

\* Industrial Insulation

293978-



NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

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

Received State of Indiana

FEB 21 2024

2nd

Department of Environmental Mgmt  
Office of Air Quality

293979

<b>I. TYPE OF NOTIFICATION</b> (check one):		<input type="checkbox"/> Original	<input checked="" type="checkbox"/> Revised	<input type="checkbox"/> Courtesy
<b>II. FACILITY INFORMATION</b>				
Owner / Operator: City of Gary				
Address: 504 Broadway		City: Gary		State: IN ZIP: 46402
Contact: Cedric Kuykendall		Telephone: 219-886-1531		E-mail: ckuykendall@gary.gov
Asbestos Removal Contractor:		Demolition Contractor: Rieth Riley		
Address:		Address: 7500 W 5th Ave		
City:	State:	ZIP:	City: Gary	State: IN ZIP: 46406
Contact:	Telephone:	Contact: Jim Wiseman		Telephone: 219-977-0722
E-mail:		E-mail: jwiseman@rieth-riley.com		
IN License Number:	Expiration:			
Licensed Asbestos Inspector: Lake County Environmental Services, LLC		Project Designer:		
Address: 2158 45th St. Suite #155		Address:		
City: Highland	State: IN	ZIP: 46322	City:	State: ZIP:
Contact: Robert Rumsey	Telephone: 219-455-1239	Contact:		Telephone:
E-mail: lakecountyservices82@gmail.com		E-mail:		
IN License Number: 19A013954	Expiration: 05/23/24	IN License Number:		Expiration:
<b>III. TYPE OF OPERATION</b>				
<input checked="" type="checkbox"/> Demolition	<input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>V. PROCEDURES / ANALYTICAL METHODS USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIALS</b>				
A site inspection was conducted and tested by Polarized Light				
<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.)				
Surface Area (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):	End (mm/dd/yy):	
<b>VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION</b>				
Renovation	Start (mm/dd/yy):	End (mm/dd/yy):		
Demolition	Start (mm/dd/yy): 02/26/24	End (mm/dd/yy): 12/21/24		
<b>IX. FACILITY DESCRIPTION</b>				
Building Name:				
Street Address: SEE ATTACHED				
City:	State:	County: Lake		
Location of removal within building (including floor and room numbers):				
Building Size (Sq. Ft.):	Number of Floors:	Age / Year Built:		
Present Use:		Prior Use:		

293395

CGT 34824  
Loc 3 Seg 2

2nd Q24

Linscott

**FACILITY DESCRIPTION:**

1224 Greene St

Gary, IN Lake County

Entire Property

800 Sq Ft 1Floor Built: 1948

Residential Property

293978

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**FACILITY DESCRIPTION:**

1022 Gibson Pl

Gary, IN Lake County

Entire Property

880 Sq Ft 1Floor Built: 1953

Residential Property

293979

<b>X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIAL REMOVED</b>					
Hydraulic Excavator will be used to dismantle the structure Excavator and payloader will load debris onto trucks wood, bricks, and concrete hauled away					
<b>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</b>					
crew will adequately wet the material for demolition					
<b>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</b>					
operations will cease and a certified Asbestos Contractor will be used to remove material					
<b>XIII. ASBESTOS WASTE TRANSPORTER</b>			<b>XIV. ASBESTOS WASTE DISPOSAL SITE</b>		
Name:			Name:		
Address:			Address:		
City:	State:	ZIP:	City:	State:	ZIP:
Contact:	Telephone:		Contact:	Telephone:	
E-mail:			E-mail:		
<b>XV. ORDERD DEMOLITIONS</b>					
Agency Name:			Date Ordered Demolition to Begin (mm/dd/yy):		
Contact:	Title:		Telephone:	E-mail:	
Regulatory Authority:			Date of Order (mm/dd/yy):		
<b>XVI. EMERGENCY RENOVATIONS</b>					
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:					
<b>XVII. CERTIFICATION STATEMENT AND SIGNATURE BY OWNER / OPERATOR</b>					
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.					
 Owner / operator (Signature)			Date (mm/dd/yy): 02/21/24	E-mail: info@iises.org	
Tomas A Amaya			Title: Coordinator		
Owner / operator (Printed)					



10' Revised  
\* Industrial Insulation

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

Received  
State of Indiana

FEB 12 2024

294043 -

294051

DEPARTMENT OF ENVIRONMENTAL MGMT  
OFFICE OF AIR QUALITY

<b>I. TYPE OF NOTIFICATION</b> (check one):		<input type="checkbox"/> Original	<input checked="" type="checkbox"/> Revised	<input type="checkbox"/> Courtesy
<b>II. FACILITY INFORMATION</b>				
Owner / Operator: City of Gary				
Address: 504 Broadway		City: Gary		State: IN ZIP: 46402
Contact: Cedric Kuykendall		Telephone: 219-886-1531		E-mail: ckuykendall@gary.gov
Asbestos Removal Contractor:		Demolition Contractor: Rieth Riley		
Address:		Address: 7500 W 5th Ave		
City:	State:	ZIP:	City: Gary	State: IN ZIP: 46406
Contact:	Telephone:	Contact: Jim Wiseman		Telephone: 219-977-0722
E-mail:		E-mail: jwiseman@rieth-riley.com		
IN License Number:		Expiration:		
Licensed Asbestos Inspector:		Project Designer:		
Lake County Environmental Services, LLC		Address:		
Address: 2158 45th St. Suite #155		City:		
City: Highland	State: IN	ZIP: 46322	State:	ZIP:
Contact: Robert Rumsey	Telephone: 219-455-1239	Contact:	Telephone:	
E-mail: lakecountyservices82@gmail.com		E-mail:		
IN License Number: 19A013954		Expiration: 05/23/24		IN License Number:
Expiration:		Expiration:		
<b>III. TYPE OF OPERATION</b>				
<input checked="" type="checkbox"/> Demolition	<input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>V. PROCEDURES / ANALYTICAL METHODS USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIALS</b>				
A site inspection was conducted and tested by Polarized Light				
<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.)				
Surface Area (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):	End (mm/dd/yy):	
<b>VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION</b>				
Renovation	Start (mm/dd/yy):	End (mm/dd/yy):		
Demolition	Start (mm/dd/yy): 02/26/24	End (mm/dd/yy): 12/21/24		
<b>IX. FACILITY DESCRIPTION</b>				
Building Name:				
Street Address: SEE ATTACHED				
City:	State:	County: Lake		
Location of removal within building (including floor and room numbers):				
Building Size (Sq. Ft.):		Number of Floors:	Age / Year Built:	
Present Use:			Prior Use:	

