



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

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Mike Braun
Governor

Clint Woods
Commissioner

February 11, 2025

VIA ELECTRONIC MAIL

Ms. Suzanne Borges
Denney Excavating, Inc.
2050 South Harding Street
Indianapolis, IN 46221
sborges@denneyex.com

Re: Inspection Summary Letter
Richmond WWTP Roughing Towers
Richmond, Wayne County

Dear Ms. Suzanne Borges:

On February 5, 2025, a representative of the Indiana Department of Environmental Management (IDEM), Office of Air Quality (OAQ), conducted an inspection of the Richmond WWTP Roughing Towers, located at 2380 Liberty Avenue in Richmond, Indiana to determine compliance with Indiana's asbestos rules. This inspection was conducted pursuant to IC 13-14-2-2. For your information, and in accordance with IC 13-14-5, a summary of the inspection is provided below:

Inspection Type: Routine Demolition/Renovation Project
Inspection Results: No violations were observed

Please direct any questions to me at 317-233-6880 or by email at jcleveng@idem.in.gov

Sincerely,

John Clevenger, Compliance Inspector
Compliance Section 3
Office of Air Quality

ACES ID: 305448

ENCLOSURE

cc: Mr. John Clevenger, Compliance and Enforcement Branch, Office of Air Quality
Ms. Sherri Greer, City of Richmond, 50 North Fifth Street, Richmond, IN 47374,
sgreer@azuria.com

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



SITE INFORMATION	
SITE NAME/DESCRIPTION	Richmond WWTP Roughing Towers
SITE LOCATION	2380 Liberty Avenue, Richmond, Indiana Wayne County

NOTIFICATION INFORMATION			
NOTIFICATION RECEIVED	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ORIGINAL DATE RECEIVED: Unknown	
STRIPPING/REMOVAL DATES	to	DEMOLITION DATES	2/5/2025 to 2/5/2026
CONTRACTOR INFORMATION	Ms. Suzanne Borges, Denney Excavating, Inc., 2050 South Harding Street, Indianapolis, IN 46221, sborges@denneyex.com		
OWNER INFORMATION	Ms. Sherri Greer, City of Richmond, 50 North Fifth Street, Richmond, IN 47374, sgreer@azuria.com		

INSPECTION INFORMATION			
INSPECTED BY	Mr. John Clevenger		
INSPECTION DATE AND TIME	February 5, 2025	TIME IN: 11:15	TIME OUT: 11:35
REPORTED BY	Mr. John Clevenger	REPORT DATE: February 10, 2024	
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: 305448		
	Complaint:	Violation/Warning:	
RM TRACKING NUMBER(S)	Complaint:		
PROJECT STATUS	Demolition of the WWTP roughing towers had been started.		

PERSONNEL INTERVIEWED				
Name	Company	Title	Phone Number	Email Address
Joel Brooks	Denny Excavating	Equipment Operator	Unknown	Unknown

OBSERVATIONS			
GENERAL SITE OBSERVATIONS			
Description of area(s) inspected and location of material(s): Upon arrival at the City of Richmond WWTP roughing Towers, located at 2380 Liberty Avenue in Richmond, I determined that the demolition of the roughing towers had been started. I met with Mr. Joel Brooks, Heavy Equipment Operator with Denney Excavating. Mr. Brooks stated that the demolition of the towers was proceeding nicely with no problems. I checked the demolition debris for suspect asbestos containing debris and none was observed.			
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
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	...	
ADDITIONAL SAMPLING COMMENTS					
None					

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 Mr. Brooks prior to exiting the site.

