* Industrial Insulation



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

* Industrial	Insula	HION				/	293978-
NOTIFICATION State Form 44593 (FINDIANA DEPARTM	N OF DEMO R4 / 10-18) MENT OF ENVIRO	LITION AN DNMENTAL M	ND RENOV	ATION OPERATION	ONShe of India	SOST Man	1 293979 □ Courtesy
I. TYPE OF NOTIFICATION (che	ok anal:	- Ovisions		F Ravinad	Taron Salan	Air Creation	Courteeu
II. FACILITY INFORMATION	ck one).	│	41	☑ Revised	- POLCSTICE AND		Courtesy
Owner / Operator: City of Gary							
Address: 504 Broadway			City: Gary			State: IN	ZIP: 46402
Contact: Cedric Kuykendall				219-886-1531			ıykendall@gary.gov
Asbestos Removal Contractor:				ontractor: Rieth Riley		L-mail.	, <u>G</u> g,.g.
Address:				00 W 5th Ave			
City:	State:	ZIP:	City: Gary		Ĩ	State: IN	ZIP: 46406
Contact:	Telephone:	AII 1	Contact: Jim	n Wiseman			219-977-0722
E-mail:				eman@rieth-riley.com	I	. 5.50,101101	
IN License Number:	Expiration:						
Licensed	County Environmenta	d Sandone LLC	management and control of the contro	M. 40, 174, 175, 175, 175, 175, 175, 175, 175, 175	THE PROPERTY OF THE PROPERTY O	an angeni Andreada (Albert Medico - N.S.)	en auto-menten. A Stellere, kunde den sementitiset formande Spektich für gegebt, der solliche folktigegebt,
Asbestos Inspector: Lake Address: 2158 45th St. Suite #15		a Services, LLC	Project Desig	gner:			
		ZIP: 46322	Address:			O	77170
City: Highland Contact: Robert Rumsey	State: IN Telephone: 219		City:			State:	ZIP:
E-mail: lakecountyservices82@gi		7-400-1200	Contact:			Telephone:	
IN License Number: 19A013954	Expiration: 05	123/24	E-mail:				
	Expiration: 00	20124	IN License N	lumber:		Expiration:	
III. TYPE OF OPERATION							
- 	Renovation		Ordered Demo	olition ∐ Emerge	ency Renovation	ı ∐ Int	entional Burning
IV. IS ASBESTOS PRESENT?	I ☐ Yes	☑ No					(A)
V DD00EDUDE0 / 41111 VT10		USED TO D			of 405	ESTOS II	ATERIAL 0
V. PROCEDURES / ANALYTIC				PRESENCE AND AMO	OUNT OF ASE	BESTOS M	ATERIALS
A site inspection was conducted	and tested by F	olarized Ligh	nt			BESTOS M	ATERIALS
A site inspection was conducted VI. APPROXIMATE AMOUNT C	and tested by F	olarized Ligh	nt			BESTOS M	ATERIALS
A site inspection was conducted VI. APPROXIMATE AMOUNT C	and tested by F	Polarized Ligh TO BE REM	nt IOVED AND/		OVED		arial NOT to be removed
A site inspection was conducted VI. APPROXIMATE AMOUNT C	and tested by F OF ASBESTOS Regulated ACM to	TO BE REM be Nonfri	nt IOVED AND/	OR NOT TO BE REMO	OVED	bestos Mate	
A site inspection was conducted VI. APPROXIMATE AMOUNT C	and tested by F OF ASBESTOS Regulated ACM to	TO BE REM be Nonfri	nt IOVED AND/ iable Asbestos	OR NOT TO BE REMO	OVED Nonfriable As	bestos Mate	erial NOT to be removed
A site inspection was conducted VI. APPROXIMATE AMOUNT C	and tested by F OF ASBESTOS Regulated ACM to	TO BE REM be Nonfri	nt IOVED AND/ iable Asbestos	OR NOT TO BE REMO	OVED Nonfriable As	bestos Mate	erial NOT to be removed
A site inspection was conducted VI. APPROXIMATE AMOUNT C I T T T T T T T T T T T T T T T T T T	and tested by F OF ASBESTOS Regulated ACM to	TO BE REM be Nonfri	nt IOVED AND/ iable Asbestos	OR NOT TO BE REMO	OVED Nonfriable As	bestos Mate	erial NOT to be removed
A site inspection was conducted VI. APPROXIMATE AMOUNT (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	and tested by F OF ASBESTOS Regulated ACM to removed	Polarized Light TO BE REM Discrepe Nonfri	nt IOVED AND/ iable Asbestos	OR NOT TO BE REMO	Nonfriable As Category	bestos Mate	erial NOT to be removed
A site inspection was conducted VI. APPROXIMATE AMOUNT C 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	and tested by F OF ASBESTOS Regulated ACM to removed REPPING / REM	Polarized Ligh TO BE REM Nonfri Ca	nt IOVED AND/ iable Asbestos ategory I	OR NOT TO BE REMO	Nonfriable As Category	bestos Mate	erial NOT to be removed
A site inspection was conducted VI. APPROXIMATE AMOUNT (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 VII. SCHEDULED DATE OF ST	and tested by F DF ASBESTOS Regulated ACM to removed RIPPING / REN	Polarized Ligh TO BE REM Nonfri Ca	nt IOVED AND/ iable Asbestos ategory I art (mm/dd/yy):	OR NOT TO BE REMO	Nonfriable As Category	bestos Mate	erial NOT to be removed
A site inspection was conducted VI. APPROXIMATE AMOUNT C 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 VII. SCHEDULED DATE OF ST VIII. SCHEDULED DATES OF F Renovation Start (mm/d)	and tested by F OF ASBESTOS Regulated ACM to removed RIPPING / REM RENOVATION /	Polarized Light TO BE REM Dobe Nonfri Ca MOVAL Sta DEMOLITIC End (mm	nt IOVED AND/ iable Asbestos ategory I art (mm/dd/yy): DN	OR NOT TO BE REMO	Nonfriable As Category	bestos Mate	erial NOT to be removed
A site inspection was conducted VI. APPROXIMATE AMOUNT C 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 VII. SCHEDULED DATE OF ST VIII. SCHEDULED DATES OF F Renovation Start (mm/d)	and tested by F DF ASBESTOS Regulated ACM to removed RIPPING / REN	Polarized Light TO BE REM Dobe Nonfri Ca MOVAL Sta DEMOLITIC End (mm	nt IOVED AND/ iable Asbestos ategory I art (mm/dd/yy):	OR NOT TO BE REMO	Nonfriable As Category	bestos Mate	erial NOT to be removed
A site inspection was conducted VI. APPROXIMATE AMOUNT (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 VII. SCHEDULED DATE OF ST VIII. SCHEDULED DATES OF F Renovation Start (mm/d) Demolition Start (mm/d) IX. FACILITY DESCRIPTION	and tested by F OF ASBESTOS Regulated ACM to removed RIPPING / REM RENOVATION /	Polarized Light TO BE REM Dobe Nonfri Ca MOVAL Sta DEMOLITIC End (mm	nt IOVED AND/ iable Asbestos ategory I art (mm/dd/yy): DN	OR NOT TO BE REMO	Nonfriable As Category	bestos Mate	erial NOT to be removed
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A site inspection was conducted VI. APPROXIMATE AMOUNT (Interpretation of the provided of t	and tested by F OF ASBESTOS Regulated ACM to removed RIPPING / REM RENOVATION /	Polarized Light TO BE REM Dobe Nonfri Ca MOVAL Sta DEMOLITIC End (mm	nt IOVED AND/ iable Asbestos ategory I art (mm/dd/yy): DN	Material to be removed Category II End (mm	Nonfriable As Category	bestos Mate	erial NOT to be removed
A site inspection was conducted VI. APPROXIMATE AMOUNT (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 VII. SCHEDULED DATE OF ST VIII. SCHEDULED DATES OF I Renovation Start (mm/d) Demolition Start (mm/d) IX. FACILITY DESCRIPTION Building Name: Street Address: SEE ATTACHED City: Location of removal within building	and tested by F DF ASBESTOS Regulated ACM to removed RIPPING / REM RENOVATION /	Polarized Light TO BE REM Dibe Nonfri Ca MOVAL Sta DEMOLITIC End (mm	nt IOVED AND/ iable Asbestos ategory I art (mm/dd/yy): DN	Material to be removed Category II End (mm	Nonfriable As Category	bestos Mate	erial NOT to be removed

