



Asbestos Inspection Reporting Form

Date	11/1/2023		
County	Ashland	Route	US 42
Section	14.77	PID	114065

Requesting ODOT District Office

Regulating OEPA District Office and Address


North Central District Office
 906 Clark Avenue,
 Ashland, Ohio, 44805

Date of the Asbestos Inspection

Name and Address of the company conducting the asbestos inspection

The Mannik and Smith Group
 20600 Chagrin Boulevard, Suite 500
 Shaker Heights, Ohio 44122

Name, signature, and asbestos hazard evaluation number of the person writing the report


Claire Cerne
 ES547042


Description sampling locations and how each location was determined (use additional pages if needed)

Sample ID	Description	Location
ID-1-1	White Caulk	Basement building interior windows
ID-1-2	White Caulk	Basement building interior windows
ID-2-1	Cinder block mortar	Basement building walls
ID-2-2	Cinder block mortar	Basement building walls
ID-3-1	Clear Caulk	Basement building storm door
ID-3-2	Clear Caulk	Basement building storm door
ID-4-1	Concrete	Barn floor
ID-4-2	Concrete	Barn floor

Samples taken using bulk sampling protocol provided in guidance documents including AHERA and NESHAP.

Name, signature, and asbestos hazard evaluation number of each person who selected samples from the structure (use additional pages if needed)

Name	Signature	Asbestos Evaluation #
Claire Cerne		ES547042

SUPPORTING INFORMATION

Laboratory Analytical Report

Blueprint, diagram or written description with the following:

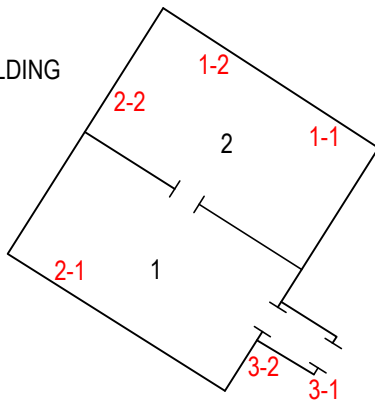
- Type, location and amount of confirmed regulated asbestos containing material
- Location and collection date of each bulk sample
- Location and amounts of suspected asbestos containing material, both friable and non-friable

NOTE: *The OEPA Notification of Demolition and Renovation Form with the appropriate Sections I, II, III, IV, VI and VII must be completed by the licensed asbestos hazard evaluation specialist and included with the report submission to ODOT prior to submission to OEPA or the local air authority with jurisdiction.*

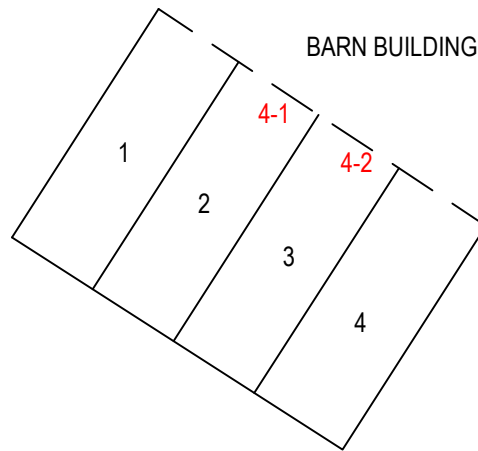
OEPA Notification of Demolition and Renovation Form

Work on projects cannot begin until 10 working days after a COMPLETE original notification form, **including payment**, is submitted to Ohio EPA. Instructions and a worksheet for fee calculation are available at epa.ohio.gov/asbestos. This form can be completed, and payment made, at ebiz.epa.ohio.gov. Questions? asbestos@epa.ohio.gov or (614) 466-0061.

BASEMENT BUILDING



BARN BUILDING



Date	Sample ID	Material	Location	Confirmed ACM	Quantity
10/10/2023	ID-1-1	White Caulk	Basement building interior windows	None	N/A
10/10/2023	ID-1-2	White Caulk	Basement building interior windows	None	N/A
10/10/2023	ID-2-1	Cinder block mortar	Basement building walls	None	N/A
10/10/2023	ID-2-2	Cinder block mortar	Basement building walls	None	N/A
10/10/2023	ID-3-1	Clear Caulk	Basement building storm door	None	N/A
10/10/2023	ID-3-2	Clear Caulk	Basement building storm door	None	N/A
10/10/2023	ID-4-1	Concrete	Barn floor	None	N/A
10/10/2023	ID-4-2	Concrete	Barn floor	None	N/A



