



# NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

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

Received  
State of Indiana

JAN 22 2024

Dept of Environmental Mgmt  
Office of Air Quality

292652

<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: Indiana Department of Transportation					
Address: 315 Boyd Blvd			City: LaPorte		State: IN ZIP: 46350
Contact: Cortney Beale			Telephone: 219-325-7592		E-mail: CBeale@indot.IN.gov
Asbestos Removal Contractor: N/A			Demolition Contractor: Superior Construction Co., INC.		
Address: N/A			Address: 1455 Louis Sullivan Drive		
City: N/A	State: N/A	ZIP: N/A	City: Portage	State: IN	ZIP: 46368
Contact: N/A		Telephone: N/A		Contact: Niall Letz	
E-mail: N/A		E-mail: nletz@Superiorconstruction.com			
IN License Number: N/A		Expiration: N/A			
Licensed Asbestos Inspector: Amy Wines			Project Designer:		
Address:			Address:		
City:	State:	ZIP:	City:	State:	ZIP:
Contact:		Telephone:		Telephone:	
E-mail:			E-mail:		
IN License Number: 19A011978		Expiration: 06/30/2022		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>					
Visual					
<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.)	0	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
<b>VII. SCHEDULED DATE OF STRIPPING / REMOVAL</b>		Start (mm/dd/yy): N/A		End (mm/dd/yy): N/A	
<b>VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION</b>					
Renovation	Start (mm/dd/yy): N/A	End (mm/dd/yy): N/A			
Demolition	Start (mm/dd/yy): 03/11/2024	End (mm/dd/yy): 05/17/2024			
<b>IX. FACILITY DESCRIPTION</b>					
Building Name: Bridge 051-45-05052 A					
Street Address: State Road 51 over Deep River					
City: Hobart			State: IN		County: Lake
Location of removal within building (including floor and room numbers):					
Building Size (Sq. Ft.):		Number of Floors:		Age / Year Built:	
Present Use: Bridge over Deep River			Prior Use: Bridge over Deep River		

CST 11559  
Loc 25eq 10

Linscott

<b>X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIAL REMOVED</b>					
The bridge deck, railings, diaphragms, and beams will be removed and replaced.					
<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>					
N/A					
<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>					
Demolition will be stopped and INDOT will be notified					
<b>XIII. ASBESTOS WASTE TRANSPORTER</b>			<b>XIV. ASBESTOS WASTE DISPOSAL SITE</b>		
Name: N/A			Name: N/A		
Address: N/A			Address: N/A		
City: N/A	State: N/A	ZIP: N/A	City: N/A	State: N/A	ZIP: N/A
Contact: N/A	Telephone: N/A		Contact: N/A		
E-mail: N/A			E-mail: N/A		
<b>XV. ORDER DEMOLITIONS</b>					
Agency Name: N/A			Date Ordered Demolition to Begin (mm/dd/yy): N/A		
Contact: N/A	Title: N/A		Telephone: N/A	E-mail: N/A	
Regulatory Authority: N/A			Date of Order (mm/dd/yy): N/A		
<b>XVI. EMERGENCY RENOVATIONS</b>					
Date (mm/dd/yy) and Time of Emergency: N/A					
Description of sudden, unexpected event: N/A					
Explanation of how the event caused unsafe conditions or would cause equipment damage: N/A					
<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.					
<i>Niall Letz</i>			Date (mm/dd/yy): 01/22/2024	E-mail: nletz@superiorconstruction.com	
Owner / operator (Signature)					
Niall Letz			Title: Project Manager		
Owner / operator (Printed)					