

							e i e	b:			
							Receive State of In		29362		
NOT	IFICAT	ION OF DEMO	ITION A	ND BENC	WATION (	ODEDATI		E ////	somt .		
State F INDIAN	Form 4459 NA DEPAF	TON OF DEMOL 33 (R4 / 10-18) RTMENT OF ENVIRO	NMENTAL I	MANAGEMEN	Т	or Erocu	ONSEB L	onmental in Air Qualith	) Na		
I. TYPE OF NOTIFIC	CATION	(check one):	☐ Origin	nal	☑ Revise	#3	☐ Canceled		☐ Courtesy		
II. FACILITY INFOR	MATION				100	16					
Owner / Operator: Ale	xander C	hemical									
Address: 7593 S. Firs	st Road, I	Kingsbury Industrial	Park	City: Kings	sbury			State: IN	ZIP: 46345		
Contact: Brian Binkle	y			Telephone:	219-402-05	74		E-mail: 8r	ian.Binkley@alexchem.com		
Asbestos Removal Cor			Company	~	Contractor: P		ating				
Address: 8905 W. 18	7th Stree	t, Suite 200		Address: 2	020 Ohio Str	eet					
City: Mokena			IP: 60448	City: LaPo		•		State: IN	ZIP: 46345		
Contact: Daniel Schul		Telephone: 708-	799-0028	Contact: M				Telephone	: 219-362-2305		
E-mail: dschuman@n				E-mail: mil	ke@paveyind	c.com					
IN License Number: 19 Licensed	32418050	Expiration: 9/13	/2024								
Asbestos Inspector:	D	ave Mastey		Project Des	igner: n/a						
Addréss: 1404 - 119th	n Street			Address: 11	/a						
City: Whiting			IP: 46394	City: n/a				State: n/a	ZIP: n/a		
Contact: David Maste	y, CSP	Telephone: 219-	473-0600	Contact: n/a Telephone: n/a							
E-mail: dmastey@pel		·		E-mail: n/a							
IN License Number: 19	A005050	Expiration: 9/13	/2024	IN License I	IN License Number: n/a Expiration: n/a						
III. TYPE OF OPERA	ATION	The Friedrick									
☑ Demolition		Renovation		Ordered Den	Ordered Demolition			n 🔲 ln	tentional Burning		
IV. IS ASBESTOS P	RESENT	? 🛛 Yes 📗	No								
V. PROCEDURES /								BESTOS N	IATERIALS		
Bulk samples analyz	ed using	PLM utilizing the EP	A recomm	ended metho	d EPA/600/F	R-93/1 16, 1	993.				
VI. APPROXIMATE	AMOUN1			OVED AND	OR NOT TO	BE REMO	VED				
		Regulated ACM to be removed		iable Asbestos	Material to be	e removed	Nonfriable As	bestos Mate	erial NOT to be removed		
				ategory I	able Asbestos Material to be removed tegory I Category II		Category (		Category II		
Pipes (Ln. Ft.)		300		0	i	)	Oategory 0	· · · · ·	O		
Surface Area (Sq. Ft.)		0		0	30	00	0		0		
Total Volume (Cu. Ft.)		0		0	(	)	0		0		
Total amount on or off a components where leng area could not be meast previously	th or	50		0	7	5	0		0		
VII. SCHEDULED DA	ATE OF S	TRIPPING / REMO	VAL Sta	art (mm/dd/yy):	1/31/2024	End (mm)	<sub>'dd/yy):</sub> 2/9/202	4			
VIII. SCHEDULED D								I V			
Renovation		√dd/yy); n/a	7	/dd/yy): n/a	100000000000000000000000000000000000000						
Demolition		vdd/yy): 02/20/2024		/dd/yy): 02/23	/2024	german sta					
X. FACILITY DESCR					ACCOUNT OF THE PARTY OF THE PAR						
Building Name: East S		uilding		THE PERSON NAMED IN COLUMN TO SERVICE OF THE SERVIC		Property of the State of the St	A COLOR OF THE PARTY OF THE PAR	ALCOHOLOGY CONTRACTOR	44-15-15-16-16-16-16-16-16-16-16-16-16-16-16-16-		
Street Address: 7593 S		· · · · · · · · · · · · · · · · · · ·	trial Park								
City: Kingsbury					State: II	N		ounty: LaPo	orte		
Location of removal with					j State			C			
<i>(including floor and room</i> Building Size (Sq. Ft.): S		y: 1 unoughout			1 1.	134 5	и. 60±	wee			
Present Use: vacant			Numi	ber of Floors:		ge / Year Bui	III. OOF				
Tesetit Use: vacait				Į F	Prior Use: sto	ayc					

