



NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

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

Received
State of Indiana
JAN 23 2024
292688
Dept. of Environmental Mgmt
Office of Air Quality

I. TYPE OF NOTIFICATION (check one):		<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Revised	<input type="checkbox"/> Cancelled	<input type="checkbox"/> Courtesy
II. FACILITY INFORMATION					
Owner / Operator: American Electric Power					
Address: 1315 E 400 S			City: Columbia City		State: IN ZIP: 46725
Contact: Art Kuehnert			Telephone:		E-mail:
Asbestos Removal Contractor: n/a			Demolition Contractor: M. J. Electric, LLC		
Address: n/a			Address: 200 W Frank Pipp Dr		
City: n/a	State: n/a	ZIP: n/a	City: Iron Mountain		State: MI ZIP:
Contact: n/a		Telephone: n/a		Contact: Chase LaFave Telephone: 49801	
E-mail: n/a			E-mail: cclafave@mjelectric.com		
IN License Number: n/a		Expiration: n/a			
Licensed Asbestos Inspector: Jackie Lakeberg			Project Designer: n/a		
Address: 10300 Alliance Rd Suite 300			Address:		
City: Cincinnati	State: OH	ZIP: 45242	City:		State: ZIP:
Contact: www.cecinc.com		Telephone: 513.985.0226		Contact: Telephone:	
E-mail: N/A			E-mail:		
IN License Number: 19A008561		Expiration: 11/13/2022		IN License Number: Expiration:	
III. TYPE OF OPERATION					
<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Renovation	<input type="checkbox"/> Ordered Demolition	<input type="checkbox"/> Emergency Renovation	<input type="checkbox"/> Intentional Burning	
IV. IS ASBESTOS PRESENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
V. PROCEDURES / ANALYTICAL METHODS USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIALS					
n/a					
VI. APPROXIMATE AMOUNT OF ASBESTOS TO BE REMOVED AND/OR NOT TO BE REMOVED					
	Regulated ACM to be removed	Nonfriable Asbestos Material to be removed		Nonfriable Asbestos Material NOT to be removed	
		Category I	Category II	Category I	Category II
Pipes (Ln. Ft.)	0	0	0	0	
Surface Area (Sq. Ft.)	0	0	0	0	0
Total Volume (Cu. Ft.)	0	0	0	0	0
Total amount on or off all facility components where length or area could not be measured previously	0	0	0	0	0
VII. SCHEDULED DATE OF STRIPPING / REMOVAL		Start (mm/dd/yy): n/a		End (mm/dd/yy): n/a	
VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION					
Renovation	Start (mm/dd/yy):		End (mm/dd/yy):		
Demolition	Start (mm/dd/yy): 2/6/24		End (mm/dd/yy): 2/6/24		
IX. FACILITY DESCRIPTION					
Building Name: AEP Columbia Station					
Street Address: 1315 E 400 S					
City: Columbia City			State: IN		County: 46725 Whitley
Location of removal within building (including floor and room numbers): Throughout					
Building Size (Sq. Ft.): 500Vacant			Number of Floors: 1		Age / Year Built:
Present Use:			Prior Use: +-75		

CG 52391
Loc 2 seq 1

John A.

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

Standard demolition practices of the building removal

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

n/a

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

work will be stopped and the IMP power company, regional environmental coordinator will be notified and IDEM will be contacted with notification information. BMP work practices will be followed.

XIII. ASBESTOS WASTE TRANSPORTER

Name:
Address:
City: State: ZIP:
Contact: Telephone:
E-mail:

XIV. ASBESTOS WASTE DISPOSAL SITE

Name:
Address:
City: State: ZIP:
Contact:
E-mail:

XV. ORDERD DEMOLITIONS

Agency Name: Date Ordered Demolition to Begin (mm/dd/yy):
Contact: Title: Telephone: E-mail:
Regulatory Authority: Date of Order (mm/dd/yy):

XVI. EMERGENCY RENOVATIONS

Date (mm/dd/yy) and Time of Emergency:
Description of sudden, unexpected event:
Explanation of how the event caused unsafe conditions or would cause equipment damage:

XVII. CERTIFICATION STATEMENT AND SIGNATURE BY OWNER / OPERATOR

I HEREBY CERTIFY THAT THE INFORMATION IN THIS NOTIFICATION IS CORRECT AND THAT I WILL ONLY USE INDIANA LICENSED WORKERS AND PROJECT SUPERVISORS, TO IMPLEMENT THIS ASBESTOS PROJECT, WHICH HAVE BEEN TRAINED IN 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.

Chase LaFave Date (mm/dd/yy): 1/23/2024 E-mail: colafave@mjelectric.com
Owner / operator (Signature)
Chase LaFave Title: Senior Project Manager
Owner / operator (Printed)