



NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS
 State Form 44593 (R4 / 10-18)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Received
 State of Indiana
 NOV 28 2023

Dept of Environmental Mgmt
 Office of Air Quality

290940

I. TYPE OF NOTIFICATION (check one):		<input type="checkbox"/> Original	<input checked="" type="checkbox"/> Revised	<input type="checkbox"/> Canceled	<input type="checkbox"/> Courtesy
II. FACILITY INFORMATION					
Owner / Operator: CSX Transportation					
Address: 500 Water Street		City: Jacksonville		State: FL	ZIP: 32202
Contact: Daniel Dyer		Telephone: 248-613-5753		E-mail: dan_dyer@csx.com	
Asbestos Removal Contractor: Star Environmental		Demolition Contractor: CSX Transportation			
Address: 2215 Alvard St		Address: 500 Water Street			
City: Indianapolis	State: IN	ZIP: 46205	City: Jacksonville	State: FL	ZIP: 32202
Contact: James Green	Telephone: 317-294-2231		Contact: Randy Wagner	Telephone: 765-891-0197	
E-mail: jgreen@starenv.net		E-mail: james_wagner2@csx.com			
IN License Number:	Expiration:				
Licensed Asbestos Inspector: Katie Gurnicz		Project Designer: N/A			
Address: 2499 Seren Drive		Address:			
City: Lebanon	State: IN	ZIP: 46052	City:	State:	ZIP:
Contact: Katie Gurnicz	Telephone: 219-369-2318		Contact:	Telephone:	
E-mail: N/A		E-mail:			
IN License Number: 19A011293	Expiration: 5/15/2022		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
V. PROCEDURES / ANALYTICAL METHODS USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIALS					
Survey performed in Feb. 2021. Samples were sent to licensed EMSL Laboratory - samples analyzed by PLM					
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.)		682			
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): 11/15/23		End (mm/dd/yy): 12/01/23	
VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION					
Renovation	Start (mm/dd/yy):	End (mm/dd/yy):			
Demolition	Start (mm/dd/yy): 12/01/23	End (mm/dd/yy): 12/04/23			
IX. FACILITY DESCRIPTION					
Building Name: IN 644 - West End Car Department					
Street Address: 491 South County Road 800 East					
City: Avon			State: IN	County: Hendricks	
Location of removal within building (including floor and room numbers):		All ACM will be abated prior to demolition			
Building Size (Sq. Ft.): 600 SF		Number of Floors: 1	Age / Year Built: Unknown		
Present Use: Not in Use			Prior Use: Break Room		

290587

Est 45
 Loc 1 Seg 9

1st Q24

John

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

ACM to be abated by licensed contractor prior to demolition. Clean demolition to be completed by CSX utilizing heavy equipment.

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

Asbestos abatement will include component removal with hand tools utilizing wet method techniques. A Competent person will be on site during the clean demolition per NESHAP requirement.

XII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLD, PULVERIZED, OR REDUCED TO POWDER

Stop work, contact appropriate personnel, IN licensed inspector will sample material. If confirmed to be ACM the material will be abated prior to continuation.

XIII. ASBESTOS WASTE TRANSPORTER

Name: Star Environmental
 Address: 2215 Alvord St
 City: Indianapolis State: IN ZIP: 46205
 Contact: James Green Telephone: 317-294-2231
 E-mail: jgreen@starenv.net

XIV. ASBESTOS WASTE DISPOSAL SITE

Name: South Side Landfill
 Address: 2561 Kentucky Avenue
 City: Indianapolis State: IN ZIP: 46221
 Contact: Tyler Hunter
 E-mail: thunter@ssidelandfill.com

XV. ORDER DEMOLITIONS

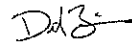
Agency Name:	Date Ordered Demolition to Begin (mm/dd/yy):
Contact: Title:	Telephone: E-mail:
Regulatory Authority:	Date of Order (mm/dd/yy):

XVI. EMERGENCY RENOVATIONS

Date (mm/dd/yy) and Time of Emergency: [REDACTED]
 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): 11/28/23	E-mail: derik.zimmerman@aecom.com
Owner / operator (Signature)	[REDACTED]	
Derik Zimmerman as agent for CSX	Title: Environmental Scientist	
Owner / operator (Printed)	[REDACTED]	



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Contact: James Green	Telephone: 317-294-2231		Contact: Randy Wagner	Telephone: 765-891-0197	
E-mail: jgreen@starenv.net			E-mail: james_wagner2@csx.com		
IN License Number:		Expiration:			
Licensed Asbestos Inspector: Katie Gurnicz			Project Designer: N/A		
Address: 2499 Seren Drive			Address:		
City: Lebanon	State: IN	ZIP: 46052	City:	State:	ZIP:
Contact: Katie Gurnicz	Telephone: 219-369-2318		Contact:	Telephone:	
E-mail: N/A			E-mail:		
IN License Number: 19A011293		Expiration: 5/15/2022		IN License Number:	
Expiration:		Expiration:			
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Surface Area (Sq. Ft.)		82			
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): 11/15/23		End (mm/dd/yy): 11/17/23	
VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION					
Renovation	Start (mm/dd/yy):	End (mm/dd/yy):			
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John

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XV. ORDERD DEMOLITIONS

Agency Name:

Date Ordered Demolition to Begin (mm/dd/yy):

Contact:

Title:

Telephone:

E-mail:

Regulatory Authority:

Date of Order (mm/dd/yy):

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Date (mm/dd/yy): 11/15/23

E-mail: derik.zimmerman@aecom.com

Owner / operator (Signature)

Derik Zimmerman as agent for CSX

Title: Environmental Scientist

Owner / operator (Printed)