

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
 NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

280183

TYPE OF NOTIFICATION (check one): Original Revised Cancelled Corrected
 *Must include copy of notification which is being revised.

FACILITY INFORMATION (facility owner, demolition contractor, demolition contractor, inspector, and project designer)

Owner: MICHELLE MORGAN
 Address: 10201 Old Highway 62 East
 City: Mt Vernon State: IN
 Contact: _____ Telephone #: (812) 568-4928

Received
 State of Indiana
 FEB 15 2023
 Dept of Environmental Mgmt
 Office of Air Quality

Removal Contractor: NA Demolition Contractor: Hooper Hardin LLC
 Address: _____ Address: 1200 Main Street
 City: _____ State: _____ Zip: _____ City: Mt Vernon State: IN Zip: 47362
 Contact: _____ Phone: _____ Contact: Michelle Morgan Phone: 812-781-0285

IN License #: _____ Expiration: _____
 Inspector: Steve Plouffe Project Designer: NA
 Address: P.O. Box 6935 Address: _____
 City: Evansville State: IN Zip: 47719 City: _____ State: _____ Zip: _____
 IN License #: 152101061 Expiration: Apr 15 2023 IN License #: _____ Expiration: _____
 Phone: 812-204-0285 Phone: _____

TYPE OF OPERATION (check one): Intentional Burning Renovation Demolition Emergency Renovation Ordered Demolition

IS ASBESTOS PRESENT? (check one): YES NO

PROCEDURES, INCLUDING ANALYTICAL METHODS IF APPROPRIATE, USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIAL:
Inspected by licensed inspector, samples pulled and tested with no asbestos found.

APPROXIMATE AMOUNT OF ASBESTOS (including regulated ACM, Category I non friable Category II non friable ACM)

	Regulated ACM to be removed	Non-friable Asbestos Material To be removed		Non Friable Asbestos Material Not to be removed before demolition	
		Category I	Category II	Category I	Category II
Floors (Linear)	0	0	0	0	0
Surface Area (SqFt)	0	0	0	0	0
Total Volume (CuFt)	0	0	0	0	0
Wool Components	0	0	0	0	0

SCHEDULED DATES OF ASBESTOS STRIPPING/REMOVAL Start: NA End: NA
 SCHEDULED DATES OF RENOVATION Start: NA End: NA DEMOLITION Start: 2/15/23 End: 2/15/23

FACILITY DESCRIPTION (including building name, floor, and room number)

Building Name: CESTERS
 Street Address: 10201 Old Highway 62 East
 City: Mt Vernon State: Indiana County: Posey
 Location of removal within building: NA
 Building Size (SqFt): 4400 sqft # of Floors: 2 Age: 90yrs
 Present Use: _____ Prior use: _____

CS+55650
 Loc 1 Seq 2

ROOS

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

Taking structure completely down including roof by crane and filling in basement with debris and soil. No asbestos removal as of to higher molecular weight. All materials sent to waste.

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 NON-FIBRIL ASBESTOS MATERIAL FROM BECOMING FIBRIL IN THE COURSE OF THE PROJECT

NA No ACM

XII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FIBRIL ASBESTOS MATERIAL BECOMES CHALLENGED, FIBRILIZED, OR REDUCED POWDER

Project stopped and inspector brought in to verify asbestos status

XIII. WASTE TRANSPORTER
Name: NA
Address:
City: State: Zip:
Contact: Phone:

XIV. WASTE DISPOSAL SITE
Name: NA
Address:
City: State: Zip:
Contact: Phone:

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW AND ATTACH A COPY OF THE ORDER TO THIS FORM. IF THE FACILITY IS NOT INSPECTED PRIOR TO DEMOLITION, THE DEBRIS MUST BE KEPT ADEQUATELY WET. THE DEBRIS MUST THEN BE INSPECTED AFTER DEMOLITION OR ASSUME ALL DEBRIS TO BE CONTAMINATED WITH RACH AND DISPOSED OR APPROPRIATELY TO COMPLY WITH 336 JAC 14-10-1(B)

NA Title: Date covered by report: State of Ohio:

XVI. FOR EMERGENCY DEMOLITIONS: Date and time of emergency:

Description of sudden, unexpected event: NA
Explanation of how the event occurred (include sketches or words where equipment damage)

XVII. 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, WHO HAVE BEEN TRAINED IN 32BAC 14-10-20(F) PART B1, SUBPART A AND, IF APPLICABLE, 32BAC 14-10-20(F) PART B2, CONTROL BOARD REGULATION 14. THE TRAINED INDIVIDUAL(S) ALONE, WITH EVIDENCE THAT THE REQUIRED TRAINING WAS ACCOMPLISHED, SHALL BE AVAILABLE AT THE JOB SITE THROUGHOUT THE WORKING HOURS.