LEGEND

SAMPLE NUMBER

ROOM NUMBER

— — BARN DOOR

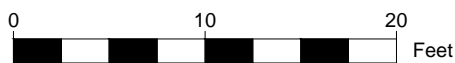


FIGURE 1:
SAMPLE LOCATION MAP

PID 114065
ASD-42-14.77

The Mannik & Smith Group Analytical Laboratories

SH0126

2365 S Haggerty Rd, Canton, MI 48188

Attention: Claire Cerne

The Mannik & Smith Group, Inc.
20600 Chagrin Boulevard, Suite 500
Shaker Heights, OH, 44122

Project PID 114065 ASD-42-14.77
Order # SH0126
Project # E2750002

Received 10/11/2023
Analyzed 10/13/2023
Reported 10/13/2023

Email: ccerne@manniksmithgroup.com

Phone: (216) 378-1490

BULK SAMPLE ANALYSIS SUMMARY

Client ID Layer 1 White caulk Type Non Detect 0.00% White, nonfibrous, homogeneous 100% non-asbestos	ID-1-1	Lab ID SH0126-1	Location Basement Building Interior
Client ID Layer 1 White caulk Type Non Detect 0.00% White, nonfibrous, homogeneous 100% non-asbestos	ID-1-2	Lab ID SH0126-2	Location Basement Building Interior
Client ID Layer 1 Cinder block mortar Type Non Detect 0.00% Gray, nonfibrous, homogeneous 100% non-asbestos	ID-2-1	Lab ID SH0126-3	Location Basement Building walls
Client ID Layer 1 Cinder block mortar Type Non Detect 0.00% Gray, nonfibrous, homogeneous 100% non-asbestos	ID-2-2	Lab ID SH0126-4	Location Basement Building walls
Client ID Layer 1 Clear caulk Type Non Detect 0.00% Clear, nonfibrous, homogeneous 100% non-asbestos	ID-3-1	Lab ID SH0126-5	Location Basement building storm

Analytical Method: US EPA 600/R-93/116 by Polarized Light Microscopy

Analyst(s) Lillian C. Sabuda

8

Reviewer(s): Waverly K. Ferguson
Laboratory Director

Accreditations

NIST-NVLAP

No. 600212-0

The results herein relate only to the samples as received and tested by The Mannik & Smith Analytical Laboratories. This report can not be used to claim product certification, approval, or endorsement by NVLAP, NIST, or any other agency of the Federal Government. Please see the Sample Protocol before submitting samples for analysis in order to ensure laboratory staff safety and analysis accuracy.

The Mannik & Smith Group Analytical Laboratories

SH0126

2365 S Haggerty Rd, Canton, MI 48188

Attention: Claire Cerne

The Mannik & Smith Group, Inc.
20600 Chagrin Boulevard, Suite 500
Shaker Heights, OH, 44122

Project PID 114065 ASD-42-14.77
Order # SH0126
Project # E2750002

Received 10/11/2023
Analyzed 10/13/2023
Reported 10/13/2023

Email: ccerne@manniksmithgroup.com

Phone: (216) 378-1490

BULK SAMPLE ANALYSIS SUMMARY

Client ID ID-3-2 Layer 1 Clear caulk Type Non Detect 0.00% Clear, nonfibrous, homogeneous 100% non-asbestos	Lab ID SH0126-6	Location Basement building storm
Client ID ID-4-1 Layer 1 Concrete Type Non Detect 0.00% Gray, nonfibrous, homogeneous 100% non-asbestos	Lab ID SH0126-7	Location Barn floor
Client ID ID-4-2 Layer 1 Concrete Type Non Detect 0.00% Gray, nonfibrous, homogeneous 100% non-asbestos	Lab ID SH0126-8	Location Barn floor

Analytical Method: US EPA 600/R-93/116 by Polarized Light Microscopy

Analyst(s) Lillian C. Sabuda 8

Reviewer(s): Waverly K. Ferguson
Laboratory Director



Accreditations
NIST-NVLAP
No. 600212-0

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The Mannik & Smith Group
Analytical Laboratories

Chain of Custody

Order Number:

SH026

Client The Mannik & Smith Group, Inc.		City, State Shaker Heights, OH		Zip Code 44122	Sampled By: Claire Cerne
Address 20600 Chagrin Boulevard, Suite 500		Contact Claire Cerne		Phone (216) 378-1490	
Project PID 114065 ASD-42-14.77	Project # E2750002	Email ccerne@manniksmithgroup.com		Fax FAX	Date Sampled:
Turn Around <input type="checkbox"/> 4 Hour <input type="checkbox"/> 24 Hour <input type="checkbox"/> 48 Hour <input type="checkbox"/> 72 Hour <input checked="" type="checkbox"/> 1 Week		Report to <input checked="" type="checkbox"/> Email <input type="checkbox"/> Fax		10/10/2023	
Bulk Samples Only. Analytical Method: US EPA 600/R-93/116 by Polarized Light Microscopy. Point counts automatically performed >0<3%.				<input checked="" type="checkbox"/> Test Until Positive <input type="checkbox"/> Point Count All Samples	

