

CUY-90-14.90

PID 77332/85531

APPENDIX EC-09

OEPA Notice of Demolition and Renovation (Contract Document)

State of Ohio
Department of Transportation
Jolene M. Molitoris, Director

Innerbelt Bridge
Construction Contract Group 1 (CCG1)

Revision Date: October 30, 2009

	unty: Cuyahoga Age in Years: 40 novation							
Building Name: CUY-90-1490L I-90 West Bound Bridge over Starkweather Avenue (SFN 1809342) Address: CUY-90-1490L I-90 West Bound Bridge over Starkweather Avenue City: Independence State: OHIO Zip Code: Cot Site Location (specific): CUY-90-1490L I-90 West Bound Bridge over Starkweather Avenue Building Size (square feet): NA # of Floors: NA Present Use: Bridge Prior Use: Bridge III. Type of Operation (check one): Demo Ordered Demo Renovation Emergency Ren IV. Is Asbestos Present? (check one): Yes No V. Facility Information Owner Name: Ohio Department of Transportation Address: 5500 Transportation Boulevard City: Garfield Heights State: Ohio Zip Cot Contact: Mr. Mark Alan Carpenter Telephone: 216-584-2089 Fax: Removal Contractor Name: License # Address: City: State: Zip Cot Contact: Telephone: Fax: State: Zip Cot Contact: Telephone: Fax: State: State: State: Zip Cot Contact: Telephone: Fax: State:	unty: Cuyahoga Age in Years: 40 novation							
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IV. Is Asbestos Present? (check one): ☑ Yes ☐ No V. Facility Information Owner Name: Ohio Department of Transportation Address: 5500 Transportation Boulevard	ode: 44125							
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V. Facility Information Owner Name: Ohio Department of Transportation Address: 5500 Transportation Boulevard City: Garfield Heights State: Ohio Zip Code Contact: Mr. Mark Alan Carpenter Telephone: 216-584-2089 Fax: Removal Contractor Name: License # Address: State: Zip Code City: State: Telephone: Contact: Telephone: Fax:	Available and a							
Address: 5500 Transportation Boulevard City: Garfield Heights State: Ohio Zip Contact: Onio Zip Contact: Ohio Year: Ohio								
City: Garfield Heights State: Ohio Zip Contact: Onio Zip Contact: Ohio	Available and a							
Contact: Mr. Mark Alan Carpenter Telephone: 216-584-2089 Fax:								
Removal Contractor Name:								
Address:								
City:	de:							
Contact:	de:							
Contact:								
Other Operator (demolition/general): License #	Contact: Fax:							
Other Operator (demolition/general): License #								
Address:								
City: State: Zip Coo	de:							
Contact: Telephone: Fax:								
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the and Category I and Category II nonfriable ACM: NESHAP Inspection Procedure	ie quantity of RACM							
Ohio Asbestos Hazard Evaluation Specialist: Matthew Fergus 33228								
Name Certification	#							
VII. Approximate Amount of Asbestos Materials:								
	friable Asbestos Material NOT to be Removed							
RACM to Be Removed Category I Category II Cat	tegory I Category II							
Pipes (linear feet) 126								
Surface Area (square feet) 97								
Facility Components (cubic feet)								
VIII. Scheduled Dates Demolition or Renovation: Start: Complete:								
IX. Dates for Asbestos Removal (MM/DD/YY) Start: Complete:								
	Saturday Sunday							
Hours of Operation:								
Complete all unshaded spaces, except, demolitions which involve less than 260 linear feet, 160 square feet or 35 cubic								

