



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Northern Regional Office

300 N. Dr. Martin Luther King Jr. Blvd, Suite 211 • South Bend, IN 46601-1295
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Mike Braun
Governor

Clint Woods
Commissioner

January 28, 2026

VIA ELECTRONIC MAIL

Ryan Cavinder
Clean Air Environmental Services, Inc.
64433 SR 23
North Liberty, Indiana 46554
rlcavinder@gmail.com

Re: Inspection Summary Letter
LAF Building
South Bend, St. Joseph County

Dear Ryan Cavinder:

On January 28, 2026, a representative of the Indiana Department of Environmental Management (IDEM), Office of Air Quality (OAQ), conducted an inspection of the LAF Building, located at 525 West Washington Street in South Bend, Indiana to determine compliance with Indiana's asbestos rules. This inspection was conducted pursuant to IC 13-14-2-2. For your information, and in accordance with IC 13-14-5, a summary of the inspection is provided below:

Inspection Type: Routine Demolition/Renovation Project
Inspection Results: No violations were observed

Please direct any questions to me at 574-261-4003 or by email at jealexan@idem.in.gov.

Sincerely,

John Alexander, Compliance Inspector
Northern Regional Office
Office of Air Quality

ACES ID: 318320

ENCLOSURE

cc: John Alexander, Compliance and Enforcement Branch, Office of Air Quality
Aaron Blank, Lawson-Fisher Associates PC, 525 West Washington Street, South Bend, Indiana 46601, ablank@lawson-fisher.com

Visit on.IN.gov/survey or scan the QR code to provide feedback.

We appreciate your input!

LA 000001 01/28/26



**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
ASBESTOS FIELD INSPECTION REPORT**



SITE INFORMATION	
SITE NAME/DESCRIPTION	LAF Building
SITE LOCATION	525 West Washington Street, South Bend, Indiana St. Joseph County

NOTIFICATION INFORMATION			
NOTIFICATION RECEIVED	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ORIGINAL DATE RECEIVED: 1/12/2026	
STRIPPING/REMOVAL DATES	1/27/2026 to 2/28/2026	DEMOLITION DATES	N/A
CONTRACTOR INFORMATION	Ryan Cavinder, Clean Air Environmental Services, Inc., 64433 SR 23, North Liberty, Indiana 46554, rlcavinder@gmail.com		
OWNER INFORMATION	Aaron Blank, Lawson-Fisher Associates PC, 525 West Washington Street, South Bend, Indiana 46601, ablank@lawson-fisher.com		

INSPECTION INFORMATION			
INSPECTED BY	John Alexander <i>JA</i>		
INSPECTION DATE AND TIME	January 28, 2026	TIME IN: 9:00 am	TIME OUT: 9:50 am
REPORTED BY	John Alexander <i>JA</i>	REPORT DATE: 1/28/2026	
INSPECTION OBJECTIVE(S)	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Complaint <input type="checkbox"/> Demolition <input type="checkbox"/> Ordered Demolition <input type="checkbox"/> Other:		
ACES TRACKING NUMBER(S)	Notification/General Inspection: 318320		
	Complaint:	Violation/Warning:	
RM TRACKING NUMBER(S)	Complaint:		
PROJECT STATUS	The asbestos abatement had started.		

PERSONNEL INTERVIEWED				
Name	Company	Title	Phone Number	Email Address
Ryan Cavinder	Clean Air Environmental Services, Inc.	Asbestos Project Supervisor	574-383-1009	nolanmaddy@att.net

