



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

Received  
 State of Indiana  
 NOV 17 2023  
 291013

11/17/23

Dept of Environmental Mgmt  
 Office of Air Quality

<b>I. TYPE OF NOTIFICATION (check one):</b>		<input type="checkbox"/> Original	<input checked="" type="checkbox"/> Revised	<input type="checkbox"/> Courtesy	
<b>II. FACILITY INFORMATION</b>					
Owner / Operator: Jasper Seating Co. Inc.					
Address: 501 East 6th Street		City: Jasper		State: IN	ZIP: 47546
Contact: Casey Ryan		Telephone: 812-771-4578		E-mail: CRyan@jaspergroup.us.com	
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@nssccorp.com			E-mail: _____		
IN License Number: 19A007531		Expiration: 06/25/2024			
Licensed Asbestos Inspector: Michael Ardis			Project Designer: NA		
Address: 7988 Centerpoint Dr			Address: _____		
City: Indpls.	State: IN	ZIP: 46235	City: _____	State: _____	ZIP: _____
Contact: Michael Ardis	Telephone: 317-849-4990		Contact: _____	Telephone: _____	
E-mail: _____			E-mail: _____		
IN License Number: 19A007304		Expiration: 06/07/24		IN License Number: _____	
Expiration: _____		Expiration: _____		Expiration: _____	
<b>III. TYPE OF OPERATION</b>					
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Ordered Demolition	<input type="checkbox"/> Emergency Renovation	<input type="checkbox"/> Intentional Burning	
<b>IV. IS ASBESTOS PRESENT?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>V. PROCEDURES / ANALYTICAL METHODS USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIALS</b>					
PLM Analysis					
<b>VI. APPROXIMATE AMOUNT OF ASBESTOS TO BE REMOVED AND/OR NOT TO BE REMOVED</b>					
	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.)	600	0	0	0	0
Surface Area (Sq. Ft.)	250	0	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					
<b>VII. SCHEDULED DATE OF STRIPPING / REMOVAL</b>		Start (mm/dd/yy): 11/27/23	End (mm/dd/yy): 12/08/23		
<b>VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION</b>					
Renovation	Start (mm/dd/yy): 11/27/23	End (mm/dd/yy): 12/29/23			
Demolition	Start (mm/dd/yy): NA	End (mm/dd/yy): NA			
<b>IX. FACILITY DESCRIPTION</b>					
Building Name: Building					
Street Address: 501 E 6th Street					
City: Jasper		State: IN		County: Jasper - Dubois	
Location of removal within building (including floor and room numbers): 1st floor and exterior of building					
Building Size (Sq. Ft.): 17,000		Number of Floors: 1		Age / Year Built: 1876	
Present Use: Shop Area			Prior Use: Commercial Use		

291012

Est 11848  
 Loc 2 Seg 3

1st Q24

Roos

**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 mechanical system . Wet and hand removal methods of flooring and glove bag 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, glove bag methods, negative air containment for flooring. Removal of ACM will be done via wet methods and hand removal 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: Rumpke Waste

Address: 546 S CR 870W

City: Medora

State: IN

ZIP: 47260

Contact: Sara Cullin

Telephone: 513-741-2617

E-mail:

**XIV. ASBESTOS WASTE DISPOSAL SITE**

Name: Medora Landfill

Address: 546 S CR 870W

City: Medora

State: IN

ZIP: 47260

Contact: Gate

E-mail:

**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.

*John Hart*

Owner / Operator (Signature)

Date (mm/dd/yy): 11/17/23

E-mail: john.hart@nssccorp.com

John Hart

Owner / operator (Printed)

Title: General Manager



# NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Received  
State of Indiana  
11/8/23 NOV 08 2023  
Dept of Environmental Mgmt  
Office of Air Quality  
29/012

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City: Bloomington	State: IN	ZIP: 47401	City:	State:	ZIP:
Contact: John Hart	Telephone: 812-339-9000		Contact:	Telephone:	
E-mail: john.hart@nssccorp.com		E-mail:			
IN License Number: 19A007531		Expiration: 06/25/2024			
Licensed Asbestos Inspector: Michael Ardis		Project Designer: NA			
Address: 7988 Centerpoint Dr		Address:			
City: Indpls.,	State: IN	ZIP: 46235	City:	State:	ZIP:
Contact: Michael Ardis	Telephone: 317-849-4990		Contact:	Telephone:	
E-mail:		E-mail:			
IN License Number: 19A007304		Expiration: 06/07/24		IN License Number:	
Expiration:		Expiration:			
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Est 11848  
Loc 2 Seq 3

Roos

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<b>XIII. ASBESTOS WASTE TRANSPORTER</b>			<b>XIV. ASBESTOS WASTE DISPOSAL SITE</b>		
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Address: 546 S CR 870W			Address: 546 S CR 870W		
City: Medora	State: IN	ZIP: 47260	City: Medora	State: IN	ZIP: 47260
Contact: Sara Cullin	Telephone: 513-741-2617		Contact: Gate		
E-mail:			E-mail:		

**XV. ORDER DEMOLITIONS**

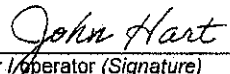
Agency Name: NA		Date Ordered Demolition to Begin (mm/dd/yy):	
Contact:	Title:	Telephone:	E-mail:
Regulatory Authority:		Date of Order (mm/dd/yy):	

**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:	

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	Date (mm/dd/yy): 11/08/23	E-mail: john.hart@nssccorp.com
Owner / operator (Signature)		
John Hart	Title: General Manager	
Owner / operator (Printed)		