cst 284 Loc2 Seg3

Page 1 of 2

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V perceptation of all the second								
X. DESCRIPTION OF PLANNED DEF FACILITY COMPONENTS AND TYPE	MOLITION OR E OF MATERI	RENOVATIONAL REMOVER	N WORK, METHODS/TECH	NIQUES TO BE US	ED, AFFECTED			
Removal of asbestos containing tsi and tra				ing glowhoo non-frigh	-I- intest achastas removal			
Demolition will be completed using heavy	equipment.	II Or Oring Cause,	die. Work will be completed son	ng giovenay, noirman	de intact aspesios removai,			
VI DESCRIPTION OF WORK PRACT	TIOTO AND EL	· · · · · · · · · · · · · · · · · · ·						
XI. DESCRIPTION OF WORK PRACT AT THE SITE; INCLUDING ASBEST	OS STRIPPING	G. REMOVAL .	AND WASTE HANDLING PR	O PREVENT EMISS	SIONS OF ASBESTOS			
ASBESTOS MATERIAL FROM BECO	OMING FRIABI	BLE IN THE CO	OURSE OF THE PROJECT					
All acm will be wetted and placed in double the asbestos NESHAPS.	∍6 mil poly with p	ргорег OSHA ап	ıd identification labels as specifie	ed and disposal of in a	landfill that fulfills 61.415 of			
XII. DESCRIPTION OF PROCEDURE NONFRIABLE ASBESTOS MATERIA	S TO BE FOLI	LOWED IN TH	IE EVENT UNEXPECTED A	SBESTOS IS FOUN	ID OR PREVIOUSLY			
Area will be sealed, proper authorities will t								
,, ,	76 Heatheway	Hai well bo .a	760 and/or encapsulates, aloa	in de wet wiher.				
XIII. ASBESTOS WASTE TRANSPOR	RTER		XIV. ASBESTOS WASTE	DISPOSAL SITE				
Name: Homewood Disposal			Name: Laraway Landfill					
Address: 1501 W. 175th Street			Address: 21233 W. Laraway Road					
City: Homewood	State: IL	ZIP: 60430	City: Joliet	State: IL	ZIP: 60436			
Contact: Greg Piersma	Telephone: 70	)8-798-1004	Contact:	•				
E-mail: gpiersma@mydisposal.com			E-mail:	<del></del>				
XV. ORDERD DEMOLITIONS					***************************************			
Agency Name:			Date Ordered Demolition to Be	egin <i>(mm/dd/yy)</i> :				
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:		<u> </u>						
First Street Brown		·						
Explanation of how the event caused unsafe	conditions or we	ould cause equip	oment damage:					
XVII. CERTIFICATION STATEMENT A	ND SIGNATU	RE BY OWNE	ER / OPERATOR					
I HEREBY CERTIFY THAT THE INFORMATI PROJECT SUPERVISORS, TO IMPLEMENT AND, IF APPLICABLE, INDIANAPOLIS AIR F	TON IN THIS NOT TTHIS ASBESTO POLLUTION CON	TIFICATION IS C OS PROJECT, WI NTROL BOARD I	CORRECT AND THAT I WILL ONL WHICH HAVE BEEN TRAINED IN 3.	3261AC 14-10; 40 CFR P	PART61, SUBPARTM;			
THAT THE REQUIRED TRAINING WAS AC	JONN LIONCO O	HALL BE AVAIL	ABLE AT THE JOB SITE DURIN	G ACTUAL WORKING	HOURS.			
" wy conzony			Date (mm/dd/yy): 2/15/2024	ate (mm/dd/yy): 2/15/2024 E-mail: mcastellarin@mocompany.com				
Owner / operator/(Signature)								
Mary Castellarin			Title: compliance					
Owner / operator (Printed)	W. J. W. Steff Control	9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						

