



# 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

Ms. Lila Wever  
C. Lee Construction Services  
1011 S. Lake Street  
Gary, IN 46403  
[lwever@cleecsi.com](mailto:lwever@cleecsi.com)

Re: Inspection Summary Letter  
Former Airport Commercial Building  
Demolition  
Gary, Lake County

Dear Ms. Lila Wever:

On June 24, 2024, a representative of the Indiana Department of Environmental Management (IDEM), Northwest Regional Office (NWRO), conducted an inspection of the Former Airport Commercial Building Demolition, located at 6911 Airport Road in Gary, 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 [jlinscott@idem.in.gov](mailto:jlinscott@idem.in.gov).

Sincerely,

Jessica Linscott, Compliance Inspector  
Northwest Regional Office

ACES ID: 298451

ENCLOSURE

cc: Mrs. Jessica Linscott, Compliance and Enforcement Branch, NWRO  
Mr. Dan Vacari, Gary/Chicago International Airport Authority, 6001-C Airport Road,  
Gary, IN 46406, [dan@gcairport.com](mailto:dan@gcairport.com)

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



SITE INFORMATION	
SITE NAME/DESCRIPTION	Former Airport Commercial Building Demolition
SITE LOCATION	6911 Airport Road, Gary, Indiana 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	6/19/2024 to 6/28/2024
CONTRACTOR INFORMATION	Ms. Lila Wever, C. Lee Construction Services, 1011 S. Lake Street, Gary, IN 46403, lwever@cleecsi.com		
OWNER INFORMATION	Mr. Dan Vacari, Gary/Chicago International Airport Authority, 6001-C Airport Road, Gary, IN 46406, dan@gcairport.com		

INSPECTION INFORMATION			
INSPECTED BY	Mrs. Jessica Linscott		
INSPECTION DATE AND TIME	June 24, 2024	TIME IN: 11:00 AM	TIME OUT: 11:30 AM
REPORTED BY	Mrs. Jessica Linscott	REPORT DATE: June 26, 2024	
INSPECTION OBJECTIVE(S)	<input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Ordered Demolition <input type="checkbox"/> Other:		
ACES TRACKING NUMBER(S)	Notification/General Inspection: 298451		
	Complaint: N/A	Violation/Warning: N/A	
RM TRACKING NUMBER(S)	Complaint: N/A		
PROJECT STATUS	Demolition of the former airport commercial building has begun.		

PERSONNEL INTERVIEWED				
Name	Company	Title	Phone Number	Email Address
Mr. Randy Goldschmidt	C. Lee Construction Services	Operator	219-973-9411	N/A

<b>OBSERVATIONS</b>				
<b>GENERAL SITE OBSERVATIONS</b>				
Description of area(s) inspected and location of material(s): Upon arrival at 6911 Airport Road, I was able to determine that the demolition of the former airport commercial building has begun. I met with Mr. Randy Goldschmidt, operator with C. Lee Construction Services, who stated that the project is going well. I checked the site for suspect asbestos containing debris and none was observed. I thanked Mr. Goldschmidt for his time and ended the inspection.				
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 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	N/A square feet		
	N/A cubic feet	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. <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 Mr. Goldschmidt prior to exiting the site.

