



NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

State Form 44593 (R4 / 10-18)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Received
State of Indiana

OCT 17 2023

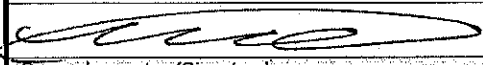
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Dept of Environmental Mgmt
State of Air Quality

I. TYPE OF NOTIFICATION (check one):		<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Revised	<input type="checkbox"/> Courtesy
II. FACILITY INFORMATION				
Owner / Operator: Indiana Gas Company, Inc. dba CenterPoint Energy Indiana North				
Address: P.O. Box 209		City: Evansville		State: IN ZIP: 47702
Contact: Mark Wannemueller		Telephone: (812) 491-4601		E-mail: mark.wannemueller@centerpointenergy.com
Asbestos Removal Contractor: N/A - no asbestos		Demolition Contractor: Miller Pipeline		
Address:		Address: 8850 Crawfordsville Rd		
City:	State:	ZIP:	City: Indianapolis	State: IN ZIP: 46234
Contact:	Telephone:	Contact:	Telephone: (317) 293-0278	
E-mail:		E-mail:		
IN License Number:	Expiration:			
Licensed Asbestos Inspector: Bradley S. Griggs		Project Designer:		
Address: 304 S State Ave		Address:		
City: Indianapolis	State: IN	ZIP: 46201	City:	State: ZIP:
Contact: Nikki Brown	Telephone: (317) 756-9320	Contact:	Telephone:	
E-mail: office@actenvironmental.com		E-mail:		
IN License Number: 190409061	Expiration: 10/09/2023	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				
Visual inspection of all building materials				
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.)	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
VII. SCHEDULED DATE OF STRIPPING / REMOVAL		Start (mm/dd/yy): N/A	End (mm/dd/yy): N/A	
VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION				
Renovation	Start (mm/dd/yy): N/A	End (mm/dd/yy): N/A		
Demolition	Start (mm/dd/yy): 10/31/23	End (mm/dd/yy): 10/31/23		
IX. FACILITY DESCRIPTION				
Building Name: 411 S Broadway Regulator Station				
Street Address: 411 S Broadway				
City: Pendleton		State: IN	County: Madison	
Location of removal within building (including floor and room numbers):		N/A		
Building Size (Sq. Ft.): 64		Number of Floors: One	Age / Year Built: Unknown	
Present Use: Natural gas regulator station		Prior Use: None		

CST 54858
Loc 2 Seq 2

John

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIAL REMOVED					
The building will be demolished with heavy equipment. Debris will be removed and hauled to a permitted landfill.					
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 - no asbestos.					
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 work immediately. Restrict access to the building and immediate area. Licensed asbestos inspector will determine extent and condition of ACM. File updated notification. Mobilize appropriate abatement contractor to the site as necessary to remove ACM and allow demolition to continue.					
XIII. ASBESTOS WASTE TRANSPORTER			XIV. ASBESTOS WASTE DISPOSAL SITE		
Name: N/A			Name: N/A		
Address:			Address:		
City:	State:	ZIP:	City:	State:	ZIP:
Contact:	Telephone:		Contact:	Telephone:	
E-mail:			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: 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): 10/17/23	E-mail: mark.wannemueller@centerpointenergy.com	
Owner / operator (Signature)					
Mark Wannemueller			Title: Lead Environmental Specialist		
Owner / operator (Printed)					