



NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

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

Received
State of Indiana

FEB 13 2024

293478

Dept of Environmental Mgmt
Office of Air Quality

I. TYPE OF NOTIFICATION (check one):		<input type="checkbox"/> Original	<input type="checkbox"/> Revised	<input type="checkbox"/> Canceled	<input type="checkbox"/> Courtesy
II. FACILITY INFORMATION					
Owner / Operator: USPS Kouts (Owner) Husar Abatement, Ltd (Operator)					
Address: 107 E Elizabeth Street			City: Kouts	State: IN	ZIP: 46347
Contact: Dave Wills			Telephone: (773) 447-7888	E-mail: willsd@yahoo.com	
Asbestos Removal Contractor: Husar Abatement, Ltd			Demolition Contractor:		
Address: 107 E. Elizabeth Street			Address:		
City: Kouts	State: IN	ZIP: 46347	City:	State:	ZIP:
Contact: Janina Stogowska			Telephone: (847) 349-9105	Contact:	
E-mail: info.husarLtd@gmail.com			E-mail:		
IN License Number: 19A013915		Expiration: 06/08/24			
Licensed Asbestos Inspector: Risk Management Consulting Engineer, Inc.			Project Designer:		
Address: 2206 Sherwood Drive			Address:		
City: Valparaiso	State: IN	ZIP: 46383	City:	State:	ZIP:
Contact:			Telephone:	Contact:	
E-mail:			E-mail:		
IN License Number: MPI 2070		Expiration: 7/22/95		IN License Number:	
Expiration:		Expiration:			
III. TYPE OF OPERATION					
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Ordered Demolition	<input type="checkbox"/> Emergency Renovation	<input type="checkbox"/> Intentional Burning	
IV. IS ASBESTOS PRESENT?					
<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No			
V. PROCEDURES / ANALYTICAL METHODS USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIALS					
PLM was used. Inspection was performed on May 18, 1995					
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.)	250				
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): 02/27/24		End (mm/dd/yy): 02/28/24	
VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION					
Renovation	Start (mm/dd/yy):	End (mm/dd/yy):			
Demolition	Start (mm/dd/yy):	End (mm/dd/yy):			
IX. FACILITY DESCRIPTION					
Building Name: USPS Kouts					
Street Address: 107 E. Elizabeth Street					
City: Kouts			State: IN	County: Porter	
Location of removal within building (including floor and room numbers):		Removal will occur on the first floor of the building			
Building Size (Sq. Ft.): 1,920		Number of Floors: 1		Age / Year Built: 1970	
Present Use: Post Office			Prior Use: Post Office		

Est 51717
Loc 2 Seg 2

Hobson

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

Removal of approximately 250 SF of floor tile and mastic.

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 work will be conducted in accordance with current applicable regulatory guidelines.

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

ACM debris will be wetted. The area will be isolated with barrier tape to keep out unprotected personnel, Debris and contaminated surface will be HEPA vacuumed and/or wiped. ACM will be double-bagged in 6 mil bags and properly disposed of.

XIII. ASBESTOS WASTE TRANSPORTER

Name: Homewood Disposal
Address: 1501 W. 175th Street
City: Homewood State: IL ZIP: 60430
Contact: Greg Piersma Telephone: (708) 798-1004
E-mail: gpiersma@mydisposal.com

XIV. ASBESTOS WASTE DISPOSAL SITE

Name: Laraway RDF
Address: 21233 West Laraway Road
City: Joliet State: IL ZIP: 60436
Contact: Greg Piersma
E-mail: gpiersma@mydisposal.com

XV. ORDER 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.

Owner / operator (Signature):  Date (mm/dd/yy): 02/13/24 E-mail: info.husar1td@gmail.com
Janina Stogowska Title: President
Owner / operator (Printed):