X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:						
XI.	Description of work practices and engineering controls removal and waste handling emission control procedure		the requirements, including asbestos				
XII.	. Waste Transporter #1						
١., إ	Name:	<u></u>					
	Address:	***	7				
	City:	State:	Zip code:				
	City: Telep	phone:	Fax:				
	Waste Transporter #2 Name:						
	City:	State:	Zip code:				
	Contact Person: Telep	onone:	rax:				
XIII	I.Waste Disposal Name:						
	Address:						
	City:	State:	Zip code: Fax:				
X71X7	Contact Person: Telep	onone:	Fax:				
XIV.	Emergency Demolition : (complete Item XIV and all other 1. Attach a copy of the Order to this notice.	sections, only if this project	it is an Emergency Demolition)				
	Name of the Authority Issuing Order:		Title:				
	3. Authority of Order (Citation of Code):		_ 1 lue.				
	4. Date of Order (MM/DD/YY):	D:	ate Ordered to Begin:				
$ _{XV}$	Emergency Renovation: (Attach separate sheet with the fo	ollowing information if proi	ect is Emergency Renovation)				
	Date and Hour of the Emergency	,	,				
	2. Description of the Sudden, Unexpected Event.						
	3. Explanation of how event caused unsafe conditions or e	quipment damage or an unr	reasonable financial burden.				
XVI	Description of procedures to be followed in the event that	at unexpected RACM is for	ound or nonfriable ACM becomes				
_	crumbled, pulverized or reduced to powder. Determine if it is regulated under NESHAP, make proper no material and saturate with surfactant then take the appropri	otification if required, and ta iate actions.	ke the appropriate actions. Contain the				
XVI	during the Demolition or Renovation and evidence th						
	will be available during normal business hours.						
•	Bonita D. Desuran, P.E. (MAC) July 2 Signature of Owner/Operator	20, 2009 Bon ITA G. Type or Print N	TEEVWEN, P.E., DEPUTY DIRECTOR ame and Title				
XVI	II. I acknowledge the existance of laws prohibiting the s facts contained in this notification are true, accurate		eading statements and I certify that				
,	Bonta D. Teewer, P.E. (MAC) July 2	•	TEELWEN, P.E., DEPUTY DIRECTOR				
`	Signature of Owner/Operator Date/						

	Operator Pro	ect#	Postm	ark		Date	Received	Notif	ication#		
I.	Type of Notif	ication (check o	one): 🛛 Orig	inal	☐ Rev	ised/	☐ Cano	celed			
II.	Facility Description (include building name, number and floor or room number) Building Name: CUY-90-1490R I-90 East Bound Bridge over Starkweather Avenue (SFN 1807625) Address: CUY-90-1490R I-90 East Bound Bridge over Starkweather Avenue City: Independence State: OHIO Zip Code: County: Cuyahoga										
		(specific): <u>CUY-</u> (square feet): <u>N</u> Bridge				#		Age in Y	Years: <u>40</u>		
III.	Type of Operation (check one): ☐ Demo ☐ Ordered Demo ☒ Renovation ☐ Emergency Renovation ☐ Fire Training										
IV.		resent? (check of	·····	Yes	□ No						
VI.	V. Facility Information Owner Name: Ohio Department of Transportation Address: 5500 Transportation Boulevard City: Garfield Heights State: Ohio Zip Code: 44125 Contact: Mr. Mark Alan Carpenter Telephone: 216-584-2089 Fax: Removal Contractor Name: License # Address: City: State: Zip Code: Contact: Telephone: Fax: Other Operator (demolition/general): License # Address: City: State: Zip Code: Contact: Telephone: Fax: Other Operator (demolition/general): License # Address: City: State: Zip Code: Contact: Telephone: Fax: VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II nonfriable ACM: NESHAP Inspection Procedure										
Ohio	Asbestos Hazar	d Evaluation Sp	ecialist: <u>Matthw</u> Name	ve Fergus			33228 Certifi	ication#			
VII.	Approximate	Amount of Ash		s:			001011	· · · · · · · · · · · · · · · · · · ·			
						able Asb to be Re	estos Material moved		bestos Material e Removed		
••			RACM to Be	Removed	Catego	ory I	Category II	Category I	Category II		
Pipes	(linear feet)		504								
Surfac	ce Area (square	feet)			25	9					
Facilit	ty Components	(cubic feet)									
VIII.	Scheduled Da	tes Demolition	or Renovation:	Start:			Comp	lete:	·		
IX.	Dates for Asb	estos Removal ((MM/DD/YY)	Start:			Comp	lete:			
<u> </u>	of the Week: of Operation:	Monday	Tuesday	Wednesd	ay T	hursday	Friday	Saturday	Sunday		
Compl	ete all unshaded s							 5 cubic feet of RAC ovations must supp			

