



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

Received
 State of Indiana
FEB 05 2024

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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"/> Canceled	<input type="checkbox"/> Courtesy
II. FACILITY INFORMATION					
Owner / Operator: IPS					
Address: 120 E Walnut Street			City: Indpls.	State: IN 46204	ZIP:
Contact: Pam Bedka			Telephone: 317-339-9734	E-mail: bedkap@myips.org	
Asbestos Removal Contractor: National Environmental Services Corp.			Demolition Contractor: NA		
Address: 6755 S Old SR 37			Address:		
City: Bloomington	State: IN	ZIP: 47401	City:	State:	ZIP:
Contact: John Hart	Telephone: 812-339-9000		Contact:	Telephone:	
E-mail: john.hart@nssccorp.com			E-mail:		
IN License Number: 19A007531		Expiration: 06/25/2024			
Licensed Asbestos Inspector: Pamela J Bedka			Project Designer: NA		
Address: 5827 Brouse Ave			Address:		
City: Indpls	State: IN	ZIP: 46220	City:	State: IN	ZIP:
Contact: Pam Bedka	Telephone: 317-339-9734		Contact:	Telephone:	
E-mail: bedkap@myips.org			E-mail:		
IN License Number: 19A015235		Expiration: 9/14/24		IN License Number:	
Expiration:		Expiration:			
III. TYPE OF OPERATION					
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Ordered Demolition	<input type="checkbox"/> Emergency Renovation	<input type="checkbox"/> Intentional Burning	
IV. IS ASBESTOS PRESENT? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
V. PROCEDURES / ANALYTICAL METHODS USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIALS					
PLM Bulk Analysis					
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.)	650	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					
VII. SCHEDULED DATE OF STRIPPING / REMOVAL		Start (mm/dd/yy): 2/20/24		End (mm/dd/yy): 02/29/24	
VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION					
Renovation	Start (mm/dd/yy): 2/19/24	End (mm/dd/yy): 3/31/24			
Demolition	Start (mm/dd/yy): NA	End (mm/dd/yy): NA			
IX. FACILITY DESCRIPTION					
Building Name: IPS Joyce Kilmer School No. 69					
Street Address: 3421 N Keystone Ave					
City: Indpls.			State: IN	County: Marion	
Location of removal within building (including floor and room numbers):			Throughout Building		
Building Size (Sq. Ft.): 61,589		Number of Floors: 3		Age / Year Built: 1931	
Present Use: Abandon			Prior Use: School		

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

Renovation to HVAC piping insulation. Wet and hand removal methods, regulated areas, glove bag methods, wrap and cut methods.

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

glove bag methods, wrap and cut methods, regulated areas. Removal of ACM will be done via wet methods and hand removal methods, all wet ACM will be placed into double 6mil poly labeled bags, then placed into a poly lined enclosed dumpster for transport to an approved EPA landfill. All work per current IDEM, EPA, and OSHA rules, guidelines and regulations.

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

stop work, wet and regulate area, install engineering controls, notify appropriate agencies.

XIII. ASBESTOS WASTE TRANSPORTER

Name: Rumpke Waste
Address: 546 SR 870 W
City: Medora State: IN ZIP: 47260
Contact: Sara Cullin Telephone: 812-966-2017
E-mail:

XIV. ASBESTOS WASTE DISPOSAL SITE

Name: Medora Landfill
Address: 546 SR 870 W
City: Medora State: IN ZIP: 47260
Contact: Gate
E-mail:

XV. ORDER DEMOLITIONS

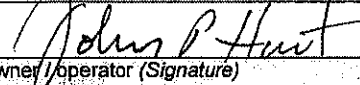
Agency Name: NA Date Ordered Demolition to Begin (mm/dd/yy):
Contact: Title: Telephone: E-mail:
Regulatory Authority: Date of Order (mm/dd/yy):

XVI. EMERGENCY RENOVATIONS

Date (mm/dd/yy) and Time of Emergency: NA
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): 02/05/24 E-mail: john.hart@nssccorp.com
Owner / operator (Signature)
John Hart Title: General Manager
Owner / operator (Printed)