



# NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

State Form 44593 (R4 / 10-18)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Received  
State of Indiana

OCT 31 2024

Indiana Department of Environmental Mgmt  
Office of Air Quality

303090-  
303103

<b>I. TYPE OF NOTIFICATION</b> (check one):		<input type="checkbox"/> Original	<input checked="" type="checkbox"/> Revised	<input type="checkbox"/> Cancelled	<input type="checkbox"/> Courtesy
<b>II. FACILITY INFORMATION</b>					
Owner / Operator: City of Indianapolis BNS					
Address: 200 East Washington Street, Suite 107		City: Indianapolis		State: IN	ZIP: 46204
Contact: Jamie Davids-Mayhew		Telephone: 317-327-4893		E-mail: jamie.davids-mayhew@indy.gov	
Asbestos Removal Contractor:		Demolition Contractor: Denney Excavating, Inc.			
Address:		Address: 2050 South Harding Street			
City:	State:	ZIP:	City: Indianapolis	State: Indiana	ZIP: 46221
Contact:	Telephone:	Contact: Suzanne Borges	Telephone: 317-423-0738		
E-mail:		E-mail: sborges@denneyex.com			
IN License Number:		Expiration:			
Licensed Asbestos Inspector: Anthony Bolanos & Donald French		Project Designer:			
Address: 6320 La Pas Trl		Address:			
City: Indianapolis	State: IN	ZIP: 46268	City:	State:	ZIP:
Contact: Anthony Bolanos	Telephone: 317-293-1533	Contact:	Telephone:		
E-mail: abolanos@microair.com		E-mail:			
IN License Number: 190202101 & 190416126		Expiration: 12/13/24 & 2/17/25		IN License Number:	
Expiration:		Expiration:			
<b>III. TYPE OF OPERATION</b>					
<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Renovation	<input type="checkbox"/> Ordered Demolition	<input type="checkbox"/> Emergency Renovation	<input type="checkbox"/> Intentional Burning	
<b>IV. IS ASBESTOS PRESENT?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>V. PROCEDURES / ANALYTICAL METHODS USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIALS</b>					
Samples were analyzed utilizing PLM analysis					
<b>VI. APPROXIMATE AMOUNT OF ASBESTOS TO BE REMOVED AND/OR NOT TO BE REMOVED</b>					
	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.)				Attached	
Total Volume (Cu. Ft.)					
Total amount on or off all facility components where length or area could not be measured previously					
<b>VII. SCHEDULED DATE OF STRIPPING / REMOVAL</b>		Start (mm/dd/yy):		End (mm/dd/yy):	
<b>VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION</b>					
Renovation	Start (mm/dd/yy):	End (mm/dd/yy):			
Demolition	Start (mm/dd/yy): 12/2/24	End (mm/dd/yy): 12/7/25			
<b>IX. FACILITY DESCRIPTION</b>					
Building Name: Town & Terrace Apartments (31 buildings total) attached are the first 8 buildings					
Street Address: attached					
City: Indianapolis		State: Indiana		County: Marion	
Location of removal within building (including floor and room numbers):					
Building Size (Sq. Ft.): attached		Number of Floors: 2		Age / Year Built: 20 +	
Present Use: Vacant			Prior Use: Commercial		