293395  
OST 34824  
Loc 3 Seg 2

2nd Q24

LIASCOTT

**FACILITY DESCRIPTION:**

5521 E 13<sup>th</sup> Ave.

Gary, IN Lake County

Entire Property

864 Sq Ft 1Floor Built: 1948

Residential Property

294043

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**FACILITY DESCRIPTION:**

1118 Fayette St.

Gary, IN Lake County

Entire Property

750 Sq Ft 1Floor Built: 1953

Residential Property

293302

---

**FACILITY DESCRIPTION:**

1020 Hamilton Pl

Gary, IN Lake County

Entire Property

936 Sq Ft 1Floor Built: 1960

Residential Property

293403

---

**FACILITY DESCRIPTION:**

4408 E 12<sup>th</sup> St

Gary, IN Lake County

Entire Property

936 Sq Ft 1Floor Built: 1959

Residential Property

294046

**FACILITY DESCRIPTION:**

3503 E 12<sup>th</sup> St

Gary, IN Lake County

Entire Property

1,500 Sq Ft 1Floor Built: 1943

Residential Property

29.3303

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**FACILITY DESCRIPTION:**

1013 New Hampshire St

Gary, IN Lake County

Entire Property

1,540 Sq Ft 1Floor Built: 1954

Residential Property

29.3301

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**FACILITY DESCRIPTION:**

5373 E 11<sup>th</sup> Pl

Gary, IN Lake County

Entire Property

950 Sq Ft 1Floor Built: 1953

Residential Property

29.3710

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**FACILITY DESCRIPTION:**

1151 Fayette St

Gary, IN Lake County

Entire Property

750 Sq Ft 1Floor Built: 1953

Residential Property

29.4051

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<b>X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIAL REMOVED</b>					
Hydraulic Excavator will be used to dismantle the structure Excavator and payloader will load debris onto trucks wood, bricks, and concrete hauled away					
<b>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</b>					
crew will adequately wet the material for demolition					
<b>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</b>					
operations will cease and a certified Asbestos Contractor will be used to remove material					
<b>XIII. ASBESTOS WASTE TRANSPORTER</b>			<b>XIV. ASBESTOS WASTE DISPOSAL SITE</b>		
Name:			Name:		
Address:			Address:		
City:	State:	ZIP:	City:	State:	ZIP:
Contact:	Telephone:		Contact:		
E-mail:			E-mail:		
<b>XV. ORDERD DEMOLITIONS</b>					
Agency Name:			Date Ordered Demolition to Begin (mm/dd/yy):		
Contact:	Title:		Telephone:	E-mail:	
Regulatory Authority:			Date of Order (mm/dd/yy):		
<b>XVI. EMERGENCY RENOVATIONS</b>					
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:					
<b>XVII. CERTIFICATION STATEMENT AND SIGNATURE BY OWNER / OPERATOR</b>					
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): 02/12/24	E-mail: info@iises.org	
Owner / operator (Signature)					
Tomas A Amaya			Title: Coordinator		
Owner / operator (Printed)					



\* Industrial Insulation Solutions



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

Received State of Indiana  
 FEB 12 2024  
 Dept of Environmental Mgmt  
 Office of Air Quality

293395-  
 293415

<b>I. TYPE OF NOTIFICATION</b> (check one):		<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Revised	<input type="checkbox"/> Canceled	<input type="checkbox"/> Courtesy
<b>II. FACILITY INFORMATION</b>					
Owner / Operator: City of Gary					
Address: 504 Broadway		City: Gary		State: IN	ZIP: 46402
Contact: Cedric Kuykendall		Telephone: 219-886-1531		E-mail: ckuykendall@gary.gov	
Asbestos Removal Contractor:		Demolition Contractor: Rieth Riley			
Address:		Address: 7500 W 5th Ave			
City:	State:	ZIP:	City: Gary	State: IN	ZIP: 46406
Contact:	Telephone:	Contact: Jim Wiseman		Telephone: 219-977-0722	
E-mail:		E-mail: jwiseman@rieth-riley.com			
IN License Number:	Expiration:				
Licensed Asbestos Inspector: Lake County Environmental Services, LLC					
Project Designer:			Address:		
Address: 2158 45th St. Suite #155			City:		
City: Highland	State: IN	ZIP: 46322	City:	State:	ZIP:
Contact: Robert Rumsey	Telephone: 219-455-1239	Contact:		Telephone:	
E-mail: lakecountyservices82@gmail.com			E-mail:		
IN License Number: 19A013954	Expiration: 05/23/24		IN License Number:	Expiration:	
<b>III. TYPE OF OPERATION</b>					
<input checked="" type="checkbox"/> Demolition	<input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>V. PROCEDURES / ANALYTICAL METHODS USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIALS</b>					
A site inspection was conducted and tested by Polarized Light					
<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.)					
Surface Area (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):	End (mm/dd/yy):		
<b>VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION</b>					
Renovation	Start (mm/dd/yy):	End (mm/dd/yy):			
Demolition	Start (mm/dd/yy): 02/26/24	End (mm/dd/yy): 12/21/24			
<b>IX. FACILITY DESCRIPTION</b>					
Building Name:					
Street Address: SEE ATTACHED					
City:		State:	County: Lake		
Location of removal within building (including floor and room numbers):					
Building Size (Sq. Ft.):		Number of Floors:	Age / Year Built:		
Present Use:			Prior Use:		

OST-34824  
 Loc 3 SEG 2

Linscott

**FACILITY DESCRIPTION:**

3729 E 9<sup>th</sup> Ave

Gary, IN Lake County

Entire Property

884 Sq Ft 1Floor Built: 1953

Residential Property

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293395

**FACILITY DESCRIPTION:**

4204 E 11<sup>th</sup> Ave

Gary, IN Lake County

Entire Property

936 Sq Ft 1Floor Built: 1952

Residential Property

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293401

**FACILITY DESCRIPTION:**

1142 Cass St.

Gary, IN Lake County

Entire Property

936 Sq Ft 1Floor Built: 1948

Residential Property

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293402

**FACILITY DESCRIPTION:**

1020 Hamilton Pl

Gary, IN Lake County

Entire Property

936 Sq Ft 1Floor Built: 1960

Residential Property

---

293403

**FACILITY DESCRIPTION:**

1118 Gibson Pl

Gary, IN Lake County

Entire Property

821 Sq Ft 1Floor Built: 1953

Residential Property

293405

---

**FACILITY DESCRIPTION:**

1110 Gibson Pl

Gary, IN Lake County

Entire Property

800 Sq Ft 1Floor Built: 1953

Residential Property

293406

---

**FACILITY DESCRIPTION:**

1039 Gibson Pl

Gary, IN Lake County

Entire Property

800 Sq Ft 1Floor Built: 1951

Residential Property

293407

---

**FACILITY DESCRIPTION:**

1117 Greene Pl

Gary, IN Lake County

Entire Property

936 Sq Ft 1Floor Built: 1959

Residential Property

293408

---

**FACILITY DESCRIPTION:**

1220 Benton St

Gary, IN Lake County

Entire Property

936 Sq Ft 1Floor Built: 1950

Residential Property

293411

---

**FACILITY DESCRIPTION:**

1126 Cass St

Gary, IN Lake County

Entire Property

1,272 Sq Ft 1Floor Built: 1951

Residential Property

293413

---

**FACILITY DESCRIPTION:**

1033 Dekalb St

Gary, IN Lake County

Entire Property

750 Sq Ft 1Floor Built: 1953

Residential Property

293415

---

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

Hydraulic Excavator will be used to dismantle the structure  
 Excavator and payloader will load debris onto trucks  
 wood, bricks, and concrete hauled away

**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**

crew will adequately wet the material for demolition

**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**

operations will cease and a certified Asbestos Contractor will be used to remove material

<b>XIII. ASBESTOS WASTE TRANSPORTER</b>			<b>XIV. ASBESTOS WASTE DISPOSAL SITE</b>		
Name:			Name:		
Address:			Address:		
City:	State:	ZIP:	City:	State:	ZIP:
Contact:		Telephone:	Contact:		E-mail:
E-mail:			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: [REDACTED]

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**

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		Date (mm/dd/yy): 02/12/24	E-mail: info@iises.org
Tomas A Amaya		Title: Coordinator	



# NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

State Form 44593 (R4 / 10-18)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Received  
State of Indiana