OBSERVATIONS			
GENERAL SITE OBSERVATIONS			
Description of area(s) inspected and location of material(s): Upon arrival at the asbestos abatement site, I was met by Ryan Cavinder, Asbestos Project Supervisor with Clean Air Environmental Services, Inc. Mr. Cavinder updated me on the scope of the work and the progress made to date. The asbestos abatement crew was building the containment on the second floor of the building at the time of the inspection. Mr. Cavinder showed me the ceiling area of approximately three (3) square feet that had been abated. I checked the work area, and I did not observe any disturbed suspect asbestos containing material or debris. I checked and recorded the asbestos removal crew's licenses (see attached Asbestos Licensing Personnel List).			
Pre-existing contamination in work area	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not Observed <input type="checkbox"/> N/A
Contractor equipment on site	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed <input type="checkbox"/> N/A
Asbestos removal in progress	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed <input type="checkbox"/> N/A
Accreditation cards available for inspection	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed <input type="checkbox"/> N/A
ABATEMENT			
Asbestos removal clearly observed If yes, from where:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not Observed <input type="checkbox"/> N/A <input type="checkbox"/> Through viewing ports <input type="checkbox"/> By entering enclosures <input type="checkbox"/> Direct observation (No enclosures)
Estimated amounts of RACM removed/disturbed	linear feet cubic feet		3 square feet <1 % of total
Abatement method(s) observed:	<input type="checkbox"/> Wetting and stripping <input type="checkbox"/> Glovebag method		<input type="checkbox"/> Unit/Sectional <input type="checkbox"/> Dry
ISOLATION			
Warning signs displayed outside work area	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed <input type="checkbox"/> N/A
Objects within work area covered	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed <input type="checkbox"/> N/A
Evidence of water in containment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not Observed <input type="checkbox"/> N/A
ASBESTOS WASTE HANDLING			
Stripped asbestos adequately wet	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not Observed <input type="checkbox"/> N/A
Stripped asbestos placed in leak tight wrapping	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not Observed <input type="checkbox"/> N/A
Waste bags labeled with generator and warning labels	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not Observed <input type="checkbox"/> N/A
Any visible emissions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not Observed <input type="checkbox"/> N/A
CLEANING			
Work area clear of visible signs of asbestos material	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not Observed <input type="checkbox"/> N/A
Plastic sheeting disposed of as asbestos waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not Observed <input type="checkbox"/> N/A
Area wet wiped/HEPA vacuumed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not Observed <input type="checkbox"/> N/A
Final visual inspection completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not Observed <input type="checkbox"/> N/A
STORAGE			
Material remaining on site securely stored	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not Observed <input type="checkbox"/> N/A
Warning signs/labels posted outside storage area	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not Observed <input type="checkbox"/> N/A
ASBESTOS WASTE DISPOSAL			
Waste disposed of at an approved landfill	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not Observed <input type="checkbox"/> N/A
Name and location of landfill			
ACM AMOUNTS			
If violation(s) noted, estimated amount of ACM involved:			
ADDITIONAL COMMENTS			
None			

SAMPLE INFORMATION					
Sample ID	Photo No.	Sample Location/Description	Chain of Custody Complete	Sent to Lab	Results
N/A			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	...	
ADDITIONAL SAMPLING COMMENTS					
N/A					

INSPECTION FINDINGS	
<input checked="" type="checkbox"/> No violations were observed or determined at the time of the inspection. <input type="checkbox"/> The following violations were determined at the time of the inspection:	
RECOMMENDED ACTION	Issue inspection summary letter.
EXIT INTERVIEW	I explained my findings, recommendations, and conclusions with Ryan Cavinder prior to exiting the site.

ATTACHMENTS	
<input type="checkbox"/> None <input checked="" type="checkbox"/> Notification(s) <input checked="" type="checkbox"/> List of licensed personnel <input type="checkbox"/> Other:	

ASBESTOS LICENSING PERSONNEL LIST

Inspected By: John Alexander

Inspection Date: 1/28/2026

Site Location: 525 West Washington Street, South Bend

Contractor Name: Clean Air Environmental Services, Inc.

License Number: 191117095 Expiration Date: 7/29/2026

Circle appropriate license type:

Worker/Supervisor Name: Ryan Cavinder

License Number: 190212018 Expiration Date: 1/21/2027

Worker/Supervisor Name: Freddy A. Loaisiga Jarquin

License Number: 19A015866 Expiration Date: 7/30/2026

Worker/Supervisor Name: Teodoro J. Sotelo Montenegro

License Number: 19A016465 Expiration Date: 1/14/2027

Worker/Supervisor Name: Ingrid D Leiva Gonzalez

License Number: 19A016517 Expiration Date: 2/07/2026

Worker/Supervisor Name: _____

License Number: _____ Expiration Date: _____

Worker/Supervisor Name: _____

License Number: _____ Expiration Date: _____

Worker/Supervisor Name: _____

License Number: _____ Expiration Date: _____

Worker/Supervisor Name: _____

License Number: _____ Expiration Date: _____

All licensing information was verified by the inspector with *MyLicense* JEA 1/28/2026

