

## NOTIFICATION OF DEMOLITION AND RENOVA State Form 44593

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| ON OF DEMOLITION AND RENOVATION  | DEEKA HONG " A MONON |
|----------------------------------|----------------------|
| (R4 / 10-18)                     | State                |
| MENT OF ENVIRONMENTAL MANAGEMENT | 07 202               |
|                                  | 11 1 (-0.            |

INDIANA DEPART Densiting a Quality I. TYPE OF NOTIFICATION (check one): Original ☑ Revised Courtesy II. FACILITY INFORMATION Owner / Operator: Beacon Health System Address: 615 N. Michigan St. City: South Bend ZIP: 46601 State: IN Contact: Don Gee E-mail: dgee@beaconhealthsystem.org Telephone: 574-647-1000 Asbestos Removal Contractor: Safe Environmental Corporation Demolition Contractor: Green Demolition Contractors, Inc. Address: 1006 165th Street Address: 315 Brighton St. Suite 1 City: Hammond State: IN ZIP: 46324 ZIP: 46350 City: LaPorte State: IN Contact: Tyson Lovelace Telephone: 219-922-0844 Contact: Mike Brough Telephone: 312-409-4771 E-mail: Tlovelace@safe-env.com E-mail: mike@greendemolitioninc.com IN License Number: 193721047 Expiration: 05/17/25 Licensed ACM - Casey A Micinski Asbestos Inspector: Project Designer: Address: 26598 US Highway 20 W Address: City: South Bend State: IN ZIP: 46628 City: State: ZIP: Telephone: 574-234-8435 Contact: Casey Micinski Contact: Telephone: E-mail: caseymicinski@acmenv.com E-mail: IN License Number: 192907077 Expiration: 08/19/25 IN License Number: Expiration: III. TYPE OF OPERATION ✓ Demolition Ordered Demolition Renovation ☐ Emergency Renovation Intentional Burning IV. IS ASBESTOS PRESENT? ✓ Yes □ No V. PROCEDURES / ANALYTICAL METHODS USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIALS Bulk Sample - 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.) Surface Area (Sq. Ft.) 400 1200 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): 9/5/24 End (mm/dd/yy): 9/5/24 VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION Renovation Start (mm/dd/yy): End (mm/dd/yy): Start (mm/dd/yy): 9/6/24 End (mm/dd/yy): 9/13/24 Demolition IX. FACILITY DESCRIPTION Building Name: Former Edward Jones Building Street Address: 220 Lincolnway East City: Mishawaka State: IN County: St, Joseph Location of removal within building (including floor and room numbers): reception area and storage closet Building Size (Sq. Ft.): 1200 Number of Floors: 1 Age / Year Built: 50+ Present Use: Vacant Prior Use: Commercial

30250 CS+ 30845.

Page 1 of 2

John H.

