293622



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

FEB 15 2024 wironmental Mgmt

I. TYPE OF NOTIFICATION (check one):		Origina	al Revised #1		Degratede of All Courtesy						
II. FACILITY INFORMATION	and the second										
Owner / Operator: Porter County	/ Commisioners										
Address: 155 Indiana Ave	City: Valpa	raiso				State: IN ZIP: 46383					
Contact: Scott Thomas	Telephone:	Telephone: 219-510-6052				E-mail: scott.thomas@porterco.org					
Asbestos Removal Contractor: M	& O Environmental C	ompany	Demolition Contractor: n/a								
Address: 8905 W. 187th Street,	Address: n/a										
City: Mokena	State: IL ZIP	: 60448	City: n/a					State:	n/a	ZIP: n/a	
Contact: Daniel Schuman Telephone: 708-799-0028			Contact: п/a				Telephone: n/a				
E-mail: dschuman@mocompany.com			E-mail; n/a								
IN License Number: 192418050	Expiration: 9/13/2	024									
Licensed Asbestos Inspector: Za	chary Heine		Project Designer: n/a								
Address: 54 Michigan Avenue			Address; n/a								
City: Valparaiso	ity: Valparaiso State: IN ZIP: 4		City: n/a				State: n/a ZIP: n/a		zip: n/a		
Contact: Zachary Heine	Telephone: 219-53	1-0531	Contact: n/a				Telephone: n/a				
E-mail: zheine@amerecoeng.co	om		E-mail: n/a								
IN License Number: 196831037	Expiration: 5/25/20	024	IN License N	umber: 1	n/a			Expirat	ion: n/a		
III. TYPE OF OPERATION											
☐ Demolition 🔽	Renovation		Ordered Demo	olition		☐ Emerge	ncy Renovatio	n [Intention	nal Burning	
IV. IS ASBESTOS PRESENT?	✓ ✓ Yes 🔲	Vo OV									
V. PROCEDURES / ANALYTICAL METHODS USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIALS											
Bulk samples analyzed using PLM utilizing the EPA recommended method EPA/600/R-93/1 16, 1993.											
VI. APPROXIMATE AMOUNT OF ASBESTOS TO BE REMOVED AND/OR NOT TO BE REMOVED											
		able Asbestos Material to be removed Nonfriable A				shestos M	Astorial No	OT to be removed			
			tegory I	Category II		Category I			Category II		
Pipes (Ln. Ft.)	0		0		0		0			0	
Surface Area (Sq. Ft.)	800		0		0		0			0	
Total Volume (Cu. Ft.)	2		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	
	PIPPING / PEMOV	AI Star	rt <i>(mm/dd/yy)</i> ; ^O	2/12/20	24	<u> </u>		724			
	VII. SCHEDULED DATE OF STRIPPING / REMOVAL Start (VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION				24]		_{dd/yy):} 2/15/2()24 			
	sd/yy): 2/12/2024		dd/yy): 2/15/2								
		dd/yy): n/a									
IX. FACILITY DESCRIPTION											
Building Name: Former Porter County Museum											
Street Address: 153 Franklin Street											
City: Valparaiso State: IN County: Porter											
Location of removal within building (including floor and room numbers):	basement	County, County									
Building Size (Sq. Ft.): 8500 Number of Floors: 3 Age / Year Built: 1871											
Present Use: Vacant Prior Use: jail, museum											

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FACILITY COMPONENTS AND TYPE	E OF MATERIA	L REMOVED	N WORK, METHODS/TECHN	AIGOES TO BE OSE	:D, AFFECTED				
Removal of asbestos containing coating on interior of foundation wall, located on block and stone. Work will be completed using gross removal with knives, scrapers and hepa vac.									
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 ROCEDURES TO PI	SIONS 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	BBESTOS IS FOUN D TO POWDER	D OR PREVIOUSLY				
Area will be sealed, proper authorities will be notified, material will be removed and/or encapsulated, area will be wet wiped.									
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:						
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):							
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.									
Many la Sel	Control of the Section 1	Date (mm/dd/yy): 02/15/2024	E-mail: mcastellarin@mocompany.com						
Owner / operator (Signature)		11.00							
Mary Castellarin		Title: compliance							
Owner / operator (Printed)									



