

SPECIAL PROVISIONS

ASBESTOS REPORT

FOR

WOO-75-29.93
PID 119007

DATE: 3-30-2023

OEPA DEMO RENO FORM SUBMITAL REQUIRED



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

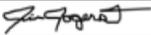
Name and Address of the company conducting the asbestos inspection

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



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 #
Jim Jogerst		ES36258

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.



OHIO DEPARTMENT OF TRANSPORTATION
Mike DeWine, Governor Jack Marchbanks, Ph.D., Director

District 2
317 East Poe Rd., Bowling Green, OH 43402-1330
419-353-8131
transportation.ohio.gov

March 30, 2023

Re: Asbestos Survey of WOO-75-29.93 for PID: 119007

On March 20, 2023, an asbestos survey was conducted on the Lime City Road bridge over I-75 in Wood County. The purpose of this survey was to determine the presence of asbestos-containing materials located in/on the structure prior to repair.

The survey consisted of an inspection of all accessible areas on top of and below the structure to confirm the presence, location and quantities of suspected asbestos-containing materials. Bulk samples were collected from materials that could potentially be impacted in the repair of the following structure:

CRS: WOO-75-29.93 for PID: 119007 SFN: 8704716

After collection, the bulk samples that were submitted to DMD Environmental, Inc. for analysis by Polarized Light Microscopy to determine asbestos type and content, if any.

Laboratory analysis indicate that no asbestos containing materials were identified on the following structure; therefore, no further asbestos investigations are recommended by the inspector.

Respectfully,

A handwritten signature in black ink, appearing to read "Jim Jogerst".

Jim Jogerst
District 2 Bridge Specialist
Asbestos Hazard Evaluation Specialist

Attachments:

Attachment A: Laboratory results for the bulk samples collected

Attachment B: Ohio Department of Health certification for Jim Jogerst, Asbestos Hazard Evaluation Specialist

Attachment C: Ohio Environmental Protection Agency Notification of Demolition and Renovation

ANALYTICAL REPORT - POLARIZED LIGHT MICROSCOPY (PLM)

CLIENT:	Ms. Phoenix Golnick Ohio Department of Transportation District 2 317 East Poe Road Bowling Green, Ohio 43402 419-373-4329 phoenix.golnick@dot.ohio.gov	Date Sampled: 3/20/23 Date Received: 3/30/23 Date Analyzed: 3/30/23	DMD Project No: 23-0016.02 DMD Report No: 45739 Sampled By: Jim Jogerst
PROJECT:	WOO-75-29.93 Project No.: PID 119007		

LAB NO.	SAMPLE #/LAYER	SAMPLE LOCATION/IDENTIFICATION	F/NF	MICROSCOPIC DESCRIPTION	NON-ASBESTOS COMPONENTS	ASBESTOS CONTENT
B-69770	A-1	Deck concrete lt rear	NF-II	Gray granular material	<1% cellulose, carbonates, quartz	No asbestos detected
B-69771	A-2	Deck concrete rt fwd	NF-II	Gray granular material	<1% cellulose, carbonates, quartz	No asbestos detected
B-69772	B-1	Abutment concrete lt rear	NF-II	Gray granular material	<1% cellulose, carbonates, quartz	No asbestos detected
B-69773	B-2	Abutment concrete rt fwd	NF-II	Gray granular material	1% cellulose, carbonates, quartz	No asbestos detected
B-69774	C-1	Parapet concrete lt rear	NF-II	Gray granular material	Carbonates, quartz	No asbestos detected
B-69775	C-2	Parapet concrete rt fwd	NF-II	Gray granular material	Carbonates, quartz	No asbestos detected
B-69776	D-1	Approach slab concrete lt rear	NF-II	Gray granular material	Carbonates, quartz	No asbestos detected
B-69777	D-2	Approach slab concrete rt fwd P1-C3	NF-II	Gray granular material	Carbonates, quartz	No asbestos detected
B-69778	E-1	Column concrete lt rear P3-C2	NF-II	Gray granular material	Carbonates, quartz	No asbestos detected
B-69779	E-2	Column concrete rt fwd	NF-II	Gray granular material	Carbonates, quartz	No asbestos detected
B-69780	F-1	Sealant @ metal fence base lt rear	NF-II	Gray sealant	Carbonates, quartz, vinyl, organics	No asbestos detected
B-69781	F-2	Sealant @ metal fence base rt fwd	NF-II	Gray sealant	Carbonates, quartz, vinyl, organics	No asbestos detected

* = Point counted

F: Friable NF: Non-friable NF-I: Non-friable Category I NF-II: Non-friable Category II

ANALYTICAL METHOD: EPA Method 600/R-93/116 ANALYST: Edward Rinckey ANALYST CERTIFICATION: McCrone Institute, "Microscopical Identification of Asbestos and Related Minerals"

LABORATORY QUALITY ASSURANCE: DMD is a participant in the American Industrial Hygiene Association "Bulk Asbestos Quality Assurance Program".