Title: compliance



									X	
	NOTIFICATION State Form 44593 INDIANA DEPART						Received of Ind	IBNE	norm 293281	
	ALEX						state of II.	econmental v	1286	
í	NOTIFICATION	ON OF DEMO	LITION A	ND RENOV	/ATION O	PERATIO	$g_{\sim}$ žac	B Co ral	Norm.	
Ì	State Form 44593	(R4 / 10-18) [MENT OF ENVIRO	ONMENTAL M	IANAGEMENT			FED	COULDELING	a 'f 1"	
							at of En	e of Vil.	v	
Ţ	. TYPE OF NOTIFICATION (c	heck one):	☐ Origina	al	<b>☑</b> Revised	#2	DNS FEB		☐ Courtesy	
	I. FACILITY INFORMATION									
	Owner / Operator: Alexander Ch	emical	r trongs					-10		
			l Park	City: Kingst	ourv			State: IN	ZIP: 46345	
					219-402-057	4			an.Binkley@alexchem.com	
_	Asbestos Removal Contractor: M	& O Environment	al Company	1	ontractor: Pav		ıtina	E mail.		
	Address: 8905 W. 187th Street,			1	20 Ohio Stre		9			
- 1	City: Mokena	State: IL	ZIP: 60448	City: LaPort				State: IN	ZIP: 46345	
/ 1	Contact: Daniel Schuman	Telephone: 708		Contact: Mil					219-362-2305	
	-mail: dschuman@mocompan				e@paveyinc.	com		, alabitorio		
	N License Number: 192418050	Expiration: 9/	3/2024							
T	lcensed	<del> </del>			nin					
_	Asbestos Inspector: Da Address: 1404 - 119th Street	ive Mastey		Project Design						
	States: 1404 - 11901 Street	State: IN	ZIP: 46394	City: n/a	^			State: n/a	ZIP: n/a	
_	Contact: David Mastey, CSP	Telephone: 21	· · · · · · · · · · · · · · · · · · ·	Contact: n/a	······································			Telephone: n/a		
-	-mail: dmastey@pekron.net	j reteptione. – ·		E-mail: n/a		1 01001 1010				
	N License Number: 19A005050	Expiration: 9/	13/2024						n/a	
	II. TYPE OF OPERATION									
_		Renovation	Ir	☐ Ordered Demolition ☐ Emergency Renovation ☐ Intentional Burnin						
_	V. IS ASBESTOS PRESENT		□No							
				DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIALS						
	<del></del>			nended method EPA/600/R-93/1 16, 1993.						
Ţ	VI. APPROXIMATE AMOUNT	OF ASBESTOS	TO BE REM	IOVED AND/	OR NOT TO	BE REMO	VED			
		Regulated ACM to	o be		·		1	ahaataa Mai	erial NOT to be removed	
		removed		iable Asbestos ategory I	Categ		Categor		Category II	
<u> </u>	Pipes (Ln. Ft.)	300	<u>`</u>	0	Categ		Oalegoi 0	**	0	
	Surface Area (Sq. Ft.)	0		0	300	00	0		0	
	Total Volume (Cu. Ft.)	0		0	0		0		0	
Γ.	Total amount on or off all facility									
- 1	components where length or area could not be measured	50		0 75		0 .		0		
-	previously				1/04/0004	T	2/2/22			
_	VII. SCHEDULED DATE OF S			art (mm/dd/yy):	1/31/2024	End (mm	<sub>/dd/yy):</sub> 2/9/20	24		
Ľ	VIII. SCHEDULED DATES OF RENOVATION / DEMOLITIO									
				<sub>n/dd/yy):</sub> n/a	/2024					
-	Demolition   Start (mm/dd/yy): 02/19/2024   End (mm/dd/yy): DESCRIPTION   East Storage Pullding				12024					
	Building Name: East Storage Bu Street Address: 7593 S. First Ro	<del> </del>	<u> </u>			<del></del>				
_	· · · · · · · · · · · · · · · · · ·	rau, Milysbury In	uusuldi Palk		C4-4 II			County: LaF	Porte	
	City: Kingsbury Location of removal within building				State: II		1 (	Jounty: Lar	one	
	(including floor and room numbers					· · · · · · · · · · · · · · · · · · ·				
		7·. 1. <u></u>	1		1					
	Building Size (Sq. Ft.): 3000 Present Use: vacant	<u> </u>	Nun	nber of Floors:	1 A	ge / Year Bi	uilt: 60+			

