



OHIO DEPARTMENT OF TRANSPORTATION

Asbestos Inspection Reporting Form

Date **June 23, 2023**

County **Mahoning**

Route **I-680**

Section **0794**

PID **103883**

SFN: 5007380

Requesting ODOT District Office **04**

Regulating OEPA District Office and Address
**2088 Arlington Road
Akron, OH 44306
(330) 786-3100**

Date of the Asbestos Inspection **June 14, 2023**

Name and Address of the company conducting the asbestos inspection

**EMH&T
5500 New Albany Road, Columbus, Ohio 43054**

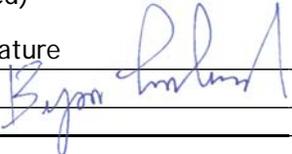
Name, signature and asbestos hazard evaluation number of the person writing the report

Bryan Lombard Certification Number: ES35323

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

**White Paint (A-01 - A-05)
Blue Paint (B-01 - B-03)
Caulk (C-01 - C-03)
Padding (D-01 - D-03)**

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 #
Bryan Lombard		ES35323

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.

Laboratory Analytical Report



EMSL Analytical, Inc.

3410 Winnetka Avenue North New Hope, MN 55427

Tel/Fax: (763) 449-4922 / (763) 449-4924

<http://www.EMSL.com> / minneapolislab@emsl.com

EMSL Order: 352305379

Customer ID: EMHT29

Customer PO:

Project ID:

Attention: Bryan Lombard
EMH&T
5500 New Albany Road
Columbus, OH 43054

Phone: (614) 775-4517

Fax:

Received Date: 06/16/2023 10:15 AM

Analysis Date: 06/22/2023

Collected Date:

Project: MAH 680-0794 2021-1202

Test Report: Asbestos Analysis of Bulk Materials via AHERA Method 40CFR 763 Subpart E Appendix E supplemented with EPA 600/R-93/116 using Polarized Light Microscopy

Sample	Description	Appearance	Non-Asbestos		Asbestos
			% Fibrous	% Non-Fibrous	% Type
A-01 352305379-0001	Concrete Walls/Abutment/White Paint	Gray/White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
A-02 352305379-0002	Concrete Walls/Abutment/White Paint	Gray/White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
A-03 352305379-0003	Concrete Walls/Abutment/White Paint	Gray/White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
A-04 352305379-0004	Concrete Walls/Abutment/White Paint	Gray/White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
A-05 352305379-0005	Concrete Walls/Abutment/White Paint	Gray/White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
B-01 352305379-0006	Steel Support/Blue Paint	Brown/Rust Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
B-02 352305379-0007	Steel Support/Blue Paint	Brown/Rust Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
B-03 352305379-0008	Steel Support/Blue Paint	Brown/Rust Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
B-04 352305379-0009	Steel Support/Blue Paint	Brown Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
B-05 352305379-0010	Steel Support/Blue Paint	Brown/Rust Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
C-01 352305379-0011	Concrete Wall/Caulk	Gray Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
C-02 352305379-0012	Concrete Wall/Caulk	Gray Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
C-03 352305379-0013	Concrete Wall/Caulk	Gray Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
D-01 352305379-0014	Concrete Support Beam/Padding	Black Fibrous Homogeneous	80% Cellulose	20% Non-fibrous (Other)	None Detected
D-02 352305379-0015	Concrete Support Beam/Padding	Black Fibrous Homogeneous	80% Cellulose	20% Non-fibrous (Other)	None Detected
D-03 352305379-0016	Concrete Support Beam/Padding	Black Fibrous Homogeneous	80% Cellulose	20% Non-fibrous (Other)	None Detected

Initial report from: 06/22/2023 18:07:45



EMSL Analytical, Inc.