STATEMENT OF ANALYTICAL ERROR IN PLM: Estimates of percentages below the detection limit or greater than 10% asbestos content are based upon visual area estimation by the analyst for the area examined. Percentages above the detection limit and up to 10% are confirmed by point counting. Results may be stated in ranges which reflect the inherent variability of area estimation and the point count technique.

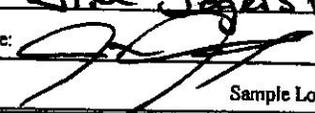
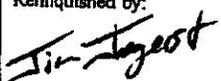
NON-FRIABLE MATERIALS: We recommend non-friable materials such as floor tile and linoleum that contain less than one percent asbestos by PLM be confirmed by transmission electron microscopy (TEM).

Total asbestos estimates are based upon the relative quantities of each layer submitted, which may not reflect actual relative quantities.

Analysis Approved by: 
Analyst

016.2 45739

CHAIN OF CUSTODY

Project No.: PID 119007			Project Manager and Phone No.:				Analysis								
Client: ODOT			Sampler's Name: Jim Jagerst				PLM	PCM							
Project: W00-75-29.93			Sampler's Signature: 												
Item No.	Sample ID	Date Sampled	Sample Location												
1	A-1	3-20-23	Deck Concrete Lt Rear				✓	69	70						
2	A-2	↓	" " RT Fwd				✓		1						
3	B-1		Abutment Concrete Lt Rear				✓		2						
4	B-2		" " RT Fwd				✓		3						
5	C-1		Parapet Concrete Lt Rear				✓		4						
6	C-2		" " RT Fwd				✓		5						
7	D-1		Approach Slab Concrete Lt Rear				✓		6						
8	D-2		" " " RT Fwd - P1-C3				✓		7						
9	E-1		Column Concrete Lt Rear P3-C2				✓		8						
10	E-2		" " RT Fwd				✓		9						
Relinquished by:			Date	Time	Received by:		Date	Time	Relinquished by:		Date	Time	Received by:		Date
		3-20-23	2:00pm			3-20-2023									
Relinquished by:		Date	Time	Received by:		Date	Time	Relinquished by:		Date	Time	Received by:		Date	Time



Mike DeWine, Governor
Jon Husted, Lt. Governor
Anne M. Vogel, Director

6/8/2023

Jim Jogerst
1400 County Rd 5
Delta, OH 43515

RE: Evaluation Specialist
Certification Number: ES36258
Expiration Date: 6/8/2024

Dear Jim Jogerst:

This letter and enclosed certification card approves your request to be certified as an asbestos Evaluation Specialist. You must present your card upon request at any project site while performing duties. Copies of cards are not acceptable as proof of certification.

This certification may be revoked by the Director of the Ohio Environmental Protection Agency (EPA) for violation of any of the requirements of 3745-22 or 3745-20 of the Ohio Administrative Code.

If you have any questions, please contact the Asbestos Program at 614-644-0226 or by email at asbestoslicensing@epa.ohio.gov.

Sincerely,

Brandon M. Schwendeman

Brandon Schwendeman
Manager, Business Operations Support Section
Ohio EPA - Division of Air Pollution Control

State of Ohio
Environmental Protection Agency
Asbestos Program

Asbestos Hazard Evaluation Specialist

Jim E
Jogerst



1400 County Rd 5
Delta OH 43515

Certification Number	Expiration Date	DOB: 2/8/68
ES36258	6/8/24	Card not Valid if Altered



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: WOOD
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2) Owner, Asbestos Abatement Contractor, Billing and Fire Department Information Revised?

Owner			
Name: The Ohio Dept. of Transportation			Is this a company? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address: 317 E. Poe Rd		Contact Person: Phoenix Golnick	
City: Bowling Green	State: OH	Zip: 43402 -	
Email: phoenix.golnick@dot.ohio.gov	Phone: (419) 353 - 8131	Fax: () -	
Asbestos Abatement Contractor (if applicable)			
Name:	License #: AC	Expiration Date: / /	
Address:		Contact Person:	
City:	State:	Zip: -	
Email:	Phone: () -	Fax: () -	
Billing Contact			
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: Jim Jogerst	Certification #: ES 36258	Expiration Date: 6 / 8 / 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 checked="" 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

(Revised 02/18)

Page 1 of 3

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:	



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): WOO-75-29.93 (119007)		Site Location (specific): Lime City Rd over I-75	
Address: 41.582008, -83.567465			
City:	State: OH	Zip: -	
Building Size (square feet):	No. of Floors:	Age:	
Present Use: bridge		Prior Use: bridge	

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)	0	0	0	0	0
Surface area on other facility components (ft ²)	0	0	0	0	0
Volume if length or area cannot be measured (ft ³)	0				

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 1) 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?

Hold Begin Date: / /	Work Resume Date: / /
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