



# INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

*We Protect Hoosiers and Our Environment.*

Northwest Regional Office • 330 W. U.S. Hwy 30, Suite F • Valparaiso, IN 46385

(888) 209-8892 • (219) 464-0053 • [www.idem.IN.gov](http://www.idem.IN.gov)

**Eric J. Holcomb**  
Governor

**Brian C. Rockensuess**  
Commissioner

June 26, 2024

VIA ELECTRONIC MAIL

Mr. Ron McAllister  
McAllister Inc.  
10501 W. 133rd Ave. #8A  
Cedar Lake, IN 46303  
[ronmc@mcallisterin.com](mailto:ronmc@mcallisterin.com)

Re: Inspection Summary Letter  
Former Geisen Funeral Home Demolition  
Merrillville, Lake County

Dear Mr. Ron McAllister:

On June 21, 2024, a representative of the Indiana Department of Environmental Management (IDEM), Northwest Regional Office (NWRO), conducted an inspection of the Former Geisen Funeral Home Demolition, located at 7905 Broadway in Merrillville, 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 219-216-3657 or by email at [jlinscot@idem.in.gov](mailto:jlinscot@idem.in.gov).

Sincerely,

Jessica Linscott, Compliance Inspector  
Northwest Regional Office

ACES ID: 298166

ENCLOSURE

cc: Mrs. Jessica Linscott, Compliance and Enforcement Branch, NWRO  
Mr. Del Mao, DeMao Retail Consultants, LLC, 7905 Broadway Merrillville, IN 46410,  
[del@demaoretail.com](mailto:del@demaoretail.com)

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



| SITE INFORMATION      |   |
|-----------------------|---|
| SITE NAME/DESCRIPTION | Former Geisen Funeral Home Demolition               |
| SITE LOCATION         | 7905 Broadway, Merrillville, Indiana<br>Lake County |

| NOTIFICATION INFORMATION |  |                                 |                        |
|--------------------------|--|---------------------------------|------------------------|
| NOTIFICATION RECEIVED    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  | ORIGINAL DATE RECEIVED: Unknown |                        |
| STRIPPING/REMOVAL DATES  | N/A  | DEMOLITION DATES                | 6/21/2024 to 8/31/2024 |
| CONTRACTOR INFORMATION   | Mr. Ron McAllister, McAllister Inc., 10501 W. 133rd Ave. #8A, Cedar Lake, IN 46303, ronmc@mcallisterin.com |                                 |                        |
| OWNER INFORMATION        | Mr. Del Mao, DeMao Retail Consultants, LLC, 7905 Broadway Merrillville, IN 46410, del@demaoretail.com      |                                 |                        |

| INSPECTION INFORMATION   |  |                            |                    |
|--------------------------|--|----------------------------|--------------------|
| INSPECTED BY             | Mrs. Jessica Linscott  |                            |                    |
| INSPECTION DATE AND TIME | June 21, 2024  | TIME IN: 10:15 AM          | TIME OUT: 10:45 AM |
| REPORTED BY              | Mrs. Jessica Linscott  | REPORT DATE: June 25, 2024 |                    |
| INSPECTION OBJECTIVE(S)  | <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Complaint<br><input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Ordered Demolition <input type="checkbox"/> Other: |                            |                    |
| ACES TRACKING NUMBER(S)  | Notification/General Inspection: 298166  |                            |                    |
|                          | Complaint: N/A   | Violation/Warning: N/A     |                    |
| RM TRACKING NUMBER(S)    | Complaint: N/A   |                            |                    |
| PROJECT STATUS           | Demolition of the former Geisen Funeral Home had not begun.  |                            |                    |

| PERSONNEL INTERVIEWED |         |       |              |               |
|-----------------------|---------|-------|--------------|---------------|
| Name                  | Company | Title | Phone Number | Email Address |
| N/A                   | N/A     | N/A   | N/A          | N/A           |