293395 CS+34824 Loc 3 Seg 2

Page 1 of 2

Linscott

1224 Greene St

Gary, IN Lake County

Entire Property

800 Sq Ft 1Floor

Built: 1948

Residential Property

FACILITY DESCRIPTION:

1022 Gibson Pl

Gary, IN Lake County

Entire Property

880 Sq Ft 1Floor

Built: 1953

Residential Property

293978

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 PRACT AT THE SITE; INCLUDING ASBESTO	OS STRIPPING,	REMOVAL A	AND WASTE HANDLING PRO			
ASBESTOS MATERIAL FROM BECC		E IN THE CO	URSE OF THE PROJECT			
crew will adequately wet the material for de	emolition					
XII. DESCRIPTION OF PROCEDURE NONFRIABLE ASBESTOS MATERIA					ID OR PREVIOUSLY	
operations will cease and a certified Asbes	tos Contractor wil	l be used to ren	nove material			
r	ioo cominacion viii	. 20 4004 10 101	novo material			
XIII. ASBESTOS WASTE TRANSPOR	RTER		XIV. ASBESTOS WASTE D	ISPOSAL SITE		
Name:			Name:			
Address:			Address:			
City:	State:	ZIP:	City:	State:	ZIP;	
Contact:	Telephone:		Contact:			
E-mail:			E-mail:			
XV. ORDERD DEMOLITIONS						
Agency Name:			Date Ordered Demolition to Beg	gin <i>(mm/dd/yy)</i> :		
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:					THE REPORT OF THE PARTY OF THE	
Explanation of how the event caused unsaf	Explanation of how the event caused unsafe conditions or would cause equipment damage:					
XVII. CERTIFICATION STATEMENT	AND SIGNATU	RF BY OWNI	ER / OPERATOR	······································		
I HEREBY CERTIFY THAT THE INFORMA PROJECT SUPERVISORS, TO IMPLEMEN AND, IF APPLICABLE, INDIANAPOLIS AIR THAT THE REQUIRED TRANSING WAS A	TION IN THIS NOT IT THIS ASBESTO POLLUTION COI	TIFICATION IS O OS PROJECT, W NTROL BOARD	CORRECT AND THAT I WILL ONL /HICH HAVE BEEN TRAINED IN 3 REGULATION 14. THE TRAINEI	26IAC 14-10; 40 CFR D INDIVIDUAL(S) AL	PART 61, SUBPARTM; ONG WITH EVIDENCE	
Host that the			Date (mm/dd/yy): 02/21/24	E-mail: info@iises		
Owner / operator (Signature)						
Tomas A Amaya	<u></u>		Title: Coordinator			
Owner / operator (Printed)	ergen a Barra, in den Militia	Entry to the Section 1999	Title.			

12' KEVISER Indostrial Insolation

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

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

S Received 294043 — State of Incliana State of Incliana
FEB 12-2024 294051

							FLL	MAI MI	<u></u>
I. TYPE OF NOTIFIC	ATION (che	eck one):	☐ Origin	al		d	☐ Cangele	onmental Mo Alt Quality	☐ Courtesy
II. FACILITY INFORM	MATION	4					Den Ottice		10000
Owner / Operator: City	of Gary								
Address: 504 Broadwa	ay			City: Gary				State: IN	ZIP: 46402
Contact: Cedric Kuyke	endall			Telephone:	Telephone: 219-886-1531 E-mail: Ckuykendall@gary.gov				ıykendall@gary.gov
Asbestos Removal Con	tractor:			Demolition	Demolition Contractor: Rieth Riley				
Address:				Address: 7	500 W 5th A	ve			
City:		State:	ZIP:	City: Gary				State: IN	ZIP: 46406
Contact:		Telephone:		Contact: Ji	m Wiseman			Telephone:	219-977-0722
E-mail:				E-mail: jwi	seman@rietl	n-riley.com			
IN License Number:		Expiration:					1		
Licensed Asbestos Inspector:	Lake	County Environment	al Services, LLC	Project Des	igner.				
Address: 2158 45th St	t. Suite #15	5		Address:					
City: Highland		State: IN	ZIP: 46322	City:		·		State:	ZIP:
Contact: Robert Rums		Telephone: 21	9- <u>455-1239</u>	Contact:				Telephone:	
E-mail: lakecountyser	vices82@g			E-mail:					
IN License Number: 19.	A013954	Expiration: 05	5/23/24	IN License	Number:			Expiration:	
III. TYPE OF OPERA	TION						100		
✓ Demolition		Renovation		Ordered Der	nolition	☐ Emerge	ncy Renovatio	on 🔲 Int	entional Burning
IV. IS ASBESTOS P	RESENT?	☐Yes	☑ No	100					
V. PROCEDURES / A	ANALYTIC	AL METHODS	USED TO D	ETECT THE	PRESENC	E AND AMO	UNT OF AS	BESTOS M	ATERIALS
A site inspection was	conducted	and tested by	Polarized Lig	ht					
VI. APPROXIMATE				OVED AND	OOR NOT T	O BE REMO	VED		
		Regulated ACM t removed		riable Asbesto	s Material to I	ne removed	Nonfriable A	shestos Mate	erial NOT to be removed
		101110100		ategory I		egory II	Categor		Category II
Pipes (Ln. Ft.)	- Annual Control of the Control of t					3-7	33		
Surface Area (Sg. Ft.)					1				
Total Volume (Cu. Ft.)				·- /-		-			
Total amount on or off a									
components where leng area could not be meas							}	ļ.	
previously						- 	<u> </u>		
VII. SCHEDULED DA	ATE OF ST	RIPPING / REI	MOVAL s	tart (mm/dd/yy):		End (mm	/dd/yy):		
VIII. SCHEDULED D	ATES OF I	RENOVATION	/ DEMOLITI	ON					
Renovation	Start (mm/o			n/ad/yy).					20 (A) (A) (A) (A) (A) (A) (A) (A) (A) (A)
Demolition	Start (mm/c	_{ld/yy):} 02/26/24	End_(mi	_{n/dd/yy):} 12/2	1/24_	4	and the second		
IX. FACILITY DESC	RIPTION	15.1							
Building Name:									
Street Address: SEE A	TTACHED		<u> </u>						, , ,
City:					State:			County: /	-aKC
Location of removal with (including floor and room									
Building Size (Sq. Ft.):			Nur	nber of Floors	:	Age / Year B	uilt:		
Present Use:					Prior Use:				