292174 CS+284 Loe 2-Seq 3

### X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK. METHODS/TECHNIQUES TO BE USED. AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIAL REMOVED Removal of asbestos containing tsi and transite. Demolition of entire structure. Work will be completed using glovebag, non-friable intact asbestos removal. Demolition will be completed using 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 All acm will be wetted and placed in double 6 mil poly with proper OSHA and identification labels as specified and disposal of in a landfill that fulfills 61.415 of the asbestos NESHAPS. 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 Area will be sealed, proper authorities will be notified, material will be removed and/or encapsulated, area will be wet wiped. XIII. ASBESTOS WASTE TRANSPORTER XIV. ASBESTOS WASTE DISPOSAL SITE Name: Homewood Disposal Name: Laraway Landfill Address: 1501 W. 175th Street Address: 21233 W. Laraway Road City: Homewood State: IL 7IP: 60430 City: Joliet State: IL 7IP- 60436 Telephone: 708-798-1004 Contact: Greg Piersma Contact: E-mail: gpiersma@mydisposal.com E-mail: XV. ORDERD DEMOLITIONS Date Ordered Demolition to Begin (mm/dd/yy): Agency Name: Title: Telephone: E-mail: Contact: Date of Order (mm/dd/yy): Regulatory Authority: 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): 2/8/2024 E-mail: mcastellarin@mocompany.com

Owner / operator (Signature)

Mary Castellarin Title: compliance
Owner / operator (*Printed*)

Page 2 of 2



# NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS late of Indiana State Form 44593 (R4 / 10-18) INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OF THE PROPERTY OF THE PROPE