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

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I. TYPE OF NOTIFICATION (check one):		☑ Original		Revised		Cancelled	100,7	☐ Courtesy		
II. FACILITY INFORMATION										
Owner / Operator: Porter County Commisioners										
Address: 155 Indiana Ave			City: Valpar	aiso			State: IN ZIP: 46383			
Contact: Scott Thomas			Telephone:	219-510-6	3052		E-mail: sco	tt.thomas@porterco.org		
Asbestos Removal Contractor: M &		ompany	Demolition Contractor: n/a							
Address: 8905 W. 187th Street, S	Address: n/a									
, City: Mokena	State: IL ZIP:	60448	City: n/a				State: n/a	ZIP: n/a		
Contact: Daniel Schuman	nniel Schuman Telephone: 708-799-0028					Telephone: n/a				
E-mail: dschuman@mocompany.com			E-mail: n/a							
IN License Number: 192418050 Expiration: 9/13/2024										
	nary Heine		Project Designer: n/a							
Address: 54 Michigan Avenue			Address: n/a	l						
çiry; Valparaiso	State: IN ZIP:	46383	City: n/a			State: n/a ZIP: n/a				
Contact: Zachary Heine	Telephone: 219-531	1-0531	Contact: n/a	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	·····	Telephone:	Telephone: n/a		
E-mail: zheine@amerecoeng.con	<u> </u>		E-mait: n/a							
IN License Number: 196831037	Expiration: 5/25/20	24	IN License N	umber: n/	а		Expiration: n/a			
III. TYPE OF OPERATION										
☐ Demolition 🗹 F	Renovation		Ordered Demo	olition	☐ Emerge	ncy Renovatio	n 🔲 Int	entional Burning		
IV. IS ASBESTOS PRESENT?	IV. IS ASBESTOS PRESENT? ☑ Yes ☐ No									
V. PROCEDURES / ANALYTICAL METHODS USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIALS										
Bulk samples analyzed using PLM utilizing the EPA recommended method EPA/600/R-93/1 16, 1993.										
VI. APPROXIMATE AMOUNT OF ASBESTOS TO BE REMOVED AND/OR NOT TO BE REMOVED										
ŀ	Regulated ACM to be removed	Nonfria	able Asbestos	Material to	be removed	Nonfriable Asbestos Material NOT to be removed				
	<u> </u>	Ca	tegory I	Category II		Categor	y I	Category II		
Pipes (Ln. Ft.)	0		0	0		0		0		
Surface Area (Sq. Ft.)	800		0		0	0		0		
Total Volume (Cu. Ft.)	2		0		0	0		0		
Total amount on or off all facility components where length or area could not be measured previously		: : :	0		0	0	And the second second second	O		
VII. SCHEDULED DATE OF STI	RIPPING / REMOVA	AL Sta	rt (mm/dd/vv): C	2/12/202	4 End (mm/	(dd/yy): 2/14/2(024			
VIII. SCHEDULED DATES OF R		,		New York						
Renovation Start (mm/do	_{1/yy):} 2/12/2024	End (mm/	_{dd/yy):} 2/14/2	024						
			ddyy): n/a							
IX. FACILITY DESCRIPTION										
Building Name: Former Porter County Museum										
Street Address: 153 Franklin Street										
City: Valparaiso				State: IN			County: Porter			
Location of removal within building (including floor and room numbers): basement										
Building Size (Sq. Ft.): 8500 Number of Floors: 3 Age / Year Built: 1871										
Present Use: Vacant Prior Use: jail, museum										

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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 coating on interior of foundation wall, located on block and stone. Work will be completed using gross removal with knives, scrapers and hepa vac. 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. XIV. ASBESTOS WASTE DISPOSAL SITE XIII. ASBESTOS WASTE TRANSPORTER Name: Homewood Disposal Name: Laraway Landfill Address: 1501 W. 175th Street Address: 21233 W. Laraway Road City: Homewood ZIP: 60430 City: Joliet ZIP: 60436 State: IL State: IL 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: E-mail: Telephone: Contact: 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): 01-26-2024 E-mail: mcastellarin@mocompany.com

Owner / operator (Signature)

Mary Castellarin

Titte: compliance