X.	Description of planned Demolition or Reno demolition or renovation techniques to be				
XI.	Description of work practices and engineer removal and waste handling emission conti		to comply wi	th the requirements, including asbestos	_
VII	Waste Tuesconoutes #1				
A11 .	Waste Transporter #1 Name:				
	Address:				-
	City:		State:	Zip code:	-
ĺ	City: Contact Person:	Telephone:	<u> </u>	Fax:	_
1	Waste Transporter #2	-			_
	•				
	Name: Address:	- The first of the control of the Co		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-
	City:	***************************************	State:	Zip code:	-
	Contact Person:	Telephone:		Fax:	
XIII	I.Waste Disposal				_
	Name:				_
	Address:				
	City:Contact Person:	m t 1	_ State:	Zip code:	-
	Contact Person:	Telephone:		Fax:	_
XIV.	Emergency Demolition: (complete Item XIV	and all other sections, or	ily if this proj	ect is an Emergency Demolition)	
	1. Attach a copy of the Order to this notice.			Tiala	
	2. Name of the Authority Issuing Order: Authority of Order (Citation of Code):			Title:	_
1	3. Authority of Order (Citation of Code):4. Date of Order (MM/DD/YY):			Date Ordered to Begin:	_
XV.	Emergency Renovation: (Attach separate she	eet with the following info			_
* * * * * * * * * * * * * * * * * * *	1. Date and Hour of the Emergency	set with the following in	ormanon n pi	oject is Emergency Renovation)	
	2. Description of the Sudden, Unexpected Ev	ent.			
	3. Explanation of how event caused unsafe co	onditions or equipment da	amage or an u	nreasonable financial burden.	
XVI.	.Description of procedures to be followed in	the event that unexpect	ed RACM is	found or nonfriable ACM becomes	
	crumbled, pulverized or reduced to powder Determine if it is regulated under NESHAP, m material and saturate with surfactant then take	nake proper notification if I	required, and	take the appropriate actions. Contain the	
XVI	I. I certify that an individual trained in the during the Demolition or Renovation an will be available during normal business	d evidence that the requ			
	Bonita L. Leuven, P.E. (MAC) Signature of Owner/Operator	July 20, 2009	BONITH (Type or Print	G. TEEVWEN, P.E., DEPUTY DIRECTO Name and Title	R
XVI	II. I acknowledge the existance of laws prol			isleading statements and I certify that	_
	facts contained in this notification are tr $\mathcal{D} + \mathcal{H} \cup \mathcal{H} = (\mathcal{A} \wedge \wedge$			C - 0 - 0 - 0 -	
é	Bonita D. Teuwen, S.E. (MAC) Signature of Owner/Operator) Guly 20, 2009.	Type or Print	G. TEEUWEN, P.E., DEPUTY DIRECT	<u> </u>
	Original Notification must be mailed or h	and delivered at least ten wor	king days (Mon	day-Friday excluding weekends)	_

	Operator Pro	ject#	Postma	ark		Date R	Received	Notif	ication#		
I.	Type of Noti	fication (check o	one): 🛛 Orig	inal	☐ Revi	ised	☐ Canc	eled	And and Associated the Control of th		
II.	Building Nam	cription (include ne: <u>CUY-90-1506</u> Y-90-1506 I-90 Ea	6 I-90 East and V	West Bound	Bridge ove	r Kenilwo	orth Avenue (SF	-N 1807684)			
	City: Indepen	dence		Sta	ate: <u>OHIO</u>	_ Zip C	ode:	County: Cuy	ahoga		
	Site Location (specific): CUY-90-1506 I-90 East and West Bound Bridge over Kenilworth Avenue										
	•	(square feet): N	Α			#	of Floors: <u>NA</u>	Age in Y	'ears: <u>40</u>		
	Present Use: £	3ridge				P	rior Use: <i>Bridge</i>	}			
III.	Type of Oper	ration (check one	e): 🗌 Demo 🛭] Ordered D	emo 🗵 R	Lenovatio	on 🗌 Emerger	ncy Renovation	☐ Fire Training		
IV.		Present? (check o	one):	⊠ Yes	□ No						
V.	Facility Infor		,								
		e: <u>Ohio Departme</u>	5								
i		0 Transportation i									
	City: Garfield Heights State: Ohio Zip Code: 44125										
	Contact: Mr. Mark Alan Carpenter Telephone: 216-584-2089 Fax:										
	Removal Contractor Name: License #										
Address:						7 . C. 1.					
	City:										
		tor (demolition/					License #				
	City					State	. ,	Tin Code:	192 114 114		
VI.	Procedure, in and Category	cluding analytic I and Category	cal methods, en y II nonfriable A	nployed to d							
_	·	ection Procedure									
Ohio	Asbestos Hazar	rd Evaluation Spe		w Fergus	**		33228 Contifi	cation #			
VII.	Annroximate	Amount of Asb	Name estos Materials	g.			Certini	cation #			
		Thistother Clinton	Totos maneralia.	**				r			
						ble Asbe	stos Material noved		bestos Material Removed		
			RACM to Be	Removed	Catego	ry I	Category II	Category I	Category II		
Pipes	(linear feet)		150								
Surfac	ce Area (square	feet)			357	, 					
Facilit	ty Components ((cubic feet)	 								
		tes Demolition of	or Renovation:	Start:			Compl	lete:			
IX.	Dates for Asb	estos Removal (MM/DD/YY)	Start:			Compl				
Days o	of the Week:	Monday	Tuesday	Wednesda	ay Th	ursday	Friday	Saturday	Sunday		
Hours	of Operation:				-	· ·					
		spaces, except, dem						cubic feet of RAC			

