

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



SITE INFORMATION	
SITE NAME/DESCRIPTION	Vacant Commercial Property
SITE LOCATION	214 Saint Joseph Street, Elkhart, Indiana Elkhart County

NOTIFICATION INFORMATION			
NOTIFICATION RECEIVED	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ORIGINAL DATE RECEIVED: 12/28/2024	
STRIPPING/REMOVAL DATES	N/A	DEMOLITION DATES	1/16/2025 to 2/04/2025
CONTRACTOR INFORMATION	Chuck Pelley, Pelley Excavating, 1990 Progressive Drive, Niles, Michigan 49120, pelleyexc@aol.com		
OWNER INFORMATION	Jacob Wolgamood, City of Elkhart, 229 South 2nd Street, Elkhart, Indiana 46516, jacob.wolgamood@coei.org		

INSPECTION INFORMATION			
INSPECTED BY	John Alexander <i>JAC</i>		
INSPECTION DATE AND TIME	January 16, 2025 <i>JAC</i>	TIME IN: 11:35 am	TIME OUT: 11:40 am
REPORTED BY	John Alexander	REPORT DATE: 1/17/2025	
INSPECTION OBJECTIVE(S)	<input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Ordered Demolition <input type="checkbox"/> Other:		
ACES TRACKING NUMBER(S)	Notification/General Inspection: 305266		
	Complaint:	Violation/Warning:	
RM TRACKING NUMBER(S)	Complaint:		
PROJECT STATUS	The demolition project had started and was ongoing.		

PERSONNEL INTERVIEWED				
Name	Company	Title	Phone Number	Email Address
Chuck Pelley	Pelley Excavating	Owner	269-683-2947	pelleyexc@aol.com

OBSERVATIONS			
GENERAL SITE OBSERVATIONS			
Description of area(s) inspected and location of material(s): Upon arrival at the demolition site, I observed Chuck Pelley operating an excavator to demolish the vacant commercial building. Mr. Pelley paused the demolition, and I entered and checked the demolition area. I did not observe any suspect asbestos containing material or debris.			
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
ABATEMENT			
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	linear feet cubic feet	square feet % 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	
ISOLATION			
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
ASBESTOS WASTE HANDLING			
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
CLEANING			
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
STORAGE			
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
ASBESTOS WASTE DISPOSAL			
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			
ACM AMOUNTS			
If violation(s) noted, estimated amount of ACM involved:			
ADDITIONAL COMMENTS			
None			

SAMPLE INFORMATION					
Sample ID	Photo No.	Sample Location/Description	Chain of Custody Complete	Sent to Lab	Results
N/A			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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	I explained my findings, recommendations, and conclusions with chuck Pelley prior to exiting the site.

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

ORIGINAL COPY



NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

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IV A FAI (check one)		<input checked="" type="checkbox"/> Original	T	<input type="checkbox"/> Cancelled
S NOELIMFAIF				
R		779		
Address		City: elkhart		
City		M	ZIP	
Telephone		E-mail: pelley@ic@aol.com		
Address		Address: 1990 progressive drive		
City		M	ZIP	40120
Telephone		Telephone: 269-214-8062		
R		State: IN		
Telephone:		City: M		
R		E		
I F		E		
VC A ACIFIEAF				
E D FDCDAD				
IAO FFFLVIEOFICT DCI IA I C FFI FIAFI A FD IFTC				
E NTAENIC NIA A ND IA C TCIA C FF FAI TA I				
Pipes (Ln Ft)		Columns: 1		
Total Volume (Cu. Ft.)		R R or R		
E D IF A IIE I		M (mm/dd/yy)		
S DO FT A ICFAFTEA ICIA		Renovation Start (mm/dd/yy): (mm/dd/yy): (mm/dd/yy): 01/30/20 25		
EN CMOII				
M				
City: elkhart		M O		
Location of removal within building (including floor and room numbers):		Complete		
(Sq. Ft.)		pors: 1		

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

complete demolition using heavy equipment and dump trucks

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

wet demolition spray water

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

stop work wet material, contact asbestos contractor, notify

XIII. ASBESTOS WASTE TRANSPORTER

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

XIV. ASBESTOS WASTE DISPOSAL SITE

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

XV. ORDER DEMOLITIONS


Agency Name: _____ Date Ordered Demolition to Begin (mm/dd/yy): _____
 Contact: _____ Title: _____ Telephone: _____ E-mail: _____
 Regulator 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 326 IAC 14-10-40 CFR PART 61, SUBPART LL 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): 12/16/2024 E-mail: pelleyrc@ant.com
 Owner / operator (Signature)
 Charles L. Pelley Title: owner
 Owner / operator (Printed)



NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

revised copy

<input type="checkbox"/> (check one)		<input type="checkbox"/>		<input type="checkbox"/>	
State:		State: mi		Contact: chuck pelloy	
Address:		City:		Zip:	
Phone:		Fax:		E-mail:	
Project Name:		Property Address:		Parcel ID:	
Owner Name:		Owner Address:		Owner Phone:	
Demolition/ Renovation Start Date:		Demolition/ Renovation End Date:		Estimated Completion Date:	
Reason for Demolition/ Renovation:		Estimated Asbestos Present:		Estimated Lead Present:	

IV. IS ASBESTOS PRESENT?

V. PROCEDURES / ANALYTICAL METHODS USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIALS

VI. APPROXIMATE AMOUNT OF ASBESTOS TO BE REMOVED AND/OR NOT TO BE REMOVED

Location	Asbestos Present (mm/d)	Lead Present (mm/d)
Fl.		
(Sq. Ft.)		
(Cu. Ft.)		
Previously		

Date:	Time:
Signature:	Title:

IX. FACILITY DESCRIPTION

Facility Name:	Address:
City:	State:
Zip:	Phone:
Description:	Other:

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

complete demolition using heavy equipment and dump trucks

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stop work wet material, contact asbestos contractor, renotify

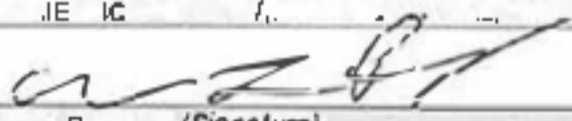
XIII. ASBESTOS WASTE TRANSPORTER		XIV. ASBESTOS WASTE DISPOSAL SITE	
Name:		Name:	
Address:		Address:	
.L	.E	.L	.E
Contact:	Telephone:	.B	E-mail:
E-mail:		E-mail:	

XV. ORDER DEMOLITIONS

Date Ordered Demolition to Begin (mm/dd/yy):	
Contact:	Telephone: E-mail:
.L	Date of Order (mm/dd/yy):

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Description of sudden, unexpected event:	
Explanation of how the event caused unsafe conditions or would cause equipment damage:	

AA	IU	XA	E
, TH, H .E., /C., .CE . . /D. . . .E .AU /C., .LIT .LT L. . K.A. L. . F., .C., .L., F., LCD, T., . . D. G G . V.I. .FIF., T .VFJ., .U., .L., .L.; L.SF .Y .L.; .RIZ .TAS C C .LY .IE IC . .R .LTK IH Z, KQIKR Q. IE, YA.H.F.,S . WAS I			
 B (Signature)		; (mm/dd/yy): GOODGD C I	
Charles L. Pelley B (Printed)		Title: ●WRUR	