FEB 21 2024

Department of Environmental Mgmt  
Division of Air Quality

293902-

293908

<b>I. TYPE OF NOTIFICATION</b> (check one):		<input type="checkbox"/> Original	<input checked="" type="checkbox"/> Revised	<input type="checkbox"/> Courtesy
<b>II. FACILITY INFORMATION</b>				
Owner / Operator: City of Gary				
Address: 504 Broadway		City: Gary		State: IN ZIP: 46402
Contact: Cedric Kuykendall		Telephone: 219-886-1531		E-mail: ckuykendall@gary.gov
Asbestos Removal Contractor: Industrial Insulation Solutions, Inc		Demolition Contractor: Rieth Riley		
Address: 654 State St.		Address: 7500 W 5th Ave		
City: Hammond	State: IN	ZIP: 46320	City: Gary	State: IN ZIP: 46406
Contact: Tomas A Amaya	Telephone: 219-210-2865		Contact: Jim Wiseman	Telephone: 219-977-0722
E-mail: service@iises.org		E-mail: jwiseman@rieth-riley.com		
IN License Number: 19A004301		Expiration: 09/23/24		
Licensed Asbestos Inspector: Lake County Environmental Services, LLC		Project Designer:		
Address: 2158 45th St. Suite #155		Address:		
City: Highland	State: IN	ZIP: 46322	City:	State: ZIP:
Contact: Robert Rumsey	Telephone: 219-455-1239		Contact:	Telephone:
E-mail: lakecountyservices82@gmail.com		E-mail:		
IN License Number: 19A013954		Expiration: 05/23/24		
IN License Number:		Expiration:		
<b>III. TYPE OF OPERATION</b>				
<input type="checkbox"/> Demolition	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Ordered Demolition	<input type="checkbox"/> Emergency Renovation	<input type="checkbox"/> Intentional Burning
<b>IV. IS ASBESTOS PRESENT?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
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A site inspection was conducted and tested by Polarized Light				
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	Regulated ACM to be removed	Nonfriable Asbestos Material to be removed		Nonfriable Asbestos Material NOT to be removed
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Demolition	Start (mm/dd/yy): 02/26/24	End (mm/dd/yy): 12/21/24		
<b>IX. FACILITY DESCRIPTION</b>				
Building Name:				
Street Address: SEE ATTACHED				
City:		State:	County: Lake	
Location of removal within building (including floor and room numbers):				
Building Size (Sq. Ft.):		Number of Floors:	Age / Year Built:	
Present Use:		Prior Use:		

293889

Est 34824  
Loc 3 Seg 2

2nd Q24

Linscott

FACILITY DESCRIPTION:

4417 E 10<sup>th</sup> Ave

293902

1143 Benton St

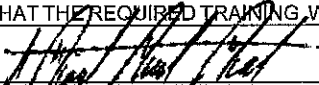
293905

1021 Hamilton St

293908

Gary, IN

All Properties are Residential

<b>X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIAL REMOVED</b>					
Hydraulic Excavator will be used to dismantle the structure Excavator and payloader will load debris onto trucks wood, bricks, and concrete hauled away					
<b>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</b>					
crew will adequately wet the material for demolition					
<b>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</b>					
operations will cease and a certified Asbestos Contractor will be used to remove material					
<b>XIII. ASBESTOS WASTE TRANSPORTER</b>			<b>XIV. ASBESTOS WASTE DISPOSAL SITE</b>		
Name: Homewood Disposal			Name: Countryside RDF/Laraway RDF		
Address: 1501 W 175th St			Address: 31725 N Route 83 / 21233 W Laraway RD		
City: Homewood	State: IL	ZIP: 60430	City: Grayslake/Joliet	State: IL	ZIP: 60039 / 60436
Contact: Matt Jager	Telephone: 708-798-1004		Contact: 847-223-2722 / 815-423-5120		
E-mail:			E-mail:		
<b>XV. ORDERD DEMOLITIONS</b>					
Agency Name: City of Gary			Date Ordered Demolition to Begin (mm/dd/yy): 02/26/24		
Contact: Florzelle Hawkins	Title: Building Commissioner		Telephone: 219-881-1377	E-mail: dstalf@gary.gov	
Regulatory Authority: City of Gary			Date of Order (mm/dd/yy): 02/15/24		
<b>XVI. EMERGENCY RENOVATIONS</b>					
Date (mm/dd/yy) and Time of Emergency:					
Description of sudden, unexpected event: we will notify Lake County Environmental Services and remove it					
Explanation of how the event caused unsafe conditions or would cause equipment damage:					
<b>XVII. CERTIFICATION STATEMENT AND SIGNATURE BY OWNER / OPERATOR</b>					
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): 02/21/24	E-mail: info@lises.org	
Owner / operator (Signature)					
Tomas A Amaya			Title: Coordinator		
Owner / operator (Printed)					



**EMERGENCY ORDER**

Date: 2-15-24

TO: City of Gary Department of Commerce  
Redevelopment Division (Demolition)  
504 Broadway, Suite 200  
Gary, Indiana 46402

I am acting pursuant to Section 9, of the Indiana Code, I. C. 36-7-9-9 and Section 162.01 of the City of Gary, Indiana Code of Ordinances entitled "The Unsafe Building (s) Ordinance."

As a result of the inspection, I have determined that the Building (s) and premises Commonly 4417 E. 10TH Ave situated in Gary, Indiana and legally described as:

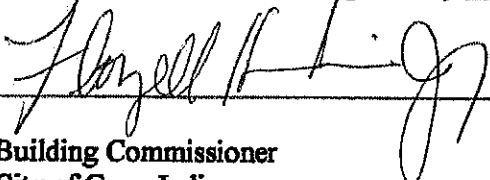
Legal: Actua Manna 2nd Sub

Parcel: 45-08-12-227-000-000

is/are Unsafe, for the reasons set forth in the inspection reports, copies of which may be obtained from the Building Department.