(Inspector Initials & Date Verified)

Email

TO: IDEM FROM: Rick Cavinder

FAX: 317-233-3257 PAGES: 3

PHONE: DATE: 01/12/2026

RE: Notification CC:

Urgent

For Review

Please Comment

Please Reply

Please Recycle

Comments: Notification for Lawson Fisher job

Thanks,

Rick Cavinder



NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

State Form 44593 (R3 / 9-18)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

I. TYPE OF NOTIFICATION (check one):	<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Revised	<input type="checkbox"/> Canceled	<input type="checkbox"/> Courtesy
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II. FACILITY INFORMATION				
Owner / Operator: Lawson-Fisher Associates P.C.				
Address: 525 W. Washington Street		City: South Bend		State: IN ZIP: 46601
Contact: Aaron Blank		Telephone: 574-234-3167		E-mail: ablank@lawson-fisher.co
Asbestos Removal Contractor: Clean Air Environmental Services, Inc.		Demolition Contractor: N/A		
Address: 64433 SR 23		Address:		
City: North Liberty	State: IN	ZIP: 46554	City:	State: ZIP:
Contact: Ryan Cavinder	Telephone: 574-232-6607		Contact:	Telephone:
E-mail: rcavinder@gmail.com		E-mail:		
IN License Number: 191117095	Expiration: 7/29/026			
Licensed Asbestos Inspector: N/A		Project Designer: N/A		
Address:		Address:		
City:	State:	ZIP:	City:	State: ZIP:
Contact:	Telephone:		Contact:	Telephone:
E-mail:		E-mail:		
IN License Number:	Expiration:		IN License Number:	Expiration:

III. TYPE OF OPERATION				
<input type="checkbox"/> Demolition	<input checked="" 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
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V. PROCEDURES / ANALYTICAL METHODS USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIALS				
Bulk Sampling with PLM analysis				

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.)	1,325				
Total Volume (Cu. Ft.)	200				
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): 01/27/2026	End (mm/dd/yy): 02/28/2026
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VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION			
Renovation	Start (mm/dd/yy): 1/27/2026	End (mm/dd/yy): 02/28/2026	
Demolition	Start (mm/dd/yy):	End (mm/dd/yy):	

IX. FACILITY DESCRIPTION				
Building Name: LAF Building				
Street Address: 525 West Washington Street				
City: South Bend		State: Indiana		County: St. Joseph
Location of removal within building (including floor and room numbers): 2nd Floor				
Building Size (Sq. Ft.): 16,500		Number of Floors: 2		Age / Year Built: 1956
Present Use: Professional Office Space			Prior Use: Professional Office Space	

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 asbestos containing ceiling texture prior to renovations.

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 asbestos ceiling texture will be removed in full containment per OSHA and IDEM prior to renovations.

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

A regulated area will be established. ACM will not be disturbed until properly evaluated by a Indiana licensed supervisor. If needed a revised Notification will be issued.

XIII. ASBESTOS WASTE TRANSPORTER

Name: Republic Services-Elkhart

Address: 57820 Charlotte Avenue

City: Elkhart

State: IN

ZIP: 46517

Contact: Julie Pierce

Telephone: 574-0522-1332

E-mail: julie.pierce@republicservices.com

XIV. ASBESTOS WASTE DISPOSAL SITE

Name: County Line Landfill

Address: 7922 N Old Highway 31

City: Argos

State: IN

ZIP: 46501

Contact: Kim

E-mail: kdickey@republicservices.com

XV. ORDERD DEMOLITIONS

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):

XVI. EMERGENCY RENOVATIONS

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

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 INDIVIDUAL(S) ALONG WITH EVIDENCE THAT THE REQUIRED TRAINING WAS ACCOMPLISHED SHALL BE AVAILABLE AT THE JOB SITE DURING ACTUAL WORKING HOURS.

Date (mm/dd/yy): 01/12/2026

E-mail: rlcavinder@gmail.com

Owner / operator (Signature)

Rick Cavinder

Title: President

Owner / operator (Printed)