3410 Winnetka Avenue North New Hope, MN 55427

Tel/Fax: (763) 449-4922 / (763) 449-4924

<http://www.EMSL.com> / minneapolislab@emsl.com

EMSL Order: 352305379

Customer ID: EMHT29

Customer PO:

Project ID:

Analyst(s)

Andrew Capaul (16)

Rachel Travis, Laboratory Manager
or Other Approved Signatory

EMSL maintains liability limited to cost of analysis. Interpretation and use of test results are the responsibility of the client. This report relates only to the samples reported above, and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities or analytical method limitations. The report reflects the samples as received. Results are generated from the field sampling data (sampling volumes and areas, locations, etc.) provided by the client on the Chain of Custody. Samples are within quality control criteria and met method specifications unless otherwise noted. The above analyses were performed in general compliance with Appendix E to Subpart E of 40 CFR (previously EPA 600/M4-82-020 "Interim Method") but augmented with procedures outlined in the 1993 ("final") version of the method. This report must not be used by the client to claim product certification, approval, or endorsement by NVLAP, NIST or any agency of the federal government. Non-friable organically bound materials present a problem matrix and therefore EMSL recommends gravimetric reduction prior to analysis. Unless requested by the client, building materials manufactured with multiple layers (i.e. linoleum, wallboard, etc.) are reported as a single sample. Estimation of uncertainty is available on request.

Samples analyzed by EMSL Analytical, Inc. New Hope, MN NVLAP Lab Code 200019-0; Colorado AL-24478

Initial report from: 06/22/2023 18:07:45



EMSL Order Number / Lab Use Only

352305379

PHONE: (800) 220-3675

EMAIL: ConnAshlab@EMSL.com

EMSL ANALYTICAL, INC.
TESTING LABS • PRODUCTS • TRAINING

If Bill-To is the same as Report-To leave this section blank. Third-party billing requires written authorization

Customer Information		Billing Information	
Customer ID:		Billing ID:	
Company Name: EMH+T		Company Name: SAME	
Contact Name: Bryan Lombard		Billing Contact:	
Street Address: 5500 NEW ALBANY ROAD		Street Address:	
City, State, Zip: Columbus, OH 43054	Country: U.S.	City, State, Zip:	Country:
Phone: 614-775-4517		Phone:	
Email(s) for Report: blombard@emht.com		Email(s) for Invoice: accounts payable@emht.com	

Project Information		Purchase Order:
Project Name/No: MAH680-0794	2021-1202	
EMSL LIMS Project ID: (if applicable, EMSL will provide)	US State where samples collected:	State of Connecticut (CT) must select project location: <input type="checkbox"/> Commercial (Taxable) <input type="checkbox"/> Residential (Non-Taxable)
Sampled By Name: Bryan Lombard	Sampled By Signature: <i>Bryan Lombard</i>	No. of Samples in Shipment:

Turn-Around-Time (TAT)

3 Hour 4-4.5 Hour AHERA ONLY 6 Hour 24 Hour 32 Hour 48 Hour 72 Hour 96 Hour 1 Week 2 Week

TEM Air 3-6 Hour, please call ahead to schedule. 32 Hour TAT available for select tests only; samples must be submitted by 11:30 am.

Test Selection

PCM Air

NIOSH 7400
 NIOSH 7400 w/ 8hr. TWA

PLM - Bulk (reporting limit)

PLM EPA 600/R-93/116 (<1%)
 PLM EPA NOB (<1%)
 POINT COUNT
 400 (<0.25%) 1,000 (<0.1%)
POINT COUNT w/ GRAVIMETRIC
 400 (<0.25%) 1,000 (<0.1%)
 NIOSH 9002 (<1%)
 NYS 198.1 (Friable - NY)
 NYS 198.6 NOB (Non-Friable - NY)
 NYS 198.8 (Vermiculite SM-V)

TEM - Air

AHERA 40 CFR, Part 763
 NIOSH 7402
 EPA Level II
 ISO 10312*

TEM - Bulk

TEM EPA NOB
 NYS NOB 198.4 (Non-Friable-NY)
 TEM EPA 600/R-93/116 w Milling Prep (0.1%)