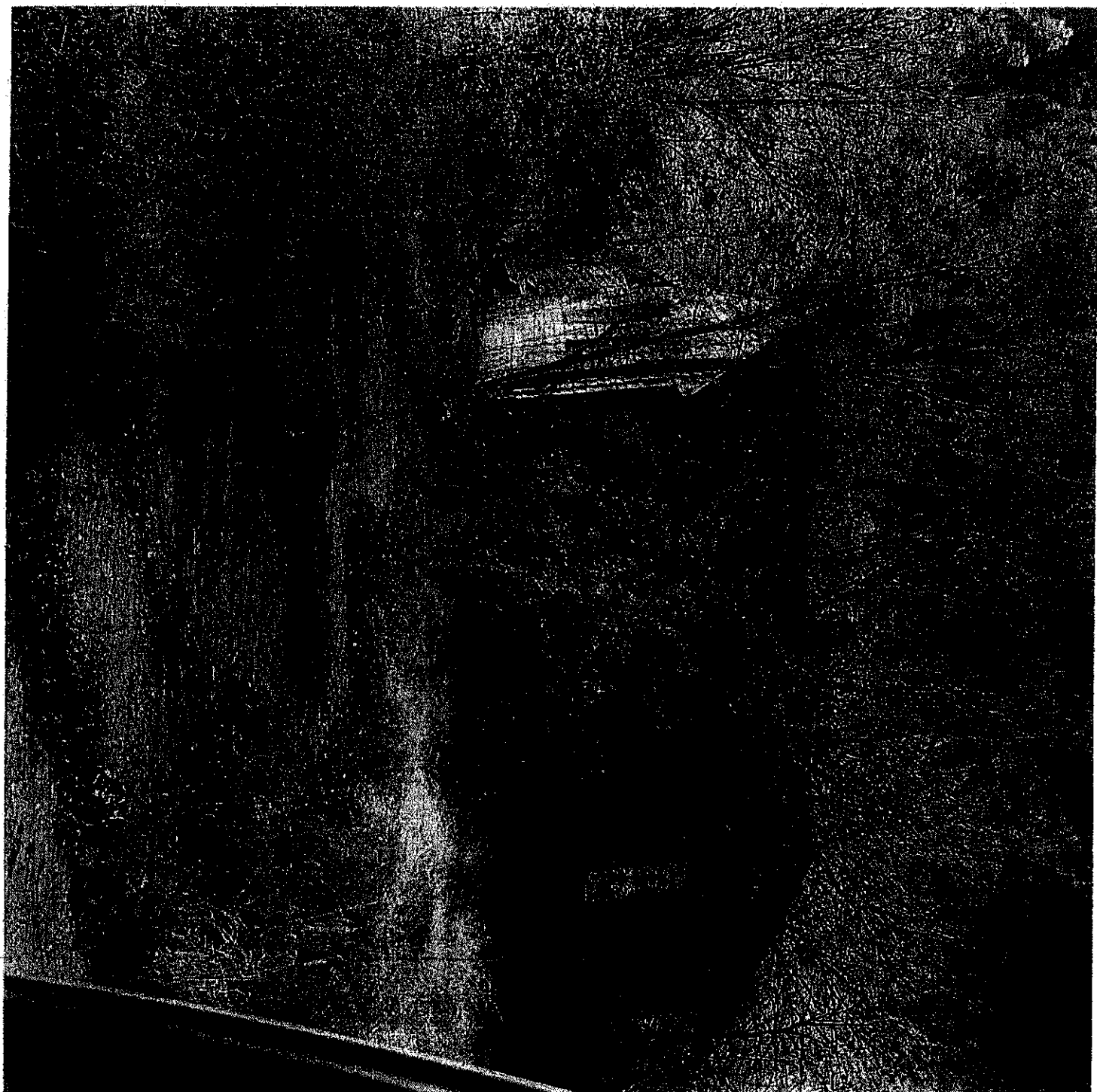
I hereby order that the Building(s) must be **DEMOLISHED**.

Such operations must be completed by 4-1-24.

  
\_\_\_\_\_  
Building Commissioner  
City of Gary, Indiana

cc: File

Steven Clay  
6840 Reserve Rd.  
West Bloomfield MI 48322  
**PROPERTY OWNER**



4417 E. 10<sup>TH</sup> Ave

**EMERGENCY ORDER**

Date: 2-15-24

TO: City of Gary Department of Commerce  
Redevelopment Division (Demolition)  
504 Broadway, Suite 200  
Gary, Indiana 46402

I am acting pursuant to Section 9, of the Indiana Code, I. C. 36-7-9-9 and Section 162.01 of the City of Gary, Indiana Code of Ordinances entitled "The Unsafe Building (s) Ordinance."

As a result of the inspection, I have determined that the Building (s) and premises Commonly 1143 Beaton St. situated in Gary, Indiana and legally described as:

Legal: Aetna Manor 2nd Sub. A11. L. 35 BL. 7

Parcel: 45-08-12-228-014.000-004

is/are Unsafe, for the reasons set forth in the inspection reports, copies of which may be obtained from the Building Department.

I hereby order that the Building(s) must be **DEMOLISHED**.

Such operations must be completed by 4-1-24.

Floryell H. Li  
\_\_\_\_\_  
Building Commissioner  
City of Gary, Indiana

cc: File

City of Gary Redevelopment Commission  
504 Broadway 2nd Floor  
Gary, IN 46402  
PROPERTY OWNER

1143 Benton St.



**EMERGENCY ORDER**

Date: 2-15-24

TO: City of Gary Department of Commerce  
Redevelopment Division (Demolition)  
504 Broadway, Suite 200  
Gary, Indiana 46402

I am acting pursuant to Section 9, of the Indiana Code, I. C. 36-7-9-9 and Section 162.01 of the City of Gary, Indiana Code of Ordinances entitled "The Unsafe Building (s) Ordinance."

As a result of the inspection, I have determined that the Building (s) and premises Commonly 1021 Hamilton St situated in Gary, Indiana and legally described as:

Legal: Lake Estates Sub. L:16 Bl 6

Parcel: 45-09-07-205-004.00-004

is/are Unsafe, for the reasons set forth in the inspection reports, copies of which may be obtained from the Building Department.

I hereby order that the Building(s) must be **DEMOLISHED**.

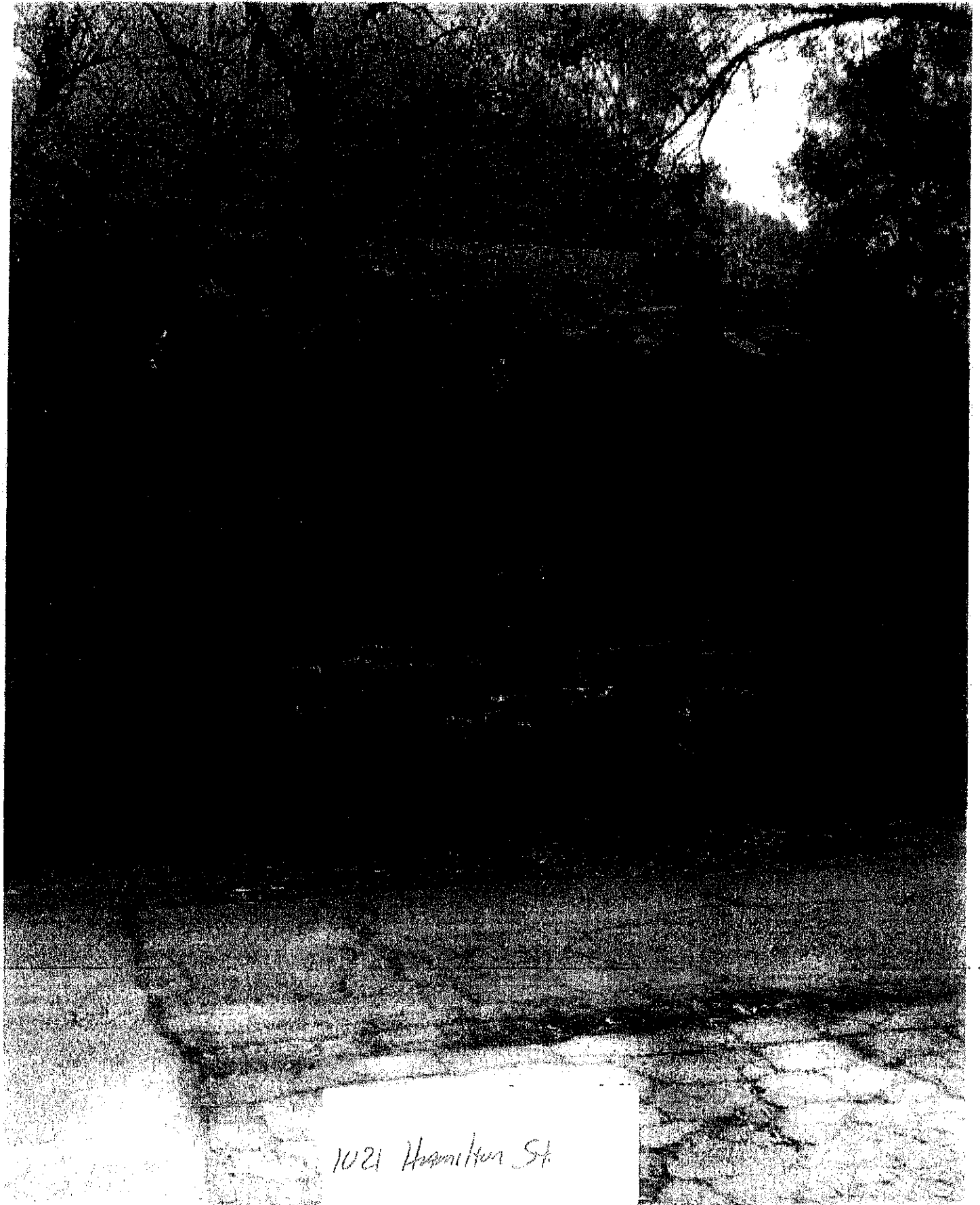
Such operations must be completed by 4-7-24

