

UTILITIES

THERE ARE NO UNDERGROUND UTILITIES SHOWN ON THIS PLAN. THE NATURE OF THE WORK REQUIRED BY THIS PROJECT WILL NOT AFFECT ANY KNOWN UNDERGROUND UTILITIES THAT EXIST UNDER, OR ADJACENT TO, THE WORK AREA.

CLEARING AND GRUBBING

ALTHOUGH THERE ARE NO TREES OR STUMPS SPECIFICALLY MARKED FOR REMOVAL WITHIN THE LIMITS OF THE PROJECT, A LUMP SUM QUANTITY IS INCLUDED IN THE GENERAL SUMMARY FOR ITEM 201, CLEARING AND GRUBBING. ALL PROVISIONS AS SET FORTH IN THE SPECIFICATIONS UNDER THIS ITEM ARE INCLUDED IN THE LUMP SUM PRICE BID FOR ITEM 201, CLEARING AND GRUBBING.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

THE CONTRACTOR SHALL FOLLOW ALL REQUIREMENTS OF SECTIONS XXIV AND XXXIV OF THE OHIO DEPARTMENT OF TRANSPORTATION SAFETY AND HEALTH STANDARD OPERATING PROCEDURE 220-006(SP) EFFECTIVE: NOVEMBER 1, 2018 (EXCEPT AS AMENDED BELOW) AND ALL SUBSEQUENT UPDATES POSTED AT THE FOLLOWING WEBSITE:

<https://www.transportation.ohio.gov/about-us/policies-and-procedures/procedures/220-006-sp>

AMENDMENTS TO THE REQUIREMENTS OF THIS DOCUMENT ARE:

XXIV. HEAD PROTECTION (HARD HATS)
ALL PERSONS WITHIN THE RIGHT-OF-WAY OF ANY HIGHWAY OR ANY OTHER TYPE OF ROADWAY OR CONSTRUCTION SITE WHO ARE EXPOSED TO EITHER TRAFFIC (VEHICLES USING THE HIGHWAY FOR PURPOSES OF TRAVEL) OR CONSTRUCTION EQUIPMENT WITHIN THE WORK AREA, REGARDLESS OF JOB TYPE, SHALL WEAR APPROPRIATE HEAD PROTECTION. ALL HARD HATS MUST MEET OR EXCEED ANSI Z89.1-2009 TYPE 1, CLASS E-G REQUIREMENTS.

XXXIV. SAFETY APPAREL AND VEST (HIGH VISIBILITY)
ALL PERSONS WITHIN THE RIGHT-OF-WAY OF ANY HIGHWAY OR ANY OTHER TYPE OF ROADWAY OR CONSTRUCTION SITE WHO ARE EXPOSED TO EITHER TRAFFIC (VEHICLES USING THE HIGHWAY FOR PURPOSES OF TRAVEL) OR CONSTRUCTION EQUIPMENT WITHIN THE WORK AREA, REGARDLESS OF JOB TYPE, SHALL WEAR A HIGH-VISIBILITY SAFETY VEST THAT MEETS THE PERFORMANCE CLASS II OR CLASS III REQUIREMENTS OF THE ANSI/ISEA 107-2015 PUBLICATION ENTITLED "AMERICAN NATIONAL STANDARD FOR HIGH-VISIBILITY SAFETY APPAREL AND ACCESSORIES."

WORKERS MAY WEAR AN ANSI CLASS II OR ANSI CLASS III APPROVED RAIN SUIT, JACKET OR OTHER APPAREL WITHOUT A SAFETY VEST OVER IT.

CONTACT INFORMATION

THE CONTRACTOR SHALL NOT BEGIN WORK IN A COUNTY UNTIL CONTACTING THE COUNTY MANAGER AND PROJECT ENGINEER. BELOW IS A CONTACT LIST FOR COUNTY MANAGERS:

DEFIANCE COUNTY

CONTACT	TITLE	OFFICE NUMBER	CELL NUMBER
JASON HOSCHAK	DEPARTMENT MANAGER	(419) 999-6721	-
BRITNNI RIVERS	TRANSPORT MGR3	(419) 999-6722	-
JEFF HOLTSBERRY	TRANSPORT MGR1	(419) 999-6728	-

