



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

294546

<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: BP2 CONSTRUCTION, LLC / Operator					
Address: 264 WHITES STATION RD		City: SEYMOUR		State: IN	ZIP: 47274
Contact: BRANDON PARDIECK, OPERATOR		Telephone: 812-522-4220 or Cell: 812-528-6721		E-mail: brandon@bp2construction.com	
Asbestos Removal Contractor: N/A		Demolition Contractor: BP2 CONSTRUCTION, LLC			
Address:		Address: 264 WHITES STATION RD			
City:	State:	ZIP:	City: SEYMOUR	State: IN	ZIP: 47274
Contact:		Telephone:		Contact: BRANDON PARDIECK	
E-mail:		E-mail: BRANDON@BP2CONSTRUCTION.COM			
IN License Number:		Expiration:			
Licensed Asbestos Inspector:		Project Designer: N/A			
Address: 114 FAIRFAX AVENUE		Address:			
City: LOUISVILLE	State: KY	ZIP: 40207	City:	State:	ZIP:
Contact: RUSSELL H. BROOKS		Telephone: 502-895-5009		Contact:	
E-mail:		E-mail:			
IN License Number: 19A007962		Expiration: 08/11/2024		IN License Number:	
<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>					
PLM					
<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		Friable Asbestos Material to be removed	
		Category I	Category II	Category I	Category II
Pipes (Ln. Ft.)	N/A	N/A	N/A	N/A	N/A
Surface Area (Sq. Ft.)	N/A	N/A	N/A	N/A	N/A
Total Volume (Cu. Ft.)	N/A	N/A	N/A	N/A	N/A
Total amount on or off all facility components where length or area could not be measured previously	N/A	N/A	N/A	N/A	N/A
<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): 03/20/2024	End (mm/dd/yy): 05/31/2024			
<b>IX. FACILITY DESCRIPTION</b>					
Building Name: Schneck Medical Center / Owner - Former Single-Family Residential Home and Detached Garage [270 Sq. Ft.]					
Street Address: 617 W. Brown St.					
City: SEYMOUR		State: IN		County: JACKSON	
Location of removal within building (including floor and room numbers):		N/A			
Building Size (Sq. Ft.): Aprox. 1,346 Sq.Ft. w/ Garage		Number of Floors: 1		Age / Year Built: Approximately 25+ yrs old	
Present Use: STRUCTURE IS VACANT		Prior Use: Residential Home			

05/20/85  
 Loc 1 Seq 2

John

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

Demolition will be completed utilizing conventional methods and 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**

Demolition will be completed utilizing conventional methods and heavy equipment.  
Debris will be kept adequately wet during demolition to minimize the migration of dust.

**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**

Stop Work. Restrict Access. Notify IDEM & Owner Immediately. Inspect, sample & analyze any newly exposed materials.  
Remove unexpected identified asbestos materials using properly trained & accredited workers & supervisors.

**XIII. ASBESTOS WASTE TRANSPORTER**

Name: N/A  
Address:  
City: State: ZIP:  
Contact: Telephone:  
E-mail:

**XIV. ASBESTOS WASTE DISPOSAL SITE**

Name: N/A  
Address:  
City: State: ZIP:  
Contact:  
E-mail:

**XV. ORDERED DEMOLITIONS**

Agency Name: N/A		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: N/A  
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.

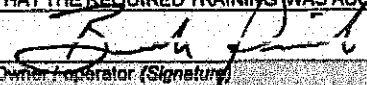
	Date (mm/dd/yy): 03/05/2024	E-mail: Brandon@BP2Construction.com
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Brandon Pardieck/Operator Owner / operator (Printed)	Title: Vice President of BP2 Construction, LLC
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<b>I. TYPE OF NOTIFICATION (check one):</b>		<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Revised	<input type="checkbox"/> Canceled	<input type="checkbox"/> Courtesy
<b>II. FACILITY INFORMATION</b>					
Owner / Operator: BP2 CONSTRUCTION, LLC /Operator					
Address: 264 WHITES STATION RD		City: SEYMOUR		State: IN	ZIP: 47274
Contact: BRANDON PARDIECK, OPERATOR		Telephone: 812-522-4220 or Cell: 812-528-6721		E-mail: brandon@bp2construction.com	
Asbestos Removal Contractor: N/A		Demolition Contractor: BP2 CONSTRUCTION, LLC			
Address:		Address: 264 WHITES STATION RD			
City:	State:	ZIP:	City: SEYMOUR	State: IN	ZIP: 47274
Contact:	Telephone:	Contact: BRANDON PARDIECK	Telephone: 812-522-4220 or 812-528-6721		
E-mail:		E-mail: BRANDON@BP2CONSTRUCTION.COM			
IN License Number:	Expiration:				
Licensed Asbestos Inspector: RUSSELL H. BROOKS, LINDBACH FURNISHING, INC.		Project Designer: N/A			
Address: 114 FAIRFAX AVENUE		Address:			
City: LOUISVILLE	State: KY	ZIP: 40207	City:	State:	ZIP:
Contact: RUSSELL H. BROOKS	Telephone: 502-895-5009	Contact:	Telephone:		
E-mail:		E-mail:			
IN License Number: 19A007962	Expiration: 08/11/2024		IN License Number:	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>					
PLM					
<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.)	N/A	N/A	N/A	N/A	N/A
Surface Area (Sq. Ft.)	N/A	N/A	N/A	N/A	N/A
Total Volume (Cu. Ft.)	N/A	N/A	N/A	N/A	N/A
Total amount on or off all facility components where length or area could not be measured previously	N/A	N/A	N/A	N/A	N/A
<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): 08/11/2024	End (mm/dd/yy): 05/21/2024			
<b>IX. FACILITY DESCRIPTION</b>					
Building Name: Schneck Medical Center /Owner - Former Single-Family Residential Home [228 Sq. Ft. Garage; 228 Sq. Ft. Lean-To; 330 Sq. Ft. Utility Shed]					
Street Address: 702 W. Laurel St.					
City: SEYMOUR		State: IN		County: JACKSON	
Location of removal within building (including floor and room numbers):		N/A			
Building Size (Sq. Ft.): Approx. 2,372 Sq. Ft. w/ Garage, Lean, and Shed		Number of Floors: 1		Age / Year Built: Approximately 25+ yrs old	
Present Use: STRUCTURE IS VACANT			Prior Use: Residential Home		