293395 CS+ 34824 Loc 3 Seg2

Linscott

5521 E 13th Ave.

Gary, IN Lake County

Entire Property

864 Sq Ft 1Floor Built: 1948

Residential Property

FACILITY DESCRIPTION:

1118 Fayette St.

Gary, IN Lake County

Entire Property

750 Sq Ft 1Floor Built: 1953

Residential Property

FACILITY DESCRIPTION:

1020 Hamilton Pl

Gary, IN Lake County

Entire Property

936 Sq Ft 1Floor Built: 1960

Residential Property

FACILITY DESCRIPTION:

4408 E 12th St

Gary, IN Lake County

Entire Property

936 Sq Ft 1Floor Built: 1959

Residential Property

294043

293302

293403

3503 E 12th St

Gary, IN Lake County

Entire Property

1,500 Sq Ft 1Floor Built: 1943

Residential Property

FACILITY DESCRIPTION:

1013 New Hampshire St

Gary, IN Lake County

Entire Property

1,540 Sq Ft 1Floor Built: 1954

Residential Property

FACILITY DESCRIPTION:

5373 E 11th Pl

Gary, IN Lake County

Entire Property

950 Sq Ft 1Floor Built: 1953

Residential Property

FACILITY DESCRIPTION:

1151 Fayette St

Gary, IN Lake County

Entire Property

750 Sq Ft 1Floor Built: 1953

Residential Property

29.3303

293301

293710

- - :			

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 PRACT AT THE SITE; INCLUDING ASBESTO ASBESTOS MATERIAL FROM BECO	OS STRIPPING,	REMOVAL A	AND WASTE HANDLING PRO			
crew will adequately wet the material for de	molition				"	
XII. DESCRIPTION OF PROCEDURES NONFRIABLE ASBESTOS MATERIA					O OR PREVIOUSLY	
operations will cease and a certified Asbest	tos Contractor wil	l be used to ren	nove material			
XIII. ASBESTOS WASTE TRANSPOR	RTER		XIV. ASBESTOS WASTE DI	SPOSAL SITE		
Name:			Name:			
Address:			Address:			
City:	State:	ZIP:	City:	State:	ZIP:	
Contact:	Telephone:		Contact:			
E-mail:			E-mail:			
XV. ORDERD DEMOLITIONS						
Agency Name:			Date Ordered Demolition to Begin	∩ <i>(mm/dd/yy)</i> :		
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 unsaf	e conditions or we	ould cause equi	pment damage:			
XVII. CERTIFICATION STATEMENT	AND SIGNATU	RE BY OWN	ER / OPERATOR			
I HEREBY CERTIFY THAT THE INFORMAT PROJECT SUPERVISORS, TO IMPLEMEN AND, IF APPLICABLE, INDIANAPOLIS AIR THAT THE REQUIRED TRAINING WAS AC	IT THIS ASBESTO POLLUTION CO	OS PROJECT, W NTROL BOARD	WHICH HAVE BEEN TRAINED IN 320 REGULATION 14. THE TRAINED	BIAC 14-10; 40 CFR P INDIVIDUAL(S) ALC	PART 61, SUBPART M; DNG WITH EVIDENCE	
			Date (mm/dd/yy): 02/12/24	E-mail: info@iises.	org	
Owner / operator (Signature)			September 2018		PROFESSION CONTRACTOR	
Tomas A Amaya			Title: Coordinator			
Owner Longrator (Printed)					Programme and the second second	

* industrial Insulation Solutions



293395-



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

FEB 1 2 2024 of Environmental Mgmi Office of Air Quality

I. TYPE OF NOTIFICATION (che	eck one);	☑ Origina	al .	Revised		Canceled] Courtesy
II. FACILITY INFORMATION	Livena de Sal-							Construction 1 1 1
Owner / Operator: City of Gary	.*							
Address: 504 Broadway		:	City: Gary				State: IN	ZIP: 46402
Contact; Cedric Kuykendali		Telephone: 219-886-1531				i	kendall@gary.gov	
Asbestos Removal Contractor:			Demolition C	ontractor: Riet	h Riley		•	
Address:			Address: 75	00 W 5th Ave	,			,
City:	State: ZI	P:	City: Gary				State: IN	ZIP: 46406
Contact:	Telephone:		Contact: Jin	i Wiseman			Telephone: 2	19-977-0722
E-mail:			E-mail: jwis	eman@rieth-r	iley.com	•		
IN License Number:	Expiration:		5 T 1 2	- 7.84 <u>8.1</u>				7.1
Licensed Asbestos Inspector: Lake	County Environmental Se	ervices, LLC	Project Desig	gner:			.	
Address: 2158 45th St. Suite #15	5		Address:					
City: Highland	State: IN ZI	P: 46322	City:				State:	ZIP:
Contact: Robert Rumsey	Telephone: 219-4	55-1239	Contact:				Telephone:	
E-mail: lakecountyservices82@g	mail.com		E-mail:			1		
IN License Number: 19A013954	Expiration: 05/23	/24	IN License N	umber:			Expiration:	
III. TYPE OF OPERATION					3 <u>33 4</u> 0 5			
☑ Demolition ☐ I	Renovation		Ordered Demo	olition	☐ Emerge	ncy Renovatio	on 🔲 Inter	ntional Burning
IV. IS ASBESTOS PRESENT?	Yes 🕏	No						
V. PROCEDURES / ANALYTIC	AL METHODS US	ED TO D	ETECT THE	PRESENCE A	AND AMO	UNT OF AS	BESTOS MA	TERIALS
A site inspection was conducted								
VI. APPROXIMATE AMOUNT (OF ASBESTOS TO	BE REM	OVED AND/	OR NOT TO	BE REMO	VED		
	Regulated ACM to be removed		able Asbestos	Material to be	removed	Nonfriable A	shestos Materis	al NOT to be removed
			ategory I	Catego		Categor		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 VII. SCHEDULED DATE OF ST	DIDDING / DEMO	VAL 54			I	,	0273.44	Supplier
VIII. SCHEDULED DATES OF F			ert (mm/dd/yy):		End (mm/	/dd/yy):		200 August
Renovation Start (mm/di		End (mm				9550 L		
	_{d/yy)} ; 02/26/24		/dd/yy); 12/21/	24				
IX. FACILITY DESCRIPTION								nu - 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Building Name:			nerosista (Istoria i Istoria i					
Street Address: SEE ATTACHED								
City:				State:		1	County:	iKp
Location of removal within building (including floor and room numbers):					-	L		
Building Size (Sq. Ft.):		Miss	ber of Floors:		n / Va P.			· .
Present Use:		, I INDITE		rior Use:	e / Year Bu	int. : . ·		
	· · ·		F	HOLUSU.				

