

NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

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

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I. TYPE OF NOTIFICATION (check one):		Origina	☑ Original		Revised		Committee of		Courtesy ☐		
II. FACILITY INFORMATION		10 m	Section of the section of								
Owner / Operator: Phoenix Michigan City Industrial Investors LLC											
Address: 401 E. Kilbourn Ave, St	e 201	·	City: Milwa	City: Milwaukee				State: WI ZIP: 53202			
Contact: John Peret			Telephone: 414-748-5646				E-mai	E-mail: jperet@phoenixconstruction.us			
Asbestos Removal Contractor: M &	O Environmental (Company	Demolition Contractor: n/a								
Address: 8905 W. 187th Street, S	Suite 200		Address; n/a								
City: Mokena	State: !L ZII	e: 60448	City: n/a			State:	State: n/a ZIP: n/a				
Contact: Daniel Schuman	Telephone: 708-79	99-0028	Contact: n/a				Telep	Telephone: n/a			
E-mail: dschuman@mocompany	E-mail; n/a										
IN License Number: 192418050 Expiration: 9/13/2024											
Licensed Asbestos Inspector: WSi	Project Designer: n/a										
Address: 216 Centerview Drive	T		Address: n/a								
City: Brentwood	Sity: Brentwood State: TN ZIP: 3		City: n/a					n/a	ZIP: n/a		
Contact:	Telephone: 615-333-0630		Contact: n/a					Telephone: n/a			
E-mail:	· • · · · · · · · · · · · · · · · · · ·		E-mail: n/a								
IN License Number:	Expiration:		IN License N	lumber:	n/a		Expira	ition: n/a			
III. TYPE OF OPERATION								a la serie			
☐ Demolition ☑	Renovation		Ordered Dem	olition	☐ Em	ergency Renova	ition	☐ Intentior	nal Burning		
IV. IS ASBESTOS PRESENT? ☑ Yes □ No											
V. PROCEDURES / ANALYTICAL METHODS USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIALS											
Bulk samples analyzed using PL											
VI. APPROXIMATE AMOUNT OF ASBESTOS TO BE REMOVED AND/OR NOT TO BE REMOVED											
Regulated ACM to be											
removed			Category !				Nonfriable Asbestos Mate				
Pines (In Et)	Pipes (Ln. Ft.) 800		Category i		Category II 0		Category I		Category II 0		
Surface Area (Sq. Ft.)			0	0			0		0		
Total Volume (Cu. Ft.)			0		0,		0		0		
Total amount on or off all facility		<u> </u>									
components where length or area could not be measured		0			0		0		0 .		
previously								15.00 45.00 25.0			
VII. SCHEDULED DATE OF STI VIII. SCHEDULED DATES OF R			rt (mm/dd/yy): 4	710/202	4 End (mm/dd/yy); 4/19,	/2024				
	1/yy): 4/10/2024		dd/yy): 4/19/2	024			100				
Demolition Start (mm/dc			_{dd/yy):} n/a		Table 1						
IX. FACILITY DESCRIPTION		- To Promite		. West			arenous.		The state of the s		
Building Name: 402 Royal Road											
Street Address: 402 Royal Road											
City: Michigan City	State: IN			County 1	County: LaPorte						
Location of removal within building (including floor and room numbers):	throughout			Ciar	w s - 1 - 2	\	County. '		<u> </u>		
Building Size (Sq. Ft.): 390000		Numb	er of Floors:	1	Age / Year	Built: 70+					
Present Use: industrial Prior Use: industrial											
Prior Use: industrial											

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X. DESCRIPTION OF PLANNED DEN FACILITY COMPONENTS AND TYPE	MOLITION OR I	RENOVATION L REMOVED	N WORK, METHODS/TECHN	VIQUES TO BE USE	D, AFFECTED			
Removal of tsi to upgrade facility. Work wi	il be completed u	sing glovebag r	emoval methods with knives, scr	apers and hepa vacs.				
XI. DESCRIPTION OF WORK PRACT AT THE SITE; INCLUDING ASBESTO ASBESTOS MATERIAL FROM BECO	OS STRIPPING	REMOVAL .	AND WASTE HANDLING PR	O PREVENT EMISS ROCEDURES TO PF	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, materi	ial will be remov	ved and/or encapsulated, area wi	ll be wet wiped.				
XIII. ASBESTOS WASTE TRANSPOR		XIV. ASBESTOS WASTE DISPOSAL SITE						
Name: Homewood Disposal			Name: Laraway Landfill	DIO! OOAL OIL	<u></u>			
Address: 1501 W. 175th Street				233 W. Laraway Road				
City: Homewood	State: IL	ZIP: 60430	City: Joliet	State: IL	ZIP: 60436			
Contact: Greg Piersma	Telephone: 70		Contact:		1 41.			
E-mail: gpiersma@mydisposal.com			E-mail:					
XV. ORDERD DEMOLITIONS								
Agency Name:			Date Ordered Demolition to Begin (mm/dd/vv):					
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 wo	ould cause equi	pment damage:					
XVII. CERTIFICATION STATEMENT A	ND SIGNATU	RE BY OWNE	R / OPERATOR					
I HEREBY CERTIFY THAT THE INFORMAT PROJECT SUPERVISORS, TO IMPLEMEN AND, IF APPLICABLE, INDIANAPOLIS AIR I THAT THE REQUIRED WAINING WAS AC	TTHIS ASBESTO POLLUTION COM	SPROJECT, W NTROLBOARD	HICH HAVE BEEN TRAINED IN 3 REGULATION 14. THE TRAINE	26IAC 14-10; 40 CFR PA D INDIVIDUAL(S) ALOI	ART61, SUBPARTM; NG WITH EVIDENCE			
May l'assell			Date (mm/dd/yy): 3/27/2024	E-mail: mcastellarin				
Owner / operator (Signature)								
Mary Castellarin			Title: compliance					

Owner / operator (Printed)