



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

Received
 State of Indiana
FEB 23 2024

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DEPT of Environmental Mgmt
 Cancelled/Air Quality

I. TYPE OF NOTIFICATION (check one):		<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Revised	<input type="checkbox"/> Cancelled/Air Quality		<input type="checkbox"/> Courtesy
II. FACILITY INFORMATION						
Owner / Operator: Douglass Tate						
Address: 1215 N. Tremont St.			City: Indianapolis		State: IN	ZIP: 46222
Contact: Douglas Tate			Telephone: 317-402-6497		E-mail: douglastatejr@att.net	
Asbestos Removal Contractor:			Demolition Contractor: C & M Wrecking Inc.			
Address:			Address: 1515 E. 18th St.			
City:	State:	ZIP:	City: Indianapolis	State: IN	ZIP: 46218	
Contact:			Contact: Calvin Smith		Telephone:	
E-mail:			E-mail: cmwrecking@outlook.com			
IN License Number:		Expiration:				
Licensed Asbestos Inspector: Daniel Flack			Project Designer:			
Address: 4404 N. Franklin Rd.			Address:			
City: Indianapolis	State: IN	ZIP: 46226	City:	State:	ZIP:	
Contact: Chris Bovard		Telephone: 317-546-7473		Contact:		Telephone:
E-mail: chris@aircoindy.com			E-mail:			
IN License Number: 190206048		Expiration: 04/06/2024		IN License Number:		Expiration:
III. TYPE OF OPERATION						
<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Renovation	<input type="checkbox"/> Ordered Demolition	<input type="checkbox"/> Emergency Renovation	<input type="checkbox"/> Intentional Burning		
IV. IS ASBESTOS PRESENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
V. PROCEDURES / ANALYTICAL METHODS USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIALS Only received Certificate of Inspection						
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.)						
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						
VII. SCHEDULED DATE OF STRIPPING / REMOVAL			Start (mm/dd/yy):		End (mm/dd/yy):	
VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION						
Renovation	Start (mm/dd/yy):	End (mm/dd/yy):				
Demolition	Start (mm/dd/yy): 03-11-2024	End (mm/dd/yy): 04-11-2024				
IX. FACILITY DESCRIPTION						
Building Name: Tates Barbershop						
Street Address: 2343 W. 10th St.						
City: Indianapolis			State: IN	County: Marion		
Location of removal within building (including floor and room numbers):		Remove concrete addition that sustained fire damage. Original building to remain.				
Building Size (Sq. Ft.): 828 sq ft		Number of Floors: 1		Age / Year Built: + 60/ unknown		
Present Use: Vacant Building			Prior Use: Barbershop			

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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

Demolition using Excavator.

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

Spray water on structure during demolition.

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 demolition, contact asbestos company for sampling and possible asbestos mitigation.

XIII. ASBESTOS WASTE TRANSPORTER

XIV. ASBESTOS WASTE DISPOSAL SITE

Name:			Name:		
Address:			Address:		
City:	State:	ZIP:	City:	State:	ZIP:
Contact:	Telephone:		Contact:	Telephone:	
E-mail:			E-mail:		

XV. ORDERED 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.

	02-23-2024 Date (mm/dd/yy):	cmwrecking@outlook.com E-mail:
Owner / operator (Signature)		
Calvin Smith	Title:	President
Owner / operator (Printed)		