HANCOCK COUNTY

CONTACT	TITLE	OFFICE NUMBER	CELL NUMBER
DEIDRA MILLER	DEPARTMENT MANAGER	(419) 999-6731	-
TODD NOIROT	TRANSPORT MGR2	(419) 999-6732	-
JAMES HEACOCK	TRANSPORT MGR3	(419) 999-6738	-

VAN WERT COUNTY

CONTACT	TITLE	OFFICE NUMBER	CELL NUMBER
KYLE FIELDS	DEPARTMENT MANAGER	(419) 999-6771	-
BRYAN HOERSTEN	TRANSPORT MGR2	(419) 999-6778	-
PAT MCCONN	TRANSPORT MGR2	(419) 999-6772	-

EXISTING PLANS

EXISTING PLANS MAY BE INSPECTED IN THE ODOT DISTRICT 1 OFFICE IN LIMA, OH. EXISTING PLANS MAY ALSO BE INSPECTED AT THE OFFICE OF CONTRACTS SITE FOR THE PROJECT.

ENVIRONMENTAL COMMITMENTS

NO EQUIPMENT OR MATERIALS CAN BE PLACED PERMANENTLY OR TEMPORARILY BELOW THE ORDINARY HIGH WATER MARK OF BUCKSKIN CREEK AT THE DEF-SR 15-10.52 BRIDGE.

ODOT WILL ACQUIRE ALL NECESSARY WATERWAY PERMITS PRIOR TO THE START OF CONSTRUCTION. CONDITIONS OF THESE PERMITS WILL BE PROVIDED IN THE CONTRACT AS SPECIAL PROVISIONS. ODOT WILL PROVIDE THE WATERWAY PERMITS TO THE CONTRACTOR AT THE PRE-CONSTRUCTION MEETING. THE CONTRACTOR IS RESPONSIBLE FOR FOLLOWING ALL THE SPECIAL PROVISIONS OF THE WATERWAY PERMITS THROUGHOUT THE DURATION OF THE CONTRACT.

EROSION CONTROL

THE QUANTITY BELOW HAS BEEN CARRIED TO THE GENERAL SUMMARY FOR EROSION CONTROL:

ITEM 832 EROSION CONTROL 1000 EACH

ITEM 251 - PARTIAL DEPTH PAVEMENT REPAIR (441)

A QUANTITY OF THIS ITEM SHALL BE PROVIDED FOR USE AS DIRECTED BY THE ENGINEER. THE ITEM SHALL CONSIST OF RE-PAIRING AREAS EXHIBITING SURFACE DETERIORATION ADJACENT TO THE APPROACH SLABS BEING OVERLAI AND PLACING ITEM 441 ASPHALT CONCRETE SURFACE COURSE, TYPE 1 (449), PG64-22. IN ADDITION, THIS ITEM SHALL BE USED TO PROVIDE A SMOOTH TRANSITION INTO THE OVERLAI APPROACH SLABS AS DIRECTED BY THE ENGINEER. FOR PLACEMENT OF ITEM 441, A PG64-22 BINDER IS REQUIRED, AND IT SHALL BE PLACED IN TWO ONE AND HALF INCH LIFT THICKNESS. THE ENGINEER SHALL DETERMINE WHICH ARE TO BE REPAIRED. UNLESS OTHERWISE DIRECTED BY THE ENGINEER, THIS ITEM SHALL BE PERFORMED AFTER THE COMPLETION OF THE ABUTTING APPROACH SLAB OVERLAY WORK.

PAYMENT SHALL BE BASED ON THE ACTUAL NUMBER OF SQUARE YARDS OF SURFACE PAVEMENT REPAIR.

ITEM 253 - PAVEMENT REPAIR

A QUANTITY OF THIS ITEM SHALL BE PROVIDED FOR USE AS DIRECTED BY THE ENGINEER. THIS ITEM SHALL CONSIST OF CUTTING AND REMOVING DETERIORATED PAVEMENT FULL DEPTH ADJACENT TO THE APPROACH SLABS BEING OVERLAI AND PLACING 301 ASPHALT CONCRETE BASE, PG64-22. THE MAXIMUM COMPACTED DEPTH OF ANY ONE LAYER SHALL BE 6 INCHES. THE FULL DEPTH PAVEMENT REPAIRS SHALL HAVE A SURFACE COURSE APPLIED PER THE NOTE AND REQUIREMENTS FOR ITEM 251, PARTIAL DEPTH PAVEMENT REPAIR (441). PAYMENT FOR THE SURFACE COURSE SHALL BE INCLUDED WITH ITEM 251. UNLESS OTHERWISE DIRECTED BY THE ENGINEER, THIS ITEM SHALL BE PERFORMED AFTER THE COMPLETION OF THE ABUTTING APPROACH SLAB OVERLAY WORK.