| <b>OBSERVATIONS</b>  |   |                             |   |   |
|--|---|-----------------------------|---|---|
| <b>GENERAL SITE OBSERVATIONS</b>   |   |                             |   |   |
| Description of area(s) inspected and location of material(s):<br>Upon arrival at 7905 Broadway, I was able to determine that the demolition of the former Geisen Funeral Home had not begun. No one from the demolition company was onsite at the time of my inspection. I was unable to check the site for suspect asbestos containing material because the site was secured. |   |                             |   |   |
| Pre-existing contamination in work area  | <input type="checkbox"/> Yes                                | <input type="checkbox"/> No | <input type="checkbox"/> Not Observed           | <input checked="" 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 type="checkbox"/> Yes                                | <input type="checkbox"/> No | <input type="checkbox"/> Not Observed           | <input checked="" type="checkbox"/> N/A |
| Accreditation cards available for inspection   | <input type="checkbox"/> Yes                                | <input type="checkbox"/> No | <input type="checkbox"/> Not Observed           | <input checked="" type="checkbox"/> N/A |
| <b>ABATEMENT</b>   |   |                             |   |   |
| Asbestos removal clearly observed<br>If yes, from where:   | <input type="checkbox"/> Yes                                | <input type="checkbox"/> No | <input type="checkbox"/> Not Observed           | <input checked="" 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  | N/A linear feet<br>N/A cubic feet                           |                             | N/A square feet<br>N/A % of total               |   |
| Abatement method(s) observed:  | <input type="checkbox"/> Wetting and stripping              |                             | <input type="checkbox"/> Unit/Sectional         |   |
|  | <input type="checkbox"/> Glovebag method                    |                             | <input type="checkbox"/> Dry                    |   |
| <b>ISOLATION</b>   |   |                             |   |   |
| Warning signs displayed outside work area  | <input type="checkbox"/> Yes                                | <input type="checkbox"/> No | <input type="checkbox"/> Not Observed           | <input checked="" type="checkbox"/> N/A |
| Objects within work area covered   | <input type="checkbox"/> Yes                                | <input type="checkbox"/> No | <input type="checkbox"/> Not Observed           | <input checked="" type="checkbox"/> N/A |
| Evidence of water in containment   | <input type="checkbox"/> Yes                                | <input type="checkbox"/> No | <input type="checkbox"/> Not Observed           | <input checked="" type="checkbox"/> N/A |
| <b>ASBESTOS WASTE HANDLING</b>   |   |                             |   |   |
| Stripped asbestos adequately wet   | <input type="checkbox"/> Yes                                | <input type="checkbox"/> No | <input type="checkbox"/> Not Observed           | <input checked="" type="checkbox"/> N/A |
| Stripped asbestos placed in leak tight wrapping  | <input type="checkbox"/> Yes                                | <input type="checkbox"/> No | <input type="checkbox"/> Not Observed           | <input checked="" type="checkbox"/> N/A |
| Waste bags labeled with generator and warning labels   | <input type="checkbox"/> Yes                                | <input type="checkbox"/> No | <input type="checkbox"/> Not Observed           | <input checked="" type="checkbox"/> N/A |
| Any visible emissions  | <input type="checkbox"/> Yes                                | <input type="checkbox"/> No | <input type="checkbox"/> Not Observed           | <input checked="" type="checkbox"/> N/A |
| <b>CLEANING</b>  |   |                             |   |   |
| Work area clear of visible signs of asbestos material  | <input type="checkbox"/> Yes                                | <input type="checkbox"/> No | <input type="checkbox"/> Not Observed           | <input checked="" type="checkbox"/> N/A |
| Plastic sheeting disposed of as asbestos waste   | <input type="checkbox"/> Yes                                | <input type="checkbox"/> No | <input type="checkbox"/> Not Observed           | <input checked="" type="checkbox"/> N/A |
| Area wet wiped/HEPA vacuumed   | <input type="checkbox"/> Yes                                | <input type="checkbox"/> No | <input type="checkbox"/> Not Observed           | <input checked="" type="checkbox"/> N/A |
| Final visual inspection completed  | <input type="checkbox"/> Yes                                | <input type="checkbox"/> No | <input type="checkbox"/> Not Observed           | <input checked="" type="checkbox"/> N/A |
| <b>STORAGE</b>   |   |                             |   |   |
| Material remaining on site securely stored   | <input type="checkbox"/> Yes                                | <input type="checkbox"/> No | <input type="checkbox"/> Not Observed           | <input checked="" type="checkbox"/> N/A |
| Warning signs/labels posted outside storage area   | <input type="checkbox"/> Yes                                | <input type="checkbox"/> No | <input type="checkbox"/> Not Observed           | <input checked="" type="checkbox"/> N/A |
| <b>ASBESTOS WASTE DISPOSAL</b>   |   |                             |   |   |
| Waste disposed of at an approved landfill  | <input type="checkbox"/> Yes                                | <input type="checkbox"/> No | <input type="checkbox"/> Not Observed           | <input checked="" type="checkbox"/> N/A |
| Name and location of landfill  | N/A   |                             |   |   |
| <b>ACM AMOUNTS</b>   |   |                             |   |   |
| If violation(s) noted, estimated amount of ACM involved:   | N/A   |                             |   |   |
| <b>ADDITIONAL COMMENTS</b>   |   |                             |   |   |
| None   |   |                             |   |   |

| SAMPLE INFORMATION           |           |                             |  |             |         |
|------------------------------|-----------|-----------------------------|--|-------------|---------|
| Sample ID                    | Photo No. | Sample Location/Description | Chain of Custody Complete  | Sent to Lab | Results |
| N/A                          | N/A       | N/A                         | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | ... N/A     | 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.<br><input type="checkbox"/> The following violations were determined at the time of the inspection: |  |
| RECOMMENDED ACTION   | Issue inspection summary letter.   |
| EXIT INTERVIEW   | No exit interview was conducted, as no one from the demolition company was on site at the time of my inspection. |