UST 54824 Loc 3 Seg 2

Linscott

3729 E 9th Ave

Gary, IN Lake County

293395

Entire Property

884 Sq Ft 1Floor

Built: 1953

Residential Property

FACILITY DESCRIPTION:

4204 E 11th Ave

Gary, IN Lake County

293401

Entire Property

936 Sq Ft 1Floor

Built: 1952

Residential Property

FACILITY DESCRIPTION:

1142 Cass St.

Gary, IN Lake County

Entire Property

293402

936 Sq Ft 1Floor Built: 1948

Residential Property

FACILITY DESCRIPTION:

1020 Hamilton PI

Gary, IN Lake County

Entire Property

293403

936 Sq Ft 1Floor Built: 1960

Residential Property

1118 Gibson PI

Gary, IN Lake County

Entire Property

821 Sq Ft 1Floor Built: 1953

Residential Property

293405

FACILITY DESCRIPTION:

1110 Gibson PI

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

FACILITY DESCRIPTION:

1117 Greene PI

Gary, IN Lake County

Entire Property

936 Sq Ft 1Floor Built: 1959

Residential Property

293408

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

<u> </u>						
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 AN AT THE SITE; INCLUDING ASBESTOS STRIP ASBESTOS MATERIAL FROM BECOMING FR	PING, REMOVAL A	AND WASTE HANDLING PRO				
crew will adequately wet the material for demolition						
XII. DESCRIPTION OF PROCEDURES TO BE NONFRIABLE ASBESTOS MATERIAL BECOM		· · · · · · · · · · · · · · · · · · ·		OR PREVIOUSLY		
operations will cease and a certified Asbestos Contrac						
XIII. ASBESTOS WASTE TRANSPORTER		XIV. ASBESTOS WASTE DI	SPOSAL SITE			
Name:		Name:				
Address:		Address:				
City: State:	ZIP:	City: ,	State:	ZIP:		
Contact: Telephon	ie:	Contact:				
E-mail:		E-mail:				
XV. ORDERD DEMOLITIONS				·		
Agency Name:		Date Ordered Demojition 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 condition	s or would cause equi	pment damage:				
XVII. CERTIFICATION STATEMENT AND SIGN	NATURE BY OWN	R / OPERATOR				
I HEREBY CERTIFY THAT THE INFORMATION IN THE PROJECT SUPERVISORS TO IMPLEMENT THIS ASI AND IF APPLICABLE, INCLANATION S AIR POLLUTIC	BESTOS PROJECT W	HIGHHAVEREENTRAINED IN 32	6IAC 14-10:40 CER P	ART61.SURPARTM:		
AND, IF APPLICABLE, INCLANATO ITS AIR POLLUTIC THAT THE REQUIRED TRANSMIT WAS ACCOMPLIS	HED SHALL BE AVAI	LABLE AT THE JOB SITE DURING	ACTUAL WORKING	HOURS.		
THE YOUR THANKS WITH THE		Date (mm/dd/yy): 02/12/24	E-mail: info@iises.c	org		
Clangl /ppepalor (state(v) v)		nii — ole ar Angaran II ilaa ay ah ka				
Tomas A Amava	,	Title: Coordinator				
Tomas Comments		Title; Goordinator		2000300		



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

						, ad		2	93902
NOTIFICATIO State Form 44593 (I INDIANA DEPARTM	N OF DEMOLI R4 / 10-18) MENT OF ENVIRON	ITION AN	ID RENOV ANAGEMENT	ATION (OPERATIO	ONS Received in dis	SUSU SUSU	Mgmt	93902° 29390° Courtesy
I. TYPE OF NOTIFICATION (che	eck one):	☐ Origina	1	✓ Revised	1	Company Emilia	Air Orr		Courtesy
II. FACILITY INFORMATION						V			建筑规则
Owner / Operator: City of Gary									
Address: 504 Broadway			City: Gary				State: I	N	ZIP: 46402
Contact: Cedric Kuykendall			Telephone: 4	219-886-15	31		E-mail:	ckuyke	endall@gary.gov
Asbestos Removal Contractor: Indu	strial Insulation Sol	utions, Inc	Demolition Co	ontractor: R	ieth Riley				
Address: 654 State St.			Address: 750	00 W 5th A	ve	·			
City: Hammond	State: IN Z	IP: 46320	City: Gary				State:		ZIP: 46406
Contact: Tomas A Amaya	Telephone: 219-2	210-2865	Contact: Jim	Wiseman			Telepho	one: 21	9-977-0722
E-mail: service@iises.org			E-mail: jwise	eman@rietl	n-riley.com	THE RESERVE THE PERSON NAMED IN COLUMN	Wayner Co.	A GUE TONI	
IN License Number: 19A004301	Expiration: 09/23	3/24							
Licensed Asbestos Inspector: Lake	County Environmental S	Services, LLC	Project Desig	ner:					
Address: 2158 45th St. Suite #15	5		Address:						
City: Highland	State: IN Z	IP: 46322	City:				State:		ZIP:
Contact: Robert Rumsey	Telephone: 219-4		Contact:				Telepho	one:	
E-mail; lakecountyservices82@g			E-mail:						
N License Number: 19A013954	Expiration: 05/23	3/24	IN License N	umber:			Expirati	ion:	
III. TYPE OF OPERATION									
	Renovation		Ordered Demo	olition	☐ Emerge	ncy Renovation	Tc	Intenti	onal Burning
IV. IS ASBESTOS PRESENT?		No							
V. PROCEDURES / ANALYTIC			ETECT THE	PRESENC	E AND AMO	UNT OF ASB	ESTO	S MAT	ERIALS
A site inspection was conducted	and tested by Po	larized Ligh	nt						
VI. APPROXIMATE AMOUNT (OF ASBESTOS T	O BE REM	OVED AND/	OR NOT T	O BE REMO	VED			
	Regulated ACM to b	e					haataa I	Matarial	NOT to be removed
A CONTRACTOR OF THE CONTRACTOR	removed		able Asbestos					viateriai	NOT to be removed
		Ca	ategory I	Cate	gory II	Category	<u>'</u>		Category II
Pipes (Ln. Ft.)				 		<u> </u>			
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								 	
VII. SCHEDULED DATE OF ST	RIPPING / REMC	VAL St	art (<i>mm/dd/yy</i>):	·	End (mm)	/dd/vv):			
VIII. SCHEDULED DATES OF				4.54					
Renovation Start (mm/c		End (mm		Tarana and Anna and A			19		
	dd/yy): 02/26/24		_{//dd/yy)} ; 12/21/	24	100				
IX. FACILITY DESCRIPTION								7 N. S.	
Building Name:	- Secretary Control of the Control o	de escentration established	T. S.	A CONTRACTOR OF THE PARTY OF TH	ACCUSATION OF STREET, SALES OF STREET, S	AND THE PROPERTY OF THE PARTY O	- 100 Sec 1979 1885	A BANCO POLICE WITE	**************************************
Street Address: SEE ATTACHED)								
City:				State:			ounty:	1	ake
City. Location of removal within building (including floor and room numbers):				_ [Otate.		100	-unity.		~ (\
Building Size (Sq. Ft.):		Num	ber of Floors:		Age / Year Bu	ıil <u>t:</u>			
Present Use:				Prior Use:					