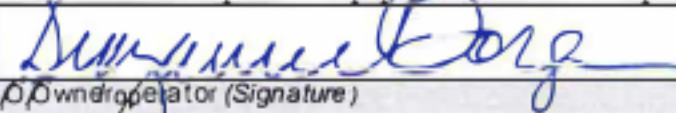
ATTACHMENTS
<input type="checkbox"/> None <input checked="" type="checkbox"/> Notification(s) <input type="checkbox"/> List of licensed personnel <input type="checkbox"/> Other:

**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"/> Cancelled	<input type="checkbox"/> Courtesy
II. FACILITY INFORMATION					
Owner / Operator: City of Richmond					
Address: 50 N 5th Street		City: Richmond		State: Indiana	ZIP: 47374
Contact: Sherri Greer		Telephone: 765-584-8509		E-mail: sgreer@gzuriig.com	
Asbestos Rempygl Contact:		Demolition Contact: Denney Excavating, Inc.			
Address:		Address: 2050 South Harding Street			
City:	State:	ZIP:	City: Indianapolis	State: Indiana	ZIP: 46221
Contact:	Telephone:	Contact: Suzanne Bridges		Telephone: 317-423-0738	
E-mail:		E-mail: sbbridges@denneyex.com			
IN License Number:		Expiration:			
Licensed Asbestos Inspector: Rygn Orzechowicz		Project Designer:			
Address: 1324 East 16th Street		Address:			
City: Indianapolis	State: IN	ZIP: 46202	City:	State:	ZIP:
Contact: Rygn Orzechowicz	Telephone: 888-289-1191	Contact:	Telephone:		
E-mail: rprzechowicz@hegtrigndeny.com		E-mail:			
IN License Number: 19A001542		Expiration: 4/8/25	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					
Samples were analyzed utilizing PLM analysis					
VI. APPROXIMATE AMOUNT OF ASBESTOS TO BE REMOVED AND/OR NOT TO BE REMOVED					
	Regulated ACM to be removed	Non-regulated Asbestos Material to be removed		Non-regulated 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 of asbestos in or on building components where length or greg could not be measured previously					
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): 2/5/25		End (mm/dd/yy): 2/5/26		
IX. FACILITY DESCRIPTION					
Building Name: Richmond WWT P (2 Pumping Towers)					
Street Address: 2380 Liberty Avenue					
City: Richmond		State: Indiana		County: Wayne	
Location of removal within building (including floor and room numbers):					
Building Size (Sq. Ft.): Bp 7,000		Number of Floors: 1, 1		Age	Year Built: 20+
Present Use: Vgcn			Prior Use: Commercial		

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIAL REMOVED			
Demolish and dispose of structure(s) utilizing hydraulic demolition/excavation equipment All Federal, State and Local guidelines will be followed per Owner's specifications			
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			
Maintain water spray dust control - keep material wet during the demolition process Transport all wet and labeled waste to an approved land fill in an enclosed van type truck All Federal, State and Local guidelines will be followed per Owner's specifications			
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			
All work will stop until ACM is properly controlled and notify authorized agencies as required			
XIII. ASBESTOS WASTE TRANSPORTER		XIV. ASBESTOS WASTE DISPOSAL SITE	
Name: N/A		Name: N/A	
Address:		Address:	
City:	State: Z P:	City:	State: Z P:
Contact:	Telephone:	Contact:	
E-mail:		E-mail:	
XV. ORDER DEMOLITIONS			
Agency Name: N/A		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: N/A			
Description of sudden, unexpected event: N/A			
Explanation of how the event caused unsafe conditions or would cause equipment damage: N/A			
XVII. CERTIFICATION STATEMENT AND SIGNATURE BY OWNER / OPERATOR			
I HEREBY CERTIFY THAT THE INFORMATION IS NOT FICTITIOUS AND THAT I WILL ONLY USE UNLICENSED WORKERS AND EMPLOY SUPERVISORS TO IMPLEMENT THE ASBESTOS PROJECT, WHICH HAVE BEEN TRAINED IN 3261AC14.1040 CFR PART 61, SUBPART M; IF APPLICABLE, AND AN APOLUS A R POLLUT ON CONTROL BOARD REGULATION 14. THE TRAINED INDIVIDUAL(S) ALONG WITH THE EVIDENCE THAT THE REQUIRED TRAINING WAS ACCOMPLISHED SHALL BE AVAILABLE AT THE JOBSITE DURING ACTUAL WORKING HOURS.			
 Owner/Operator (Signature)		Date (mm/dd/yy): 1/22/25	E-mail: sborges@denneyex.com
Suzanne Borges		Title: Operations Assistant	
Owner/Operator (Printed)			