XII. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures: XII. Waste Transporter #1 Name: Address: City: Contact Person: Telephone: Fax: Waste Transporter #2 Name: Address: City: State: Zip code: Contact Person: Telephone: Fax: XIII. Waste Disposal Name: Address: City: City: State: Zip code: Contact Person: Telephone: Fax: XIII. Waste Disposal Name: Address: City: Telephone: State: Zip code: Contact Person: Title: 3. Authority of Order (Citation of Code): 4. Date of the Authority Issuing Order: 3. Authority of Order (Citation of Code): 4. Date of Order (MalDiyYY): Date Ordered to Begin: XV. Emergency Renovation: (Attach separate sheet with the following information if project is Emergency Renovation) 1. Date and Hour of the Emergency 2. Description of the Sudden, Unexpected Event. 3. Explanation of how event caused unsafe conditions or equipment damage or an unreasonable financial burden. XV.Description of procedures to be followed in the event that unexpected RACM is found or nonfriable ACM becomes crambled, pulverized or reduced to powder. Determine if it is regulated, Unexpected Event. 3. Explanation of how event caused unsafe conditions or equipment damage or an unreasonable financial burden. XV.Description of procedures to be followed in the event that unexpected RACM is found or nonfriable ACM becomes crambled, pulverized or reduced to powder. Determine if it is regulated, unexpected Event. 3. Explanation of how event caused unsafe conditions or Event and the event that unexpected RACM is found or nonfriable ACM becomes crambled, pulverized or reduced to powder. Type or Prim Name and Title	Х.	L. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:							
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Name: Address: City: Contact Person: Telephone: Fax: Waste Transporter #2 Name: Address: City: Contact Person: Telephone: Telephone: Fax: Waste Transporter #2 Name: Address: City: Contact Person: Telephone: Fax: XIII.Waste Disposal Name: Address: City: Contact Person: Telephone: Fax: XIVI.Waste Disposal Name: Address: City: Contact Person: Telephone: Fax: XIVI.Emergency Demolition: (complete Item XIV and all other sections, only if this project is an Emergency Demolition) 1. Attach a copy of the Order to this notice. 2. Name of the Authority Issuing Order: Title: 3. Authority of Order (Citation of Code): 4. Date of Order (MNDDYY): Date Ordered to Begin: XV. Emergency Renovation: (Attach separate sheet with the following information if project is Emergency Renovation) 1. Date and Hour of the Emergency 2. Description of the Sudden, Unexpected Event. 3. Explanation of how event caused unsafe conditions or equipment damage or an unreasonable financial burden. XVI.Description of procedures to be followed in the event that unexpected RACM is found or nonfriable ACM becomes crumbled, pulverized or reduced to powder. Determine if it is regulated under NESHAP (Mac) De	XI.			to comply wi	th the requirements, including asbest	os			
Name: Address: City: Contact Person: Telephone: Fax: Waste Transporter #2 Name: Address: City: Contact Person: Telephone: Telephone: Fax: Waste Transporter #2 Name: Address: City: Contact Person: Telephone: Fax: XIII.Waste Disposal Name: Address: City: Contact Person: Telephone: Fax: XIVI.Waste Disposal Name: Address: City: Contact Person: Telephone: Fax: XIVI.Emergency Demolition: (complete Item XIV and all other sections, only if this project is an Emergency Demolition) 1. Attach a copy of the Order to this notice. 2. Name of the Authority Issuing Order: Title: 3. Authority of Order (Citation of Code): 4. Date of Order (MNDDYY): Date Ordered to Begin: XV. Emergency Renovation: (Attach separate sheet with the following information if project is Emergency Renovation) 1. Date and Hour of the Emergency 2. Description of the Sudden, Unexpected Event. 3. Explanation of how event caused unsafe conditions or equipment damage or an unreasonable financial burden. XVI.Description of procedures to be followed in the event that unexpected RACM is found or nonfriable ACM becomes crumbled, pulverized or reduced to powder. Determine if it is regulated under NESHAP (Mac) De									
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City: State: Zip code: Contact Person: Telephone: Fax: Waste Transporter #2 Name: Address: City: State: Zip code: Fax: XIII. Waste Disposal Name: Address: State: Zip code: Fax: XIII. Waste Disposal Name: Address: City: State: Zip code: Fax: XIII. Waste Disposal Name: Address: State: Zip code: Fax: XIII. Waste Disposal Name: Address: State: Zip code: Fax: XIV. Emergency Demolition: (complete Item XIV and all other sections, only if this project is an Emergency Demolition) 1. Attach a copy of the Order to this notice. 2. Name of the Authority Issuing Order: Title: 3. Authority of Order (Citation of Code): Date Ordered to Begin: XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation) 1. Date and Hour of the Emergency 2. Description of the Sudden, Unexpected Event. 3. Explanation of how event caused unsafe conditions or equipment damage or an unreasonable financial burden. XVI. Description of procedures to be followed in the event that unexpected RACM is found or nonfriable ACM becomes crumbled, pulverized or reduced to powder. Determine It is regulated under NESHAP make proper rotification if required, and take the appropriate actions. Contain the material and saturate with surfactant then take the appropriate actions. XVII. I certify that an individual trained in the provisions of NESHAPS (40 CFR PART 61, SUBPART M) will be on-site during the Demolition or Renovation and evidence that the required training has been accomplished by this person will be available during normal business hours. Boults J. Jewen, J. E. MAC J. L. 20, 2009 Bon tra G. Teerwen, J. E. Defort Diffection if Type or Print Name and Title XVIII. I acknowledge the existance of laws prohibiting the submission of false or misleading statements and I certify that facts contained in this notification are true, accurate and complete. Bon tra G. Teerwen, J. E. Defort Diffection and Type or Print Name and Title		Address:							
Waste Transporter #2 Name: Address: City: Contact Person: Telephone: Telephon		City:		State:	Zip code:				
Waste Transporter #2 Name: Address: City: Contact Person: Telephone: Telephon	ĺ	Contact Person:	Telephone:		Fax:				
Name: Address: City: Contact Person: Telephone: Telephone: Fax: XIII.Waste Disposal Name: Address: City: Contact Person: Telephone: State: City: Contact Person: Telephone: Telephone: Telephone: Fax: XIV.Emergency Demolition: (complete Item XIV and all other sections, only if this project is an Emergency Demolition) 1. Attach a copy of the Order to this notice. 2. Name of the Authority Issuing Order: Title: 3. Authority of Order (Clitation of Code): 4. Date of Order (MM/DD/YY): Date of Order (MM/DD/YY): XV. Emergency Renovation: (Attach separate sheet with the following information if project is Emergency Renovation) 1. Date and Hour of the Emergency 2. Description of the Sudden, Unexpected Event. 3. Explanation of how event caused unsafe conditions or equipment damage or an unreasonable financial burden. XVI. Description of procedures to be followed in the event that unexpected RACM is found or nonfriable ACM becomes crumbled, pulverized or reduced to powder. Determine if it is regulated under NESHAP, make proper notification if required, and take the appropriate actions. Contain the material and saturate with surfactant then take the appropriate actions. XVII. I certify that an individual trained in the provisions of NESHAPS (40 CFR PART 61, SUBPART M) will be on-site during the Demolition or Renovation and evidence that the required training has been accomplished by this person will be available during normal business hours. Bonker J. James J. E. MAC J. J. 2009 Bonker G. Teevwen, J. E. Dervey Director Signature of Owner/Operator XVIII. I acknowledge the existance of laws prohibiting the submission of false or misleading statements and I certify that facts contained in this notification are true, accurate and complete. Bonker G. Teevwen, J. E. Jervey Director Part of Print Name and Title	1		·						
Address: City: Contact Person: Telephone: State: Zip code: Contact Person: Name: Address: City: Contact Person: Telephone: State: Zip code: Contact Person: Telephone: State: Zip code: Contact Person: Contact Person: Telephone: Telephone: Fax: Zip code: Contact Person: Title: Attach a copy of the Order to this notice. Name of the Authority Issuing Order: Authority of Order (Citation of Code): A Date of Order (MM/DD/YY): Date of Order (MM/DD/YY): Date of Order (MM/DD/YY): Date of Order (MM/DD/YY): Date and Hour of the Emergency Description of the Sudden, Unexpected Event. Sexplanation of how event caused unsafe conditions or equipment damage or an unreasonable financial burden. XVI. Description of procedures to be followed in the event that unexpected RACM is found or nonfriable ACM becomes crumbled, pulverized or reduced to powder. Determine if it is regulated under NESHAP, make proper notification if required, and take the appropriate actions. Contain the material and saturate with surfactant then take the appropriate actions. XVII. I certify that an individual trained in the provisions of NESHAPS (40 CFR PART 61, SUBPART M) will be on-site during the Demolition or Renovation and evidence that the required training has been accomplished by this person will be available during normal business hours. Bonta D. James J.E. MAC D. James D. Person D. P		-							
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	XVI				isleading statements and I certify tha	t			
	1	Bonita D. Dewon, P.E. (MA)	c) July 20, 2009	BONITA Type or Print	S. TENWEN, P.E., DEPUTY DIRECT	TOR			
	-			<u> </u>					

