

NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS at a of Indiana State Form 44593 (R4 / 10-18)
INDIANA DEPARTMENT OF ENVIRONMENT OF THE PROPERTY OF THE PR

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

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I. TYPE OF NOTIFICATION (c)	neck one):) Origini	al	X Revise	ed	Lebes gires a	Air Ca	Courtesy
II. FACILITY INFORMATION	1 (P) (S) (S)	i edwysia				t Karagiya Sila Kabada		
Owner / Operator: Jasper Seating	g 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					an@jaspergroup.us.com
Asbestos Removal Contractor: Nat	ional Environmental Servic	es Corp.	Demolition C	ontractor: 1	4A			
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.con	n		E-mail:					
IN License Number: 19A007531	Expiration: 06/25/2	024	美校基金			Balling lines	S. J. G. S. S.	
Licensed Asbestøs Inspector: Mid	chael Ardis		Project Desig	_{Iner:} 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: 06/07/2	4	IN License N	umber:			Expiration:	
III. TYPE OF OPERATION		\$2.10 p. 16 y 14				kataling gradist	egyne (ynd	
☐ Demolition] Renovation		Ordered Demo	olition	☐ Emerge	ency Renovatio	n 🔲 lote	entional Burning
IV. IS ASBESTOS PRESENT?	Y 🔀 Yes 🔲 N	lo					ON BUSINESS	
V. PROCEDURES / ANALYTIC	CAL METHODS USE	D TO D	ETECT THE	PRESEN	E AND AMO	OUNT OF ASI	BESTOS M	ATERIALS
PLM Analysis								
VI. APPROXIMATE AMOUNT		BE REN	NOVED AND	OR NOT	TO BE REMO	OVED		
	Regulated ACM to be removed	Nonfi	iable Asbestos	Material to	be removed	Nonfriable A	sbestos Mate	rial NOT to be removed
		С	ategory I	Са	legory II	Categor	y 1	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								
VII. SCHEDULED DATE OF S	TRIPPING / REMOV.	AL SI	tart (mm/dd/yy);	11/27/2	23 End (mn	_{n/dd/yy):} 12/08/	23	
VIII. SCHEDULED DATES OF	RENOVATION / DE	MOLITI	ON					
Renovation Start (mm	vdd/yy); 11/2 7 /23	End (mi	n/dd/yy): 12/29	/23			- Yan <u>Ya</u> ni <u>G</u> a	
Demolition Start (mm	v⁄ad/yy); NA	End (mi	n/dd/yy): NA					
IX, FACILITY DESCRIPTION	The state of the s							Ž. 77. m. ž. 19. ž
Building Name: Building		,						
Street Address: 501 E 6th Stree	<u>t</u>			<u> </u>				7 L =
City: Jasper Location of removal within building				State	: IN		County: Jasp	er Dubois
(including floor and room numbers		rior of b	uilding	www.ma				
Building Size (Sq. Ft.); 17,000	mber of Floors: 1 Age / Year Built: 1876							

291012

Present Use: Shop Area

CSt 11848 LOC 2 Seg 3

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Prior Use: Commercial Use

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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									
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 NONFRIABLE ASBESTOS MATERIAL	TO BE FOLI	LOWED IN THE	E EVENT UNEXPECTED ASB PULVERIZED, OR REDUCED	ESTOS IS FOUN TO POWDER	D OR PREVIOUSLY				
NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER stop work, wet and regulate area, install engineering controls, notify appropriate agencies.									
XIII. ASBESTOS WASTE TRANSPOR	XIII. ASBESTOS WASTE TRANSPORTER XIV. ASBESTOS WASTE DISPOSAL SITE								
Name: Rumpke Waste			Name: Medora Landfill						
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: 51	13-741-2617	Contact: Gate						
E-mail:			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: N	Α								
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	Ophn Hart Date (mm/dd/yy): 11/17/23 E-mail: john.hart@nssccorp.com								
Owner (Sperator (Signature)									
John Hart Owner / operator (<i>Printed</i>)	``````````````````````````````````````		Title: General Manager						



