



NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

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

Received
State of Indiana

SEP 23 2025

314932

Dept of Environmental Mgmt
Office of Air Quality

I. TYPE OF NOTIFICATION (check one):		<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Revised	<input type="checkbox"/> Canceled	<input type="checkbox"/> Courtesy
II. FACILITY INFORMATION					
Owner / Operator: Eckart America					
Address: 650 W 67th Ave Unit 200		City: Schererville		State: IN	ZIP: 46375
Contact: Jason Liu		Telephone: 219-629-1815		E-mail: jason.liu@altana.com	
Asbestos Removal Contractor: N/A		Demolition Contractor: Environmental Cleansing Corporation			
Address:		Address: 16612 S. Crawford Ave			
City:	State:	ZIP:	City: Markham	State: IL	ZIP: 60428
Contact:	Telephone:	Contact: Matthew Konopko		Telephone: 708-532-7000	
E-mail:		E-mail: mkonopko@eccdemolition.com			
IN License Number:	Expiration:				
Licensed Asbestos Inspector: Kurt Schmidt		Project Designer: N/A			
Address: 16612 S. Crawford Ave		Address:			
City: Markham	State: IL	ZIP: 60428	City:	State:	ZIP:
Contact: Kurt Schmidt	Telephone: 708-532-7000	Contact:		Telephone:	
E-mail: kschmidt@eccdemolition.com		E-mail:			
IN License Number: 19A013498	Expiration: 01-26-2026	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 checked="" type="checkbox"/> No					
V. PROCEDURES / ANALYTICAL METHODS USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIALS					
Inspection, Sampling and 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.)					
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): 10-08-2025	End (mm/dd/yy): 10-31-2025			
IX. FACILITY DESCRIPTION					
Building Name: Still #1					
Street Address: 650 W 67th Ave Unit 200					
City: Schererville		State: IN		County: Lake	
Location of removal within building (including floor and room numbers):		N/A			
Building Size (Sq. Ft.): N/A		Number of Floors:		Age / Year Built:	
Present Use: None			Prior Use: Still		

CST 242
Loc 1 seg 2

Linscott

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIAL REMOVED					
Demolition of former Still #1 (outside equipment) in accordance with NESHAP regulations pertaining to demotion utilizing heavy equipment and industry standard means, methods and practices.					
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					
N/A					
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					
Stop, wet, contain, revise notification, remove under NESHAP wet methods, bag transport, legally dispose, resume demolition operations.					
XIII. ASBESTOS WASTE TRANSPORTER			XIV. ASBESTOS WASTE DISPOSAL SITE		
Name: N/A			Name:		
Address:			Address:		
City:	State:	ZIP:	City:	State:	ZIP:
Contact:	Telephone:		Contact:		
E-mail:			E-mail:		
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): 09-23-25	E-mail: kschmidt@ecodemolition.com	
Owner / operator (Signature)					
Kurt Schmidt			Title: Project Manager		
Owner / operator (Printed)					