293889 CS+34824 LOC3 Seg2

Page 1 of 2

Linscott

4417 E 10 th Ave	293902	
1143 Benton St	293985	
1021 Hamilton St	293908	

Gary, IN

All Properties are Residential

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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER operations will cease and a certified Asbestos Contractor will be used to remove material XIV. ASBESTOS WASTE DISPOSAL SITE XIII. ASBESTOS WASTE TRANSPORTER Name: Countryside RDF/Laraway RDF Name: Homewood Disposal Address: 31725 N Route 83 / 21233 W Laraway RD Address: 1501 W 175th St City: Homewood City: Grayslake/Joliet ZIP: 60039 / 60436 ZIP: 60430 State: IL State: IL Telephone: 708-798-1004 Contact: 847-223-2722 / 815-423-5120 Contact: Matt Jager E-mail: E-mail: XV. ORDERD DEMOLITIONS Agency Name: City of Garv Date Ordered Demolition to Begin (mm/dd/yy): 02/26/24 Telephone: 219-881-1377 E-mail: dstalf@gary.gov Contact: Florzelle Hawkins Title: Building Commissioner Regulatory Authority: City of Gary Date of Order (mm/dd/yy): 02/15/24 XVI. EMERGENCY RENOVATIONS 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: 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 TRANSING, WAS ACCOMPLISHED SHALL BE AVAILABLE AT THE JOB SITE DURING ACTUAL WORKING HOURS. Date (mm/dd/yy): 02/21/24 E-mail: info@iises.org operator (Signature) Title: Coordinator Tomas A Amava

Owner / operator (Printed)

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 417 E 1074 feet situated in Gary, Indiana and legally described as:

Legal: Actua Manua Zil Sub

Parcel: 45-08-12-227-004,000-004

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

Steven Clay 6840 Reserve Ed. West Blumfield MI 48322

PROPERTY OWNER



4417 E. 10 TH Ave

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."

Ordinance."	
As a result Commonly described as:	t of the inspection, I have determined that the Building (s) and premises
Legal:	Actua Manue 2rd Sup. A11. L. 35 BL. 7
Parcel:	45-08-12-228-014,000004
	the reasons set forth in the inspection reports, copies of which may be Building Department.
I hereby or	der that the Building(s) must be DEMOLISHED .

Such operations must be completed by 4-1-24

Building Commissioner City of Gary, Indiana

cc: File

City of Cary Redevelopment Commission

PROPERTY OWNER

15 mm 8 Ep11



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 | Inanifon 5 | situated in Gary, Indiana and legally described as:

Legal: Lake Estates Shb. L. 16 BL 6

Parcel: 45-09-07-205-004-000-004

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

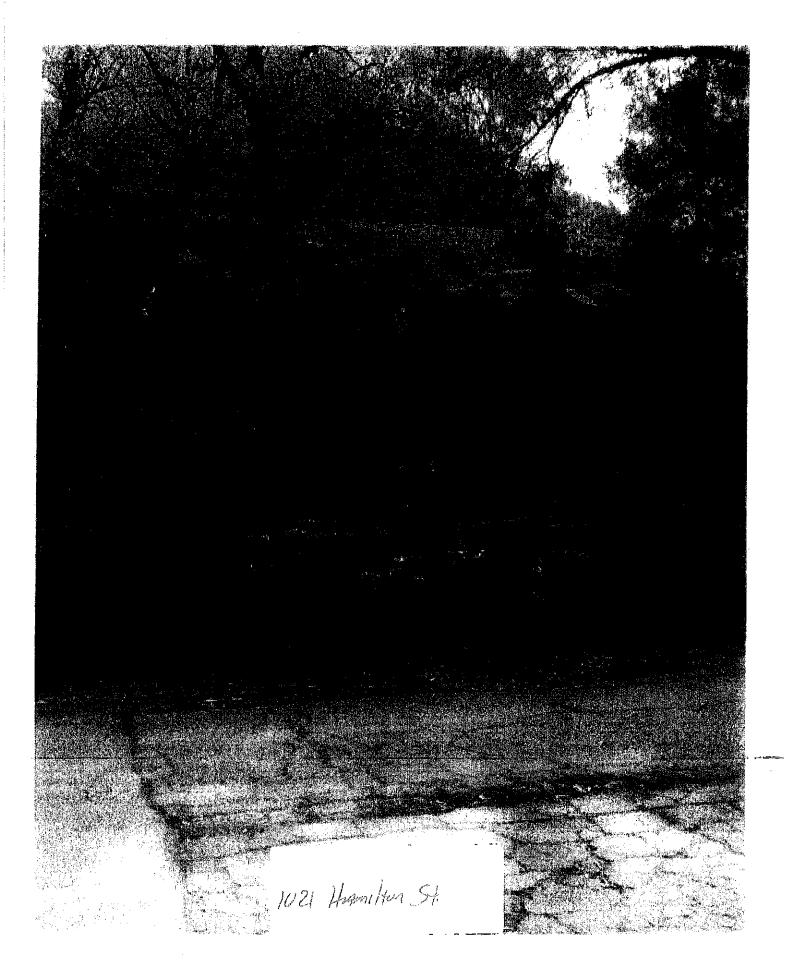
I hereby order that the Building(s) must be **DEMOLISHED**.