[Signature]

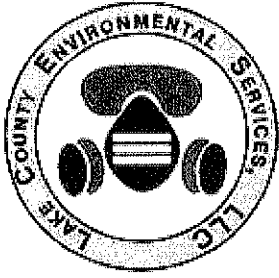
Building Commissioner  
City of Gary, Indiana

cc: File

City of Gary Redevelopment Commission  
204 Broadway 2nd Floor  
Gary IN 46402  
PROPERTY OWNER



1021 Hamilton St



**Lake County Environmental Services, LLC**

2158 45th Street - Suite #155

Highland, Indiana 46322

LakeCountyServices82@gmail.com

Cell: 219-455-1239  
Office: 219-307-8850

February 20, 2024

An Inspector from Lake County Environmental Services, LLC will be onsite during the completion of the Demolition of the listed properties on the Notifications. If any suspected ACM is located work will be stopped immediately and either sent for sampling or assumed positive and removed by a Licensed Indiana Asbestos Abatement Contractor. All removal if any will be performed by Industrial Insulation Solution, Inc

Sincerely,  
Lake County Environmental Services, LLC  
*Robert Rumsey*  
Robert Rumsey  
IDEM Licensed Asbestos Inspector  
#19AD13954  
Expiration Date: 05/23/2024



# NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

State Form 44593 (R4 / 10-18)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Received  
State of Indiana

FEB 21 2024

Department of Environmental Mgmt  
Office of Air Quality

293889-

293898

<b>I. TYPE OF NOTIFICATION</b> (check one):		<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Revised	<input type="checkbox"/> Cancelled	<input type="checkbox"/> Courtesy
<b>II. FACILITY INFORMATION</b>					
Owner / Operator: City of Gary					
Address: 504 Broadway			City: Gary	State: IN	ZIP: 46402
Contact: Cedric Kuykendall			Telephone: 219-886-1531	E-mail: ckuykendall@gary.gov	
Asbestos Removal Contractor: Industrial Insulation Solutions, Inc			Demolition Contractor: Rieth Riley		
Address: 654 State St.			Address: 7500 W 5th Ave		
City: Hammond	State: IN	ZIP: 46320	City: Gary	State: IN	ZIP: 46406
Contact: Tomas A Amaya		Telephone: 219-210-2865	Contact: Jim Wiseman		Telephone: 219-977-0722
E-mail: service@lises.org			E-mail: jwiseman@rieth-riley.com		
IN License Number: 19A004301		Expiration: 09/23/24			
Licensed Asbestos Inspector: Lake County Environmental Services, LLC			Project Designer:		
Address: 2158 45th St. Suite #155			Address:		
City: Highland	State: IN	ZIP: 46322	City:	State:	ZIP:
Contact: Robert Rumsey		Telephone: 219-455-1239	Contact:		Telephone:
E-mail: lakecountyservices82@gmail.com			E-mail:		
IN License Number: 19A013954		Expiration: 05/23/24			
<b>III. TYPE OF OPERATION</b>					
<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Ordered Demolition	<input type="checkbox"/> Emergency Renovation	<input type="checkbox"/> Intentional Burning	
<b>IV. IS ASBESTOS PRESENT?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>V. PROCEDURES / ANALYTICAL METHODS USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIALS</b>					
A site inspection was conducted and tested by Polarized Light					
<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.)					
Surface Area (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):	End (mm/dd/yy):	
<b>VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION</b>					
Renovation	Start (mm/dd/yy):	End (mm/dd/yy):			
Demolition	Start (mm/dd/yy): 02/26/24	End (mm/dd/yy): 12/21/24			
<b>IX. FACILITY DESCRIPTION</b>					
Building Name:					
Street Address: SEE ATTACHED					
City:			State:	County: Lake	
Location of removal within building (including floor and room numbers):					
Building Size (Sq. Ft.):		Number of Floors:	Age / Year Built:		
Present Use:			Prior Use:		

Est 34824  
Loc 3 Seg 2

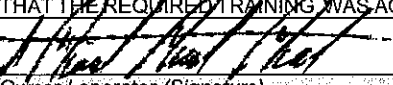
Linscott



**FACILITY DESCRIPTION:**

5353 E 11 <sup>th</sup> Pl	293889
1036 S Lake St	293890
1119 Benton St	293891
5609 E 13 <sup>th</sup> Pl	293892
5128 E 11 <sup>th</sup> Ave	293894
5342 E 11 <sup>th</sup> Pl	293895
1332 Dakota St	293896
1148 Greene St	293897
1202 Gibson Pl	293898
Gary, IN	

All Properties are Residential

<b>X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIAL REMOVED</b>					
Hydraulic Excavator will be used to dismantle the structure Excavator and payloaders will load debris onto trucks wood, bricks, and concrete hauled away					
<b>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</b>					
crew will adequately wet the material for demolition					
<b>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</b>					
operations will cease and a certified Asbestos Contractor will be used to remove material					
<b>XIII. ASBESTOS WASTE TRANSPORTER</b>			<b>XIV. ASBESTOS WASTE DISPOSAL SITE</b>		
Name: Homewood Disposal			Name: Countryside RDF/Laraway RDF		
Address: 1501 W 175th St			Address: 31725 N Route 83 / 21233 W Laraway RD		
City: Homewood	State: IL	ZIP: 60430	City: Grayslake/Joliet	State: IL	ZIP: 60039 / 60436
Contact: Matt Jager	Telephone: 708-798-1004		Contact: 847-223-2722 / 815-423-5120		
E-mail:			E-mail:		
<b>XV. ORDER DEMOLITIONS</b>					
Agency Name: City of Gary			Date Ordered Demolition to Begin (mm/dd/yy): 02/26/24		
Contact: David Stalf	Title: Building Commissioner		Telephone: 219-881-1377	E-mail: dstalf@gary.gov	
Regulatory Authority: City of Gary			Date of Order (mm/dd/yy): 0/16/24		
<b>XVI. EMERGENCY RENOVATIONS</b>					
Date (mm/dd/yy) and Time of Emergency:					
Description of sudden, unexpected event: we will notify Lake County Environmental Services and remove it					
Explanation of how the event caused unsafe conditions or would cause equipment damage:					
<b>XVII. CERTIFICATION STATEMENT AND SIGNATURE BY OWNER / OPERATOR</b>					
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): 02/12/24	E-mail: info@iises.org	
Owner / operator (Signature)					
Tomas A Amaya			Title: Coordinator		
Owner / operator (Printed)					

**EMERGENCY ORDER**

Date: 1-16-24

TO: City of Gary Department of Commerce  
Redevelopment Division (Demolition)  
504 Broadway, Suite 200  
Gary, Indiana 46402

I am acting pursuant to Section 9, of the Indiana Code, I. C. 36-7-9-9 and Section 162.01 of the City of Gary, Indiana Code of Ordinances entitled "The Unsafe Building (s) Ordinance."