| V DESCRIPTION OF DI ANNER DESIGNATION OF   |   |                  |  |  |   |  |  |  |
|--|---|------------------|--|--|---|--|--|--|
| X. DESCRIPTION OF PLANNED DEI<br>FACILITY COMPONENTS AND TYP   | X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIAL REMOVED |                  |  |  |   |  |  |  |
| Removal and disposal of the identified ast   | estos flooring ma   | iterials adhered | to concrete slab prior to demolition   | 1  |   |  |  |  |
|  |   |                  |  |  |   |  |  |  |
| XI. DESCRIPTION OF WORK PRACT<br>AT THE SITE; INCLUDING ASBEST   | os stripping  | REMOVAL .        | AND WASTE HANDLING PRO   | PREVENT EMISS  | IONS OF ASBESTOS<br>REVENT NONFRIABLE                   |  |  |  |
| ASBESTOS MATERIAL FROM BECO  | OMING FRIABI  | LE IN THE CO     | OURSE OF THE PROJECT   |  |   |  |  |  |
| All work will be performed within regulated work area using wet work methods.  |   |                  |  |  |   |  |  |  |
| XII. DESCRIPTION OF PROCEDURE  | S TO BE FOLI  | OWED IN TH       | E EVENT UNEXPECTED ASE   | BESTOS IS FOUN   | O OR PREVIOUSLY   |  |  |  |
| NONFRIABLE ASBESTOS MATERIA  | AL BECOMES  | CRUMBLED,        | PULVERIZED, OR REDUCED   | TO POWDER  |   |  |  |  |
| Stop work, regulate area, contact proper a   | gency (IDEM), cle   | ean using wet w  | ork methods and/or HEPA vacuum   | n, Properly bag and di   | spose of waste  |  |  |  |
|  |   |                  |  |  |   |  |  |  |
| XIII. ASBESTOS WASTE TRANSPOR  | RTER  |                  | XIV. ASBESTOS WASTE D  | ISPOSAL SITE   |   |  |  |  |
| Name: Homewood Disposal  |   |                  | Name: Prairie View Landfill  |  |   |  |  |  |
| Address: 1501 W 175th Street   |   | T                | Address: 15505 Shively Rd.   |  |   |  |  |  |
| City: Homewood   | State: IL   | ZIP: 60430       | City: Wyatt  | State: IN  | ZIP; 46595  |  |  |  |
| Contact: Greg Piersma  | Telephone: 70   | 8-798-1004       | Contact: Office - 547-546-4475   |  |   |  |  |  |
| E-mail: gpiersma@mydisposal.com E-mail: info@wastemanagement.co  |   |                  |  | ent.com  |   |  |  |  |
| XV. ORDERD DEMOLITIONS   |   |                  | 1  |  |   |  |  |  |
| 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   |   |                  | Fargus Strands on the State  | Contract of the Contract of th | and antended a programme and a large                    |  |  |  |
| Date (mm/dd/yy) and Time of Emergency:  Description of sudden, unexpected event:   |   |                  |  |  |   |  |  |  |
| Description of success, unexpected events  |   |                  |  |  |   |  |  |  |
| 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.  |   |                  |  |  |   |  |  |  |
| Typa Janlare   |   |                  | Date (mm/dd/yy): 10/7/2024 E-mail: tlovelace@safe-env.com  |  |   |  |  |  |
| Owner / operator (Signature)   |   |                  |  |  |   |  |  |  |
| Tyson Lovelace   |   |                  | Title: Project Manager   |  |   |  |  |  |
| Owner / operator (Printed)   |   |                  |  |  |   |  |  |  |
|  |   |                  | TOTAL OF THE SHARPS OF THE STATE OF THE STAT | OUR WARRING SECURE SECREPTION (CARROLL VALUE)  | en ale no reduces as also be placed as problem as the D |  |  |  |



NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS State Form 44593 (R4 / 10-18) INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