Such operations must be completed by 41-24

Building Commissioner
City of Gary, Indiana

cc: File

PROPERTY OWNER





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 form 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	N OF DEM	OLITION AL	ND DENO	VATION ODEDA	TIONS RECEIVE	d diana	293889 cm 29389° □ Courtesy
State Form 44593 (FINDIANA DEPARTM	R OF DEIVIC R4 / 10-18) BENT OF ENVIR	RONMENTAL M	IANAGEMENT	VATION OPERA	FEB FEB	21 2024	om 29389°
I. TYPE OF NOTIFICATION (che	ick one):	☑ Origina	al	Revised	☐ Canoele	b of Air	☐ Courtesy
II. FACILITY INFORMATION					Dec Our		
Owner / Operator: City of Gary			1				
Address: 504 Broadway			City: Gary			State: IN	ZIP: 46402
Contact: Cedric Kuykendall			Telephone:	219-886-1531		E-mail: cku	ykendall@gary.gov
Asbestos Removal Contractor: Indus	strial Insulation	Solutions, Inc	Demolition (Contractor: Rieth Rile	У		
Address: 654 State St.			Address: 75	600 W 5th Ave			
city: Hammond	State: IN	ZIP: 46320	City: Gary			State: IN	ZIP: 46406
Contact: Tomas A Amaya	Telephone: 2	19-210-2865	Contact: Jir	n Wiseman		Telephone:	219-977-0722
-mail: service@lises.org			E-mail: jwis	eman@rieth-riley.co	m	NY NY TANÀNA NA BANGARANA	ANNA AND ANNA AND ANNA AND ANNA AND ANNA AND AND
N License Number: 19A004301	Expiration: 0	9/23/24	Alexandra (
.icensed Asbestos Inspector: Lake (County Environmer	ntal Services, LLC	Project Desi	aner			
Address: 2158 45th St. Suite #155		·····	Address:	girei.			
City: Highland	State: IN	ZIP: 46322	City:			State:	ZIP:
Contact: Robert Rumsey	Telephone: 2		Contact:			Telephone:	ZJF".
-mail: lakecountyservices82@gr			E-mail:			relephone.	
IN License Number: 19A013954 Expiration: 05/23/24				lumbon		Cyphotian	
II. TYPE OF OPERATION	Expiration.	0,20,2	IN License N	vurnber:		Expiration:	
_							
	Renovation	1	Ordered Dem	iolition ∐ Em	ergency Renovation	on LIInt	entional Burning
V. IS ASBESTOS PRESENT?	│	☑ No	Table Addition to the second		and the control of th		
/. PROCEDURES / ANALYTIC				PRESENCE AND A	AMOUNT OF AS	BESTOS M	ATERIALS
A site inspection was conducted							
VI. APPROXIMATE AMOUNT O	OF ASBESTO: Regulated ACM		IOVED AND	OR NOT TO BE RE	MOVED		
	removed		iable Asbestos	Material to be remove	ed Nonfriable A	sbestos Mate	rial NOT to be removed
		C	ategory I	Category II	Catego	ry I	Category II
Pipes (Ln. Ft.)							
Curfons Aron (Co. Ct.)				i			
ounace Area (Sq. Ft.)							
Total Volume (Cu. Ft.)							
otal Volume (Cu. Ft.) otal amount on or off all facility							
Fotal Volume (Cu. Ft.) Fotal amount on or off all facility components where length or area could not be measured							
Total Volume (Cu. Ft.) Fotal amount on or off all facility components where length or area could not be measured previously						17989	
Fotal Volume (Cu. Ft.) Fotal amount on or off all facility components where length or area could not be measured previously VII. SCHEDULED DATE OF STI			art (<i>mm/dd/yy</i>):	End	(mm/dd/yy):		
Fotal Volume (Cu. Ft.) Fotal amount on or off all facility components where length or area could not be measured previously VII. SCHEDULED DATE OF STI				End	(mm/dd/yy):		
Total Volume (Cu. Ft.) Total amount on or off all facility components where length or area could not be measured previously //II. SCHEDULED DATE OF STI //III. SCHEDULED DATES OF Renovation Start (mm/de	RENOVATION d/yy):	End (mm	ON n/dd/yy):		(mm/dd/yy):		
Total Volume (Cu. Ft.) Total amount on or off all facility components where length or area could not be measured previously //II. SCHEDULED DATE OF STI //III. SCHEDULED DATES OF Renovation Start (mm/de	RENOVATION	End (mm	ON		(mm/dd/yy):	799	
Total Volume (Cu. Ft.) Total amount on or off all facility components where length or area could not be measured previously III. SCHEDULED DATE OF STI III. SCHEDULED DATES OF R Renovation Start (mm/de	RENOVATION d/yy):	End (mm	ON n/dd/yy):		(mm/dd/yy):		
Total Volume (Cu. Ft.) Fotal amount on or off all facility components where length or area could not be measured previously VII. SCHEDULED DATE OF STIME SCHEDULED DATES OF REPORT STATE (mm/dc Demolition Start (mm/dc XX. FACILITY DESCRIPTION Building Name:	RENOVATION d/yy):	End (mm	ON n/dd/yy):		(mm/dd/yy):		
	RENOVATION d/yy):	End (mm	ON n/dd/yy):		(mm/dd/yy):		
Total Volume (Cu. Ft.) Fotal amount on or off all facility components where length or area could not be measured previously VII. SCHEDULED DATE OF STILL SCHEDULED DATES OF Renovation Demolition Start (mm/dc. XX. FACILITY DESCRIPTION Building Name: Street Address: SEE ATTACHED City:	RENOVATION d/yy):	End (mm	ON n/dd/yy):			County:	ake
Total Volume (Cu. Ft.) Fotal amount on or off all facility components where length or area could not be measured previously VII. SCHEDULED DATE OF STIVIII. SCHEDULED DATES OF Renovation Demolition Demolition Start (mm/dc X. FACILITY DESCRIPTION Building Name: Street Address: SEE ATTACHED City: Location of removal within building	RENOVATION d/yy):	End (mm	ON n/dd/yy):	/24		County:	ake
Total Volume (Cu. Ft.) Total amount on or off all facility components where length or area could not be measured previously III. SCHEDULED DATE OF STI IIII. SCHEDULED DATES OF Renovation Demolition Start (mm/dc. X. FACILITY DESCRIPTION Building Name: Street Address: SEE ATTACHED City:	RENOVATION d/yy):	End (mn	ON n/dd/yy):	/24		County:	ake

Ost 34824 Loc 3 Seg 2

Page 1 of 2

Linscott

5353 E 11 th PI	293889
1036 S Lake St	293890
1119 Benton St	293891
5609 E 13 th Pl	29 3892
5128 E 11 th Ave	293894
5342 E 11 th Pl	293895
1332 Dakota St	29 3896
1148 Greene St	293847
1202 Gibson Pl	293898
Gary, IN	

All Properties are Residential

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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER operations will cease and a certified Asbestos Contractor will be used to remove material XIII, ASBESTOS WASTE TRANSPORTER XIV. ASBESTOS WASTE DISPOSAL SITE Name: Homewood Disposal Name: Countryside RDF/Laraway RDF Address: 1501 W 175th St Address: 31725 N Route 83 / 21233 W Laraway RD State: IL ZIP: 60039 / 60436 City: Homewood 7IP- 60430 City: Grayslake/Joliet State: IL Telephone: 708-798-1004 Contact: 847-223-2722 / 815-423-5120 Contact: Matt Jager E-mail: E-mail: XV. ORDERD DEMOLITIONS Agency Name: City of Gary Date Ordered Demolition to Begin (mm/dd/yy): 02/26/24 Telephone: 219-881-1377 E-mail: dstalf@gary.gov Contact: David Stalf Title: Building Commissioner Regulatory Authority: City of Gary Date of Order (mm/dd/yy): 0/16/24 XVI. EMERGENCY RENOVATIONS 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:

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, SUBPARTM; 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.

Hitel Mist That	Date (mm/dd/yy): 02/12/24	E-mail: info@iises.org
Owner / operator (Signature)		
Tomas A Amaya	Title: Coordinator	-
Owner / operator (Printed)		

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 /0.3c S. Jake situated in Gary, Indiana and legally described as:

Legal: Lake Estates Sub. L. 19 BL7

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 41-24

Building Commissioner City of Gary, Indiana

cc: File

Bury IN 41.403

MARY Eskew 1036 LAKEST

PROPERTY OWNER

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 // Dentron St. situated in Gary, Indiana and legally described as:
Legal: Aefn4 Manue and Sub. All. L. 38 BL. 7
Parcel: 45-08-12-228-011,000-004
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
DYRS
Building Commissioner City of Gary, Indiana
ce: File
Felicia Knowles BOBOX 641122
BOBX 641122
Eng TN 4640)

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 //4% // service situated in Gary, Indiana and legally described as:
Legal: Lake Estates Sab. L.17 BL3
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
DIR
Building Commissioner City of Gary, Indiana
City of Gary Redece Expensent Commission 504 Brondway The The 46402 PROPERTY OWNER

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 (1850211 12) situated in Gary, Indiana and legally described as:
Legal: AETHA MANUR 4TH SUB. All L. 20BL. 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
D285
Building Commissioner City of Gary, Indiana
cc: File
SAMUEL ROBERS Je.
4812 Jefferson St.
JAL 46403-3844

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 503 E- 1174 dee situated in Gary, Indiana and legally described as:
Legal: Actua Manue 4TH SOB, All L. 8 BL3
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
DYRES
Building Commissioner City of Gary, Indiana
CC: File William A * Sarchea P Banks 5128 E- 11 TH . Ane Gaze JA 46403-3714 PROPERTY OWNER

