



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

Received  
 State of Indiana

317-282-6749

OCT 02 2023

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<b>I. TYPE OF NOTIFICATION (check one):</b>		<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Revised	<input type="checkbox"/> Cancelled	<input type="checkbox"/> Environmental Mgmt	<input type="checkbox"/> Air Quality	<input type="checkbox"/> Courtesy
<b>II. FACILITY INFORMATION</b>							
Owner / Operator: 6340 Indianapolis Blvd LLC							
Address: 6340 Indianapolis Blvd			City: Hammond		State: IL	ZIP: 46320	
Contact: Vahooman Mirket			Telephone: 312-447-1200		E-mail: shadow@egsl.com		
Asbestos Removal Contractor: Celtic Environmental				Demolition Contractor:			
Address: 6640 W 99th Place				Address:			
City: Chicago Ridge		State: IL	ZIP: 60415		City:	State:	ZIP:
Contact: Vickie Smrz		Telephone: 708.442.5823		Contact:		Telephone:	
E-mail: vickle@celticenvironmental.com				E-mail:			
IN License Number: 192313048		Expiration: 4/24/24					
Licensed Asbestos Inspector: Kevin Serna				Project Designer:			
Address: 557 W Polk Street				Address:			
City: Chicago		State: IL	ZIP: 60607		City:	State:	ZIP:
Contact: Kevin Serna		Telephone: 312.447.1200		Contact:		Telephone:	
E-mail: kevin@egsl.com				E-mail:			
IN License Number: 19A014291		Expiration: 9/20/24		IN License Number:		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>							
POLARIZED LIGHT MICROSCOPY WITH DISPERSION STAINING							
<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.)	100 LN FT						
Surface Area (Sq. Ft.)	600 SQ FT						
Total Volume (Cu. Ft.)							
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): 10/17/23		End (mm/dd/yy): 10/19/23		
<b>VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION</b>							
Renovation	Start (mm/dd/yy):		End (mm/dd/yy):				
Demolition	Start (mm/dd/yy):		End (mm/dd/yy):				
<b>IX. FACILITY DESCRIPTION</b>							
Building Name: Hammond Station							
Street Address: 6340 Indianapolis Blvd							
City: Hammond			State: IN		County: Lake		
Location of removal within building (including floor and room numbers):		Office area					
Building Size (Sq. Ft.): 73,000		Number of Floors: 2		Age / Year Built: N/A			
Present Use: Vacant				Prior Use: Station			

est 57556  
 Loc 1 Seg 2

Linscott

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

Celtic will abate the the plaster ceiling and piping using the full containment method.

**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**

WETTING AND SEALING IN LEAK PROOF CONTAINERS TO REDUCE FIBER RELEASE

**XII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLD, PULVERIZED, OR REDUCED TO POWDER**

HEPA VACUUM AND ENCAPSULATION OF AREA

**XIII. ASBESTOS WASTE TRANSPORTER**

Name: REPUBLIC SERVICES

Address: 2808 SOUTH DAMEN AVE.

City: CHICAGO

State: IL

ZIP: 60609

Contact: Office

Telephone: 630-869-1777

E-mail:

**XIV. ASBESTOS WASTE DISPOSAL SITE**

Name: NEWTON COUNTY LANDFILL

Address: 2268 E 500 SOUTH

City: Brook

State: IN

ZIP: 47902

Contact: Office

219-394-7222

E-mail:

**XV. ORDER 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**

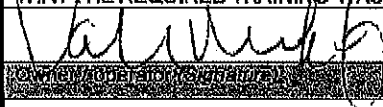
Date (mm/dd/yy) and Time of Emergency:

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 326 IAC 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): 10/02/2023

E-mail: shadow@egsl.com

Vahooman Mirkef

Title: owner