PAYMENT SHALL BE BASED ON THE ACTUAL NUMBER OF CUBIC YARDS OF PAVEMENT REPAIR.

ENVIRONMENTAL COMMITMENT

AN ASBESTOS SURVEY OF THE HAN-SR 15-22.46 SFN:3200698 LOCATION, SCHEDULED FOR RENOVATION, WAS CONDUCTED BY A CERTIFIED ASBESTOS HAZARD EVALUATION SPECIALIST. THE SURVEY DETERMINED 160 SF OF NON-FRIABLE REGULATED ASBESTOS-CONTAINING MATERIALS IS PRESENT ON THE STRUCTURE WHICH IS IN EXCESS OF THE ALLOWABLE REGULATORY LIMITS AND REQUIRES ABATEMENT. THE QUANTITIES AND LOCATIONS OF THE REGULATED ASBESTOS-CONTAINING MATERIALS ARE PRESENTED WITHIN THE ASBESTOS SURVEY REPORT INCLUDED IN THE SPECIAL PROVISIONS ATTACHED TO THE PLANS. THE CONTRACTOR SHALL ENSURE THE ABATEMENT, TRANSPORT, AND DISPOSAL OF ASBESTOS CONTAINING MATERIAL IS CONDUCTED IN ACCORDANCE WITH ALL FEDERAL, STATE, AND LOCAL REGULATIONS. THE CONTRACTOR SHALL ENSURE THAT ALL DOCUMENTATION RELATED TO THE ABATEMENT, TRANSPORT, AND DISPOSAL OF ASBESTOS CONTAINING MATERIALS IS SUBMITTED TO THE PROJECT ENGINEER FOR RECORD KEEPING WITHIN TWO WEEKS OF COMPLETION.

A COPY OF THE OHIO ENVIRONMENTAL PROTECTION AGENCY (OPEA) NOTIFICATION OF DEMOLITION AND RENOVATION FORMS, PARTIALLY COMPLETED BY THE BRIDGE OWNER, HAS BEEN INCLUDED AT THE END OF THE ASBESTOS SURVEY REPORT IN THE SPECIAL PROVISIONS. THE CONTRACTOR SHALL COMPLETE AND SIGN THE FORMS AND SUBMIT THEM TO:

OHIO EPA, DAPC ASBESTOS
50 W. TOWN STREET, 7th FLOOR OR P.O. BOX 1049
COLUMBUS, OH 43216-1049

OR SUBMIT THE FORMS ELECTRONICALLY (ELECTRONIC SUBMISSION INSTRUCTIONS PROVIDED ON THE FORMS), AT LEAST 10 WORKING DAYS PRIOR TO THE START OF ANY RENOVATION WORK. THE CONTRACTOR SHALL PROVIDE A COPY OF THE COMPLETED AND SIGNED FORMS TO THE ENGINEER. INFORMATION REQUIRED ON THE FORMS SHALL INCLUDE AT A MINIMUM: 1) THE ODOT PROJECT NUMBER, 2) THE CONTRACTOR'S NAME, ADDRESS, AND TELEPHONE NUMBER, 3) THE SCHEDULED DATES FOR THE START AND COMPLETION OF BRIDGE RENOVATIONS.

BASIS FOR PAYMENT: THE CONTRACTOR SHALL FURNISH ALL FEES, LABOR, AND MATERIAL NECESSARY TO COMPLETE AND SUBMIT THE OPEA NOTIFICATION OF DEMOLITION AND RENOVATION FORMS. PAYMENTS FOR THIS WORK SHALL BE INCIDENTAL TO THE ITEM 202 STRUCTURE REMOVAL ITEM(S) IN THE PLAN.

GENERAL NOTES

DESIGNER
CRS

REVIEWER

XXX MM-DD-Y

PROJECT ID

113342

SHEET

TOTAL

P.3

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ITEM 622 PORTABLE BARRIER, UNANCHORED

THE FOLLOWING ESTIMATED QUANTITIES HAVE BEEN CARRIED TO THE GENERAL SUMMARY FOR USE AT HAN-15-22.46 R LOCATION AS DIRECTED BY THE ENGINEER AND THE STANDARD CONSTRUCTION DRAWINGS.

