



NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

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

Received
State of Indiana

DEC 21 2023

Dept of Environmental Mgmt
Office of Air Quality

291783

I. TYPE OF NOTIFICATION (check one):		<input type="checkbox"/> Original	<input checked="" type="checkbox"/> Revised	<input type="checkbox"/> Canceled	<input type="checkbox"/> Courtesy
II. FACILITY INFORMATION					
Owner / Operator: Evonik Corporation					
Address: 1650 Lilly Road		City: Lafayette		State: IN	ZIP: 47909
Contact: Bryan Trapp		Telephone: 765-491-9826		E-mail: bryan.trapp@evonik	
Asbestos Removal Contractor: N/A		Demolition Contractor: Blifinger			
Address:		Address: 1650 Lilly Road			
City:	State:	ZIP:	City: Lafayette	State: IN	ZIP: 47909
Contact:	Telephone:	Contact: Robert Young		Telephone: 1-317-954-4143	
E-mail:		E-mail: robert.young@blifinger.com			
IN License Number:	Expiration:				
Licensed Asbestos inspector: Tyler Stubbs		Project Designer: TLF			
Address: 6330 EAST 75TH STREET, SUITE 152		Address: 3901 West 86th Street			
City: Indianapolis	State: IN	ZIP: 46250	City: Indianapolis	State: IN	ZIP: 46268
Contact: Alliance Environmental	Telephone: (317) 667-9769	Contact: Ramey Durbin		Telephone: 317-334-1500	
E-mail: SStults@aegindy.com		E-mail: rdurbin@tlf-engineers.com			
IN License Number: 19A0135035	Expiration: 08/11/2024	IN License Number: PE10200095		Expiration: July 2024	
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					
Method EPA 600/R-93/116					
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.)	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
VII. SCHEDULED DATE OF STRIPPING / REMOVAL		Start (mm/dd/yy): N/A		End (mm/dd/yy): N/A	
VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION					
Renovation	Start (mm/dd/yy): N/A	End (mm/dd/yy): N/A			
Demolition	Start (mm/dd/yy): 1/22/2024	End (mm/dd/yy): 2/16/2024			
IX. FACILITY DESCRIPTION					
Building Name: T-163 coal storage building					
Street Address: 1650 Lilly Road					
City: Lafayette			State: Indiana		County: Tippecanoe
Location of removal within building (including floor and room numbers): T-163, 1 floor, open three sided storage building					
Building Size (Sq. Ft.): 5000		Number of Floors: One		Age / Year Built: 2001	
Present Use: Not in Use			Prior Use: Coal storage building		

290233

est 32981
Loc 1 Seg 9

1st
1/24

John

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

All concrete to remain. Only wooden walls and roof structure to be demolished. All Fluorescent lights and Exit Signs shall be removed prior demolition, Set up scaffolding to provide protection to the piping during the demolition event. Scaffold protection to be light to concrete wall, fire watch will be required. The fire watch shall be provided at least one approved means of notification of the site security, Ensure all utilities have been shut off, capped, or controlled location

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

N/A

XII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER

If unexpected asbestos is found, it will be handled according to the procedures outlined for renovations involving RACM, including all appropriate practices and emission controls and the use of accredited personnel.

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. ORDER DEMOLITIONS

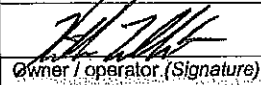
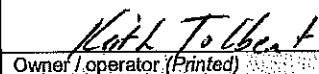
Agency Name: N/A Date Ordered Demolition to Begin (mm/dd/yy):
 Contact: Title: Telephone: E-mail:
 Regulatory Authority: Date of Order (mm/dd/yy):

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.

	12/19/23 Date (mm/dd/yy):	glenn.tolbert@evosik.com E-mail:
Owner / operator (Signature)		
	Title: Construction Coordinator	
Owner / operator (Printed)		



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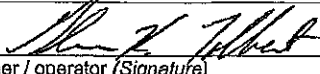
Received
 State of Indiana
 OCT 31 2023
 Dept of Environmental Mgmt
 Office of Air Quality
 290233

X

I. TYPE OF NOTIFICATION (check one):		<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Revised	<input type="checkbox"/> Canceled	<input type="checkbox"/> Courtesy
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Asbestos Removal Contractor: N/A			Demolition Contractor: Bilfinger		
Address:			Address: 1660 Lilly Road		
City:	State:	ZIP:	City: Lafayette	State: IN	ZIP: 47909
Contact:	Telephone:	Contact: Robert Young		Telephone: 1-317-954-4143	
E-mail:			E-mail: robert.young@bilfinger.com		
IN License Number:	Expiration:				
Licensed Asbestos Inspector: N/A			Project Designer: TLF		
Address:			Address: 3901 West 86th Street		
City:	State:	ZIP:	City: Indianapolis	State: IN	ZIP: 46268
Contact:	Telephone:	Contact: Ramey Durbin		Telephone: 317-334-1500	
E-mail:			E-mail: rdurbin@tlf-engineers.com		
IN License Number:	Expiration:	IN License Number: PE10200095	Expiration: July 2024		
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					
Building built after 2001					
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	
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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
VII. SCHEDULED DATE OF STRIPPING / REMOVAL		Start (mm/dd/yy): N/A	End (mm/dd/yy): N/A		
VIII. SCHEDULED DATES OF RENOVATION / DEMOLITION					
Renovation	Start (mm/dd/yy): N/A	End (mm/dd/yy): N/A			
Demolition	Start (mm/dd/yy): 11/13/2023	End (mm/dd/yy): 11/17/2023			
IX. FACILITY DESCRIPTION					
Building Name: T-163 coal storage building					
Street Address: 1660 Lilly Road					
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N/A					
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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:			E-mail:		
XV. ORDER 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)		10/31/23 Date (mm/dd/yy):		E-mail: glenn.tolbert@evonik.com	
Glenn K. Tolbert Owner / operator (Printed)		Title: Construction Coordinator			