Lab ID	Customer ID	Material Type	Material Location	Notes
SH -1	ID-1-1	White caulk	Basement Building Interior windows	
SH -2	ID-1-2	White caulk	Basement Building Interior windows	
SH -3	ID-2-1	Cinder block mortar	Basement Building walls	
SH -4	ID-2-2	Cinder block mortar	Basement Building walls	
SH -5	ID-3-1	Clear caulk	Basement building storm door	
SH -6	ID-3-2	Clear caulk	Basement building storm door	
SH -7	ID-4-1	Concrete	Barn floor	
SH -8	ID-4-2	Concrete	Barn floor	
SH -9	0	0	0	
SH -10	0	0	0	
SH -11	0	0	0	
SH -12	0	0	0	
SH -13	0	0	0	
SH -14	0	0	0	
SH -15	0	0	0	

Relinquished Claire Cerne
Date / Time 10/10/2023

Received MSGAL-WKF
Date / Time 10/11/23

Relinquished _____
Date / Time _____

Received _____
Date / Time _____

Comments



Notification of Demolition and Renovation/Abatement

Section 1: General Information

Division of Air Pollution Control

Work on projects cannot begin until 10 working days after a COMPLETE original notification form, **including payment**, is submitted to Ohio EPA. Instructions and a worksheet for fee calculation are available at epa.ohio.gov/asbestos. This form can be completed, and payment made, at ebiz.epa.ohio.gov. Questions? asbestos@epa.ohio.gov or (614) 466-0061.

<i>Ohio EPA Use Only</i>	Notification #:	Postmarked: / /	Received: / /	<input type="checkbox"/> Hand-Delivered
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1) Notification Information (Check all that apply)

<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Revision # (count):	<input type="checkbox"/> Installation	<input type="checkbox"/> Emergency	<input type="checkbox"/> Annual	<input type="checkbox"/> Cancellation	Project County: Ashland
<input type="checkbox"/> NESHAP Residential Exemption						

2) Owner, Asbestos Abatement Contractor, Billing and Fire Department Information

Revised?

Owner		
Name: ODOT District 3 North Central District Office		Is this a company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: 906 Clark Avenue		Contact Person: Donald E. Rostofer
City: Ashland	State: Ohio	Zip: 44805 -
Email: Donald.Rostofer@dot.ohio.gov	Phone: (419) 207 - 7178	Fax: () -
Asbestos Abatement Contractor (if applicable)		
Name:	License #: AC	Expiration Date: / /
Address:		Contact Person:
City:	State:	Zip: -
Email:	Phone: () -	Fax: () -
Billing Contact (Entity paying for original notification)		
Is this contact associated with the <input type="checkbox"/> Owner, <input type="checkbox"/> Asbestos Abatement Contractor, or <input type="checkbox"/> Demolition Contractor (if not installation)?		
Address:		Contact Person:
City:	State:	Zip: -
Email:	Phone: () -	Fax: () -
Fire Department (if applicable)		
Name:		
Address:		Contact Person:
City:	State:	Zip: -
Email:	Phone: () -	Fax: () -

3) Ohio Asbestos Hazard Evaluation Specialist and Evaluation Procedure

Revised?

Evaluation Specialist: Claire Cerne	Certification #: ES 547042	Expiration Date: 6 / 22 / 202
Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of regulated asbestos-containing material (RACM) and Category I and Category II non-friable asbestos-containing material: <input checked="" type="checkbox"/> PLM <input type="checkbox"/> Point Count <input type="checkbox"/> TEM <input type="checkbox"/> Other Method (Explain Below):		

4) Procedures to be followed should unexpected RACM be discovered (check all that apply)

Revised?

<input type="checkbox"/> Stop work and keep wet	<input type="checkbox"/> Evacuate area	<input type="checkbox"/> Demarcate area	<input type="checkbox"/> Contact licensed abatement contractor
<input type="checkbox"/> Contact district office/local air authority			
<input type="checkbox"/> Other (Explain):			

5) Planned Demolition (check all that apply)

Revised?

Describe demolition work to be performed and method(s) to be employed, including demolition techniques to be used: <input type="checkbox"/> Implosion <input type="checkbox"/> Fire Training <input type="checkbox"/> Wet Methods <input type="checkbox"/> Manual Demolition <input type="checkbox"/> Mechanical Demolition <input type="checkbox"/> Other (Explain):
Description of affected facility components (include attachment if necessary):

Notification of Demolition and Renovation/Abatement

Section 1: General Information

Continued

Mail completed form and payment to:
Ohio EPA, DAPC – Asbestos
P.O. Box 1049, Columbus, OH 43216-1049

6) Asbestos Description and Engineering Controls (if asbestos is being abated) Revised?