As a result of the inspection, I have determined that the Building (s) and premises Commonly 1036 S. Lake St. situated in Gary, Indiana and legally described as:

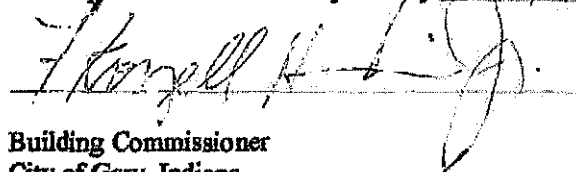
Legal: Lake Estates Sub. L. 19 BL 7

Parcel: 45-09-07-206-016.000-004

is/are Unsafe, for the reasons set forth in the inspection reports, copies of which may be obtained from the Building Department.

I hereby order that the Building(s) must be **DEMOLISHED**.

Such operations must be completed by 4-1-24



Building Commissioner  
City of Gary, Indiana

cc: File

MARY Eskew  
1036 Lake St

Benny JIN 4/6/03  
PROPERTY OWNER

**EMERGENCY ORDER**

Date: \_\_\_\_\_

TO: City of Gary Department of Commerce  
Redevelopment Division (Demolition)  
504 Broadway, Suite 200  
Gary, Indiana 46402

I am acting pursuant to Section 9, of the Indiana Code, I. C. 36-7-9-9 and Section 162.01 of the City of Gary, Indiana Code of Ordinances entitled "The Unsafe Building (s) Ordinance."

As a result of the inspection, I have determined that the Building (s) and premises Commonly 1119 Benton St. situated in Gary, Indiana and legally described as:

Legal: Aetna Manor and Sub. All. L. 38 BL. 7

Parcel: 45-0812-228-011.000-004

is/are Unsafe, for the reasons set forth in the inspection reports, copies of which may be obtained from the Building Department.

I hereby order that the Building(s) must be **DEMOLISHED**.

Such operations must be completed by \_\_\_\_\_



Building Commissioner  
City of Gary, Indiana

cc: File

Felicia Knowles  
PO Box 64122  
Gary IN 46401  
PROPERTY OWNER

**EMERGENCY ORDER**

Date: \_\_\_\_\_

TO: City of Gary Department of Commerce  
Redevelopment Division (Demolition)  
504 Broadway, Suite 200  
Gary, Indiana 46402

I am acting pursuant to Section 9, of the Indiana Code, I. C. 36-7-9-9 and Section 162.01 of the City of Gary, Indiana Code of Ordinances entitled "The Unsafe Building (s) Ordinance."

As a result of the inspection, I have determined that the Building (s) and premises Commonly 1148 Green St situated in Gary, Indiana and legally described as:

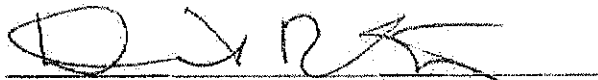
Legal: Lake Estates Sub. L. 17 BL 3

Parcel: 45-09-07-202-012.000-004

is/are Unsafe, for the reasons set forth in the inspection reports, copies of which may be obtained from the Building Department.

I hereby order that the Building(s) must be **DEMOLISHED**.

Such operations must be completed by \_\_\_\_\_



Building Commissioner  
City of Gary, Indiana

cc: File

City of Gary Redevelopment Commission  
504 Broadway  
Gary, IN 46402

PROPERTY OWNER

**EMERGENCY ORDER**

Date: \_\_\_\_\_

TO: City of Gary Department of Commerce  
Redevelopment Division (Demolition)  
504 Broadway, Suite 200  
Gary, Indiana 46402

I am acting pursuant to Section 9, of the Indiana Code, I. C. 36-7-9-9 and Section 162.01 of the City of Gary, Indiana Code of Ordinances entitled "The Unsafe Building (s) Ordinance."

As a result of the inspection, I have determined that the Building (s) and premises Commonly 1202 Gibson Pl. situated in Gary, Indiana and legally described as:

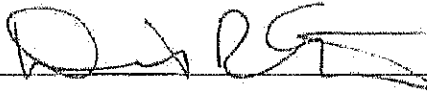
Legal: Actna Manor 4th Sub. All L. 20 Bl. 8

Parcel: 45-09-07-130-039.000-004

is/are Unsafe, for the reasons set forth in the inspection reports, copies of which may be obtained from the Building Department.

I hereby order that the Building(s) must be **DEMOLISHED**.

Such operations must be completed by \_\_\_\_\_



Building Commissioner  
City of Gary, Indiana

cc: File

Samuel Roberts Jr.  
4812 Jefferson St.  
Gary, IN 46403-3844  
PROPERTY OWNER

**EMERGENCY ORDER**

Date: \_\_\_\_\_

TO: City of Gary Department of Commerce  
Redevelopment Division (Demolition)  
504 Broadway, Suite 200  
Gary, Indiana 46402

I am acting pursuant to Section 9, of the Indiana Code, I. C. 36-7-9-9 and Section 162.01 of the City of Gary, Indiana Code of Ordinances entitled "The Unsafe Building (s) Ordinance."

As a result of the inspection, I have determined that the Building (s) and premises Commonly 5128 E. 11th Ave situated in Gary, Indiana and legally described as:

Legal: Acqua Manor 4th Sub. All L. 8 BL 3

Parcel: 45-09-07-102-021-000-004

is/are Unsafe, for the reasons set forth in the inspection reports, copies of which may be obtained from the Building Department.

I hereby order that the Building(s) must be **DEMOLISHED**.

Such operations must be completed by \_\_\_\_\_.



Building Commissioner  
City of Gary, Indiana

cc: File

William A. Sander P Banks  
5128 E. 11th Ave  
Gary IN 46403-3714  
**PROPERTY OWNER**

**EMERGENCY ORDER**

Date: \_\_\_\_\_

TO: City of Gary Department of Commerce  
Redevelopment Division (Demolition)  
504 Broadway, Suite 200  
Gary, Indiana 46402

I am acting pursuant to Section 9, of the Indiana Code, I. C. 36-7-9-9 and Section 162.01 of the City of Gary, Indiana Code of Ordinances entitled "The Unsafe Building (s) Ordinance."

As a result of the inspection, I have determined that the Building (s) and premises Commonly 5342 E. 117th Pl situated in Gary, Indiana and legally described as:

Legal: Aefna Manor 4th Sub. All. 20 BL-5

Parcel: 45-09-07-127-031.000-004

is/are Unsafe, for the reasons set forth in the inspection reports, copies of which may be obtained from the Building Department.

I hereby order that the Building(s) must be **DEMOLISHED**.

Such operations must be completed by \_\_\_\_\_



Building Commissioner  
City of Gary, Indiana

cc: File

Sade Lloyd  
7347 S. Cardon Ave  
Chicago IL 60649  
PROPERTY OWNER



**EMERGENCY ORDER**

Date: \_\_\_\_\_

TO: City of Gary Department of Commerce  
Redevelopment Division (Demolition)  
504 Broadway, Suite 200  
Gary, Indiana 46402

I am acting pursuant to Section 9, of the Indiana Code, I. C. 36-7-9-9 and Section 162.01 of the City of Gary, Indiana Code of Ordinances entitled "The Unsafe Building (s) Ordinance."

