Received State of Indiana



NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS 8 2024 State Form 44593 (R4 / 10-18)

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

Dept of Environmental Mgmt Office of Air Quality

293331

I. TYPE OF NOTIFICATION	N (check one):	☐ Origin	ıal	☑ Revi	sed #1	☐ Canceled		Courtesy		
II. FACILITY INFORMATION										
Owner / Operator: Alexander	Chemical	·	· · · · · · · · · · · · · · · · · · ·							
Address: 7593 S. First Road	City: Kingsi	City: Kingsbury				ZIP: 46345				
Contact: Brian Binkley	Contact: Brian Binkley				0574		E-mail: Brian.B	inkley@alexchem.com		
Asbestos Removal Contractor:	M & O Environmental	Company	Demolition Contractor: Pavey Excavating							
Address: 8905 W. 187th Stre	Address: 2020 Ohio Street									
City: Mokena	State: IL Z	IP: 60448	City: LaPor	te			State: IN	ZIP: 46345		
Contact: Daniel Schuman	Contact: Mil	ke Pavey		Telephone: 21	9-362-2305					
E-mail: dschuman@mocom	E-mail: mike@paveyinc.com									
IN License Number: 1924180	50 Expiration: 9/13	2024								
Licensed Asbestos inspector:	Dave Mastey		Project Desi	Project Designer: n/a						
Address: 1404 - 119th Stree	t		Address: n/a	Address: n/a						
City: Whiting	State: IN Z	IP: 46394	City: n/a	City: n/a			State: n/a	ZIP: n/a		
Contact: David Mastey, CSF	Telephone: 219-4	73-0600	Contact: n/a	l			Telephone: n/a			
E-mail: dmastey@pekron.ne	nt		E-mail: n/a							
IN License Number: 19A0050	50 Expiration: 9/13	2024	IN License N	lumber: n	/a	_	Expiration: n/a			
III. TYPE OF OPERATION										
✓ Demolition	Renovation		Ordered Dem	olition	☐ Emerge	ncy Renovatio	n 📗 Intent	ional Burning		
IV. IS ASBESTOS PRESE	NT? 🗹 Yes 🗆] No								
V. PROCEDURES / ANAL'	YTICAL METHODS U	SED TO D	ETECT THE	PRESEN	ICE AND AMO	UNT OF ASI	BESTOS MAT	ERIALS		
Bulk samples analyzed using PLM utilizing the EPA recommended method EPA/600/R-93/1 16, 1993.										
VI. APPROXIMATE AMOUNT OF ASBESTOS TO BE REMOVED AND/OR NOT TO BE REMOVED										
	Regulated ACM to b removed		riable Asbestos	Material to	o be removed	Nonfriable A	sbestos Material	NOT to be removed		
	X .	С	ategory I	Category II		Categor	y I	Category II		
Pipes (Ln. Ft.)	300		0		0			. 0		
Surface Area (Sq. Ft.)	0		0		3000			0		
Total Volume (Cu. Ft.)	0		0		0	0		0		
Total amount on or off all facilit components where length or	1					_	ļ			
area could not be measured 50			0		75	0	Ì	0		
previously		VAI e	Start (manifold salt ()		24 End /	MAKAN: 2121201	24			
VII. SCHEDULED DATE OF STRIPPING / REMOVAL Start (mm/dd/yy): 01/18/2024 End (mm/dd/yy): 2/2/2024 VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION										
			_{n/dd/yy):} n/a							
		vdd/yy): 02/08i	2024			14.76				
IX. FACILITY DESCRIPTION										
Building Name: Reed Residence										
Street Address: 7593 S. First Road, Kingsbury Industrial Park										
City: Kingsbury		State: IN County: LaPorte								
Location of removal within building (including floor and room numbers): throughout										
Building Size (Sq. Ft.): 3000 Number of Floors: 1 Age / Year Built: 60+										
Present Use: vacant Prior Use: storage										