JAN 26 2024

office of the Quality

	I. TYPE OF NOTIFICATION (ch	eck one):	☐ Origina	al .	(Z) Revise	a #1	Dept cafficer	d 37 F/4	☐ Courtesy
l	II. FACILITY INFORMATION	Production had both two its and far	STANTS CALALIERS (ASIA) IS		CONTRACTOR STATE	error and dept. William Service	enter almost describe	SECRETARIST CONTRACTOR	
	Owner / Operator: Alexander Che	· · · · · · · · · · · · · · · · · · ·	arrenge (arrus res ,,,	26.84 (42.22.1 (27.1 p. 96 <sup>2</sup> )) 1 1,000 p. 200					
								State: IN	ZIP: 46345
	Contact: Brian Binkley	City: Kingst		574			rian.Binkley@alexchem.com		
	Asbestos Removal Contractor: M &	<del> </del>		avey Excava	ating				
$\checkmark$	Address: 8905 W. 187th Street,	Address: 20							
١	City: Mokena	7	ZIP: 60448	City: LaPort				State: IN	ZIP: 46345
	Contact: Daniel Schuman	Telephone: 708-		Contact: Mil					e: 219-362-2305
	E-mail: dschuman@mocompany.com			E-mail: mike	e@paveyin	c.com			
	IN License Number: 192418050	Expiration: 9/13	3/2024						
	Licensed	ve Mastey		Project Desig	gner: n/a				
ı	Address: 1404 - 119th Street			Address: n/a					
i	City; Whiting	State: IN 2	ZIP: 46394	City: n/a				State: n/a	zip; n/a
	Contact: David Mastey, CSP	Telephone: 219-	473-0600	Contact: n/a				Telephone	<sub>a:</sub> n/a
	E-mail; dmastey@pekron.net			E-mail: n/a					
l	IN License Number: 19A005050	Expiration: 9/13	3/2024	IN License N	umber: n/a			Expiration	: n/a
	III. TYPE OF OPERATION	a Programme	$\psi + \phi \in$						
	☑ Demolition □	Renovation		Ordered Dem	olition	☐ Emerge	ency Renovati	on 🔲 li	ntentional Burning
	IV. IS ASBESTOS PRESENT?	☑ Yes [	⊒ No						
	V. PROCEDURES / ANALYTIC	AL METHODS U	SED TO DI	ETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIALS					
	Bulk samples analyzed using Pl	LM utilizing the EF	PA recomme	ended method	EPA/600/	R-93/1 16, 1	993.		
ı				NOVED AND/OR NOT TO BE REMOVED					
		Regulated ACM to I removed		able Asbestos	Material to I	oe removed	Asbestos Ma	terial NOT to be removed	
- [		,		Category I Category II			Category I		Category II
	Pipes (Ln. Ft.)	300		0		0	0		0
ı	Surface Area (Sq. Ft.)	0		0	3	000	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	50		0	75		0		0
	VII. SCHEDULED DATE OF ST	RIPPING / REMO	OVAL Sta	ırt (mm/dd/yy):	1/31/2024	End (mm	/dd/yy): 2/9/20	124	
	VIII. SCHEDULED DATES OF	RENOVATION / E	DEMOLITIO	N				i in the	
	Renovation Start (mm/c	<sub>ld/yy):</sub> n/a	End (mm	m/dd/yy): n/a					
	Demolition Start (mm/dd/yy): 02/13/2024 End (mm/d			/dd/yy): 02/26/	2024	and the second second			
	IX. FACILITY DESCRIPTION		有限的對			HELD IN ALL PR			
	Building Name: East Storage Buil			·····					
	Street Address: 7593 S. First Roa								
	City: Kingsbury	·			State:	iN		County: LaF	Porte
ı	Location of removal within building (including floor and room numbers):	throughout							
ı	Building Size (Sq. Ft.): 3000		Num	ber of Floors:	1	Age / Year Bu	ıilt: 60+		
Ī	Present Use: vacant				rior Use: st				

292174 CS+284 LOC 2 Seg 3

Page 1 of 2

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

Removal of asbestos containing tsi and transite. Demolition of entire structure. Work will be completed using glovebag, non-frlable intact asbestos removal. Demolition will be completed using 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

All acm will be wetted and placed in double 6 mil poly with proper OSHA and identification labels as specified and disposal of in a landfill that fulfills 61.415 of the asbestos NESHAPS.

## 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

Area will be sealed, proper authorities will be notified, material will be removed and/or encapsulated, area will be wet wiped.

Thou will be bouled, proper authorities will be	o mounday marati	ut will be tollier	ou and or oridapsalates, area	The Hel Hipsa.				
XIII. ASBESTOS WASTE TRANSPOR	₹TER		XIV. ASBESTOS WASTE	DISPOSAL SITE				
Name: Homewood Disposal			Name: Laraway Landfill					
Address: 1501 W. 175th Street			Address: 21233 W. Laraway	Road				
City: Homewood	State: IL	ZIP: 60430	City: Joliet	State: IL	ZIP: 60436			
Contact: Greg Piersma	Telephone: 708	8-798-1004	Contact:					
E-mail: gpiersma@mydisposal.com			E-mail:					
XV. ORDERD DEMOLITIONS								
Agency Name:			Date Ordered Demolition to Be	egin (mm/dd/yy):				
Contact:	Title:		Telephone:	E-mail:				
Regulatory Authority:		!	Date of Order (mm/dd/yy):					
XVI. EMERGENCY RENOVATIONS			CONTROL OF THE STATE OF THE STA	CONTROL OF THE PARTY OF THE PAR				
Date (mm/dd/yy) and Time of Emergency:								
Description of sudden, unexpected event:								
Explanation of how the event caused unsafe	conditions or wo	ould cause equip	pment damage:					
XVII. CERTIFICATION STATEMENT A	AND SIGNATU	RE BY OWNE	ER / OPERATOR					
I HEREBY CERTIFY THAT THE INFORMATION IN THIS NOTIFICATION IS CORRECT AND THAT I WILL ONLY USE INDIANA LICENSED WORKERS PROJECT SUPERVISORS, TO IMPLEMENT THIS ASBESTOS PROJECT, WHICH HAVE BEEN TRAINED IN 326IAC 14-10; 40 CFR PART 61, SUBPAR AND, IF APPLICABLE, INDIANAPOLIS AIR POLLUTION CONTROL BOARD REGULATION 14. THE TRAINED INDIVIDUAL(S) ALONG WITH EVIDEN THAT THE REQUIRED TRAINING WAS ACCOMPLISHED SHALL BE AVAILABLE AT THE JOB SITE DURING ACTUAL WORKING HOURS.								
Mach Chetal	$\overline{\sim}$		Date (mm/dd/yy): 1/26/2024		ırin@mocompany.com			
Owner / operator (Signature)								
Mary Castellarin			Title: compliance					
Owner / operator (Printed)								