| I. TYPE OF NOTIFICATION (check  | k one):  | ☑ Origina | al   | Rev       | ised              | ☐ Cancele      | d          | Courtesy                   |
|---|--|-----------|--|-----------|-------------------|----------------|------------|----------------------------|
| II. FACILITY INFORMATION  |  |           |  |           |                   |                |            |                            |
| Owner / Operator: Beacon Health S   | ystem  |           |  |           |                   |                |            |                            |
| Address: 615 N. Michigan St.  |  |           | City: South Bend   |           |                   | State: IN      | ZIP: 46601 |                            |
| Contact: Don Gee  |  |           | Telephone:   | 574-647   | -1000             |                | E-mail: de | gee@beaconhealthsystem.org |
| Asbestos Removal Contractor: Safe E   | Environmental Cor  | poration  | Demolition C   | ontractor | Green Demoli      | tion Contract  | ors, Inc   |                            |
| Address: 1006 165th Street  |  |           | Address: 31  | 5 Brighte | on St. Suite 1    |                |            |                            |
| City: Hammond   | State: IN ZIP  | : 46324   | City: LaPorte  |           |                   |                | State: IN  | ZIP: 46350                 |
| Contact: Tyson Lovelace   | Telephone: 219-92  | 2-0844    | Contact: Mik   | e Broug   | h                 |                | Telephon   | e: 312-409-4771            |
| E-mail: Tlovelace@safe-env.com  |  |           | E-mail: mike   | @green    | demolitioninc.c   | om             |            |                            |
| IN License Number: 193721047  | Expiration: 05/17/2  | 25        | a verdical   |           |                   | BOOK OF        |            |                            |
| Licensed Asbestos Inspector: ACM -  | Casey A Micinsk  | i         | Project Desig  | ner:      |                   |                |            |                            |
| Address: 26598 US Highway 20 W  |  |           | Address:   |           |                   |                |            |                            |
| City: South Bend  | State: IN ZIP  | 46628     | City:  |           |                   |                | State:     | ZIP:                       |
| Contact: Casey Micinski   | Telephone: 574-23  | 4-8435    | Contact:   |           |                   |                | Telephone  | 0:                         |
| E-mail: caseymicinski@acmenv.com  | m  |           | E-mail:  |           |                   |                |            |                            |
| IN License Number: 192907077  | Expiration: 08/19/2  | 25        | IN License No  | ımber:    |                   |                | Expiration | 1                          |
| III. TYPE OF OPERATION  |  |           | Arres Ver  | 190       |                   |                | Section 1  | \$000 (1500)               |
|   | novation   |           | Ordered Demo   | lition    | ☐ Emerge          | ncy Renovatio  | n 🗆        | ntentional Burning         |
| IV. IS ASBESTOS PRESENT?  | ☑ Yes ☐ I  | Vo .      |  | E ALL     | <b>格的智慧的思想和</b> 假 |                |            |                            |
| V. PROCEDURES / ANALYTICAL  | METHODS USE  | D TO DE   | TECT THE F   | PRESEN    | ICE AND AMO       | UNT OF AS      | BESTOS     | MATERIALS                  |
| Bulk Sample - PLM Method  |  |           |  |           |                   | *****          |            |                            |
| VI. APPROXIMATE AMOUNT OF   | ASBESTOS TO  | BE REM    | OVED AND/O   | OR NOT    | TO BE REMO        | VED            |            |                            |
| Re  |  | 1         |  |           |                   |                |            |                            |
|   | removed  |           | friable Asbestos Material to be removed Nonfriable Asbestos Material NOT to be<br>Category I Category II Category I Category |           |                   |                |            |                            |
| Pipes (Ln. Ft.)   |  |           | tegury i   |           | ategory II        | Categor        | y 1        | Category II                |
| Surface Area (Sq. Ft.)  |  |           | 400  |           |                   | 1200           |            |                            |
| Total Volume (Cu. Ft.)  |  | <b></b>   |  | -         |                   |                |            |                            |
| Total amount on or off all facility   |  | -         |  |           |                   |                |            |                            |
| components where length or<br>area could not be measured  |  |           | ĺ  |           |                   |                |            |                            |
| previously  |  | <u> </u>  |  |           |                   |                |            |                            |
| VII. SCHEDULED DATE OF STRI   | PPING / REMOVA   | AL Sta    | rt (mm/dd/yy); 9   |           | End (mm/          | dd/yy): 9/5/24 | 22         | Julius Ville               |
| VIII. SCHEDULED DATES OF RE   | NOVATION / DE  | MOLITIO   | N  |           |                   |                | or year    |                            |
| Renovation Start (mm/dd/y)  | y): 9/6/24   | End (mm/  | dd/yy): 9/13/24  | 1         |                   | 33             |            |                            |
| Demolition Start (mm/dd/y)  | Andrew Control of the | End (mm/  | dd/yy):  |           |                   |                |            |                            |
| IX. FACILITY DESCRIPTION  |  |           |  |           |                   |                |            |                            |
| Building Name: Former Edward Jones Building   |  |           |  |           |                   |                |            |                            |
| Street Address: 220 Lincolnway East   |  |           |  |           |                   |                |            |                            |
| City: Mishawaka State: IN County: St, Joseph  |  |           |  |           | Joseph            |                |            |                            |
| Location of removal within building (including floor and room numbers): reception area and storage closet |  |           |  |           |                   |                |            |                            |
| Building Size (Sq. Ft.): 1200   |  | Numb      | er of Floors: 1  |           | Age / Year Bui    | lt: 50+        |            |                            |
| Present Use: Vacant Prior Use: Commercial   |  |           |  |           |                   |                |            |                            |

