

Received
State of Indiana
OCT 10 2023
Dept of Environmental Mgmt
Office of Air Quality
289731

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

State Form 44593 (R2 / 8-99)

I. TYPE OF NOTIFICATION (check one): Original Revised * Canceled Courtesy
* Must include copy of notification which is being revised

II. FACILITY INFORMATION (Identify owner, removal contractor, demolition contractor, inspector, and project designer)

Owner: Dilip Patel
Address: 1309 Carousel Ct
City: Evansville State: Indiana Zip: 47715
Contact: Dilip Patel Telephone #: 812-760-1049

Removal Contractor: Address: City: _____ State: _____ Zip: _____ Contact: _____ Phone: _____ IN License #: _____ Expiration: _____	Demolition Contractor: <u>Hazex Construction Company, Inc.</u> Address: <u>PO Box 357</u> City: <u>Henderson</u> State: <u>KY</u> Zip: <u>42419</u> Contact: <u>Logan Hazelwood</u> Phone: <u>270-826-5642</u> IN License #: _____ Expiration: _____
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Inspector: Bret M. Kramer
Address: _____
City: Evansville State: Indiana Zip: _____
IN License #: 190826069 Expiration: 8/11/24
Phone: 812-455-0421

Project Designer: _____
Address: _____
City: _____ State: _____ Zip: _____
IN License #: _____ Expiration: _____
Phone: _____

III. TYPE OF OPERATION (check one) Renovation: Emergency Renovation:
Intentional Burning: Demolition: Ordered Demolition:

IV. IS ASBESTOS PRESENT? (check one) YES: NO:

V. PROCEDURES, INCLUDING ANALYTICAL METHODS, IF APPROPRIATE, USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIAL

VI. APPROXIMATE AMOUNT OF ASBESTOS (including Regulated ACM, Category I non-friable Category II non-friable ACM)

	Regulated ACM to be removed	Non-friable Asbestos Material To be removed		Non-friable Asbestos Material Not to be removed before demolition	
		Category I	Category II	Category I	Category II
Pipes (LnFt)					
Surface Area (SqFt)					
Total Volume (CuFt) on/off Components					

VII. SCHEDULED DATES OF ASBESTOS STRIPPING/REMOVAL: Start: _____ End: _____

VIII. SCHEDULED DATES OF RENOVATION: Start: _____ End: _____ DEMOLITION: Start: 10/20/23 End: 12/31/23

IX. FACILITY DESCRIPTION (including building name, floor, and room number)

Building Name: Old Clarion Inn
Street Address: 4101 Hwy 41 N
City: Evansville State: Indiana County: Vanderburgh
Location of removal within building: All steel structure, and concrete floor
Building Size (SqFt): 25,000 # of Floors: 2 Age: N/A
Present Use: Abandoned Prior use: Hotel

est 36506
Loc 1 seq 3

ROOS

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

Demo building and remove, roofing, block walls, concrete

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 NON-FRIABLE ASBESTOS MATERIAL FROM BECOMING FRIABLE IN THE COURSE OF THE PROJECT:

Hazex will water down the material to keep all material from being unfriable

XII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED POWDER:

Stop work immediately, sample and test material

XIII. WASTE TRANSPORTER

Name: Braco, INC
Address: 1921 Madison Street
City: Henderson State: Kentucky Zip: 42420
Contact: Braco Inc. Phone: 270-826-3867

XIV. WASTE DISPOSAL SITE

Name: Hazex Construction Company, Inc.
Address: 1890 Madison St
City: Henderson State: KY Zip: 42420
Contact: Logan Hazelwood Phone: 270-826-5642

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW AND ATTACH A COPY OF THE ORDER TO THIS FORM. IF THE FACILITY IS NOT INSPECTED PRIOR TO DEMOLITION, THE DEBRIS MUST BE KEPT ADEQUATELY WET. THE DEBRIS MUST THEN BE INSPECTED AFTER DEMOLITION OR ASSUME ALL DEBRIS TO BE CONTAMINATED WITH RACM AND DISPOSED OF APPROPRIATELY TO COMPLY WITH 326 IAC 14-10-1(b).

Name: _____ Title: _____ Date ordered to begin: _____
Authority: _____ Date of Order: _____


XVI. FOR EMERGENCY RENOVATIONS:

Date and time of emergency: _____

Description of sudden, unexpected event: _____

Explanation of how the event caused unsafe conditions or would cause equipment damage: _____

XVII. 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 326 IAC 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)
Logan Hazelwood
Owner/operator (printed)

10/10/23
date
Estimator
affiliation

***** OFFICE USE ONLY *****

POSTMARK:

RECEIVED:

REVIEWED BY:

DEFICIENCIES:

Mail Or Deliver The Notice To:

1. a. State Of Indiana:

**Indiana Dept. of Environmental Management
Office of Air Management**

100 North Senate Avenue

P.O. Box 6015

Indianapolis, IN. 46206-6015

Phone: (317) 233-6880

(317) 233-3257

1. b. USEPA Region V:

Environmental Protection Agency, Region V

Asbestos NESHAP Data Tracker

(AR-18J)

77 West Jackson Boulevard

Chicago, IL 60604

Phone: (312) 353-4759

2. For Operations Implemented in Indianapolis/Marion County,

ALSO Submit to:

Indianapolis Air Pollution Control Division

2700 South Belmont Avenue

Indianapolis, In. 46221

Phone: (317) 327-2284

(317) 327-2274