

* Industrial Ins.



NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

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

Received
State of Indiana

FEB 28 2024

Dept of Environmental Mgmt
Office of Air Quality

293712-

294050

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: City of Gary					
Address: 504 Broadway			City: Gary	State: IN	ZIP: 46402
Contact: Cedric Kuykendall			Telephone: 219-886-1531	E-mail: ckuykendall@gary.gov	
Asbestos Removal Contractor:			Demolition Contractor: Rieth Riley		
Address:			Address: 7500 W 5th Ave		
City:	State:	ZIP:	City: Gary	State: IN	ZIP: 46406
Contact:		Telephone:	Contact: Jim Wiseman		Telephone: 219-977-0722
E-mail:			E-mail: jwiseman@rieth-riley.com		
IN License Number:		Expiration:			
Licensed Asbestos Inspector: Lake County Environmental Services, LLC			Project Designer:		
Address: 2158 45th St. Suite #155			Address:		
City: Highland	State: IN	ZIP: 46322	City:	State:	ZIP:
Contact: Robert Rumsey		Telephone: 219-455-1239	Contact:		Telephone:
E-mail: lakecountyservices82@gmail.com			E-mail:		
IN License Number: 19A013954		Expiration: 05/23/24		IN License Number:	
Expiration:		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					
A site inspection was conducted and tested by Polarized Light					
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): 02/26/24	End (mm/dd/yy): 12/21/24			
IX. FACILITY DESCRIPTION					
Building Name:					
Street Address: SEE ATTACHED					
City:			State:	County: Lake	
Location of removal within building (including floor and room numbers):					
Building Size (Sq. Ft.):			Number of Floors:	Age / Year Built:	
Present Use:			Prior Use:		

Est 34824
Loc 3 seg 2

Linscott

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

Hydraulic Excavator will be used to dismantle the structure
 Excavator and payloader will load debris onto trucks
 wood, bricks, and concrete hauled away

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

crew will adequately wet the material for demolition

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

operations will cease and a certified Asbestos Contractor will be used to remove material

XIII. ASBESTOS WASTE TRANSPORTER			XIV. ASBESTOS WASTE DISPOSAL SITE		
Name:			Name:		
Address:			Address:		
City:	State:	ZIP:	City:	State:	ZIP:
Contact:		Telephone:	Contact:		E-mail:
E-mail:			E-mail:		

XV. ORDER DEMOLITIONS

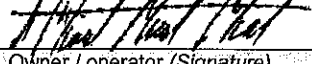
Agency Name:		Date Ordered Demolition to Begin (mm/dd/yy):	
Contact:	Title:	Telephone:	E-mail:
Regulatory Authority:		Date of Order (mm/dd/yy):	

XVI. EMERGENCY RENOVATIONS

Date (mm/dd/yy) and Time of Emergency:	
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): 02/28/24	E-mail: info@lises.org
Owner / operator (Signature)		
Tomas A Amaya	Title: Coordinator	
Owner / operator (Printed)		

FACILITY DESCRIPTION:

1046 Gibson Place

Gary, IN Lake County

Entire Property

800 Sq Ft 1Floor Built: 1948

Residential Property

293712

FACILITY DESCRIPTION:

5247 E 13th St

Gary, IN Lake County

Entire Property

850 Sq Ft 1Floor Built: 1953

Residential Property

293682

FACILITY DESCRIPTION:

1151 Fayette St

Gary, IN Lake County

Entire Property

750 Sq Ft 1Floor Built: 1951

Residential Property

294051

FACILITY DESCRIPTION:

1127 Gibson Pl

Gary, IN Lake County

Entire Property

853 Sq Ft 1Floor Built: 1953

Residential Property

293681

FACILITY DESCRIPTION:

5120 E 11th Ave

Gary, IN Lake County

Entire Property

850 Sq Ft 1Floor Built: 1953

Residential Property

293709

FACILITY DESCRIPTION:

5373 E 11th Ave

Gary, IN Lake County

Entire Property

850 Sq Ft 1Floor Built: 1954

Residential Property

294050