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



# NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

State Form 44593 (R4 / 10-18)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

|  |                              |  |   |  |                                   |
|--|------------------------------|--|---|--|-----------------------------------|
| <b>I. TYPE OF NOTIFICATION</b> (check one):  |                              | <input checked="" type="checkbox"/> Original | <input type="checkbox"/> Revised            | <input type="checkbox"/> Canceled              | <input type="checkbox"/> Courtesy |
| <b>II. FACILITY INFORMATION</b>  |                              |  |   |  |                                   |
| Owner / Operator: DeMao Retail Consultants LLC   |                              |  |   |  |                                   |
| Address: 7905 Broadway Ave   |                              |  | City: Merrillville                          |  | State: IN ZIP: 46410              |
| Contact: Del DeMao   |                              |  | Telephone: 317-697-1048                     |  | E-mail: del@demaoretail.com       |
| Asbestos Removal Contractor: Safe Environmental Corporation  |                              |  | Demolition Contractor: McAllister Inc.      |  |                                   |
| Address: 1006 165th St.  |                              |  | Address: 10501 w 133rd ave #8A (po box 810) |  |                                   |
| City: Hammond  |                              | State: IN                                    | ZIP: 46324                                  | City: Cedar Lake                               |                                   |
| State: In.   |                              | ZIP: 46303                                   |   | State: In. ZIP: 46303                          |                                   |
| Contact: Louis Bragiel   |                              | Telephone: 279-796-7617                      |   | Contact: Ron McAllister                        |                                   |
| Telephone: 219 374 9498  |                              | E-mail: ronmc@mcallistersinc.com             |   |  |                                   |
| E-mail: louis.bragiel@safe-env.com   |                              |  | E-mail: ronmc@mcallistersinc.com            |  |                                   |
| IN License Number: 193721047   |                              | Expiration: 05/17/2025                       |   |  |                                   |
| Licensed Asbestos Inspector: Environmental Solutions Group, Inc.                                       |                              |  | Project Designer: Maze Design, Inc.         |  |                                   |
| Address: 6685 Broadway, Suite 1  |                              |  | Address: 2601 National Road West            |  |                                   |
| City: Merrillville   |                              | State: IN                                    | ZIP: 46410                                  | City: Richmond                                 |                                   |
| State: IN  |                              | ZIP: 47374                                   |   | State: IN ZIP: 47374                           |                                   |
| Contact: Brian Gerike  |                              | Telephone: 219-769-3400                      |   | Contact: Daniel Inderstrodt                    |                                   |
| Telephone: 765-962-1300  |                              | E-mail: di@mazedesigninc.com                 |   |  |                                   |
| E-mail: info@esginfo.com   |                              | E-mail: di@mazedesigninc.com                 |   |  |                                   |
| IN License Number: 198123032   |                              | Expiration: 11/13/2024                       |   | IN License Number: 11300281                    |                                   |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No    |                              |  |   |  |                                   |
| <b>V. PROCEDURES / ANALYTICAL METHODS USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIALS</b> |                              |  |   |  |                                   |
| Licensed Inspector and Testing   |                              |  |   |  |                                   |
| <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.)  | NA                           | NA   | NA  | NA   | NA                                |
| Surface Area (Sq. Ft.)   | NA                           | NA   | NA  | 6,070  | NA                                |
| Total Volume (Cu. Ft.)   | NA                           | NA   | NA  | NA   | Na                                |
| Total amount on or off all facility components where length or area could not be measured previously   | NA                           | NA   | NA  | NA   | NA                                |
| <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): 06/21/2024 |  | End (mm/dd/yy): 08/31/2024                  |  |                                   |
| <b>IX. FACILITY DESCRIPTION</b>  |                              |  |   |  |                                   |
| Building Name: Geisen Funeral Home   |                              |  |   |  |                                   |
| Street Address: 7905 Broadway  |                              |  |   |  |                                   |
| City: Merrillville   |                              |  | State: In.                                  |  | County: Lake                      |
| Location of removal within building (including floor and room numbers):                                |                              | Total Removal                                |   |  |                                   |
| Building Size (Sq. Ft.): 7769  |                              | Number of Floors: 2                          |   | Age / Year Built: 60s ?                        |                                   |
| Present Use: Empty   |                              |  | Prior Use: Funeral Home                     |  |                                   |

**X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIAL REMOVED**

total removal, with excavator, loader and semi. recycle all recyclable material. All non recyclable material to Newton County Dump

**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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER**

Stop all work. Have all Asbestos removed by license Asbestos Removal Contractor.

**XIII. ASBESTOS WASTE TRANSPORTER**

Name: N/A

Address:

City:

State:

ZIP:

Contact:

Telephone:

E-mail:

**XIV. ASBESTOS WASTE DISPOSAL SITE**

Name: N/A

Address:

City:

State:

ZIP:

Contact:

E-mail:

**XV. ORDER 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**

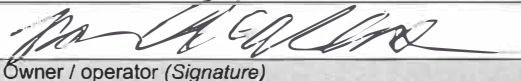
Date (mm/dd/yy) and Time of Emergency:

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.



Date (mm/dd/yy): 06/07 2024

E-mail: ronmc@mcallistersinc.com

Owner / operator (Signature)

Ron McAllister

Title: Estimator

Owner / operator (Printed)