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

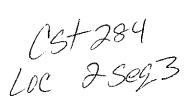
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Medical Amount

Medical Am

JAN 04 2024

L	I. TYPE OF NOTIFICATION (check one):		☑ Original		Revised		- Lapte Agencie	1 200	☐ Courtesy
	II. FACILITY INFORMATION								
L	Owner / Operator: Alexander Che	mical							
	Address: 7593 S. First Road, Kin	gsbury Industrial Pa	rk	City: Kings	bury			State: IN ZIP: 46345	
L	Contact: Brian Binkley	Telephone:	219-402-	0574		E-mail: Bria	n.Binkley@alexchem.com		
L	Asbestos Removal Contractor: M &	Demofition (	Contractor	Pavey Excava	ating				
,L	Address: 8905 W. 187th Street, Suite 200				020 Ohio	Street			
L	City: Mokena	State: IL ZIP	60448	City: LaPor	te			State: IN	ZIP: 46345
L	Contact: Daniel Schuman	Telephone: 708-79	9-0028	Contact: Mi	ke Pavey			Telephone:	219-362-2305
L	E-mail: dschuman@mocompany			E-mail: mik	e@pavey	inc.com			
-	IN License Number: 192418050	Expiration: 9/13/20	)24		関係の基			d of the	and the second second
	Licensed Asbestos Inspector: Dav	e Mastey		Project Desi	gner: n/a				
	Address: 1404 - 119th Street			Address: n/	а				
_	Otly: Whiting	State: IN ZIP	46394	City: n/a				State: n/a	ZIP: n/a
1	Contact: David Mastey, CSP	Telephone: 219-47	3-0600	Contact: n/a	3			Telephone:	n/a
L	E-mail: dmastey@pekron.net			E-mail: n/a					
L	IN License Number: 19A005050	Expiration: 9/13/20	)24	IN License N	lumber: n	/a		Expiration: 1	n/a
L	III. TYPE OF OPERATION			270					
L	☑ Demolition	Renovation		Ordered Demolition					ntional Burning
L	IV. IS ASBESTOS PRESENT?	☑ Yes ☐ I	Vo.						
	V. PROCEDURES / ANALYTIC							BESTOS MA	TERIALS
L	Bulk samples analyzed using PL	M utilizing the EPA	recomme	nded metho	d EPA/60	0/R-93/1 16, 1	993.		
128	VI. APPROXIMATE AMOUNT C		BE REM	OVED AND	OR NOT	TO BE REMO	VED		
0.00		Regulated ACM to be removed	Nonfri	able Asbestos	Material t	o be removed	sbestos Mater	ial NOT to be removed	
V.			Ca	ategory I Category II			Category	y l	Category II
	Pipes (Ln. Ft.)	300	0		0		0		0
3	Surface Area (Sq. Ft.)	0	0		3000		0		0
	Total Volume (Cu. Ft.)	0	<u> </u>	0	0		0		0
(	Total amount on or off all facility components where length or	50		_	75		_		
•	area could not be measured previously	50		0			0		0
-	VII. SCHEDULED DATE OF ST	RIPPING / REMOVA	AL Sta	rt (mm/dd/yy): 02/05/2024 End (mm/dd/yy): 02/12/			(del Sau): 02/12/2	024	10 N. 19
	VIII. SCHEDULED DATES OF R					Line (mill)			
Г	Renovation Start (mm/do			dd∕yy): n/a					
		(/yy): 02/13/2024		dd/yy): 02/26/	/2024				
Ti	X. FACILITY DESCRIPTION								
	Building Name: East Storage Build	ling	and the second section of the second			erangan ng mang penangangan (Principal State Seri	THE RELEASE OF THE PARTY OF THE		
	Street Address: 7593 S. First Road		al Park						
	city: Kingsbury				State	: IN	C	ounty: LaPor	te
Ĩ	ocation of removal within building including floor and room numbers):	throughout							
-	Building Size (Sq. Ft.): 3000	T an oddinout	Mrumb	er of Floors:	1	Age / Year Bu	: 60+	-1.00-1	
	Present Use: vacant		INUINE		rior Use:		т. 001		
٢	TOOCHE COE. TOOCHE	<del></del>			nor Use: 4	- Corago			