TEM - Settled Dust

Microvac - ASTM D5755
 Wipe - ASTM D6480
 Qualitative via Filtration Prep
 Qualitative via Drop Mount Prep

Soil - Rock - Vermiculite (reporting limit)*

PLM EPA 600/R-93/116 with milling prep (<0.25%)
 PLM EPA 600/R-93/116 with milling prep (<0.1%)
 TEM EPA 600/R-93/116 with milling prep (<0.1%)
 TEM Qualitative via Filtration Prep
 TEM Qualitative via Drop Mount Prep

Other Test (please specify)

*Please call with your project-specific requirements.

Positive Stop - Clearly Identified Homogeneous Areas (HA) Filter Pore Size (Air Samples) 0.8um 0.45um

Sample Number	Sample Location / Description	Volume, Area or Homogeneous Area	Date / Time Sampled (Air Monitoring Only)
A-01	concrete walls/abatement/white PAINT		
A-02			
A-03			
A-04			
A-05			
B-01		steel support / blue PAINT	
B-02			
B-03			

Special Instructions and/or Regulatory Requirements (Sample Specifications, Processing Methods, Limits of Detection, etc.)

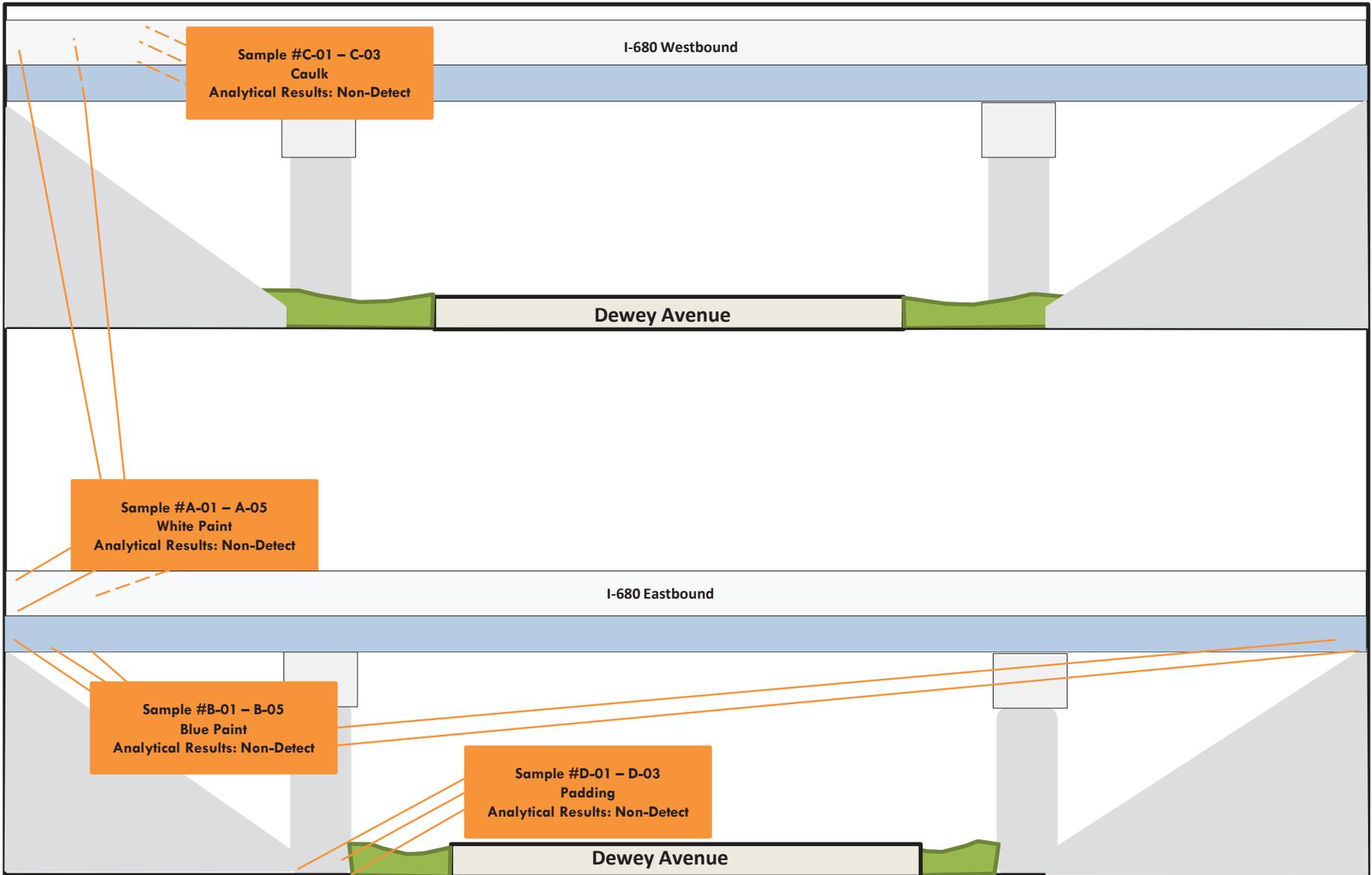
UPS: 1A7X241413 32866528

Method of Shipment:	Sample Condition Upon Receipt:
Relinquished by: <i>Bryan Lombard</i>	Received by: <i>[Signature]</i>
Date/Time: 6-15-23 7:22	Date/Time: 6-16-23 10:15
Relinquished by:	Received by:
Date/Time:	Date/Time:

Controlled Document - COC-05 Asbestos R18 10/28/2021 AGREE TO ELECTRONIC SIGNATURE (By checking, I consent to signing this Chain of Custody document by electronic signature)

EMSL Analytical, Inc.'s Laboratory Terms and Conditions are incorporated into this Chain of Custody by reference in their entirety. Submission of samples to EMSL Analytical, Inc. constitutes acceptance and acknowledgment of all terms and conditions by Customer.

Bridge Asbestos Inspection Sample Diagram



Engineers • Surveyors • Planners • Scientists
 5500 New Albany Road, Columbus, OH 43054
 Phone: 614.775.4500 Toll Free: 888.775.3648

emht.com

CITY OF YOUNGSTOWN, MAHONING COUNTY, OHIO

**MAH-680-0794 (Structure File No. 5007380) (PID 103883)
 Bridge Asbestos Inspection Sample Diagram**