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CS+284 LOC 2 Seg 3

Page 1 of 2

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIAL REMOVED Removal of asbestos containing tsi and transite. Demolition of 1st floor structure. Work will be completed using glovebag, non-friable intact asbestos removal. Demolition will be completed using heavy equipment. 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 All acm will be wetted and placed in double 6 mil poly with proper OSHA and identification labels as specified and disposal of in a landfill that fulfills 61.415 of the asbestos NESHAPS. 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 Area will be sealed, proper authorities will be notified, material will be removed and/or encapsulated, area will be wet wiped. XIII. ASBESTOS WASTE TRANSPORTER XIV. ASBESTOS WASTE DISPOSAL SITE Name: Homewood Disposal Name: Laraway Landfill Address: 1501 W. 175th Street Address: 21233 W. Laraway Road City: Homewood State: IL ZIP- 60430 City: Joliet ZIP: 60436 State: IL Telephone: 708-798-1004 Contact: Greg Piersma Contact: E-mail: gpiersma@mydisposal.com 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

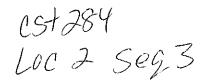
I HEREBY CERTIFY THAT THE INFORMATION IN THIS NOTIFICATION IS CORRECT AND THAT I WILL ONLY USE INDIANA LICENSED WORKERS AND PROJECT SUPERVISORS, TO IMPLEMENT THIS ASBESTOS PROJECT, WHICH HAVE BEEN TRAINED IN 326IAC 14-10; 40 CFR PART 61, SUBPART M; AND, IF APPLICABLE, INDIANAPOLIS AIR POLLUTION CONTROL 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.

Many rackel	Date (mm/dd/yy): 02/08/2024	E-mail: mcastellarin@mocompany.com
Owner / operator (Signature)		
Mary Castellarin	Title: compliance	<u> </u>
Owner / operator (Printed)		



NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

State Form 44	593 (F	N OF DEMOLI R4 / 10-18) BENT OF ENVIRON				PERATIO	ons JAN	n A 70?	4 29 2175 al Mamt		
I. TYPE OF NOTIFICATIO	N (che	eck one):	☑ Origina	al	Revised		☐ Canceled		☐ Courtesy		
II. FACILITY INFORMATION	ON					an e ya ka			Andrew Control		
Owner / Operator: Alexande	r Cher	nical									
Address: 7593 S. First Road, Kingsbury Industrial Park					bury	State: IN	ZIP: 46345				
Contact: Brian Binkley				Telephone:	219-402-0574				rian.Binkley@alexchem.com		
Asbestos Removal Contractor	Demolition Contractor: Pavey Excavating										
Address: 8905 W. 187th St					Address: 2020 Ohio Street						
city: Mokena			P: 60448	City: LaPo					State: IN ZIP: 46345		
Contact: Daniel Schuman		Telephone: 708-7		Contact: M	 		•	Telephone: 219-362-2305			
-mail: dschuman@mocon	pany.				e@paveyinc.c	om					
N License Number: 1924180		Expiration: 9/13/	2024	C I I I I I I I I I I I I I I I I I I I							
icensed		*************	·								
Asbestos Inspector: Dave Mastey				Project Designer: n/a							
Address: 1404 - 119th Stree	et j		10001	Address: n/	'a						
City: Whiting	_		P: 46394	City: n/a		State: n/a ZIP: n/a					
Contact: David Mastey, CSP Telephone: 219-473-0600			Contact; n/a				Telephone: n/a				
E-mail: dmastey@pekron.net				E-mail: n/a							
IN License Number: 19A005050 Expiration: 9/13/2024			IN License Number: n/a				Expiration: n/a				
II. TYPE OF OPERATION	т		I			medical to			raue communication		
✓ Demolition	Ŭ ∏ F	Renovation		Ordered Den	nolition	☐ Emerge	ncy Renovatio	n 🔲	Intentional Burning		
V. IS ASBESTOS PRESE			No		Section 1999			Garage et 6			
V. PROCEDURES / ANAL				 				BESTOS	MATERIALS		
Bulk samples analyzed usi	ng PL	M utilizing the EP/	A recomme	ended metho	d EPA/600/R-9	93/1 16, 19	993.				
/i. APPROX IMATE AMO L		F ASBESTOS TO Regulated ACM to be		IOVED AND	OR NOT TO	BE REMO	VED				
		removed		nfriable Asbestos Material to be removed N			Nonfriable A	Nonfriable Asbestos Material NOT to be remove			
			Category I		Category II		Category I		Category II		
ipes (Ln. Ft.)		300		0	0		0		0		
Surface Area (Sq. Ft.)		0	0		3000		0		0		
otal Volume (Cu. Ft.)		0	0		0		0		0		
otal amount on or off all facili components where length or area could not be measured previously	al amount on or off all facility nponents where length or a could not be measured 50			0	75	75 0			0		
/II. SCHEDULED DATE C	FST	RIPPING / REMO	VAL Sta	art (mm/dd/yy):	01/18/2024	End (mm/	_{(dd/yy):} 2/2/202	24			
VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION							2012				
Renovation Start (mm/dd/yy): n/a End (mm/dd					18 X X X						
Demolition Start (mm/dd/yy): 02/05/2024 End (mm/dd/yy): 02/16/2024											
X. FACILITY DESCRIPTION	-			C							
uilding Name: Reed Resid		The second secon	0.000,000,000			AND THE PROPERTY OF					
street Address: 7593 S. Firs		i, Kingsbury Indus	trial Park			,					
City: Kingsbury	-	······································			State: IN		0	ounty: Lal	Porte		
ocation of removal within bull including floor and room num	ding bers):	throughout									
Building Size (Sq. Ft.): 3000			Num	ber of Floors:	1 Ag	e / Year Bu	ilt: 60+				
Present Use: vacant					Prior Use: stora	ge					