Page 1 of 2

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	<del> </del>								
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIAL REMOVED									
Removal of asbestos containing tsi and transite. Demolition of entire structure. Work will be completed using glovebag, non-friable intact asbestos removal. Demolition will be completed using heavy equipment.									
XI. DESCRIPTION OF WORK PRACT AT THE SITE; INCLUDING ASBESTO ASBESTOS MATERIAL FROM BECO	OS STRIPPING	, REMOVAL A	AND WASTE HANDLING PR	O PREVENT EMISS COCEDURES TO PR	IONS OF ASBESTOS REVENT NONFRIABLE				
All acm will be wetted and placed in double the asbestos NESHAPS.									
XII. DESCRIPTION OF PROCEDURE NONFRIABLE ASBESTOS MATERIA	S TO BE FOLL L BECOMES (	OWED IN TH	E EVENT UNEXPECTED AS PULVERIZED, OR REDUCE	BESTOS IS FOUNI D TO POWDER	OR PREVIOUSLY				
Area will be sealed, proper authorities will be	e notified, mater	ial will be remov	ed and/or encapsulated, area wil	ll be wet wiped.					
XIII. ASBESTOS WASTE TRANSPOR	TER		XIV. ASBESTOS WASTE	DISPOSAL SITE					
Name: Homewood Disposal			Name: Laraway Landfill						
Address: 1501 W. 175th Street			Address: 21233 W. Laraway Road						
City: Homewood	State: IL	ZIP: 60430	City: Joliet	State: !L	ZIP: 60436				
Contact: Greg Piersma	Telephone: 70	8-798-1004	Contact:						
E-mail: gpiersma@mydisposal.com			E-mail:						
XV. ORDERD DEMOLITIONS									
Agency Name:			Date Ordered Demolition to Be	gin (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:					As a supplied to the supplied of				
Description of sudden, unexpected event:									
Explanation of how the event caused unsafe	conditions or we	ould cause equi	pment damage:						
XVII. CERTIFICATION STATEMENT A									
I HEREBY CERTIFY THAT THE INFORMAT PROJECT SUPERVISORS, TO IMPLEMENT AND, IF APPLICABLE, INDIANAPOLIS AIR I THAT THE REQUIRED TRAINING WAS AC	TTHIS ASBESTO POLLUTION COM	SPROJECT, W NTROLBOARD	HICHHAVE BEENTRAINED IN 3: REGULATION 14. THE TRAINED	261AC 14-10; 40 CFR P/	ART61, SUBPARTM;				
Man makel			Date (mm/dd/yy): 1/4/2024	E-mail: mcastellarin					
Owner / operator (Signature)	National Test		er vitagianii a eaga aran						

Title: compliance

Mary Castellarin
Owner / operator (Printed)