

NOTI	FICATIO	N OF DEMO R4 / 10-18) MENT OF ENVIR	DLITION	N A N	ID RENO	IOITAV	N OF	PERATIO	Recei ONS custe of	ved Indiana		303090
State F INDIAN	orm 44593 (I IA DEPARTM	R4 / 10-18) MENT OF ENVIR	ONMENT	AL MA	ANAGEMENT	1			OCT	31 202	y Wal	mi
I. TYPE OF NOTIFIC	ATION (che	eck one):		riginal	1	☑ Revi	ised		Care Ed	of Air Que	D C	Courtesy
II. FACILITY INFOR	MATION								. Othor	THE ST		
Owner / Operator: City	of Indianap	oolis BNS										
Address: 200 East Wa	ashington S	treet, Suite 107			City: Indian	apolis				State: IN		ZIP: 46204
Contact: Jamie David	s-Mayhew				Telephone:	317-327-	4893	3		E-mail: Jan	mle.dav	ids-mayhew@indy.gov
Asbestos Removal Con	tractor:				Demolition C	Contractor:	Den	ney Exca	vating, Inc.			
Address:					Address: 20	50 South	Har	ding Stree	et			
City:		State:	ZIP:	1	Oty: Indian	apolis				State: Indiana ZIP: 46221		ZIP: 46221
Contact:		Telephone:		X	Contact: Su	zanne Bo	orges			Telephone: 317-423-0738		
E-mail:					E-mail: sbo	rges@de	nney	ex.com				
IN License Number:		Expiration:				为生物					175	
Licensed Asbestos Inspector:	Anth	ony Bolanos & D	onald Fre	nch	Project Desi	oner:						
Address: 6320 La Pas					Project Designer: Address:							
City: Indianapolis		State: IN	ZIP: 462	268	City:					State:		ZIP:
Contact: Anthony Bola	anos	Telephone: 31		-	Contact:					Telephone	2:	
E-mail: abolanos@mi		1010/1101101			E-mail:					Telephone		
IN License Number: 1900		Expiration: 12	13/24 & 2/1	7/25	IN License Number:				Expiration:			
III. TYPE OF OPERA								Page 19	THE SHOP OF THE SHOP		Y COL	
Demolition		Renovation	A Property of the Parket	Пп	Ordered Dem	olition	T	□ Emerge	ency Renovation	Пп	ntentio	nal Burning
IV. IS ASBESTOS P		Yes	□No		Ordered Dem	Z Z Z Z		Lineige	They recite value		HOTHER	and Conting
V. PROCEDURES /				O DE	TECT THE	DDESEN	ICE /	AND AMO	LINT OF ASE	RESTOS N	MATE	PIAIG
Samples were analyz			USED I	O DE	TEOT THE	FRESEN	VOL /	AND AMO	JONI OF ASE	DEG 100 II	MAIL	KIALO
VI. APPROXIMATE			TO BE	DEM	OVED AND	OP NOT	TO	DE DEMO	WED			
VI. APPROXIMATE		Regulated ACM 1		KEIVIC	JVED AND	OR NOT	101	BE KEMU	VED			
		removed	1	Nonfria	able Asbestos Material to be removed Nonfriable A			Nonfriable As	Asbestos Material NOT to be removed			
				Cat	tegory I	C	atego	ry II	Category	/1		Category II
Pipes (Ln. Ft.)												
Surface Area (Sq. Ft.)									Attache	d		
Total Volume (Cu. Ft.) Total amount on or off a components where leng area could not be meas previously	th or											
VII. SCHEDULED DA	ATE OF ST	RIPPING / REI	MOVAL	Star	rt (mm/dd/yy):			End (mm	/dd/yy):			
VIII. SCHEDULED D.	ATES OF F	RENOVATION	DEMOL	ITIO	N		1868					
Renovation	Start (mm/de			(mm/c								
			dd/yy): 12/7/2	25	W.S.		7:1000		1376			
X. FACILITY DESCR			10,850	The state of			3			To be the second		
Building Name: Town		partments (31	buildings	total)	attached ar	e the first	8 bu	ildings				
Street Address: attach		,										
City: Indianapolis						State	e: Inc	diana	C	ounty: Mar	rion	
Location of removal with (including floor and room									,			
Building Size (Sq. Ft.):				Numb	er of Floors:	2	Aa	e / Year Bu	ilt: 20 +			
Present Use: Vacant						rior Use:						

