



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

Received
 Dept of Environmental Mgmt
 Office of Air Quality
 OCT 03 2023
 289306

I. TYPE OF NOTIFICATION (check one):		<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Revised	<input type="checkbox"/> Courtesy	
II. FACILITY INFORMATION					
Owner / Operator: Anderson Development LLC					
Address: 3500 DePauw Blvd		City: Indpls		State: IN ZIP: 46278	
Contact: Ryan Fitzpatrick		Telephone: 317-503-9736		E-mail:	
Asbestos Removal Contractor: National Environmental Services Corp.		Demolition Contractor: NA			
Address: 6755 S Old SR 37		Address:			
City: Bloomington	State: IN	ZIP: 47401	City:	State: ZIP:	
Contact: John Hart	Telephone: 812-339-9000		Contact:	Telephone:	
E-mail: john.hart@nsscorp.com		E-mail:			
IN License Number: 19A007531		Expiration: 06/25/2024			
Licensed Asbestos Inspector: Chelsea L. McCammack		Project Designer: NA			
Address: 401 N College Ave		Address:			
City: Indpls	State: IN	ZIP: 46202	City:	State: ZIP:	
Contact: 317-685-6600	Telephone:		Contact:	Telephone:	
E-mail:		E-mail:			
IN License Number: 19A008602		Expiration: 8/27/24			
IN License Number:		Expiration:			
III. TYPE OF OPERATION					
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Ordered Demolition	<input type="checkbox"/> Emergency Renovation	<input type="checkbox"/> Intentional Burning	
IV. IS ASBESTOS PRESENT? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
V. PROCEDURES / ANALYTICAL METHODS USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIALS					
PLM Analysis					
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.)	0	0	0	0	0
Surface Area (Sq. Ft.)	32,000	35,000	0	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					
VII. SCHEDULED DATE OF STRIPPING / REMOVAL		Start (mm/dd/yy): 10/17/23		End (mm/dd/yy): 10/31/23	
VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION					
Renovation	Start (mm/dd/yy): 10/09/23	End (mm/dd/yy): 12/31/23			
Demolition	Start (mm/dd/yy): NA	End (mm/dd/yy): NA			
IX. FACILITY DESCRIPTION					
Building Name: Abandon Building					
Street Address: 2802 Nichol Ave					
City: Anderson		State: IN		County: Madison	
Location of removal within building (including floor and room numbers):		Throughout building			
Building Size (Sq. Ft.): 40,000		Number of Floors: 1		Age / Year Built: 1970's	
Present Use: Abandon		Prior Use: Commercial Use			

Est 11848
 Loc 2 Seg 3

John

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

Renovation work to the flooring and ceiling areas. Wet and hand removal methods of floor tile, mastic. Full negative air containments for ceiling tiles, along with wet and manual removal methods.

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

Regulated areas, critical's, splash guards, negative air machines. Full negative air containments. Removal of ACM will be done via wet methods and hand removal methods and chemical methods, all wet ACM will be placed into double 6mil poly labeled bags, then placed into a poly lined enclosed dumpster for transport to an approved EPA landfill. All work per current IDEM, EPA, and OSHA rules, guidelines and regulations.

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

stop work, wet and regulate area, install engineering controls, notify appropriate agencies.

XIII. ASBESTOS WASTE TRANSPORTER

Name: Waste Management
Address: 2920 E US Hwy 52
City: Morristown State: IN ZIP: 46161
Contact: RJ McFatridge Telephone: 765-740-4670
E-mail: rmcfatri@wm.com

XIV. ASBESTOS WASTE DISPOSAL SITE

Name: Jay County Landfill
Address: 5825 W 400 S
City: Portland State: IN ZIP: 47371
Contact: RJ McFatridge
E-mail: rmcfatri@wm.com

XV. ORDERD DEMOLITIONS

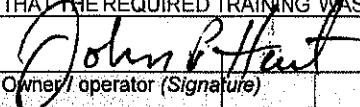
Agency Name: NA Date Ordered Demolition to Begin (mm/dd/yy):
Contact: Title: Telephone: E-mail:
Regulatory Authority: Date of Order (mm/dd/yy):

XVI. EMERGENCY RENOVATIONS

Date (mm/dd/yy) and Time of Emergency: NA
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): 10/03/23 E-mail: john.hart@nssccorp.com
Owner / operator (Signature)
John Hart Title: General Manager
Owner / operator (Printed)