ITEM 614, WORK ZONE IMPACT ATTENUATOR, 24" WIDE HAZARDS, (UNIDIRECTIONAL) = 2 EACH
ITEM 622, PORTABLE BARRIER, UNANCHORED = 1,056 FT

WORK ZONE MARKINGS AND SIGNS

THE FOLLOWING ESTIMATED QUANTITIES HAVE BEEN CARRIED TO THE GENERAL SUMMARY FOR USE AT LOCATIONS IDENTIFIED BY THE ENGINEER FOR WORK ZONE PAVEMENT MARKINGS AND SIGNS PER THE REQUIREMENTS OF C&MS 614.04 AND 614.11.

ITEM 614, WORK ZONE EDGE LINE, CLASS I, 6", 873, TYPE I = 2.25 MILE

ITEM 614, WORK ZONE DOTTED LINE, CLASS I, 6", 873, TYPE I = 2,860 FT

REMOVAL OF PAVEMENT MARKINGS

AS PER C&MS SECTION 614.11.G., THE CONTRACTOR SHALL REMOVE AND COVER CONFLICTING PAVEMENT MARKINGS WITHIN THE WORK ZONES. THE CONTRACTOR SHALL COVER CONFLICTING MARKINGS PER C&MS 614.11.G.1.b. USING REMOVABLE BLACKOUT TAPE TO THE SATISFACTION OF THE PROJECT ENGINEER. PAYMENT TO REMOVE/ COVER CONFLICTING MARKINGS SHALL BE INCLUDED IN THE LUMP SUM CONTRACT PRICE FOR ITEM 614, MAINTAINING TRAFFIC.

DELINEATION OF PORTABLE AND PERMANENT BARRIER

BARRIER REFLECTORS AND OBJECT MARKERS SHALL BE INSTALLED ON ALL PORTABLE BARRIER (PB) USED FOR TRAFFIC CONTROL; AND, ON PERMANENT CONCRETE BARRIER (INCLUDING BRIDGE PARAPETS) LOCATED WITHIN 5 FEET OF THE EDGE OF THE ADJACENT TRAVEL LANE.

BARRIER REFLECTORS SHALL CONFORM TO C&MS 626, EXCEPT THAT THE SPACING SHALL BE AS PER TRAFFIC SCD MT-101.70. OBJECT MARKERS AND THEIR INSTALLATION SHALL CONFORM TO C&MS 614.03 AND SCD MT-101.70. WHEN THE PB CONTAINS GLARE SCREEN, ONE SET OF THREE VERTICAL STRIPES OF SHEETING SHALL BE CONSIDERED EQUIVALENT TO AN OBJECT MARKER, ONE-WAY.

INCREASED BARRIER DELINEATION, AS SPECIFIED HEREIN, SHALL BE INSTALLED ON ALL PB AND PERMANENT CONCRETE BARRIER LOCATED WITHIN 5 FEET OF THE EDGE OF THE TRAVELED LANE UNDER EITHER OF THE FOLLOWING CONDITIONS: ALONG TAPERS AND TRANSITION AREAS; OR ALONG CURVES (OUTSIDE ONLY) WITH DEGREE OF CURVATURE GREATER THAN OR EQUAL TO 3 DEGREES.

THE INCREASED BARRIER DELINEATION SHALL CONSIST OF EITHER DELINEATION PANELS OR THE TRIPLE STACKING OF WORK ZONE BARRIER REFLECTORS.

DELINIEATION PANELS SHALL CONSIST OF PANELS OF DELINIEATION, APPROXIMATELY 34 INCHES LONG AND 6 INCHES WIDE AND SHALL BE "CRIMPED." PANELS SHALL BE INSTALLED AND SPACED PER TRAFFIC SCD MT-101.70.

TRIPLE-STACKED BARRIER REFLECTORS SHALL CONSIST OF ALIGNING THREE BARRIER REFLECTORS VERTICALLY, AT LOCATIONS WHERE A SINGLE BARRIER REFLECTOR WOULD BE OTHERWISE ATTACHED. THERE SHALL BE NO OPEN SPACE BETWEEN THE ADJACENT BARRIER REFLECTORS. THE TRIPLE-STACKED BARRIER REFLECTORS SHALL CONFORM TO C&MS 626, EXCEPT THAT THEY SHALL BE SPACED AND ALIGNED PER TRAFFIC SCD MT-101.70.