Page 1 of 2

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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

Removal of asbestos containing tsi and transite. Demolition of 1st floor structure. Work will be completed using glovebag, non-friable intact asbestos removal. Demolition will be completed using heavy equipment.

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

All acm will be wetted and placed in double 6 mil poly with proper OSHA and identification labels as specified and disposal of in a landfill that fulfills 61.415 of the asbestos NESHAPS.

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

Area will be sealed, proper authorities will be notified, material will be removed and/or encapsulated, area will be wet wiped.

<u> </u>								
XIII. ASBESTOS WASTE TRANSPOR		XIV. ASBESTOS WASTE DISPOSAL SITE						
Name: Homewood Disposal		Name: Laraway Landfill	Name: Laraway Landfill					
Address: 1501 W. 175th Street			Address: 21233 W. Laraway Road					
City: Homewood	State: IL ZIP: 60430		City: Joliet	State: IL	ZIP: 60436			
Contact: Greg Piersma	Telephone: 70	8-798-1004	Contact:					
E-mail: gpiersma@mydisposal.com		E-mail:						
XV. ORDERD DEMOLITIONS								
Agency Name:		Date Ordered Demolition to Begin (mm/dd/yy):						
Contact:	Title:		Telephone:	E-mail:				
Regulatory Authority:	Regulatory Authority:			Date of Order (mm/dd/yy):				
XVI. EMERGENCY RENOVATIONS								
Date (mm/dd/yy) and Time of Emergency:	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 POLICITION CONTROL BOARD REGULATION 14. THE TRAINED INDIVIDUAL(S) ALONG WITH EVIDENCE								
THATTHE REQUIRED TRAINING WAS ACCOMPLISHED SHALL BE AVAILABLE AT THE JOB SITE DURING ACTUAL WORKING HOURS.								
///au /astal	_	1	Date (mm/dd/yy): 1/4/2024	E-mail: mcastellar	rin@mocompany.com			
Owner / operator (Signature)				<u> </u>				
				Participation of the participa	100 - Chillian and Carlotter and Carlotter Annual A			
Mary Castellarin		Title: compliance						
Owner / operator (Printed)								