Ohio Notification of Demolition and Renovation Form



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.

Ohio EPA Use Only	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: Mahoning
<input type="checkbox"/> NESHAP Residential Exemption						

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

Revised?

Owner			
Name: ODOT District 4			Is this a company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address: 2088 S. Arlington Road		Contact Person: Mark Andrasik	
City: Akron	State: OH	Zip: 44306 -	
Email: mark.andrasik@dot.ohio.gov	Phone: (330) 786 - 4812	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: Bryan Lombard	Certification #: ES 35323	Expiration Date: 5 / 24 / 24
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 checked="" type="checkbox"/> Stop work and keep wet	<input checked="" type="checkbox"/> Evacuate area	<input checked="" type="checkbox"/> Demarcate area	<input checked="" type="checkbox"/> Contact licensed abatement contractor
<input checked="" 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 checked="" type="checkbox"/> Other (Explain): Expansion Joint and backwall replacement Description of affected facility components (include attachment if necessary): no affected components
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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

(Revised 4/19)

Page 1 of _____

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:	

(Revised 4/19)

Page 2 of _____



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): MAH-680-0794 (PID 103883)		Site Location (specific): 41.077918; -80.630276	
Address: MAH-680-0794 Bridge over Dewey Avenue, Structure File No. 5007380			
City: Youngstown		State: OH	Zip: 44502 -
Building Size (square feet): 22,264		No. of Floors: 1	Age: 50
Present Use: Traffic Bridge		Prior Use:	

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

<input 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: / /