THE FOLLOWING ESTIMATED QUANTITIES HAVE BEEN INCLUDED IN THE PLANS AND CARRIED TO THE GENERAL SUMMARY:

ITEM 614, BARRIER REFLECTOR, TYPE 1 (ONE-WAY) = 22 EACH

ITEM 614, OBJECT MARKER, ONE-WAY = 22 EACH

ITEM 614, INCREASED BARRIER DELINEATION = 200 FEET

PAYMENT SHALL BE FULL COMPENSATION FOR ALL MATERIAL, LABOR, INCIDENTALS AND EQUIPMENT NECESSARY FOR FURNISHING, INSTALLING, MAINTAINING AND REMOVING EACH OF THE ABOVE ITEMS.

ALONG RUNS OF INCREASED BARRIER DELINEATION WHERE THIS ITEM IS PROVIDED, THE QUANTITY SHALL BE MEASURED AS THE ENTIRE LENGTH OF THE RUN OF INCREASED BARRIER DELINEATION, INCLUDING THE SPACES BETWEEN THE INDIVIDUAL DELINEATION PANELS OR STACKS OF BARRIER REFLECTORS.

MAINTAINING TRAFFIC NEAR RUMBLE STRIPS

TRAFFIC IS NOT PERMITTED TO RUN ON OR CROSS OVER ANY RUMBLE STRIPS AT ANY TIME. RUMBLE STRIPS MUST BE FILLED WHEN THEY CONFLICT WITH THE MAINTENANCE OF TRAFFIC LANE CONFIGURATION. THIS INCLUDES LOCATIONS OF LANE SHIFTS ENTERING AND EXITING A WORK ZONE. THE RUMBLE STRIPS SHALL BE FILLED OR ELIMINATED BY PLANING AND PAVING TO PROVIDE A SMOOTH RIDE TO THE SATISFACTION OF THE PROJECT ENGINEER. ONCE TRAFFIC IS RETURNED TO ITS FINAL CONFIGURATION, RUMBLE STRIPS THAT WERE REMOVED SHALL BE RESTORED TO THE PRECONSTRUCTION CONDITION TO THE SATISFACTION OF THE PROJECT ENGINEER.

THE FOLLOWING ARE ESTIMATED LOCATIONS AND LENGTHS OF RUMBLE STRIP REMOVAL AND REPLACEMENT. THE ACTUAL LENGTHS MAY VARY.

LOCATION: HAN-15-22.46R; EB OUTSIDE SHOULDER = 2,860 FT
(AT WORK ZONE TAPERS. TRAFFIC CAN STRADDLE RUMBLE STRIPS IN BETWEEN TAPERS)

LOCATION: HAN-15-22.46R; EB INSIDE SHOULDER = 2,860 FT
(AT WORK ZONE TAPERS. TRAFFIC CAN STRADDLE RUMBLE STRIPS IN BETWEEN TAPERS)

THE FOLLOWING ESTIMATED QUANTITIES HAVE BEEN CARRIED TO THE GENERAL SUMMARY FOR USE AT LOCATIONS THAT MAY REQUIRE RUMBLE STRIP REMOVAL AND REPLACEMENT. THE ESTIMATED QUANTITIES ARE BASED ON AN AVERAGE WIDTH OF 3 FEET.

ITEM 254 - PAVEMENT PLANING, ASPHALT CONCRETE, 1 1/2" = 1,907 SY

ITEM 407 - NON-TRACKING TACK COAT = 153 GAL

ITEM 441 - ASPHALT CONCRETE SURFACE COURSE, TYPE 1, (449), PG64-22 (1 1/2") = 79 CY

ITEM 618 - RUMBLE STRIPS, SHOULDER (ASPHALT CONCRETE) = 5,720 FT

WINDOW CONTRACT TABLE (PN 129)				
DESCRIPTION OF CRITICAL WORK	CALENDAR DAYS TO COMPLETE	DISINCENTIVE \$ PER DAY	WORK WINDOW	
			START	END
SINGLE LANE CLOSURES FOR WORK ON HAN-15-22.46 R	60	\$7,000	COMPLETED CONTRACT	COMPLETION DATE



DESIGNER

CRS

REVIEWER

XXX MM-DD-YR

PROJECT ID

113342

SHEET

TOTAL

P.6

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OHIO DEPARTMENT OF
TRANSPORTATION

Asbestos Inspection Reporting Form

Date

County Route

Section PID

Requesting ODOT District Office

Regulating OEPA District Office and Address

Date of the Asbestos Inspection

Name and Address of the company conducting the asbestos inspection

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



OHIO DEPARTMENT OF
TRANSPORTATION

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

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 #



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.