301770  
Cst 362  
Loc 2 Seg 5

4th Q24

Chris



**Building #1**

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

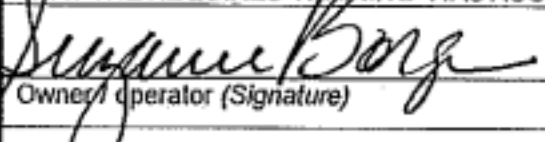
**Building #15**

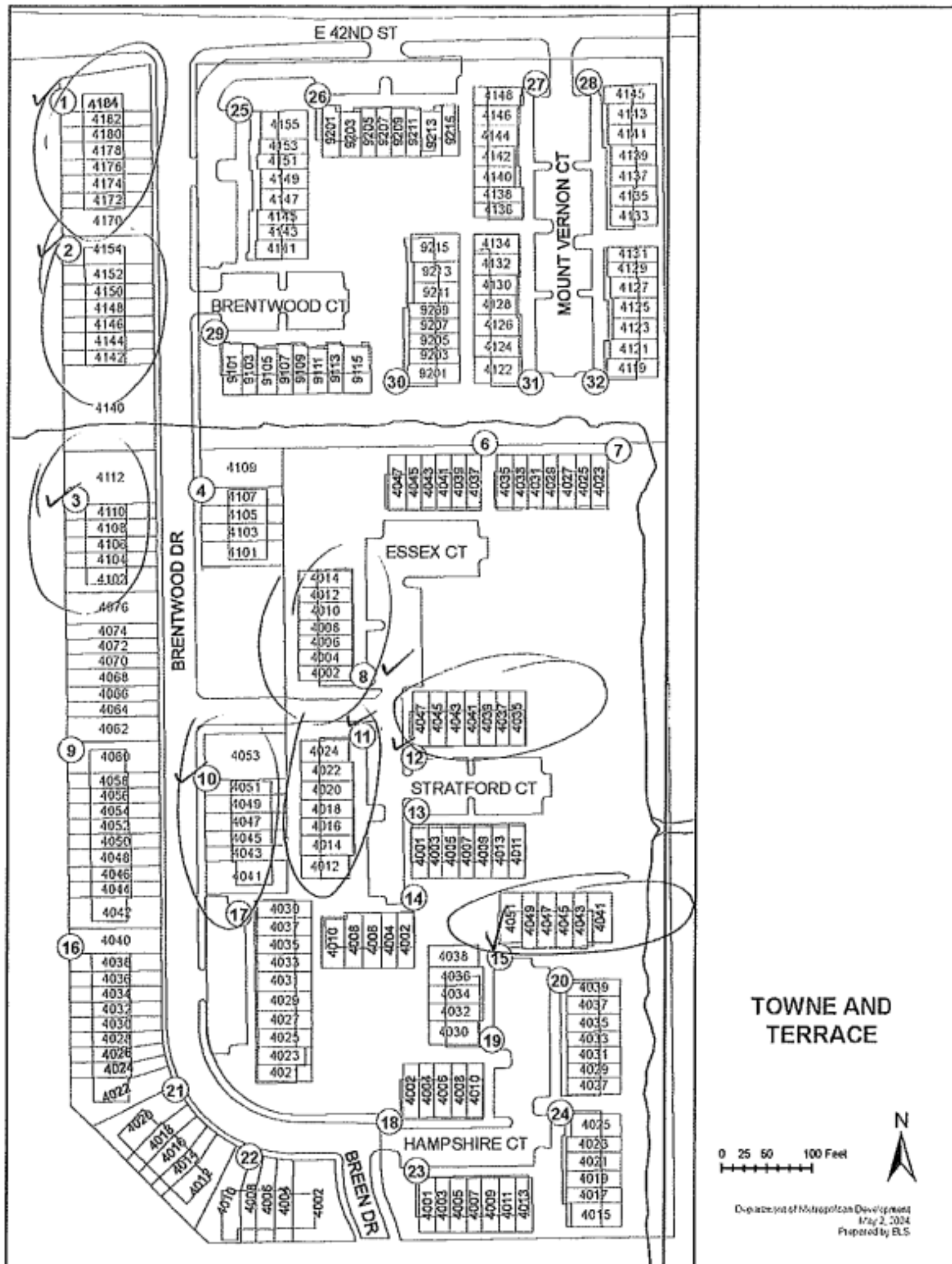
4043-4051 Hampshire Court, 4000 SF, 2 Story

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.

<b>X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIAL REMOVED</b>			
Demolish and dispose of structure(s) utilizing hydraulic demolition excavation equipment All Federal, State and Local guidelines will be followed per Owner's specifications			
<b>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</b>			
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			
<b>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</b>			
All work will stop until ACM is properly controlled and notify authorized agencies as required			
<b>XIII. ASBESTOS WASTE TRANSPORTER</b>		<b>XIV. ASBESTOS WASTE DISPOSAL SITE</b>	
Name: N/A		Name: N/A	
Address:		Address:	
City:	State:	ZIP:	
Contact:	Telephone:		
E-mail:		E-mail:	
<b>XV. ORDERD DEMOLITIONS</b>			
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):	
<b>XVI. EMERGENCY RENOVATIONS</b>			
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			
<b>XVII. CERTIFICATION STATEMENT AND SIGNATURE BY OWNER / OPERATOR</b>			
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.			
 Owner / operator (Signature)		Date (mm/dd/yy): 10/31/24	E-mail: sborges@denneyex.com
Suzanne Borges		Title: Operations Assistant	
Owner / operator (Printed)			



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Address: 200 East Washington Street, Suite 107		City: Indianapolis		State: IN	ZIP: 46204
Contact: Jamie Davids-Mayhew		Telephone: 317-327-4893		E-mail: jamie.davids-mayhew@indy.gov	
Asbestos Removal Contractor:		Demolition Contractor: Denney Excavating, Inc.			
Address:		Address: 2050 South Harding Street			
City:	State:	ZIP:	City: Indianapolis	State: Indiana	ZIP: 46221
Contact:	Telephone:		Contact: Suzanne Borges	Telephone: 317-423-0738	
E-mail:		E-mail: sborges@denneyex.com			
IN License Number:		Expiration:			
Licensed Asbestos Inspector: Anthony Bolanos & Donald French		Project Designer:			
Address: 6320 La Pas Trl		Address:			
City: Indianapolis	State: IN	ZIP: 46268	City:	State:	ZIP:
Contact: Anthony Bolanos	Telephone: 317-293-1533		Contact:	Telephone:	
E-mail: abolanos@microair.com		E-mail:			
IN License Number: 190202101 & 190410126		Expiration: 12/13/24 & 2/17/25		IN License Number:	
		Expiration:			
<b>III. TYPE OF OPERATION</b>					
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<b>VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION</b>					
Renovation	Start (mm/dd/yy):	End (mm/dd/yy):			
Demolition	Start (mm/dd/yy): 11/4/24	End (mm/dd/yy): 11/4/25			
<b>IX. FACILITY DESCRIPTION</b>					
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Address:			Address:		
City:	State:	ZIP:	City:	State:	ZIP:
Contact:	Telephone:		Contact:	Telephone:	
E-mail:			E-mail:		
<b>XV. ORDERD DEMOLITIONS</b>					
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):		
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 Owner / operator (Signature)			Date (mm/dd/yy): 9/26/24		E-mail: sborges@denneyex.com
Suzanne Borges			Title: Operations Assistant		
Owner / operator (Printed)					