As a result of the inspection, I have determined that the Building (s) and premises Commonly 5353 E. 11TH PL situated in Gary, Indiana and legally described as:

Legal: ACTUA MANUK 4TH SUB. ALL L. 1 BL 6

Parcel: 45-09-07-128-012.000-004

is/are Unsafe, for the reasons set forth in the inspection reports, copies of which may be obtained from the Building Department.

I hereby order that the Building(s) must be **DEMOLISHED**.

Such operations must be completed by \_\_\_\_\_



Building Commissioner  
City of Gary, Indiana

cc: File

Rust Belt Restorations LLC  
5600 E. 7TH Ave  
Gary IN 46403  
PROPERTY OWNER

**EMERGENCY ORDER**

Date: \_\_\_\_\_

TO: City of Gary Department of Commerce  
Redevelopment Division (Demolition)  
504 Broadway, Suite 200  
Gary, Indiana 46402

I am acting pursuant to Section 9, of the Indiana Code, I. C. 36-7-9-9 and Section 162.01 of the City of Gary, Indiana Code of Ordinances entitled "The Unsafe Building (s) Ordinance."

As a result of the inspection, I have determined that the Building (s) and premises Commonly 5601 E. 13<sup>TH</sup> PL. situated in Gary, Indiana and legally described as:

Legal: LAKE ESTATES SUB. L-27 BL 2

Parcel: 45-09-07-251-002.000-004

is/are Unsafe, for the reasons set forth in the inspection reports, copies of which may be obtained from the Building Department.

I hereby order that the Building(s) must be **DEMOLISHED**.

Such operations must be completed by \_\_\_\_\_.



Building Commissioner  
City of Gary, Indiana

cc: File

City of Gary  
401 Broadway  
Gary, IN 46402  
PROPERTY OWNER

**EMERGENCY ORDER**

Date: 7/2/07

TO: City of Gary Department of Commerce  
Redevelopment Division (Demolition)  
504 Broadway, Suite 200  
Gary, Indiana 46402

I am acting pursuant to Section 9, of the Indiana Code, I. C. 36-7-9-9 and Section 162.01 of the City of Gary, Indiana Code of Ordinances entitled "The Unsafe Building (s) Ordinance."

As a result of the inspection, I have determined that the Building (s) and premises Commonly 1337 Dakota (Garage) situated in Gary, Indiana and legally described as:

Legal: Aetna Sec. 6's 15<sup>+</sup> SUB N. 7244 7.26 BL. 12 S. 19A 125

Parcel: 45-08-12-157-019-000-004

is/are Unsafe, for the reasons set forth in the inspection reports, copies of which may be obtained from the Building Department.

I hereby order that the Building(s) must be **DEMOLISHED**.

Such operations must be completed by 9-1-07

[Signature]  
\_\_\_\_\_  
Building Commissioner  
City of Gary, Indiana

cc: File

COAT Holdings LLC  
1608 S Ashland Ave # 100  
Chicago, IL 60608

**PROPERTY OWNER**



# NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

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

Received  
State of Indiana  
FEB 16 2024  
293677-  
293713  
Dept. of Environmental Mgmt.  
Office of Air Quality

<b>I. TYPE OF NOTIFICATION</b> (check one):		<input type="checkbox"/> Original	<input checked="" type="checkbox"/> Revised	<input checked="" type="checkbox"/> Canceled	<input type="checkbox"/> Courtesy
<b>II. FACILITY INFORMATION</b>					
Owner / Operator: City of Gary					
Address: 504 Broadway			City: Gary	State: IN	ZIP: 46402
Contact: Cedric Kuykendall			Telephone: 219-886-1531	E-mail: ckuykendall@gary.gov	
Asbestos Removal Contractor: Industrial Insulation Solutions, Inc			Demolition Contractor:		
Address: 654 State St.			Address:		
City: Hammond	State: IN	ZIP: 46320	City:	State:	ZIP:
Contact: Tomas A Amaya	Telephone: 219-210-2865		Contact:	Telephone:	
E-mail: service@iises.org			E-mail:		
IN License Number: 19A004301	Expiration: 09/23/24				
Licensed Asbestos Inspector: Lake County Environmental Services, LLC			Project Designer:		
Address: 2158 45th St. Suite #155			Address:		
City: Highland	State: IN	ZIP: 46322	City:	State:	ZIP:
Contact: Robert Rumsey	Telephone: 219-455-1239		Contact:	Telephone:	
E-mail: lakecountyservices82@gmail.com			E-mail:		
IN License Number: 19A013954	Expiration: 05/23/24		IN License Number:	Expiration:	
<b>III. TYPE OF OPERATION</b>					
<input checked="" type="checkbox"/> Demolition	<input 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>					
A site inspection was conducted and tested by Polarized Light					
<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.)					
Surface Area (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):	End (mm/dd/yy):	
<b>VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION</b>					
Renovation	Start (mm/dd/yy): 02/21/24	End (mm/dd/yy): 12/21/24			
Demolition	Start (mm/dd/yy):	End (mm/dd/yy):			
<b>IX. FACILITY DESCRIPTION</b>					
Building Name:					
Street Address: SEE ATTACHED					
City:			State:	County: Lake	
Location of removal within building (including floor and room numbers):					
Building Size (Sq. Ft.):		Number of Floors:	Age / Year Built:		
Present Use:			Prior Use:		