For the material listed in each project, describe the type(s) of ACM to be abated, engineering controls and work practices to be used to minimize emissions and ensure proper waste handling:

Type of ACM to be abated:	<input type="checkbox"/> Surfacing	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Other		
Engineering Controls:	<input type="checkbox"/> Wet Methods	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> NPE	<input type="checkbox"/> AFD	<input type="checkbox"/> Other:
Work Practices:	<input type="checkbox"/> Intact Removal	<input type="checkbox"/> Manual	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Other:	

7) Asbestos Waste Transporter (if applicable) Revised?

Transporter #1 Name:					
Address:			Contact Person:		
City:	State:	Zip:	-		
Email:	Phone: () -	Fax: () -			
Transporter #2 Name (if applicable):					
Address:			Contact Person:		
City:	State:	Zip:	-		
Email:	Phone: () -	Fax: () -			

8) Asbestos Waste Disposal Site (if applicable) Revised?

Name:					
Address:			Contact Person:		
City:	State:	Zip:	-		
Email:	Phone: () -	Fax: () -			

9) Emergency Demolition (complete if you checked "Emergency" above and "Demolition" for any project) Revised?

A copy of the issued order, including the following information, **must be attached** to this notification.

Government Official Issuing Order:	Title:
Agency:	Authority of Order (Citation of Code):
Date of Order: / /	Demolition Date: / /

10) Emergency Renovation/Abatement (complete if you checked "Emergency" above and "Renovation/Abatement" for any project) Revised?

Date of Emergency: / /	Time of Emergency: : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Description of Sudden, Unexpected Event:	
Explanation of how the event caused unsafe conditions or equipment damage:	

11) Attestation Revised?

In accordance with Ohio Administrative Code rule 3745-20-03(A)(4)(p), I certify that at least one person trained as required by paragraph (B) of rule 3745-20-04 of the Administrative Code will supervise the stripping and removal described by this notification. I acknowledge that the submission of false or misleading statements is prohibited by law and I certify that facts contained in this notification are true, accurate, and complete.

Signature:	Date: / /
Name:	Title:
Organization:	

Mail completed form and payment to:
Ohio EPA, DAPC – Asbestos
P.O. Box 1049, Columbus, OH 43216-1049

Notification of Demolition and Renovation/Abatement

Section 1: General Information

Continued



Notification of Demolition and Renovation/Abatement

Section 2: Project Address Specific Information

Division of Air Pollution Control

Please complete Section 2 for the address included with this notification. If the project is an "Installation" per OAC 3745-20, complete a separate Section 2 page for each address associated with this notification.

Ohio EPA Use Only	Project ID #: _____
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A. Facility Description Revised?

Building Name (if applicable):		Site Location (specific):	
Address:			
City:	State: OH	Zip: -	
Building Size (square feet):	No. of Floors:	Age:	
Present Use:		Prior Use:	

B. Type of Operation (check all that apply) Revised?

<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Renovation/Abatement – Type: <input type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulation <input type="checkbox"/> Enclosure
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C. Asbestos Present (check one) Revised?

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> No, previously abated	Year Abated: _____
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D. Approximate Amount of Asbestos-Containing Materials (complete table below and Section 1 #6 if asbestos is present) Revised?

	Material to be Removed				Material NOT to be Removed	
	RACM	Non-friable Asbestos-Containing Material		Non-friable Asbestos-Containing Material		
		Category I	Category II	Category I	Category II	
Pipes (linear feet)						
Surface area on other facility components (ft ²)						
Volume if length or area cannot be measured (ft ³)						

E. Asbestos Abatement Schedule and Abatement Specialist (original notification is required 10 working days prior to the start of work) Revised?

Setup Date: / /			Abatement Date: / /			Complete Date: / /	
(Shift 1) Time start/end on site	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Abatement Specialist Name:				Certification #: AS		Expiration Date: / /	
(Shift 2) Time start/end on site	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Abatement Specialist Name:				Certification #: AS		Expiration Date: / /	

F. Demolition Contractor (if applicable) Revised?

Name:			
Address:			Contact Person:
City:	State:	Zip: -	
Email:	Phone: () -	Fax: () -	

G. Demolition Schedule (original notification is required 10 working days prior to the start of work) Revised?

Start Date: / /	Complete Date: / /
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H. Project Hold Revised?

Asbestos Abatement Offsite/On Hold as of Date: / /	Asbestos Abatement On Site/Off Hold, Work Resume Date: / /
Demolition Offsite/On Hold as of Date: / /	Demolition On Site/Off Hold, Work Resume Date: / /