30170 CS+362 20170 LOCZ Seg 5

Page 1 of 2

Chris

Buildin	g	#1	
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303090

4172-4184 Brentwood Drive, 5200 SF, 2 Story

Building # 2

4142-4154 Brentwood Drive, 5600 SF, 2 Story

303091

Sink insulation CAT 1 will remain

Building #3

4102-4110 Brentwood Drive, 3600 SF, 2 Story

303097

Tar wrap and exterior caulk CAT 1 will remain

**Building #8** 

4002-4014 Essex Court, 5200 SF, 2 Story

303098

Exterior caulk CAT 1 will remain

Building #10

4041-4051 Brentwood Drive, 4800 SF, 2 Story

303099

Building #11

4012-4024 Stratford Court, 6000 SF, 2 Story

303100

Building #12

4035-4047 Stratford Court, 4800 SF, 2 Story

303102

Building #15

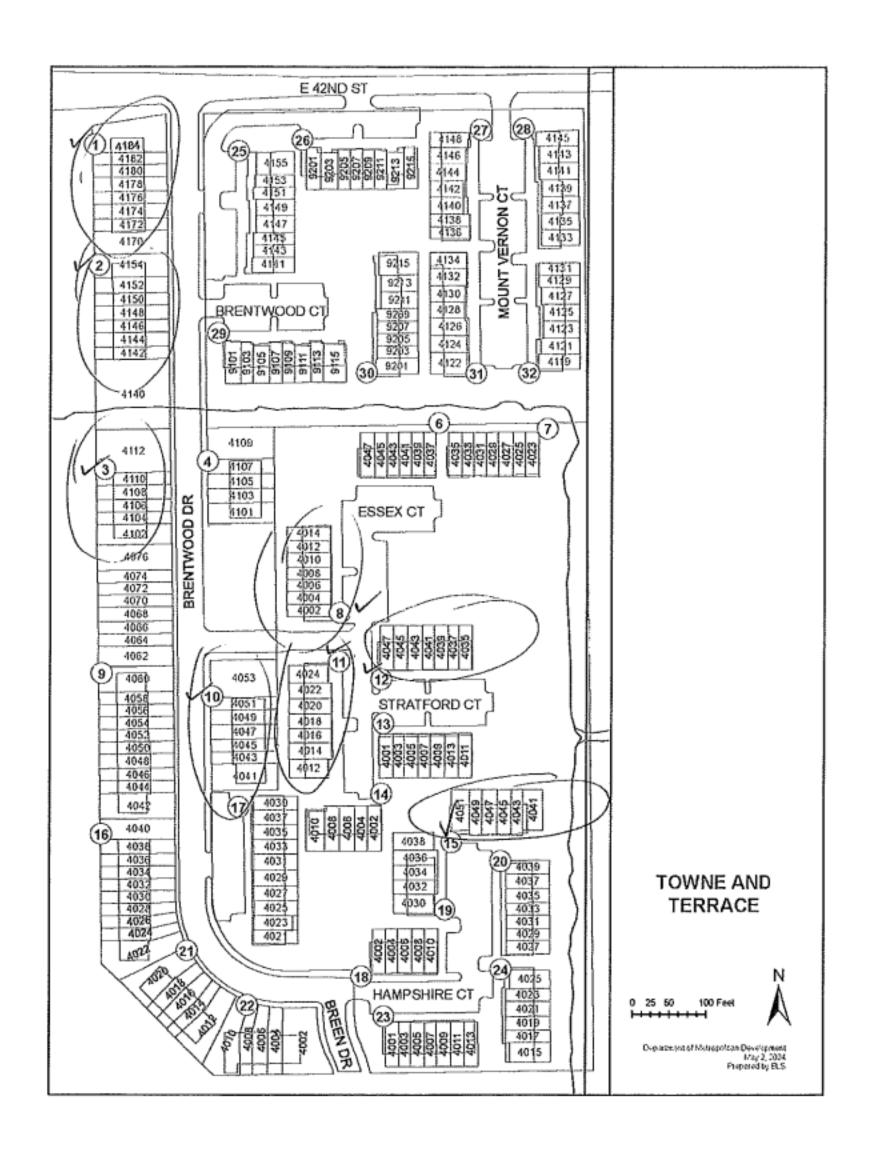
4043-4051 Hampshire Court, 4000 SF, 2 Story

303103

Exterior caulk CAT 1 will remain

CAT 2 transite air conditioning conduit running in the slabs of buildings 1, 2, 8, 11, 12 & 15 will be removed during the demolition of the concrete slabs and packaged and disposed of as regulated asbestos containing waste.

