

NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS in 10-18) NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS in 10-18) NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS in 10-18) NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS in 10-18)

FEB 02 2024

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At Environmental Mgmt

Affice of Air Quality

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	I. TYPE OF NOTIFIC	ATION (ch	eck one):	⋥ o	Driginal		Revise	be	Cancelled Cancelled	j	Cot	urtesy	
	II. FACILITY INFORMATION												
	Owner / Operator: Evonik Corporation												
X	Address: 299 Jefferson Road					City: Parsippany				State: NJ ZIP: 070		ZIP: 07054	
/	Contact: Martin Cotterr				Telephone: 765-477-4159				E-mail: martin.cotterman@evonik.com				
	Asbestos Removal Con	Asbestos Removal Contractor; Star Environmental Inc. Address; 2215 Alvord Street				Demolition Contractor; N/A							
- 1	Address: 2215 Alvord S					Address:							
	City: Indianapolis			205 (City:					State: ZIP:			
	Contact: Todd Strader		Telephone: 31	7-295-782	7	Contact:			Telephone:				
	E-mail: Tstrader@stare	-mail: Tstrader@starenv.net				E-mail:							
	IN License Number: 190106071 Expiration: 7/12			12/2024									
	Licensed Asbestos Inspector:	Inspector: Tyler Stubbs Project D					oject Designer: N/A						
	Address: 6330 EAST 7	5TH STREE	T, SUITE 152		Address:								
V	City: Indianapolis	State: IN ZIP: 46		250 (City:				State:		ZIP:		
	Contact: Alliance Enviro	Contact: Alliance Environmental Telephone: (317)		7) 667-97	69 (Contact:				Telephone:			
	E-mail: SStults@aegindy.com					E-mail:							
	IN License Number: 19/	IN License Number: 19A0135035 Expiration: 08/11/			1	IN License Number:				Expiration:			
•	III, TYPE OF OPERA	ATION											
	☐ Demolition	Ø	Renovation		По	rdered Dem	olition	☐ Emerge	ency Renovatio	an 🔲	Intentiona	Burning	
	IV. IS ASBESTOS PRESENT? Pyes No V. PROCEDURES / ANALYTICAL METHODS USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIALS Polarized light microscopy or transmission electron microscopy or owner assumption VI. APPROXIMATE AMOUNT OF ASBESTOS TO BE REMOVED AND/OR NOT TO BE REMOVED												
									IALS				
	Regulated ACM to be									Asbestos Material NOT to be removed			
	Pipes (Ln. Ft.) Surface Area (Sq. Ft.) Total Volume (Cu. Ft.) Total amount on or off all facility components where length or area could not be measured previously		- '						T	Category II			
			1500			igory I I/A	Category II N/A N/A		Categor N/A	yı	U.	N/A	
						//A			N/A			N/A	
						//A	N/A		N/A			N/A	
			2000				NA		14//				
1			35 Cu. Ft.		1	I/A	N/A		N/A		N/A		
			<u> </u>										
	VII. SCHEDULED DATE OF STRIPPING / REMOVAL Sta					(mm/dd/yy):	2/19/2024	End (mm	_{/dd/yy);} 12/31/2	024			
	VIII. SCHEDULED D	LITION											
	Renovation Start (mm/dd/yy): End (mm/					t/yy):			<u> </u>				
	Demolition	Start (mm/c	dd/yy):	Enc	d (mm/de	Шүү):							
	IX. FACILITY DESCI	RIPTION											
	Building Name: Approx	poratories											
	Street Address: 1650 Lilly Road												
City: Lafayette Location of removal within building (including floor and room numbers): N/A due to the nature of non-schedule							State: Indiana			County: Tippecanoe			
							ovation ope	rations					
	Building Size (Sq. Ft.):	ber of Floors: 1-5 Age / Year Built: 19 to 65 years											
	Present Use: Manufacturing of Pharmaceuticals/Agriculture					Prior Use: Same as present use							

OST 32981 LOC 1 Seg 10

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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

Thermal system insulation from piping, tanks and other facility components. Removal of spray-on or troweled-on or other surfacing materials from building surfaces or structural members. Removal of Misc. ACM, such as floor tiles, ceiling tiles and asbestos cement board from structural components, structural members or fixtures. Removal techniques and methods will vary and may include gross removal, glove bag removal or hand stripping and scraping.

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

Work practice emission control requirements for RACM removal will be implemented according to 326+IAC 14-10-4 including the use of wetting agents, glove bag systems, containment, leak tight wrapping and negative air units, as appropriate. RACM waste will be adequately wetted and placed into leak tight containers or wrapping, properly labeled and disposed of at an approved landfill according to 326 IAC 14-10-4, 40 CFR 61.150 and IAC 10-8-4.

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

If unexpected asbestos is found or a previously non-friable material becomes friable, then it will be handled according to the procedure outline for renovations involving RACM. This includes all appropriate work practices, emission control and the use of accredited personnel. A separate notification will be submitted if the RACM exceeds the amount in a single renovation.									
XIII. ASBESTOS WASTE TRANSPOR	RTER		XIV. ASBESTOS WASTE DISPOSAL SITE						
Name: Bestway of Indiana			Name: Southside Landfill						
Address: 2577 Kentucky Avenue		Address: 2561 Kentucky							
City: Indianapolis	State: IN	Złp: 46221	City: Indianapolis	State: IN	ZIP: 46221				
Contact: Rod Perkins Telephone: 317-484-3365			Contact: Luke Decoursey						
E-mail: rperkins@bestway-disposal.com			E-mail: LDecoursey@ssidelandfill.com						
XV. ORDERD DEMOLITIONS									
Agency Name: N/A			Date Ordered Demolition to Begin (mm/dd/yy):						
Contact:	ontact: Title:			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.									
THAT THE REQUIRED TRAINING WAS ACCOMPLISHED SHALL BE AVAILABLE AT THE JOB SITE DURING ACTUAL WORKING HOURS.									
Shew Bush			Date (mm/dd/yy): 2/2/2024	E-mail; Shawn.Lin	der@Evonik.com				
Owner / operator (Signature)		1334T 14							
Shawn Linder		Title: Site Asbestos Coordinator							
Owner / operator (Printed)									