



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We Protect Hoosiers and Our Environment.

100 N. Senate Avenue • Indianapolis, IN 46204
(800) 451-6027 • (317) 232-8603 • www.idem.IN.gov

Eric J. Holcomb
Governor

Brian C. Rockensuess
Commissioner

June 26, 2024

VIA ELECTRONIC MAIL

Mr. Rod Kiefer
Sedam Contracting LLC
302 West Lagrange Road
Hanover, IN 47243
rod@sedamllc.com

Re: Inspection Summary Letter
Retail Building
Madison, Jefferson County

Dear Mr. Rod Kiefer:

On June 19, 2024, a representative of the Indiana Department of Environmental Management (IDEM), Office of Air Quality (OAQ), conducted an inspection of the Retail Building, located at 407 Clifty Drive in Madison, Indiana to determine compliance with Indiana's asbestos rules. This inspection was conducted pursuant to IC 13-14-2-2. For your information, and in accordance with IC 13-14-5, a summary of the inspection is provided below:

Inspection Type: Routine Demolition/Renovation Project
Inspection Results: No violations were observed

Please direct any questions to me at 317-233-6880 or by email at jcleveng@idem.in.gov.

Sincerely,

John Clevenger, Compliance Inspector
Compliance Section 3
Office of Air Quality

ACES ID: 297768

ENCLOSURE

cc: Mr. John Clevenger, Compliance and Enforcement Branch, Office of Air Quality
Mr. Rod Kiefer, OM Madison Reality, 407 Clifty Drive, Madison, IN 47250,
rod@sedamllc.com

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
ASBESTOS FIELD INSPECTION REPORT**



SITE INFORMATION	
SITE NAME/DESCRIPTION	Retail Building
SITE LOCATION	407 Clifty Drive, Madison, Indiana Jefferson County

NOTIFICATION INFORMATION			
NOTIFICATION RECEIVED	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ORIGINAL DATE RECEIVED: Unknown	
STRIPPING/REMOVAL DATES	to	DEMOLITION DATES	6/17/2024 to 8/30/2024
CONTRACTOR INFORMATION	Mr. Rod Kiefer, Sedam Contracting LLC, 302 West Lagrange Road, Hanover, IN 47243, rod@sedamllc.com		
OWNER INFORMATION	Mr. Rod Kiefer, OM Madison Realty, 407 Clifty Drive, Madison, IN 47250, rod@sedamllc.com		

INSPECTION INFORMATION			
INSPECTED BY	Mr. John Clevenger		
INSPECTION DATE AND TIME	June 19, 2024	TIME IN: 10:45	TIME OUT: 11:05
REPORTED BY	Mr. John Clevenger	REPORT DATE: June 25, 2024	
INSPECTION OBJECTIVE(S)	<input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Ordered Demolition <input type="checkbox"/> Other:		
ACES TRACKING NUMBER(S)	Notification/General Inspection: 297768		
	Complaint:	Violation/Warning:	
RM TRACKING NUMBER(S)	Complaint:		
PROJECT STATUS	Demolition had started.		

PERSONNEL INTERVIEWED				
Name	Company	Title	Phone Number	Email Address

OBSERVATIONS				
GENERAL SITE OBSERVATIONS				
Description of area(s) inspected and location of material(s):				
Upon arrival at the site, I determined that the demolition of the vacant retail building had started. It was noted that no one from the demolition company was on site. Due to safety concerns the building was not entered and checked for suspect asbestos containing materials. I did check the demolition debris from a safe distance for suspect asbestos containing debris and none was observed.				
Pre-existing contamination in work area	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not Observed	<input type="checkbox"/> N/A
Contractor equipment on site	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not Observed	<input type="checkbox"/> N/A
Asbestos removal in progress	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed	<input checked="" type="checkbox"/> N/A
Accreditation cards available for inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed	<input checked="" type="checkbox"/> N/A
ABATEMENT				
Asbestos removal clearly observed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed	<input checked="" type="checkbox"/> N/A
If yes, from where:	<input type="checkbox"/> Through viewing ports <input type="checkbox"/> By entering enclosures <input type="checkbox"/> Direct observation (No enclosures)			
Estimated amounts of RACM removed/disturbed	linear feet		square feet	
	cubic feet		% of total	
Abatement method(s) observed:	<input type="checkbox"/> Wetting and stripping	<input type="checkbox"/> Unit/Sectional		
	<input type="checkbox"/> Glovebag method	<input type="checkbox"/> Dry		
ISOLATION				
Warning signs displayed outside work area	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed	<input checked="" type="checkbox"/> N/A
Objects within work area covered	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed	<input checked="" type="checkbox"/> N/A
Evidence of water in containment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed	<input checked="" type="checkbox"/> N/A
ASBESTOS WASTE HANDLING				
Stripped asbestos adequately wet	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed	<input checked="" type="checkbox"/> N/A
Stripped asbestos placed in leak tight wrapping	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed	<input checked="" type="checkbox"/> N/A
Waste bags labeled with generator and warning labels	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed	<input checked="" type="checkbox"/> N/A
Any visible emissions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed	<input checked="" type="checkbox"/> N/A
CLEANING				
Work area clear of visible signs of asbestos material	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed	<input checked="" type="checkbox"/> N/A
Plastic sheeting disposed of as asbestos waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed	<input checked="" type="checkbox"/> N/A
Area wet wiped/HEPA vacuumed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed	<input checked="" type="checkbox"/> N/A
Final visual inspection completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed	<input checked="" type="checkbox"/> N/A
STORAGE				
Material remaining on site securely stored	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed	<input checked="" type="checkbox"/> N/A
Warning signs/labels posted outside storage area	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed	<input checked="" type="checkbox"/> N/A
ASBESTOS WASTE DISPOSAL				
Waste disposed of at an approved landfill	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed	<input checked="" type="checkbox"/> N/A
Name and location of landfill				
ACM AMOUNTS				
If violation(s) noted, estimated amount of ACM involved:				
ADDITIONAL COMMENTS				
None.				