X. DESCRIPTION OF PLANNED DEN FACILITY COMPONENTS AND TYPE	MOLITION OR E OF MATERIA	RENOVATION L REMOVED	WORK, M	ETHODS/TECHN	NIQUES TO B	E USED,	AFFECTED			
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 ASBESTO ASBESTOS MATERIAL FROM BECO	OS STRIPPING	REMOVAL	AND WAST	E HANDLING PR	ROCEDURES	TO PREV	ENT NONFRIABLE			
Maintain water spray dust control - keep m										
Transport all wet and labeled waste to an approved landfill in an enclosed van type truck All Federal, State and Local guidelines will be followed per Owner's specifications										
XII. DESCRIPTION OF PROCEDURE				NEXPECTED AS	SBESTOS IS F	FOUND O	R PREVIOUSLY			
NONFRIABLE ASBESTOS MATERIA	L BECOMES	CRUMBLED,	PULVERIZE	D, OR REDUCE	D TO POWDE	ER	T. Mariodoli			
All work will stop until ACM is properly cont	trolled and notify	authorized ager	icles as requi	red						
XIII. ASBESTOS WASTE TRANSPOR	RTER		XIV. ASBI	ESTOS WASTE	DISPOSAL SI	TE				
Name: N/A			Name: N/A							
Address:			Address:							
City:	State:	ZIP:	City: State: ZIP:							
Contact:		Contact:								
E-mail:										
XV. ORDERD DEMOLITIONS										
Agency Name: N/A			Date Order	ed Demolition to Be	gin (mm/dd/yy):					
Contact:	Title:									
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										
Cooleania Cooleania										
Explanation of how the event caused unsafe conditions or would cause equipment damage:  N/A										
XVII. CERTIFICATION STATEMENT A	AND SIGNATU	RE BY OWNE	R / OPERA	TOR						
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 AC	COMPLISHEDS	HALL BE AVAIL	ABLE AT TH	E JOB SITE DURIN	IG ACTUAL WO	RKING HO	URS.			
Sugue Dorg	<u> </u>		Date (mm/dd	<sub>(yy):</sub> 10/31/24	E-mail: sborge	es@denn	eyex.com			
Owner of deerator (Signature)			£25,5							
Suzanne Borges			Title: Oper	stions Assistant						
Owner I operator (Printed)			Tille, Oport							
						Approximation of the second				