M. H. McHenry
Owner/Operator (Signature)
M. H. McHenry
Owner/Operator (Printed)

1-30-03
Date
Owner
Title

POSTMARK RECEIVED REVIEWED BY DEFICIENCIES

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS**

Received
State of Indiana

Use Form 11593 (R2, 8-99)

TYPE OF NOTIFICATION (check one): Original Revised Canceled Court **FEB 15 2023**

FACILITY INFORMATION (Identify owner, removal contractor, demolition contractor, inspector, and project designer)

Owner: MICHELLE MAIKRANZ
 Address: 10301 OLD HWY 62, E
 City: MT. VERNON State: IN Zip: 47620
 Contact: _____ Telephone #: (812) 568-4918

Removal Contractor: NA Demolition Contractor: Hoosier Haul IN LLC
 Address: _____ Address: 9700 Monroe Lane
 City: _____ State: _____ Zip: _____ City: Mt. Vernon State: IN Zip: 47620
 Contact: _____ Phone: _____ Contact: Markon Rickman Phone: 812-781-0134

IN License #: _____ Expiration: _____

Inspector: Steve Plough (Required for asbestos projects at schools K - 12)

Dept of Environmental Mgmt
Office of Air Quality

Inspector: Steve Plough (Required for asbestos projects at schools K - 12)
 Address: P.O. Box 6935 Project Designer: NA
 City: Evansville State: IN Zip: 47719 Address: _____
 IN License #: 192-101661 Expiration: Apr 15 2023 City: _____ State: _____ Zip: _____
 Phone: 812-204-0285 IN License #: _____ Expiration: _____
 Phone: _____

TYPE OF OPERATION (check one): Intentional Burning: _____ Renovation: _____ Demolition: Emergency Renovation: _____ Ordered Demolition: _____

IS ASBESTOS PRESENT? (check one) YES: _____ NO:

PROCEDURES, INCLUDING ANALYTICAL METHODS, IF APPROPRIATE, USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIAL
Inspected by licensed inspector, samples pulled and tested with no asbestos found

APPROXIMATE AMOUNT OF ASBESTOS (Including Regulated ACM, Category I non-friable Category II non-friable ACM)

	Regulated ACM to be removed	Non-friable Asbestos Material To be removed		Non-friable Asbestos Material Not to be removed before demolition	
		Category I	Category II	Category I	Category II
Floors (LnFt)	0	0	0	0	0
Surface Area (SqFt)	0	0	0	0	0
Total Volume (CuFt)	0	0	0	0	0
Other Components	0	0	0	0	0

SCHEDULED DATES OF ASBESTOS STRIPPING/REMOVAL: Start: NA End: NA
 SCHEDULED DATES OF RENOVATION: Start: NA End: NA DEMOLITION: Start: March 10 End: April 10

FACILITY DESCRIPTION (including building name, floor, and room number)

	ACM to be removed	To be removed		Not to be removed before demolition	
		Category I	Category II	Category I	Category II
Asbestos (LnFt)	0	0	0	0	0
Surface Area (SqFt)	0	0	0	0	0
Total Volume (CuFt)	0	0	0	0	0
Other Components	0	0	0	0	0

I. SCHEDULED DATES OF ASBESTOS STRIPPING/REMOVAL: Start: NA End: NA
 II. SCHEDULED DATES OF RENOVATION: Start: NA End: NA DEMOLITION: Start: March 10 End: April 11

FACILITY DESCRIPTION (Including building name, floor, and room number)

Building Name: FESTER'S

Street Address: 10301 Old Highway 62 East

City: Mt. Vernon State: Indiana County: Posey

Location of removal within building: NA

Building Size (SqFt): 4400 sq/ft # of Floors: 2 Age: 60 yrs

Present Use: Vacant Prior use: Restaurant

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

Taking structure completely down including hard up of concrete and filling in basement with dirt. Wood siding will be removed and disposal of at lumber yard. Metal will be scrapped at Scrap yard.

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 NON-FRIABLE ASBESTOS MATERIAL FROM BECOMING FRIABLE IN THE COURSE OF THE PROJECT.

NA, No ACM

XII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLING, PULVERIZED, OR REDUCED POWDER.

Project stopped and inspector brought in to verify asbestos source.

XIII. WASTE TRANSPORTER

XIV. WASTE DISPOSAL SITE

XIII.

WASTE TRANSPORTER

Name: NA

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____

XIV.

WASTE DISPOSAL SITE

Name: NA

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____

XV.

IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW AND ATTACH A COPY OF THE ORDER TO THIS FORM. IF THE FACILITY IS NOT INSPECTED PRIOR TO DEMOLITION, THE DEBRIS MUST BE KEPT ADEQUATELY WET. THE DEBRIS MUST THEN BE INSPECTED AFTER DEMOLITION OR ASSUME ALL DEBRIS TO BE CONTAMINATED WITH RACM AND DISPOSED OF APPROPRIATELY TO COMPLY WITH 326 IAC 14-10-1(b).

Name: NA Title: _____ Date ordered to begin: _____

Authority: _____ Date of Order: _____

XVI.

FOR EMERGENCY RENOVATIONS:

Date and time of emergency: _____

Description of sudden, unexpected event: NA

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

XVII.

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.

Michelle Maikranz
Owner/operator (signature)

MICHELLE MAIKRANZ
Owner/operator (printed)

1-30-23
date

OWNER
affiliation