	Operator Proj	ect#	Postma	ark		Date	Received		Notifi	ication#
I.	Type of Notif	fication (check o	one): 🛛 Origi	inal	□ R	evised	Taged S. S. Schweng v. St.] Cance	eled	162-3442-5511-283-96-5-7-7-5-5-4-96-5-608-5
II.	Facility Descr Building Name	ription (include ne: <u>CUY-90-1628</u> Y-90-1628EW I-9	building name, BEW I-90 Center	number and r Bridge over	East 9 th	Street (S	nber)			
	City: <u>Independ</u>	dence	·	St	ate: <u>OHI</u>	<u>O</u> Zip (Code:		County: Cuya	ahoga
		(specific): <u>CUY-</u>								
	•	(square feet): N	<u>A</u>						Age in Y	ears: <u>40</u>
	Present Use: B	tridge					Prior Use:	Bridge		
III.	Type of Oper	ation (check on	e): Demo] Ordered D	emo 🗵	Renovat	ion 🗌 E	mergen	cy Renovation	☐ Fire Training
IV.		resent? (check o	one):	⊠ Yes	☐ No					
V.	Facility Infor									·
		: Ohio Departme		ation						
		Transportation i	Boulevard							
	City: Garfield I								Zip Code: <u>44125</u>	
		lark Alan Carper								
		tractor Name:					Lice	ense#_		
									Z'- Osdai	
		tor (domolition)								
		tor (demolition/					LIC	ense # _		
									1	
VI.		cluding analytic								
	and Category NESHAP Inspe	I and Category	y II nonfriable /	ACM:	Total I	ie pressa			аш ше чип	y OF REACH.
Ohio	Asbestos Hazar	d Evaluation Sp	ecialist: <u>Matthe</u> Name	w Fergus				33228 Certific	estion #	
VII.	Approximate	Amount of Asb		s:				Corum	ation n	
_					N		. 36.	., 1		
					Nomi	riable Asb to be Re	estos Mate emoved	erial	Nonfriable Ast NOT to be	
l	· ·		RACM to Be	Removed	Cate	egory I	Catego	ry II	Category I	Category II
Pipes	(linear feet)		575							
Surfac	ce Area (square f	feet)				79				
Facilit	ty Components ((cubic feet)								
VIII.	Scheduled Da	tes Demolition o	or Renovation:	Start:	-			Comple	ete:	
IX.	Dates for Asb	estos Removal ((MM/DD/YY)	Start:				Comple	ete:	
Days (of the Week:	Monday	Tuesday	Wednesd	ay	Thursday	Fr	iday	Saturday	Sunday
Hours	of Operation:									
		spaces, except, den							cubic feet of RAC	

