



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

Received
State of Indiana

OCT 29 2024
Dept of Environmental Mgmt
Office of Air Quality

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I. TYPE OF NOTIFICATION (check one):		<input type="checkbox"/> Original	<input checked="" type="checkbox"/> Revised	<input type="checkbox"/> Canceled	<input type="checkbox"/> Courtesy
II. FACILITY INFORMATION					
Owner / Operator: Midwest Signs					
Address: 8560 E. 30th Street Suite A		City: Indianapolis		State: IN	ZIP: 46219
Contact: Ron Courtney		Telephone: 317-800-6500		E-mail: roncourtney@midwestsigns.com	
Asbestos Removal Contractor:		Demolition Contractor: Dorsey Paving			
Address:		Address: 2102 S. Harding Street			
City:	State:	ZIP:	City: Indianapolis	State: IN	ZIP: 46221
Contact:	Telephone:		Contact: Brian Speer	Telephone: 317-638-9326	
E-mail:		E-mail: bethdorsey@dorseypaving.com			
IN License Number:		Expiration:			
Licensed Asbestos Inspector: C. Brian Speer		Project Designer:			
Address: 2102 S. Harding Street		Address:			
City: Indianapolis	State: IN	ZIP: 46221	City:	State:	ZIP:
Contact: Brian Speer	Telephone: 317-627-2874		Contact:	Telephone:	
E-mail: brianspeer@dorseypaving.com		E-mail:			
IN License Number: 191003052		Expiration: 7-23-24		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 type="checkbox"/> No					
V. PROCEDURES / ANALYTICAL METHODS USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIALS					
Due to fire, inspector to be on site during first phases of demolition.					
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.)					
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):		End (mm/dd/yy):	
VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION					
Renovation	Start (mm/dd/yy):	End (mm/dd/yy):			
Demolition	Start (mm/dd/yy): 11-14-24	End (mm/dd/yy): 12-14-24			
IX. FACILITY DESCRIPTION					
Building Name: Schmidt Automotive					
Street Address: 8560 E. 30th Street, Suite B					
City: Indianapolis		State: IN		County: Marion	
Location of removal within building (including floor and room numbers):					
Building Size (Sq. Ft.): 6000		Number of Floors: 1		Age / Year Built: 30 years	
Present Use: vacant (burnt)			Prior Use: machine shop		

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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

Demolition of burnt section of building, concrete to remain. The first two days of demolition we will be working with the owner to salvage. Asbestos Inspector to be on site during this phase to determine any suspect materials.

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. Barricade as necessary. Spray demolition activity with water.

XII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER

Stop demolition. Restrict area. Contact IDEM and IAPC. Test suspect materials. Remove regulated asbestos per local and state regulations.

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. 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

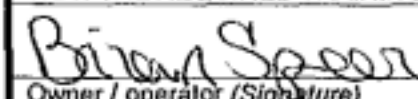
Date (mm/dd/yy) and Time of Emergency:

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 326 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): 10-23-24 12:00:00 PM

E-mail: brianspeer@dorseypaving.com

Brian Speer

Title: Project Manager

Owner / operator (Printed)