Appendix A:
Bridge Asbestos Inspection Location Photos

Appendix B: Laboratory Analytical Report



The Identification Specialists

Analysis Report
prepared for
Allied Environmental Services, Inc.

Report Date: 12/15/2025

Project Name: ODOT Bridge Maintenance

Project #: 116743, 113342

SanAir ID#: 25083406



NVLAP LAB CODE 600227-0

11709 Chesterdale Road, Cincinnati, Ohio 45246
888.895.1177 | 513.438.6066 | LabReports@SanAir.com | SanAir.com



SanAir ID Number

25083406

FINAL REPORT

12/15/2025 12:46:03 PM

Name: Allied Environmental Services, Inc.
Address: 585 Liberty Commons Parkway
Lima, OH 45804
Phone: 419-227-4004

Project Number: 116743, 113342
P.O. Number:
Project Name: ODOT Bridge Maintenance
Collected Date: 11/19/2025
Received Date: 12/15/2025 9:45:00 AM

Dear Matt Stapleton,

We at SanAir would like to thank you for the work you recently submitted. The 2 sample(s) were received on Monday, December 15, 2025 via FedEx. The final report(s) is enclosed for the following sample(s): 1-A, 1-A-1.

These results only pertain to this job and should not be used in the interpretation of any other job. This report is only complete in its entirety. Refer to the listing below of the pages included in a complete final report.

Sincerely,

A handwritten signature in black ink that reads "Maureen Y. Haley".

Maureen Y. Haley
Asbestos Laboratory Manager
SanAir Technologies Laboratory

Final Report Includes:

- Cover Letter
- Analysis Pages
- Disclaimers and Additional Information

Sample conditions:

- 2 samples in Good condition.



SanAir ID Number

25083406

FINAL REPORT

12/15/2025 12:46:03 PM

Name: Allied Environmental Services, Inc.
Address: 585 Liberty Commons Parkway
Lima, OH 45804
Phone: 419-227-4004

Project Number: 116743, 113342**P.O. Number:****Project Name:** ODOT Bridge Maintenance**Collected Date:** 11/19/2025**Received Date:** 12/15/2025 9:45:00 AM

Analyst: Hedge, Emily

Asbestos Bulk PLM EPA 600/R-93/116

SanAir ID / Description	Stereoscopic	Components		Asbestos Fibers
	Appearance	% Fibrous	% Non-fibrous	
1-A / 25083406-001 Back Wall + Bridge Slab	Grey Non-Fibrous Homogeneous		85% Other	15% Chrysotile
1-A-1 / 25083406-002 Back Wall + Bridge Slab	Grey Non-Fibrous Homogeneous		85% Other	15% Chrysotile

Analyst:

Approved Signatory:

Analysis Date: 12/15/2025

Date: 12/15/2025

Disclaimer and Additional Information

This report is the sole property of the client named on the SanAir Technologies Laboratory, Inc. (SanAir) chain-of-custody (COC). Results in the report are confidential information intended only for the use by the client named on the COC. Neither results nor reports will be discussed with or released to any third party without our client's written permission to maintain client confidentiality. The final report cannot be reproduced, except in full, without written authorization from SanAir to assure that parts of the report are not taken out of context. This report and any information contained within shall not be edited, altered, or modified in any way by any persons or agencies receiving, viewing, distributing, or otherwise possessing a copy of this final report. The laboratory reserves the right to perform amendments to any finalized report, of which shall supersede and make obsolete any previous editions. Such changes, modifications, additions, or deletions shall be effective immediately upon notice thereof, which may be given by means including, but not limited to, posting on the SanAir client portal website, electronic or conventional mail, or by any other means. The information provided in this report applies only to the samples submitted in the condition they were received at the laboratory and is relevant only for the date, time, and location of sampling. Samples were received in good condition unless otherwise noted on the report. The accuracy of the results is dependent upon the client's sampling procedure and information provided to the laboratory by the client on the COC, which includes the project name, project number, P.O. number, sample collection dates, special instructions, samples collected by, sample numbers, sample identifications/location, sample type, selected analysis type, and total area or volume that may affect the validity of the results. SanAir assumes no responsibility for the sampling procedure and will provide evaluation reports based solely on the sample and information provided by the client. SanAir assumes no responsibility or liability for the manner in which results are used or interpreted. This report does not constitute and shall not be used to claim product, process, system, or person certification, approval, or endorsement by NVLAP, NIST, NELAC, AIHA LAP, LLC or any other agency of the U.S. government; all or some tests contained in this report may not be accredited by every local, state, and federal regulatory agency. Refer to the SanAir website at www.sanair.com for copies of current certificates and scopes of various accreditations, certifications, and licenses or contact the laboratory at iaq@sanair.com for inquiries regarding the status or scope of an accreditation or certification.