SAMPLE INFORMATION					
Sample ID	Photo No.	Sample Location/Description	Chain of Custody Complete	Sent to Lab	Results
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	...	
ADDITIONAL SAMPLING COMMENTS					
None					

INSPECTION FINDINGS	
<input checked="" type="checkbox"/> No violations were observed or determined at the time of the inspection. <input type="checkbox"/> The following violations were determined at the time of the inspection:	
RECOMMENDED ACTION	Issue inspection summary letter.
EXIT INTERVIEW	An exit interview was not conducted as no one was on site at the time of this inspection.

ATTACHMENTS	
<input type="checkbox"/> None <input checked="" type="checkbox"/> Notification(s) <input type="checkbox"/> List of licensed personnel <input type="checkbox"/> Other:	



NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

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

I. TYPE OF NOTIFICATION (check one):		<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Revised	<input type="checkbox"/> Canceled	<input type="checkbox"/> Courtesy
II. FACILITY INFORMATION					
Owner / Operator: OM Madison Realty					
Address: 407 Clifty Drive		City: Madison		State: IN	ZIP: 47250
Contact: Rod Kiefer		Telephone: (812) 866-5607		E-mail: rod@sedamllc.com	
Asbestos Removal Contractor: NA		Demolition Contractor: Sedam Contracting, LLC			
Address:		Address: 302 W Lagrange Road			
City:	State:	ZIP:	City: Hanover	State: IN	ZIP: 47243
Contact:	Telephone:	Contact: Rod Kiefer		Telephone: (812) 866-5607	
E-mail:		E-mail: rod@sedamllc.com			
IN License Number:	Expiration:				
Licensed Asbestos Inspector: Kyle Pierce		Project Designer:			
Address: 812 N Clark Boulevard		Address:			
City: Clarksville	State: IN	ZIP: 47129	City:	State:	ZIP:
Contact: Kyle Pierce	Telephone: (812)284-5005		Contact:	Telephone:	
E-mail: kylecp04@yahoo.com		E-mail:			
IN License Number: 190313097	Expiration: 08/15/24		IN License Number:	Expiration:	
III. TYPE OF OPERATION					
<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Renovation	<input type="checkbox"/> Ordered Demolition	<input type="checkbox"/> Emergency Renovation	<input type="checkbox"/> Intentional Burning	
IV. IS ASBESTOS PRESENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
V. PROCEDURES / ANALYTICAL METHODS USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIALS					
All suspect materials sampled by hand and reviewed via laboratory analysis (PLM)					
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.)	NA	NA	NA	NA	NA
Surface Area (Sq. Ft.)	NA	NA	NA	NA	NA
Total Volume (Cu. Ft.)	NA	NA	NA	NA	NA
Total amount on or off all facility components where length or area could not be measured previously	NA	NA	NA	NA	NA
VII. SCHEDULED DATE OF STRIPPING / REMOVAL		Start (mm/dd/yy):		End (mm/dd/yy):	
VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION					
Renovation	Start (mm/dd/yy):	End (mm/dd/yy):			
Demolition	Start (mm/dd/yy): 6/17/24	End (mm/dd/yy): 8/30/24			
IX. FACILITY DESCRIPTION					
Building Name: Retail building					
Street Address: 407 Clifty Drive					
City: Madison		State: IN		County: Jefferson	
Location of removal within building (including floor and room numbers):		NA			
Building Size (Sq. Ft.): 1290		Number of Floors: 1		Age / Year Built: 1960	
Present Use: Vacant			Prior Use: Hair salon		

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIAL REMOVED					
Building demolition to include structural demolition with wet methods used to prevent any dusting or release of building materials during demolition or removals, in accordance with requirements.					
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					
NA					
XII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER					
Stop work, contact licensed asbestos inspector and determine site conditions.					
XIII. ASBESTOS WASTE TRANSPORTER			XIV. ASBESTOS WASTE DISPOSAL SITE		
Name: NA			Name: Clark Floyd Landfill		
Address:			Address: 14304 State Road 60		
City:	State:	ZIP:	City: Borden	State: IN	ZIP: 47106
Contact:	Telephone:		Contact: (812)945-5976		
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:					
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): 5/28/24	E-mail: rod@sedamllc.com	
Owner / operator (Signature)					
Rod Kiefer			Title: President		
Owner / operator (Printed)					