CST 34824  
Loc 3 seq 2

Linscott

**FACILITY DESCRIPTION:**

5401 E 13<sup>th</sup> Pl

Gary, IN Lake County

Entire Interior of property

936 Sq Ft 1Floor Built: 1959

Residential Property

Approx 900 SqFt of Drywall, Tape and Joint compound

293677

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**FACILITY DESCRIPTION:**

1151 Fayette Street

Gary, IN Lake County

Entire Interior of property

750 Sq Ft 1Floor Built: 1953

Residential Property

Approx 750 SqFt of Drywall, Tape and Joint compound

293679

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**FACILITY DESCRIPTION:**

1127 Gibson Pl

Gary, IN Lake County

Entire Interior of property

855 Sq Ft 1Floor Built: 1953

Residential Property

Approx 850 SqFt of Drywall, Tape and Joint compound

293681

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**FACILITY DESCRIPTION:**

5247 E 13<sup>th</sup> Ave

Gary, IN Lake County

Entire Interior of property

900 Sq Ft 1Floor Built: 1953

Residential Property

Approx 900 SqFt of Drywall, Tape and Joint compound

293682

**FACILITY DESCRIPTION:**

5223 E 13<sup>th</sup> Ave

Gary, IN Lake County

Entire Interior of property

1,000 Sq Ft 1Floor Built: 1953

Residential Property

Approx 1,000 SqFt of Drywall, Tape and Joint compound

293707 — \* canceled on 2/21/24

**FACILITY DESCRIPTION:**

5120 E 11<sup>th</sup> Ave

Gary, IN Lake County

Entire Interior of property

850 Sq Ft 1Floor Built: 1953

Residential Property

Approx 850 SqFt of Drywall, Tape and Joint compound

293709

**FACILITY DESCRIPTION:**

5373 E 11<sup>th</sup> PL

Gary, IN Lake County

Entire Interior of property

1,100 Sq Ft 1Floor Built: 1953

Residential Property

Approx 1,100 SqFt of Drywall, Tape and Joint compound

293710

**FACILITY DESCRIPTION:**

1046 Gibson Pl

Gary, IN Lake County

Entire Interior of property

1,000 Sq Ft 1Floor Built: 1953

Residential Property

Approx 1,000 SqFt of Drywall, Tape and Joint compound

293712

**FACILITY DESCRIPTION:**

1020 Hamilton Pl

Gary, IN Lake County


Entire Interior of property

1,000 Sq Ft 1Floor Built: 1960

Residential Property

Approx 1,000 SqFt of Drywall, Tape and Joint compound

293403

<b>X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIAL REMOVED</b>			
Will set up Containment using 6mil poly Will set up Negative Air Unit Will will adequately wet all Asbestos Containing Materials			
<b>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</b>			
Will set up Containment using 6mil poly Will set up Negative Air Unit Will will adequately wet all Asbestos Containing Materials			
<b>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</b>			
we will notify Lake County Environmental Services and remove it			
<b>XIII. ASBESTOS WASTE TRANSPORTER</b>		<b>XIV. ASBESTOS WASTE DISPOSAL SITE</b>	
Name: Homewood Disposal		Name: Countryside RDF/Laraway RDF	
Address: 1501 W 175th St		Address: 31725 N Route 83 / 21233 W Laraway RD	
City: Homewood	State: IL	ZIP: 60430	City: Grayslake/Joliet
			State: IL
			ZIP: 60039 / 60436
Contact: Matt Jager	Telephone: 708-798-1004		Contact: 847-223-2722 / 815-423-5120
E-mail:			E-mail:
<b>XV. ORDER DEMOLITIONS</b>			
Agency Name:		Date Ordered Demolition to Begin (mm/dd/yy):	
Contact:	Title:	Telephone:	E-mail:
Regulatory Authority:		Date of Order (mm/dd/yy):	
<b>XVI. EMERGENCY RENOVATIONS</b>			
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:			
<b>XVII. CERTIFICATION STATEMENT AND SIGNATURE BY OWNER / OPERATOR</b>			
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): 02/14/24	E-mail: info@iises.org
Owner / operator (Signature)			
Tomas A Amaya		Title: Owner	
Owner / operator (Printed)			





# NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

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

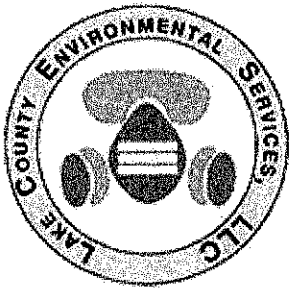
Received  
State of Indiana  
FEB 08 2024  
Dept of Environmental Mgmt  
Office of Air Quality

293301-  
293304

<b>I. TYPE OF NOTIFICATION</b> (check one):		<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Revised	<input type="checkbox"/> Cancelled	<input type="checkbox"/> Courtesy
<b>II. FACILITY INFORMATION</b>					
Owner / Operator: City of Gary					
Address: 504 Broadway			City: Gary	State: IN	ZIP: 46402
Contact: Cedric Kuykendall			Telephone: 219-886-1531	E-mail: ckuykendall@gary.gov	
Asbestos Removal Contractor: Industrial Insulation Solutions, Inc			Demolition Contractor:		
Address: 654 State St.			Address:		
City: Hammond	State: IN	ZIP: 46320	City:	State:	ZIP:
Contact: Tomas A Amaya	Telephone: 219-210-2865		Contact:	Telephone:	
E-mail: service@iises.org			E-mail:		
IN License Number: 19A004301		Expiration: 09/23/24			
Licensed Asbestos Inspector: Lake County Environmental Services, LLC			Project Designer:		
Address: 2158 45th St. Suite #155			Address:		
City: Highland	State: IN	ZIP: 46322	City:	State:	ZIP:
Contact: Robert Rumsey	Telephone: 219-455-1239		Contact:	Telephone:	
E-mail: lakecountyservices82@gmail.com			E-mail:		
IN License Number: 19A013954		Expiration: 05/23/24		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>					
A site inspection was conducted and tested by Polarized Light					
<b>VI. APPROXIMATE AMOUNT OF ASBESTOS TO BE REMOVED AND/OR NOT TO BE REMOVED</b>					
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		Category I	Category II	Category I	Category II
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Surface Area (Sq. Ft.)					
Total Volume (Cu. Ft.)					
Total amount on or off all facility components where length or area could not be measured previously					
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Renovation	Start (mm/dd/yy): 02/21/24	End (mm/dd/yy): 12/21/24			
Demolition	Start (mm/dd/yy):	End (mm/dd/yy):			
<b>IX. FACILITY DESCRIPTION</b>					
Building Name:					
Street Address: SEE ATTACHED					
City:			State:	County: Lake	
Location of removal within building (including floor and room numbers):					
Building Size (Sq. Ft.):		Number of Floors:	Age / Year Built:		
Present Use:			Prior Use:		

OST 34824  
Loc 3 seq 2

Linscott



# Lake County Environmental Services, LLC

2158 45th Street - Suite #155  
Highland, Indiana 46322

LakeCountyServices82@gmail.com

Cell: 219-455-1239  
Office: 219-307-8850

## FACILITY DESCRIPTION:

1013 New Hampshire

Gary, IN Lake County

Entire Interior of Property

1,540 Sq Ft 1Floor Built: 1923

Residential Property

~~Approx 2,400 Sq Ft of Drywall and Tape & Joint Compound~~

293301

## FACILITY DESCRIPTION:

1118 Fayette

Gary, IN Lake County

Entire Interior of Property

750 Sq Ft 1Floor Built: 1953

Residential Property

~~Approx 4,600 Sq Ft of Drywall~~

293302

## FACILITY DESCRIPTION:

3503 E 12<sup>th</sup> St.

Gary, IN Lake County

Entire Interior of Property

1,500 Sq Ft 1Floor Built: 1949

Residential Property

~~Approx 2,500 Sq Ft of Plaster~~

293303

## FACILITY DESCRIPTION:

4408 E 12<sup>th</sup> St.

Gary, IN Lake County

Furnace Room

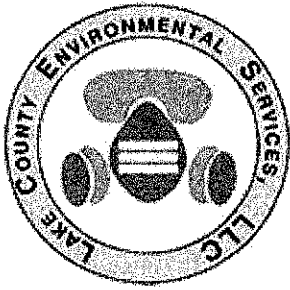
936 Sq Ft 1Floor Built: 1959

Residential Property

~~Approx 6 LF of Transite~~

293304

courtesy




**Lake County Environmental Services, LLC**

2158 45th Street - Suite #155

Highland, Indiana 46322

LakeCountyServices82@gmail.com

Cell: 219-455-1239  
Office: 219-307-8850

<b>X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIAL REMOVED</b>					
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we will notify Lake County Environmental Services and remove it					
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Address: 1501 W 175th St			Address: 31725 N Route 83 / 21233 W Laraway RD		
City: Homewood	State: IL	ZIP: 60430	City: Grayslake/Joliet	State: IL	ZIP: 60039 / 60436
Contact: Matt Jager	Telephone: 708-798-1004		Contact: 847-223-2722 / 815-423-5120		
E-mail:			E-mail:		
<b>XV. ORDER DEMOLITIONS</b>					
Agency Name:			Date Ordered Demolition to Begin (mm/dd/yy):		
Contact:	Title:		Telephone:	E-mail:	
Regulatory Authority:			Date of Order (mm/dd/yy):		
<b>XVI. EMERGENCY RENOVATIONS</b>					
Date (mm/dd/yy) and Time of Emergency:					
Description of sudden, unexpected event:					
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			Date (mm/dd/yy): 02/08/24	E-mail: info@lises.org	
Tomas A Amaya			Title: Owner		