Fibers smaller than 5-microns cannot be seen with this method due to scope limitations. Polarized- light microscopy is not consistently reliable in detecting asbestos in floor covering and similar non-friable organically bound materials. Quantitative transmission electron microscopy is currently the only method that can be used to determine if this material can be considered or treated as non-asbestos containing. Samples are held for a period of 60 days.

Asbestos Accreditations, Certifications, and Licenses

National Voluntary Laboratory Accreditation Program (NVLAP) Lab Code 600227-0

State of Connecticut Department of Public Health Registration Number: PH-0817

State of Rhode Island Department of Health, Certification Number: PLM00144, TEM00144

State of West Virginia Bureau for Public Health, Analytical Laboratory Number: LT000637

Texas Department of State Health Services License Number: 300510

25083406

From: Steve Carr <steve@Alliedesi.com>
Sent: Monday, December 15, 2025 9:31 AM
To: Support <support@sanair.com>; Constance Stimmel <connie@Alliedesi.com>
Cc: AsbestosVA <AsbestosVA@sanair.com>; AsbestosOH <AsbestosOH@sanair.com>; Sales <Sales@sanair.com>
Subject: RE: [Reply Needed] 113342 - Lab Confirmation

EXTERNAL EMAIL: DO NOT
CLICK on links or attachments
unless you recognize the sender
and know the content is safe.

Please proceed with the analysis. The customer used the wrong CoC, but we've since corrected that. Regular 24-hour T/A is fine.

Thanks,

Steven D. Carr | CEO

Allied Environmental Services, Inc. | 585 Liberty Commons Parkway Lima, OH 45804
T: 419-227-4004 | F: 419-229-4106 | Cell: 419-302-3247 | www.alliedesi.com
ISN #400-116603 |

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From: Support <support@sanair.com>
Sent: Monday, December 15, 2025 9:24 AM
To: Steve Carr <steve@Alliedesi.com>; Constance Stimmel <connie@Alliedesi.com>; Rolland Dunifon <rolland@Alliedesi.com>; Matthew Stapleton <stapleton@Alliedesi.com>; Trent Stucky <Trent@Alliedesi.com>; Tyler Beemer <tyler@Alliedesi.com>
Cc: AsbestosVA <AsbestosVA@sanair.com>; AsbestosOH <AsbestosOH@sanair.com>; Sales <Sales@sanair.com>
Subject: Re: [Reply Needed] 113342 - Lab Confirmation
Importance: High

[EXTERNAL EMAIL WARNING]

Good Morning,

I am looking to follow up on the asbestos project mentioned below (please see email below). Please advise as needed.

Please let me know if you have any questions.

Let us know how we are doing! [Click Here](#) for comments, complaints, and compliments.

Respectfully,

Cecelia Toler
Customer Service Representative
SanAir Technologies Laboratory, Inc.
10501 Trade Court
N. Chesterfield, VA 23236
Phone 804-897-1177 Ext 208
Fax 804-897-0070

RMB DEC 15 2025 9:45am

25083406

www.SanAir.com

The Identification Specialists

Asbestos, Lead & Metals, Microbiology, Legionella, Materials Science Testing



2018, 2019, 2020, and 2021 Winner of Top work places in Richmond

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From: Support <support@sanair.com>

Sent: Monday, December 8, 2025 12:35 PM

To: Steve Carr <steve@alliedesi.com>; Connie Stimmel <connie@alliedesi.com>; Rollo Dunifon