X.	Description of planned Demolition or Renovation work to demolition or renovation techniques to be used and descri			ıding
VI	Description of work prostings and organization controls to	ho waad 40 oo wallo watt	4	
AI.	Description of work practices and engineering controls to removal and waste handling emission control procedures:	be used to comply with	the requirements, including	g asbestos
	· · · · · · · · · · · · · · · · · · ·			
			· 	
YII	. Waste Transporter #1			
7811.	Name:			
	Address:		Wast C	_
	City:	State:	Zip code:	
	City: Telepho	ne:	Fax:	
	Waste Transporter #2			
	Name:			
	Address:			
	City:	State:	Zip code:	
	Contact Person: Telepho	ne:	Fax:	
XIII	I.Waste Disposal			
	Name:			
	Address:			
	City: Telepho	State:	Zip code:	
X/ X X 7	Contact Person: Telepho	ne:	Fax:	
XIV	V. Emergency Demolition: (complete Item XIV and all other see 1. Attach a copy of the Order to this notice.	ctions, only if this projections	t is an Emergency Demolitio	n)
	2. Name of the Authority Issuing Order: ———————————————————————————————————		Title	
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	4. Date of Order (MM/DD/YY):	D	ate Ordered to Begin:	
XV.	Emergency Renovation: (Attach separate sheet with the follo			
	1. Date and Hour of the Emergency		are as a management, according to	·
	2. Description of the Sudden, Unexpected Event.			
	3. Explanation of how event caused unsafe conditions or equi	pment damage or an un	easonable financial burden.	
XVI	I. Description of procedures to be followed in the event that u	inexpected RACM is for	ound or nonfriable ACM be	comes
	crumbled, pulverized or reduced to powder. Determine if it is regulated under NESHAP, make proper notification material and saturate with surfactant then take the appropriate	cation if required, and ta actions.	ke the appropriate actions. C	ontain the
		17011 1 70 (10 CTD D		
XVI	II. I certify that an individual trained in the provisions of I during the Demolition or Renovation and evidence that			
	will be available during normal business hours.	me required training	ias been accomplished by the	ns person
	Λ	5		_
4	Bonita D. Teaver, P.F., (MAC) July 20,	2009 BONITA G	TEEUWEN, P.E., DEPUT	Y DIRECTOR
	Signature of Owner/Operator Date	Type or Print N	ame and Title	
XVI	III. I acknowledge the existance of laws prohibiting the sub- facts contained in this notification are true, accurate an		eading statements and I cer	tify that
4	10 4 0 0 0 - (24)	D C	T 0. 1	<i>\</i>
L	Bonila D. Deswer, P.E. (MAC) (July 20, 3) Signature of Owner/Operator	ZOO 9 DON 17A (), Type or Print N	TERVIEN, P.E., DE ame and Title	NTY VIREUT
	Original Natification must be mailed as hand delivered at lea	at the morphism does (Mary)	T-111111	

