



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

Received
State of Indiana

OCT 07 2024

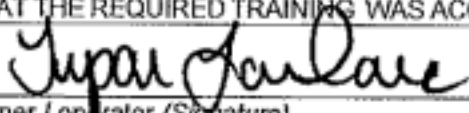
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I. TYPE OF NOTIFICATION (check one):		<input type="checkbox"/> Original	<input checked="" type="checkbox"/> Revised	<input type="checkbox"/> Environmental Mgmt	<input type="checkbox"/> Courtesy
II. FACILITY INFORMATION					
Owner / Operator: Beacon Health System					
Address: 615 N. Michigan St.		City: South Bend		State: IN	ZIP: 46601
Contact: Don Gee		Telephone: 574-647-1000		E-mail: dgee@beaconhealthsystem.org	
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	City: LaPorte	State: IN	ZIP: 46350
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 Asbestos Inspector: ACM - Casey A Micinski			Project Designer:		
Address: 26598 US Highway 20 W			Address:		
City: South Bend	State: IN	ZIP: 46628	City:	State:	ZIP:
Contact: Casey Micinski	Telephone: 574-234-8435		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					
<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					
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):			
Demolition	Start (mm/dd/yy): 9/6/24	End (mm/dd/yy): 9/13/24			
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			

302380 CST 30845
Loc 3 Seq 3

4th Q24

John A.


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 asbestos flooring materials adhered to concrete slab prior to demolition			
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 work will be performed within regulated work area using wet work methods.			
XII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLD, PULVERIZED, OR REDUCED TO POWDER			
Stop work, regulate area, contact proper agency (IDEM), clean using wet work methods and/or HEPA vacuum, Properly bag and dispose of waste			
XIII. ASBESTOS WASTE TRANSPORTER		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
Contact: Greg Piersma	Telephone: 708-798-1004	State: IN	
E-mail: gpiersma@mydisposal.com		ZIP: 46595	
		Contact: Office - 547-546-4475	
		E-mail: info@wastemanagement.com	
XV. ORDER 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 328 IAC 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): 10/7/2024	E-mail: tlovelace@safe-env.com
Tyson Lovelace		Title: Project Manager	
Owner / operator (Printed)			

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		Date (mm/dd/yy): 8/22/24	E-mail: tllovelace@safe-env.com
Owner / Operator (Signature)			
Tyson Lovelace		Title: Project Manager	
Owner / operator (Printed)			