<rolland@alliedesi.com>; Matt Stapleton

<stapleton@alliedesi.com>; trent@alliedesi.com <trent@alliedesi.com>; Tyler Beemer
<tyler@alliedesi.com>

Cc: AsbestosVA <AsbestosVA@sanair.com>; AsbestosOH <AsbestosOH@sanair.com>; Sales
<Sales@sanair.com>

Subject: [Reply Needed] 113342 - Lab Confirmation

Project Number: 113342

Good Afternoon,

The Ohio lab received samples this morning for project number 113342, however, the chain of custody is for DMD Environmental, Inc (please see attached). Please advise if SanAir is to proceed with analysis, and if so, the turnaround time you are looking for.

Please let me know if you have any questions.

Respectfully,

Cecelia Toler
Customer Service Representative
SanAir Technologies Laboratory, Inc.
10501 Trade Court
N. Chesterfield, VA 23236
Phone 804-897-1177 Ext 208
Fax 804-897-0070
www.SanAir.com

72 MB

DEC 15 2025 9:45 am

Page 6 of 8

Paige Dunn *Paige.Dunn@dot.ohio.gov*

CHAIN OF CUSTODY

Page ____ of ____

Project No.:	116743			Project Manager and Phone No.:			Clark Schlatter 419-999-6856			Analysis	
Client:	ODOT			Sampler's Name:			JASON A KERMAN				
Project:	Bridge Maintenance			Sampler's Signature:			<i>Jason Kerman</i>				
Item No.	Sample ID	Date Sampled	Sample Location	PLM	PCM						
1	1-A	11/19/25	Beck wall & Bridge slab	All							
2											
3											
4											
5											
6											
7											
8											
9											
10											
Relinquished by:	Date	Time	Received by:	Date	Time	Relinquished by:	Date	Time	Received by:	Date	Time
<i>Paige Dunn</i>	11/19/25	3:20	<i>Paige Dunn</i>	11/19/25	3:20pm						
Relinquished by:	Date	Time	Received by:	Date	Time	Relinquished by:	Date	Time	Received by:	Date	Time
<i>Paige Dunn</i>											

25083406

An employee owned company

324 West Laskey Road, Toledo, Ohio 43623-4032
1311 N. Ohio Department of Transportation
1485 N McCullough St., Lima, OH 45838
1485 N McCullough St., Lima, OH 45838

DMDEnv@att.net

Paige Dunn Paige.Dunn@dot.ohio.gov

CHAIN OF CUSTODY

Page ____ of ____

Project No.:	113342			Project Manager and Phone No.:	Clark Schlatter 419-999-6856			Analysis
Client:	ODOT			Sampler's Name:	Jason Averman			
Project:	Bridge Maintenance			Sampler's Signature:	Jason Averman			
Item No.	Sample ID	Date Sampled		Sample Location	PLM	PCM		
1	1-A-1	11/19/25	Back wall & Bridge slab	All				
2								
3								
4								
5								
6								
7								
8								
9								
10								
Relinquished by:	Date	Time	Received by:	Date	Time	Relinquished by:	Date	Time
	11/19/25	3:30pm	Paige Dunn	11/19/25	3:30pm			
Relinquished by:	Date	Time	Received by:	Date	Time	Relinquished by:	Date	Time

Appendix C:
OEPA Notification of Demolition and Renovation Form

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

<input 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:
<input type="checkbox"/> NESHAP Residential Exemption						

2) Owner, Asbestos Abatement Contractor, Billing and Fire Department InformationRevised?

Owner		
Name:		Is this a company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		Contact Person:
City:	State:	Zip: -
Email:	Phone: () -	Fax: () -
Asbestos Abatement Contractor (if applicable)		
Name:		License #: AC
Address:		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 ProcedureRevised?

Evaluation Specialist:	Certification #: ES	Expiration Date: / /
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 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):	

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: : a.m. 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:	



ASBESTOS INSPECTION REPORTING TEMPLATE | OCTOBER 2022

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 #:

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?

Demolition Renovation/Abatement – Type: Removal Repair Encapsulation Enclosure

C. Asbestos Present (check one)

Revised?

Yes No No, previously abated Year Abated:

D. Approximate Amount of Asbestos-Containing Materials (complete table below and Section 1 #6 if asbestos is present)

Revised?

RACM	Material to be Removed			Material NOT to be Removed	
	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: / /