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 type="checkbox"/> Original	<input checked="" type="checkbox"/> Revised #3	<input type="checkbox"/> Canceled	<input type="checkbox"/> Courtesy
<b>II. FACILITY INFORMATION</b>					
Owner / Operator: Gary / Chicago International Airport Authority					
Address: 6001-C Airport Rd		City: Gary		State: IN	ZIP: 46406
Contact: Dan Vacari		Telephone: 219-949-9722		E-mail: dan@gciairport.com	
Asbestos Removal Contractor:		Demolition Contractor: C Lee Construction Services			
Address:		Address: 1011 S Lake St			
City:	State:	ZIP:	City: Gary	State: IN	ZIP: 46403
Contact:		Telephone:		Contact: Lila Wever	
E-mail:		E-mail: lwever@cleecsi.com			
IN License Number:		Expiration:			
Licensed Asbestos Inspector: Tyson Lovelace		Project Designer: n/a			
Address: 1006 165th Street		Address:			
City: Hammond	State: IN	ZIP: 46324	City:	State:	ZIP:
Contact: Tyson Lovelace		Telephone: 219-922-0844		Contact:	
E-mail: tyson.lovelace@safe-env.com		E-mail:			
IN License Number: 193721047		Expiration: 5/17/25		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 checked="" type="checkbox"/> No					
<b>V. PROCEDURES / ANALYTICAL METHODS USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIALS</b>					
Licensed asbestos inspector performed pre-demolition survey.					
<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.)	0	0	0	0	0
Surface Area (Sq. Ft.)	0	0	0	0	0
Total Volume (Cu. Ft.)	0	0	0	0	0
Total amount on or off all facility components where length or area could not be measured previously	0	0	0	0	0
<b>VII. SCHEDULED DATE OF STRIPPING / REMOVAL</b>		Start (mm/dd/yy): n/a		End (mm/dd/yy): n/a	
<b>VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION</b>					
Renovation	Start (mm/dd/yy): n/a	End (mm/dd/yy):			
Demolition	Start (mm/dd/yy): 6/19/24	End (mm/dd/yy): 6/28/24			
<b>IX. FACILITY DESCRIPTION</b>					
Building Name:					
Street Address: 6911 Airport Rd					
City: Gary		State: IN		County: Lake	
Location of removal within building (including floor and room numbers):		n/a			
Building Size (Sq. Ft.): 5,000		Number of Floors: 1		Age / Year Built: 63 / 1961	
Present Use: vacant		Prior Use: commercial			

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

Demolition will be done using heavy equipment. Debris will be transported to a licensed transfer station.

**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**

Water will be used during demolition to prevent emissions.

**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 work, isolate areas, determine if suspected material is acutally RACM, and notify appropriate agencies. Contact licensed asbestos contractor to remove all ACM prior to continuation of work.

**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. 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.

  
Owner / operator (Signature)

Date (mm/dd/yy): 6-17-24

E-mail: lwever@cleecsi.com

Lila Weaver

Title: Demolition Coordinator

Owner / operator (Printed)



# NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

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Asbestos Removal Contractor:		Demolition Contractor: C Lee Construction Services			
Address:		Address: 1011 S Lake St			
City:	State:	ZIP:	City: Gary	State: IN	ZIP: 46403
Contact:		Telephone:		Contact: Lila Wever	
E-mail:		E-mail: lwever@cleeci.com			
IN License Number:		Expiration:			
Licensed Asbestos Inspector: Tyson Lovelace		Project Designer: n/a			
Address: 1006 165th Street		Address:			
City: Hammond	State: IN	ZIP: 46324	City:	State:	ZIP:
Contact: Tyson Lovelace		Telephone: 219-922-0844		Contact:	
E-mail: tyson.lovelace@safe-env.com		E-mail:			
IN License Number: 193721047		Expiration: 5/17/25		IN License Number:	
Expiration:		Expiration:			
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	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.)	0	0	0	0	0
Surface Area (Sq. Ft.)	0	0	0	0	0
Total Volume (Cu. Ft.)	0	0	0	0	0
Total amount on or off all facility components where length or area could not be measured previously	0	0	0	0	0
<b>VII. SCHEDULED DATE OF STRIPPING / REMOVAL</b>		Start (mm/dd/yy): n/a		End (mm/dd/yy): n/a	
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Renovation	Start (mm/dd/yy): n/a	End (mm/dd/yy):			
Demolition	Start (mm/dd/yy): 6/18/24	End (mm/dd/yy): 6/28/24			
<b>IX. FACILITY DESCRIPTION</b>					
Building Name:					
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City: Gary			State: IN		County: Lake
Location of removal within building (including floor and room numbers):		n/a			
Building Size (Sq. Ft.): 5,000		Number of Floors: 1		Age / Year Built: 63 / 1961	
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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. 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

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Explanation of how the event caused unsafe conditions or would cause equipment damage:

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*Lila Wever*

Date (mm/dd/yy): 6-17-24

E-mail: lwever@cleecsi.com

Owner / operator (Signature)

Lila Wever

Title: Demolition Coordinator

Owner / operator (Printed)