

NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

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

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I. TYPE OF NOTIFICATION (ch	eck one):	Origina	al	☐ Re	rised		☐ Cepatèle	dice of		Courtesy	
II. FACILITY INFORMATION		1	April 1881 percent		33.5						
Owner / Operator: Phoenix Michigan City Industrial Investors LLC											
Address: 401 E. Kilbourn Ave, St	e 201	·	City: Milwaukee					State: WI ZIP: 53202		ZIP: 53202	
Contact: John Peret			Telephone: 414-748-5646				E-mail: jperet@phoenixconstruction.us				
Asbestos Removal Contractor: M &	O Environmental (Company	Demolition Contractor: n/a								
Address: 8905 W. 187th Street, Suite 200			Address: n/a								
City: Mokena	State: !L ZII	e: 60448	City: n/a				State: n/a ZIP: n/a		zip; n/a		
Contact: Daniel Schuman Telephone: 708-799-0028			Contact: n/a				Telephone: n/a				
E-mail: dschuman@mocompany.com			E-mail: n/a								
IN License Number: 192418050 Expiration: 9/13/2024											
Licensed Asbestos Inspector: WSi	Project Designer: n/a										
Address: 216 Centerview Drive	T		Address: n/a								
City: Brentwood	City: Brentwood State: TN ZIP:		City: n/a					State: n/a		ZIP: n/a	
Contact:	act: Telephone: 615-333-0630		Contact: n/a	Contact: n/a					Telephone: n/a		
E-mail:	· • · · · · · · · · · · · · · · · · · ·		E-mail: n/a								
IN License Number:	Expiration:		IN License N	lumber:	n/a			Expira	tion: n/a		
III. TYPE OF OPERATION											
☐ Demolition ☑	Renovation		Ordered Dem	olition	Ei	merge	ncy Renovatio	n [☐ Intention	nal Burning	
IV. IS ASBESTOS PRESENT? ☑ Yes □ No											
V. PROCEDURES / ANALYTIC	AL METHODS US	ED TO DE	TECT THE	PRESE	ICE AND	AMO	UNT OF AS	BESTO	S MATE	RIALS	
Bulk samples analyzed using PL											
VI. APPROXIMATE AMOUNT OF ASBESTOS TO BE REMOVED AND/OR NOT TO BE REMOVED											
Regulated ACM to be											
removed			Category I							Material NOT to be removed	
Pines (In Et)	Pipes (Ln. Ft.) 800		Category i		Category II 0		Category I		Category II 0		
Surface Area (Sq. Ft.)			0	0		0		<u> </u>	0		
Total Volume (Cu. Ft.)			0	0		0			0		
Total amount on or off all facility components where length or			<u> </u>						<u></u>		
area could not be measured previously	0		0		0	0				0	
VII. SCHEDULED DATE OF STI	RIPPING / REMOV	AL Star	rt (mm/dd/yy): 4	/10/202	4 Enr	(mm/c	dd/yy): 4/19/20	024			
VIII. SCHEDULED DATES OF R		<u>'</u>		78,44	(0-ty -5-74)	tiation)	10				
	_{t/yy):} 4/10/2024		_{dd/yy)} ; 4/19/2	024							
Demotition Start (mm/do			_{dd/yy);} n/a			A Section					
IX. FACILITY DESCRIPTION				. Sve d							
Building Name: 402 Royal Road											
Street Address: 402 Royal Road											
City: Michigan City	State: IN			County: LaPorte							
Location of removal within building (including floor and room numbers):	throughout			Ctar				Junty		<u> </u>	
Building Size (Sq. Ft.): 390000		Numb	er of Floors:	í	Age / Ye	ar Buil	ıt: 70+				
Present Use: industrial Prior Use: industrial											
Prior Use: Industrial Prior Use: Industrial											

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X. DESCRIPTION OF PLANNED DEN FACILITY COMPONENTS AND TYPE	MOLITION OR I	RENOVATION L REMOVED	N WORK, METHODS/TECHN	VIQUES TO BE USE	D, AFFECTED				
Removal of tsi to upgrade facility. Work wi	il be completed u	sing glovebag r	emoval methods with knives, scr	apers and hepa vacs.					
XI. DESCRIPTION OF WORK PRACT AT THE SITE; INCLUDING ASBESTO ASBESTOS MATERIAL FROM BECO	OS STRIPPING	REMOVAL .	AND WASTE HANDLING PR	O PREVENT EMISS ROCEDURES TO PF	IONS OF ASBESTOS REVENT NONFRIABLE				
All acm will be wetted and placed in double the asbestos NESHAPS.									
XII. DESCRIPTION OF PROCEDURE NONFRIABLE ASBESTOS MATERIA	S TO BE FOLL L BECOMES (OWED IN TH	E EVENT UNEXPECTED AS PULVERIZED, OR REDUCE	BESTOS IS FOUNI D TO POWDER	OR PREVIOUSLY				
Area will be sealed, proper authorities will be	e notified, materi	ial will be remov	ved and/or encapsulated, area wi	ll be wet wiped.					
XIII. ASBESTOS WASTE TRANSPOR		XIV. ASBESTOS WASTE DISPOSAL SITE							
Name: Homewood Disposal		Name: Laraway Landfill	DIO! OOAL OIL	<u></u>					
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		Contact:		1 41.				
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 wo	ould cause equi	pment damage:						
XVII. CERTIFICATION STATEMENT A	ND SIGNATU	RE BY OWNE	R / OPERATOR						
I HEREBY CERTIFY THAT THE INFORMAT PROJECT SUPERVISORS, TO IMPLEMEN AND, IF APPLICABLE, INDIANAPOLIS AIR I THAT THE REQUIRED WAINING WAS AC	TTHIS ASBESTO POLLUTION COM	SPROJECT, W NTROLBOARD	HICH HAVE BEEN TRAINED IN 3 REGULATION 14. THE TRAINE	26IAC 14-10; 40 CFR PA D INDIVIDUAL(S) ALOI	ART61, SUBPARTM; NG WITH EVIDENCE				
May l'assell			Date (mm/dd/yy): 3/27/2024	E-mail: mcastellarin					
Owner / operator (Signature)									
Mary Castellarin			Title: compliance						

Owner / operator (Printed)