| V BEGGETSTON   |   |                  |   |                                     |   |  |  |  |
|--|---|------------------|---|-------------------------------------|---|--|--|--|
| X. DESCRIPTION OF PLANNED DEI<br>FACILITY COMPONENTS AND TYP   | X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIAL REMOVED |                  |   |                                     |   |  |  |  |
| Removal and disposal of the identified ast   | estos flooring ma   | aterials adhered | to concrete slab prior to demol               | lition                              |   |  |  |  |
| VI PEGGETERION OF MICH.  |   |                  |   |                                     |   |  |  |  |
| XI. DESCRIPTION OF WORK PRACT<br>AT THE SITE; INCLUDING ASBEST<br>ASBESTOS MATERIAL FROM BECO  | OS STRIPPING  | 6, REMOVAL       | AND WASTE HANDLING F                          | TO PREVENT EMIS:<br>PROCEDURES TO P | SIONS OF ASBESTOS<br>REVENT NONFRIABLE  |  |  |  |
| All work will be performed within regulated  | work area using   | wet work metho   | ods.  |                                     |   |  |  |  |
| XII. DESCRIPTION OF PROCEDURE<br>NONFRIABLE ASBESTOS MATERIA   | S TO BE FOLL  | OWED IN TH       | IE EVENT UNEXPECTED A<br>PULVERIZED, OR REDUC | ASBESTOS IS FOUN                    | ID OR PREVIOUSLY  |  |  |  |
| Stop work, regulate area, contact proper a   |   |                  |   |                                     | fispose of waste  |  |  |  |
| XIII. ASBESTOS WASTE TRANSPOR  | RTER  |                  | XIV. ASBESTOS WASTE                           | DISPOSAL SITE                       |   |  |  |  |
| Name: Homewood Disposal  |   |                  | Name: Prairie View Landfill                   |                                     |   |  |  |  |
| Address: 1501 W 175th Street   |   |                  | Address: 15505 Shively Rd.                    |                                     |   |  |  |  |
| City: Homewood   | State: IL   | ZIP: 60430       | City: Wyatt                                   | State: IN                           | ZIP: 46595  |  |  |  |
| Contact: Greg Piersma  | Telephone: 70   | 8-798-1004       | Contact: Office - 547-546-4475                |                                     |   |  |  |  |
| E-mail: gpiersma@mydisposal.com  |   |                  | E-mail: info@wastemanagement.com              |                                     |   |  |  |  |
| XV. ORDERD DEMOLITIONS   |   |                  |   |                                     |   |  |  |  |
| Agency Name:   |   |                  | Date Ordered Demolition to E                  | 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 INDIVIDIDAL (S) ALONG WITH EVIDENCE  |   |                  |   |                                     |   |  |  |  |
| THAT THE REQUIRED TRAINING WAS ACCOMPLISHED SHALL BE AVAILABLE AT THE JOB SITE DURING ACTUAL WORKING HOURS.  |   |                  |   |                                     |   |  |  |  |
| Supar Soular   |   |                  | Date (mm/dd/yy): 8/22/24                      | E-mail: tlovelace@s                 | safe-env.com  |  |  |  |
| Owner / perator (Signature)  |   |                  |   |                                     |   |  |  |  |
| Tyson Lovelace   |   |                  | Title: Project Manager                        |                                     |   |  |  |  |
| Owner / operator (Printed)   |   |                  |   |                                     |   |  |  |  |
|  |   |                  |   |                                     | The artist of the state of the |  |  |  |