	Date:
TO:	City of Gary Department of Commerce Redevelopment Division (Demolition) 504 Broadway, Suite 200 Gary, Indiana 46402
162.01 Ordina	I am acting pursuant to Section 9, of the Indiana Code, I. C. 36-7-9-9 and Section of the City of Gary, Indiana Code of Ordinances entitled "The Unsafe Building (s) nce."
Commo describ	As a result of the inspection, I have determined that the Building (s) and premises only 5342 E-1174 PL situated in Gary, Indiana and legally ed as:
	Legal: Aefan Manue 47# Sub. All L. 20 BL5
	Parcel: 45-09-07-127-031.000-004
	nsafe, for the reasons set forth in the inspection reports, copies of which may be if from the Building Department.
]	hereby order that the Building(s) must be DEMOLISHED.
Such op	erations must be completed by
	1 R R R R R R R R R R R R R R R R R R R
_	; Commissioner Gary, Indiana
cc: File Sade 7347	Lloyd S. Cardon Ave 2 IL 60649
PROPER	RTY OWNER

	Date:
Redeve 504 Bi	f Gary Department of Commerce elopment Division (Demolition) oadway, Suite 200 indiana 46402
	cting pursuant to Section 9, of the Indiana Code, I. C. 36-7-9-9 and Section City of Gary, Indiana Code of Ordinances entitled "The Unsafe Building (s)
As a re Commonly described as:	sult of the inspection, I have determined that the Building (s) and premises 5.55.6.1174. situated in Gary, Indiana and legally
Legal:	Actual Manux 4TH Sub. All L. 1 BL. 6
Parcel:	45-09-07-128-012.000-004
	or the reasons set forth in the inspection reports, copies of which may be he Building Department.
I hereby	order that the Building(s) must be DEMOLISHED.
Such operations	must be completed by
	$\lambda 0 \leq 1$
Building Comm City of Gary, In	
cc: File Put Belf Sou E. 7 Com IN 4 PROPERTY OV	

	Date:
TO:	City of Gary Department of Commerce Redevelopment Division (Demolition) 504 Broadway, Suite 200 Gary, Indiana 46402
162.01 Ordina	I am acting pursuant to Section 9, of the Indiana Code, I. C. 36-7-9-9 and Section of the City of Gary, Indiana Code of Ordinances entitled "The Unsafe Building (s) nce."
Commo describ	As a result of the inspection, I have determined that the Building (s) and premises only Short E. B. + PL situated in Gary, Indiana and legally ed as:
	Legal: Lake Estates Sub. L-27 BL 2
:	Parcel: 45-09-07-251-002.000-004
	Insafe, for the reasons set forth in the inspection reports, copies of which may be I from the Building Department.
3	hereby order that the Building(s) must be DEMOLISHED.
Such op	erations must be completed by
S.	225
_	Commissioner Gary, Indiana
CC: File C(4y YU SHRY PROPER	Broading TH 46402 RTY OWNER

	Date: Z.
то:	City of Gary Department of Commerce Redevelopment Division (Demolition) 504 Broadway, Suite 200 Gary, Indiana 46402
162.01 Ordina	I am acting pursuant to Section 9, of the Indiana Code, I. C. 36-7-9-9 and Section of the City of Gary, Indiana Code of Ordinances entitled "The Unsafe Building (s) unce."
Comm describ	As a result of the inspection, I have determined that the Building (s) and premises only 19.50. DAKO (a. (19.60) situated in Gary, Indiana and legally sed as:
	Legal: Metha Sec Co'S 15+SUB N. 8284 126 BL 12 S. 1941 258
	Parcel: 45-08-12 153 019 000-004
	Insafe, for the reasons set forth in the inspection reports, copies of which may be d from the Building Department.
:	I hereby order that the Building(s) must be DEMOLISHED.
Building	g Commissioner Gary, Indiana
cc: File	
	T Hollings The MC
	S. A. H. L. M. S.
	TO MANEE



NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

State Form 44593 (R				ATION (OPERATIO	- aceived	<i>,</i> 7	93677.	
INDIANA DEPARTM	ENT OF ENVIRONME	:NIAL M	ANAGEMENI			State C	505 4	793113	
I. TYPE OF NOTIFICATION (che	ck one):	Origina	ıl .	☑ Revise	đ	Dept Office of	hental Mis	☐ Courtesy	
II. FACILITY INFORMATION						15/10/12	1100		
Owner / Operator: City of Gary						OED, OWING	100000		
Address: 504 Broadway			City: Gary				State: IN ZIP: 46402		
Contact: Cedric Kuykendall			Telephone: 2	219-886-15	31		E-mail: ckuykendail@gary.gov		
Asbestos Removal Contractor: Indus	strial Insulation Solution	ons, 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:				Telephon	9:	
E-mail: service@iises.org			E-mail:					AND THE WARRENCE WAS A STREET OF THE STREET	6
IN License Number: 19A004301	Expiration: 09/23/2	4							
Licensed Asbestos Inspector: Lake 0	County Environmental Servi	ices, LLC	Project Desig	inet:					
Address: 2158 45th St. Suite #155	-	,	Address:	prot.					
City: Highland		46322	City:				State:	ZIP:	
Contact: Robert Rumsey	Telephone: 219-455		Contact:				Telephon		
E-mail: lakecountyservices82@gr			E-mail:	······································	V-7-V-7-114-1-V-1-1-4-4-4-4-4-4-4-4-4-4-4-4-4-4				
IN License Number: 19A013954	Expiration: 05/23/2	4	IN License Number:				Expiration:		
III. TYPE OF OPERATION									
	Renovation	П	Ordered Demo	olition	☐ Emerge	ncy Renovatio	n 🗖	ntentional Burning	AAVS-64 von
IV. IS ASBESTOS PRESENT?	☑ Yes ☐ N	······							
V. PROCEDURES / ANALYTIC	· = . · · · ·		ETECT THE	PRESENC	E AND AMO	UNT OF AS	BESTOS	MATERIALS	
A site inspection was conducted									
VI. APPROXIMATE AMOUNT O	F ASBESTOS TO	BE REM	OVED AND/	OR NOT T	O BE REMO	VED			
CONTROL DE LA CO	Regulated ACM to be						_1 _ 1 _ 1 _ 1	to del NOT to be some	
	removed	1	iable Asbestos					terial NOT to be remo	vea
		Ca	ategory I	Cate	egory II	Categor	y i	Category II	
Pipes (Ln. Ft.)		ļ			•				
Surface Area (Sq. Ft.)		<u> </u>			······································				
Total Volume (Cu. Ft.) Total amount on or off all facility components where length or area could not be measured previously								-	
VII. SCHEDULED DATE OF ST	RIPPING / REMOV	AL Sta	art (mm/dd/yy):	VN/L/2007/D	End (mm	/dd/yy):			
VIII. SCHEDULED DATES OF F	RENOVATION / DEI					1.0			
Renovation Start (mm/d	_{d/yy):} 02/21/24	End (mm	_{1/dd/yy)} : 12/21/	/24					
Demolition Start (mm/d	d/yy):	End (mm	n/dd/yy):						
IX. FACILITY DESCRIPTION				# 1				<u> </u>	
Building Name:									
Street Address: SEE ATTACHED									
City: Location of removal within building	1			State:		10	County: /	_49\C	
(including floor and room numbers):		T	· · · · · · · · · · · · · · · · · · ·						
Building Size (Sq. Ft.):		Num	ber of Floors:		Age / Year B	uilt:			
Present Use:			F	Prior Use:					

