact:	Telephone:	
E-mail: bseamon@deltaservicesinc.com			E-mail:		
IN License Number: 19A005956	Expiration: 11/01/2024		IN License Number:	Expiration:	
III. TYPE OF OPERATION					
<input type="checkbox"/> Demolition	<input checked="" 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 Sampling/PLM Analysis 600P 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.)					
Surface Area (Sq. Ft.)	2150 Sq. Ft.				
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): 9-9-2024		End (mm/dd/yy): 10-30-2024	
VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION					
Renovation	Start (mm/dd/yy): 9-9-2024	End (mm/dd/yy): 10-30-2024			
Demolition	Start (mm/dd/yy):	End (mm/dd/yy):			
IX. FACILITY DESCRIPTION					
Building Name: AT&T 240 Building					
Street Address: 240 North Meridian Street					
City: Indianapolis			State: Indiana	County: Marion	
Location of removal within building (including floor and room numbers):		Room 1779 17th Floor			
Building Size (Sq. Ft.): 1,500,000		Number of Floors: 20	Age / Year Built: 1950		
Present Use: Office			Prior Use: Office		

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X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIAL REMOVED			
Negative Pressure/Containment/Wet Removal techniques will be utilized to prevent fibers from being released if cracking, breaking, crumbling or other damage should occur during abatement. Removal and disposal of asbestos containing material to allow renovation of the building.			
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			
Restrict area, post warning signs, employ pressure differential containment and use wet removal techniques. Waste will be placed in 6mil poly or containers, sealed, labeled, and loaded onto waste transport vehicle.			
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, secure area, wet material, use accredited personnel. Revise work practices, notify owner and regulatory agencies when applicable.			
XIII. ASBESTOS WASTE TRANSPORTER		XIV. ASBESTOS WASTE DISPOSAL SITE	
Name: Construction Waste		Name: Twin Bridges Security Landfill	
Address: 935 West Troy Avenue		Address: 124 East Twin Bridges Road	
City: Indianapolis	State: IN	ZIP: 46225	City: Danville
			State: IN
			ZIP: 46122
Contact: Brian Smith	Telephone: 317.783.1500	Contact: Brian Smith	
E-mail: bsmith@callcw.com		E-mail: bsmith@callcw.com	
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.			
		Date (mm/dd/yy): 08/20/2024	E-mail: bseamon@deltaservicesinc.com
Owner / operator (Signature)			
Bob Seamon		Title: Project Manager	
Owner / operator (Printed)			

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