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

I. TYPE OF NOTIFICATION (check one):		Origina	al	☑ Rev	vised	☐ Canceled		☐ Courtesy					
II. FACILITY INFORM	MATION												
Owner / Operator: City	of Indianar	polis BNS											
Address: 200 East Wa	City: India	anapolis			State: IN	ZIP: 46204							
Contact: Jamie David	Telephone	: 317-327	-4893		.davids-mayhew@indy.gov								
Asbestos Removal Cont	Demolition Contractor: Denney Excavating, Inc.												
Address:						h Harding Stree							
City:	City: State: ZIP:			City: India	anapolis			State: Indian	na ZIP: 46221				
Contact: Telephone:				Contact: S	Suzanne B	lorges		Telephone: 3	317-423-0738				
E-mail:				E-mail: sb	orges@de	enneyex.com							
IN License Number:		Expiration:											
Licensed Asbestos Inspector:	Anth	nony Bolanos & D	Jonald French	Project Der	Project Designer:								
Address: 6320 La Pas	Trl			Address:	Address:								
City: Indianapolis		State: IN	ZIP: 46268	City:	City:				ZIP:				
Contact: Anthony Bola	inos	Telephone: 31	7-293-1533	Contact:				Telephone:					
E-mail; abolanos@mio	croair.com			E-mail:									
IN License Number: 1902	02101 &156416128	Expiration: 12	2/13/24 & 2/17/25	IN License	Number:			Expiration:					
III. TYPE OF OPERA	TION				1				e i				
☑ Demolition		Renovation		Ordered Den	molition	☐ Emerge	ncy Renovation	n 🔲 Inter	ntional Burning				
IV. IS ASBESTOS PE	RESENT?	☐Yes	□No			100							
V. PROCEDURES / A	ANALYTIC	AL METHODS		ETECT THE	E PRESEI	NCE AND AMO	UNT OF ASE	BESTOS MA	TERIALS				
Samples were analyz													
VI. APPROXIMATE A	AMOUNT C	F ASBESTOS	TO BE REM	OVED AND	JOR NOT	TO BE REMO	VED						
	F	Regulated ACM to removed		ishle Achesic	as Material	to be removed	Manfriable As	hoston Malari	al NOT to be removed				
		FOILUYGU		ategory I	Category II								
Pipes (Ln. Ft.)				negory i	+	alegory it	Category	′'	Category II				
Surface Area (Sq. Ft.)					1	Atta		ached					
Total Volume (Cu. Ft.)													
Total amount on or off al					+								
components where lengt area could not be meast													
previously			<del></del>					100 E00 E00					
VII. SCHEDULED DA	TE OF ST	RIPPING I REM	MOVAL Sta	art (mm/dd/yy):	I management	End (mm/	dd/yy):						
VIII. SCHEDULED DA	ATES OF R	ENOVATION /	DEMOLITIO	N									
	Start (mm/do		End (mm/			10000							
Demolition	Demolition Start (mm/dd/yy); 11/4/24 End (mm/			vold/yy): 11/4/25									
IX. FACILITY DESCR													
Building Name: Town 8		partments (31 b	ouildings total	) attached a	ire the firs	t 8 buildings							
Street Address: attache	ed .												
City: Indianapolis	* - t - Halfa .			State: Indiana County: Marion					1				
Location of removal within (including floor and room													
Building Size (Sq. Ft.): 8	attached		Numi	ber of Floors:	: 2	Age / Year Bui	ilt: 20 +						
Present Use; Vacant					Prior Use: Commercial								

Y DESCRIPTION OF BLANNED DES	TO LITE SON	DEMOVATION	Illiania Merilana man	10.11.0.1.1						
X. DESCRIPTION OF PLANNED DEN FACILITY COMPONENTS AND TYPE	E OF MATERIA	AL REMOVED	N WORK, METHODS/TECH	HNIQUI	ES TO BE USE	D, AFFECTED				
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 ASBESTO ASBESTOS MATERIAL FROM BECO	OS STRIPPING	REMOVAL A	AND WASTE HANDLING P	TO PR PROCE	EVENT EMISS DURES TO PE	IONS OF ASBESTOS REVENT NONFRIABLE				
Maintain water spray dust control - keep material wet during the demolition process										
Transport all wet and labeled waste to an approved landfill in an enclosed van type truck All Federal, State and Local guidelines will be followed per Owner's specifications										
XII. DESCRIPTION OF PROCEDURE	S TO BE FOLL	OWED IN TH	E EVENT UNEXPECTED A	ASBES	TOS IS FOUND	O OR PREVIOUSLY				
NONFRIABLE ASBESTOS MATERIA	L BECOMES	CRUMBLED,	PULVERIZED, OR REDUC	ED TO	POWDER					
All work will stop until ACM is properly cont	trolled and notify	authorized ager	ncies as required							
XIII. ASBESTOS WASTE TRANSPORTER XIV. ASBESTOS WASTE DISPOSAL SITE										
Name: N/A			Name: N/A							
Address:			Address;							
City:	State:	ZIP:	City: State: ZIP:							
Contact:		Contact:								
E-mail:			E-mail:							
XV. ORDERD DEMOLITIONS										
Agency Name; N/A			Date Ordered Demolition to B	Begin <i>(m</i>	m/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 N/A	e conditions or w	ould cause equip	oment damage;							
XVII. CERTIFICATION STATEMENT A	AND SIGNATU	RE BY OWNE	R / OPERATOR							
I HEREBY CERTIFY THAT THE INFORMATION IN THIS NOTIFICATION IS CORRECT AND THAT I WILL ONLY USE INDIANA LICENSEDWORKERS AND PROJECT SUPERVISORS, TO IMPLEMENT THIS ASSESTOS 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.										
Dellane Dix			Date (mm/dd/yy): 9/26/24	E-ma	ail: sborges@de	enneyex.com				
Owner / operator (Signature)										
Suzanne Borges			Title: Operations Assistant							
Owner I operator (Printed)			Tiue, Operation registalit							
				H-16-15						