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

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				·		11/8	D JNO.	amentalin		
I. TYPE OF NOTIFIC	ATION (che	eck one):	☑ Origin	al	☐ Revi	sed	A Cy Eabor	amentalin iled Cualin	☐ Courtesy	
II. FACILITY INFOR	MATION						Doi. Omo			
Owner / Operator: Jas		Co. Inc.		,						
Address: 501 East 6th				City: Jasp	er			State: 1	N ZIP: 47546	
Contact: Casey Ryan				Telephone	812-771-	4578		E-mail: (CRyan@jaspergroup.us.com	
Asbestos Removal Contractor: National Environmental Services Corp.				Demolition	Demolition Contractor: NA					
Address: 6755 S Old	SR 37			Address:						
City: Bloomington		State: IN	ZIP: 47401	City:				State:	ZIP:	
Contact: John Hart		Telephone: 81	2-339-9000	Contact:				Telephor	ne:	
E-mail: john.hart@ns:	sccorp.com			E-mail:						
IN License Number: 19	A007531	Expiration: 06	3/25/2024							
Licensed Asbestos Inspector:	Mich	nael Ardis		Project Des	signer NA					
Address: 7988 Center	point Dr			Address:	Jigittor.					
City:مام		State: IN	ZIP: 46235	City:				State:	ZIP:	
Contact: Michael Ardi	8	Telephone: 31		Contact:				Telephor		
E-mail:		1		E-mail:				1 TOTOPITO		
IN License Number: 19	A007304	Expiration: 06	3/07/24	IN License	Number:			Expiratio	Expiration:	
III. TYPE OF OPERA				en de la companya de Companya de la companya de la compa	IN EIGERSE NUMBER.					
☐ Demolition	2 21	Renovation		Ordered De	nolition	☐ Em	ergency Renov	ation 🔲	Intentional Burning	
IV. IS ASBESTOS P	RESENT?	☑ Yes	□No	10.28 (1.75) (1.75)			av javana ja savano	enred A		
V. PROCEDURES /	ANALYTIC	AL METHODS	USED TO D	ETECT THE	PRESEN	CE AND A	MOUNT OF	SBESTOS	MATERIALS	
PLM Analysis							· · · · · · · · · · · · · · · · · · ·			
VI. APPROXIMATE	AMOUNT C	F ASBESTOS	TO BE REM	OVED AND	OOR NOT	TO BE RE	MOVED			
		Regulated ACM removed	to be					Ashantan M	aterial NOT to be remove	
		removed		iable Asbesto					A	
Pipes (Ln. Ft.)	4 4 14 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	600		ategory I 0	Ci	ategory II O		gory I	Category II 0	
Surface Area (Sq. Ft.)		250		0		0)	0	
Total Volume (Cu. Ft.)		0		0		0)	0	
Total amount on or off a components where length		· · · · · · · · · · · · · · · · · · ·								
area could not be meas previously	ured								•	
VII. SCHEDULED D.	ATE OF ST	BIDDING / DE	MOVAL C	net /a: :: / : : : :	. 11/21/22		(mm/dd/yy): 12/0	18/23		
VIII. SCHEDULED D				art (mm/dd/yy)	. 11121123	End	(mm/aa/yy); +210			
Renovation	T	(d/yy): 11/21/23			0133					
Demolition				n/dd/yy): 12/2	.U. Z. U					
Demolition Start (mm/dd/yy): NA End (mm/dd/yy): NA IX. FACILITY DESCRIPTION										
Building Name: Building										
Street Address: 501 E 6th Street										
City: Jasper State: IN County: Jasper DVD61S										
Location of removal within building (including floor and room numbers): 1st floor and exterior of building										
Building Size (Sq. Ft.):				nber of Floors	: 1	Age / Ye	ar Built: 1876	-		
Present Use: Shop Ar	***************************************		1 . 1011			Commerci				

CS+ 11848 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								
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XII. DESCRIPTION OF PROCEDURES NONFRIABLE ASBESTOS MATERIA	TO BE FOLL	OWED IN TH			D OR PREVIOUSLY			
stop work, wet and regulate area, install engineering controls, notify appropriate agencies.								
XIII. ASBESTOS WASTE TRANSPOR	TER	· · · · · · · · · · · · · · · · · · ·	XIV. ASBESTOS WASTE DI	SPOSAL SITE				
Name: Rumpke Waste	T BIT		Name: Medora Landfill					
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: 51	3-741-2617	Contact: Gate					
E-mail:		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								
LHEREBY 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 Date (mm/dd/yy): 11/08/23 E-mail: john.hart@nssccorp.com								
Owner Independent (Signature)	Owner / pperator (Signature)							

John Hart Owner / operator (Printed) Title: General Manager