<b>X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIAL REMOVED</b>					
Demolition will be completed utilizing conventional methods and heavy equipment.					
<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>					
Demolition will be completed utilizing conventional methods and heavy equipment. Debris will be kept adequately wet during demolition to minimize the migration of dust.					
<b>XII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLD, PULVERIZED, OR REDUCED TO POWDER</b>					
Stop Work, Restrict Access, Notify IDEM & Owner Immediately. Inspect, sample & analyze any newly exposed materials. Remove unexpected identified asbestos materials using properly trained & accredited workers & supervisors.					
<b>XIII. ASBESTOS WASTE TRANSPORTER</b>			<b>XIV. ASBESTOS WASTE DISPOSAL SITE</b>		
Name: N/A			Name: N/A		
Address:			Address:		
City:	State:	ZIP:	City:	State:	ZIP:
Contact:	Telephone:		Contact:	Telephone:	
E-mail:	E-mail:		E-mail:	E-mail:	
<b>XV. ORDER DEMOLITIONS</b>					
Agency Name: N/A			Date Ordered Demolition to Begin (mm/dd/yy):		
Contact:	Title:	Telephone:	E-mail:		
Regulatory Authority:			Date of Order (mm/dd/yy):		
<b>XVI. EMERGENCY RENOVATIONS</b>					
Date (mm/dd/yy) and Time of Emergency: N/A					
Description of sudden, unexpected event:					
Explanation of how the event caused unsafe conditions or would cause equipment damage:					
<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.					
			Date (mm/dd/yy): 03/15/2024		E-mail: Brandon@BP2Construction.com
Owner/Operator (Signature)					
Brandon Pardieck/Operator			Title: Vice President of BP2 Construction, LLC		
Owner/Operator (Printed)					



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Contact: BRANDON PARDIECK, OPERATOR		Telephone: 812-522-4220 or Cell: 812-528-6721		E-mail: brandon@bp2construction.com	
Asbestos Removal Contractor: N/A		Demolition Contractor: BP2 CONSTRUCTION, LLC			
Address:		Address: 264 WHITES STATION RD			
City:	State:	ZIP:	City: SEYMOUR	State: IN	ZIP: 47274
Contact:	Telephone:	Contact: BRANDON PARDIECK	Telephone: 812-522-4220 or 812-528-6721		
E-mail:		E-mail: BRANDON@BP2CONSTRUCTION.COM			
IN License Number:	Expiration:				
Licensed Asbestos Inspector: RUSSELL H. BROOKS, LINDBACH FARRINGER, INC.		Project Designer: N/A			
Address: 114 FAIRFAX AVENUE		Address:			
City: LOUISVILLE	State: KY	ZIP: 40702	City:	State:	ZIP:
Contact: RUSSELL H. BROOKS	Telephone: 502-895-5009		Contact:	Telephone:	
E-mail:		E-mail:			
IN License Number: 19A007962	Expiration: 08/11/2024		IN License Number:	Expiration:	
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Pipes (Ln. Ft.)	N/A	N/A	N/A	N/A	N/A
Surface Area (Sq. Ft.)	N/A	N/A	N/A	N/A	N/A
Total Volume (Cu. Ft.)	N/A	N/A	N/A	N/A	N/A
Total amount on or off all facility components where length or area could not be measured previously	N/A	N/A	N/A	N/A	N/A
<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): 04/03/2024	End (mm/dd/yy): 05/31/2024			
<b>IX. FACILITY DESCRIPTION</b>					
Building Name: Schneck Medical Center /Owner - Former Commercial Building					
Street Address: 329 W. Tipton St.					
City: SEYMOUR		State: IN		County: JACKSON	
Location of removal within building (including floor and room numbers): N/A					
Building Size (Sq. Ft.): Approx. 1,315 Sq.Ft		Number of Floors: 1		Age / Year Built: Approximately 25+ yrs old	
Present Use: STRUCTURE IS VACANT			Prior Use: Commercial Building		

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

Demolition will be completed utilizing conventional methods and 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**

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Stop Work, Restrict Access, Notify IDEM & Owner Immediately, Inspect, sample & analyze any newly exposed materials.  
Remove unexpected identified asbestos materials using properly trained & accredited workers & supervisors.

XIII. ASBESTOS WASTE TRANSPORTER			XIV. ASBESTOS WASTE DISPOSAL SITE		
Name: N/A			Name: N/A		
Address:			Address:		
City:	State:	ZIP:	City:	State:	ZIP:
Contact:		Telephone:	Contact:		
E-mail:			E-mail:		

**XV. ORDERED DEMOLITIONS**

Agency Name: N/A		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: N/A  
Description of sudden, unexpected event:  
  
Explanation of how the event caused unsafe conditions or would cause equipment damage:

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Owner / operator (Signature)	Date (mm/dd/yy): 03-05-2024	E-mail: Brandon@BP2Construction.com
Brandon Pardieck/Operator Owner / operator (Printed)	Title: Vice President of BP2 Construction, LLC	