CSt 34824 Loc 3 Seg 2

Page 1 of 2

Linscott

5401 E 13th 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

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

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

FACILITY DESCRIPTION:

5247 E 13th 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

5223 E 13th 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 - Kanceled 293707 - Canceled m 2/21/24

FACILITY DESCRIPTION:

5120 E 11th 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

293710

FACILITY DESCRIPTION:

5373 E 11th 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

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

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

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TE FACILITY COMPONENTS AND TYPE OF MATERIAL REMOVED	ECHNIQUES TO BE USED, AFFECTED						
Will set up Containment using 6mil poly Will set up Negative Air Unit Will will adequately wet all Asbestos Containing Materials							
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE US AT THE SITE; INCLUDING ASBESTOS STRIPPING, REMOVAL AND WASTE HANDLIN ASBESTOS MATERIAL FROM BECOMING FRIABLE IN THE COURSE OF THE PROJE	NG PROCEDURES TO PREVENT NONFRIABLE						
Will set up Containment using 6mil poly Will set up Negative Air Unit Will will adequately wet all Asbestos Containing Materials							
XII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT UNEXPECTE NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR RED							
we will notify Lake County Environmental Services and remove it							
XIII. ASBESTOS WASTE TRANSPORTER XIV. ASBESTOS WA	ASTE DISPOSAL SITE						
Name: Homewood Disposal Name: Countryside RD	DF/Laraway RDF						
Address: 1501 W 175th St Address: 31725 N Rou	ıte 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	2 / 815-423-5120						
E-mail: E-mail:							
XV. ORDERD DEMOLITIONS							
Agency Name: Date Ordered Demolition	n to Begin <i>(mm/dd/yy)</i> :						
Contact: Title: Telephone:							
Regulatory Authority: Date of Order (mm/dd/yy)):						
XVI. EMERGENCY RENOVATIONS							
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): 02/14/24 E-mail: info@iises.org Owner: Operator (Signature)							
	Tomas A Amaya Title: Owner Owner / operator (Printed)						
Tomas A Amaya Title: Owner							



NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS State Form 44593 (R4 / 10-18) INDIANA DEPARTMENT OF EAR ADDITION

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

Received

FEB 08 2024 of Environmental Mgmt

293304

I. TYPE OF NOTIFICATION (che	☑ Origina	4	Revise	d	Canceled		Countersy		
II. FACILITY INFORMATION									
Owner / Operator: City of Gary				····		· · · · · · · · · · · · · · · · · · ·			
Address: 504 Broadway		•	City: Gary				State: IN	ZIP: 46402	
Contact: Cedric Kuykendall			Telephone:	219-886-15	531		E-mail: ckuy	kendall@gary.gov	
Asbestos Removal Contractor: Indu	strial Insulation Solut	tions, Inc	Demolition Contractor:						
Address: 654 State St.		-	Address:		· Va		·····	-	
City: Hammond	State: IN ZIF	46320	City:				State:	ZIP:	
Contact: Tomas A Amaya	Telephone: 219-21	0-2865	Contact:				Telephone:		
E-mail: service@ilses.org			E-mail:						
IN License Number: 19A004301	Expiration: 09/23/	24							
Licensed Asbestos Inspector: Lake	County Environmental Se	rvices, LLC	Project Des	Igner:					
Address: 2158 45th St. Suite #15	5		Address:						
City: Highland	State: IN ZIF	46322	City:				State:	ZIP:	
Contact: Robert Rumsey	Telephone: 219-45	5-1239	Contact:				Telephone:	,·	
E-mail: lakecountyservices82@gi	mail.com		E-mail;						
IN License Number: 19A013954	Expiration: 05/23/	24	IN License	Number:		-	Expiration:		
III, TYPE OF OPERATION	i de de la companya d	7.64					57.5	Table 1947	
☐ Demolition ☑	Renovation		Ordered Den	nolition	☐ Emerge	ency Renovatio	n 🔲 Inte	ntional Burning	
IV. IS ASBESTOS PRESENT?	☑ Yes □	No				real control of the c			
V. PROCEDURES / ANALYTIC	AL METHODS US	ED TO DI	ETECT THE	PRESENC	E AND AMO	UNT OF AS	BESTOS MA	TERIALS	
A site inspection was conducted	and tested by Pola	rized Ligh	nt						
VI. APPROXIMATE AMOUNT O			OVED AND	OR NOT T	O BE REMO	VED			
	Regulated ACM to be removed		iable Asbesto	s Material to	be removed	Nonfriable A	sbestos Materi	al NOT to be removed	
			ategory I Category II			Categor	Category II		
Pipes (Ln. Ft.)									
Surface Area (Sq. Ft.)		1							
Total Volume (Cu. Ft.)									
Total amount on or off all facility components where length or									
area could not be measured				1					
previously								P0288 810	
VII. SCHEDULED DATE OF ST			art (mm/dd/yy):		End (mm	/dd/yy):			
VIII. SCHEDULED DATES OF E				1/2/					
	_{d/yy):} 02/21/24	End (mm		1124	and pada				
Demolition Start (mm/d	(U/)//);	End (mm	vaaryy):		10.45 (20.45				
IX. FACILITY DESCRIPTION			z tenukadark sz			en i Colo Paristanta			
Building Name: Street Address: SEE ATTACHED									
City: State: County: Lake							ake		
Location of removal within building			·····	J State.		1.5	Journey, La		
(including floor and room numbers):	<u> </u>								
Building Size (Sq. Ft.):		Num	ber of Floors		Age / Year B	uilt:			
Present Use:	-			Prior Use:					

CS+34824 Loc 3 Seg 2

Page 1 of 2

Linsott



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 12th 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

FACILITY DESCRIPTION:

4408 E 12th St.

Gary, IN Lake County

Furnace Room

936 Sq Ft 1Floor Built: 1959

Residential Property

Approx 6 LF of Transite

293303

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

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIAL REMOVED						
Will set up Containment using 6mil poly						
Will set up Negative Air Unit						
Will will adequately wet all Asbestos Containing Materials 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						
Will set up Containment using 6mil poly						
Will set up Negative Air Unit						
Will will adequately wet all Asbestos Containing Materials 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						
we will notify Lake County Environmental Services and remove It						
XIII. ASBESTOS WASTE TRANSPORTER			XIV. ASBESTOS WASTE DISPOSAL SITE			
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:			
XV. ORDERD DEMOLITIONS						
Agency Name:			Date Ordered Demolition to Begin (mm/dd/yy):			
Contact:	Title:		Telephone:	E-mail:	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						
THEREBY 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 AINDIANAPOLIS AIR POLLUTION CONTROL BOARD REGULATION 14. THE TRAINED INDIVIDUAL(S) ALONG WITH EVIDENCE						
THAT THE REQUIRED TRANSING (WAS ACCOMPLISHED SHALL BE AVAILABLE AT THE JOB SITE DURING ACTUAL WORKING HOURS.						
· Hilland Martilland			Date (mm/dd/yy); 02/08/24	E-mail: info@ilses.c	org	
			And the second s			
Tomas A Amaya			Title: Owner			
Owner/apperator (Printed - Street - Marie Sc.			THO.			
					A	
				•		