	Operator Pro	ject#	Postm	ark	0 1 3 3 4 4 1 1 1 3 3 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date	Received	Notif	ication #
I.	Type of Notic	fication (check	one): 🛛 Orig	inal	☐ Rev	vised	☐ Car	nceled	
II.	Building Nam Address: <u>CUY</u> City: <u>Indepen</u>	ne: <u>CUY-90- 162</u> /-90- 1628L I-90 dence	e building name, 28L I-90 Northerr O Northern Most B 7-90- 1628L I-90	n Most Bridge Bridge over E	e over Eas East 9th S ate: <u>OHIO</u>	st 9 th Stre treet Zip (eet (SFN 18074 Code:	(98) County: <u>Cuy</u>	ahoga
		(square feet): A					-	Age in Y	ears: 40
<u> </u>	Present Use: £						Prior Use: <i>Brid</i> e		
III.	Type of Oper	ation (check or	ne): 🗌 Demo 🏻	Ordered D	emo 🛛	Renovati	ion	ency Renovation	☐ Fire Training
IV.		resent? (check		⊠ Yes	□ No				
V.	Address: 5500 City: Garfield Contact: Mr. M Removal Con Address: City: Contact: Other Operat Address: City: Contact: Procedure, in and Category	c: Ohio Departm O Transportation Heights Mark Alan Carpe attractor Name: tor (demolition	enter /general): ical methods, en	Telepl Telepl Telepl	hone: <u>216</u> hone:	State	E: F: License #	Zip Code: 44125 ax: Zip Code: ax: Zip Code: ax: imate the quantit	
Ohio	Asbestos Hazar	d Evaluation Sp	pecialist: <u>Matthe</u>	w Fergus			33228		
VII.	Annrovimate	Amount of Asi	Name	p.			Certi	fication #	
	II. Approximate Amount of Asbestos Materials:				to be Re		NOT to be	bestos Material Removed	
Dinas	(linear foot)		RACM to Be	Removed	Catego	ory I	Category II	Category I	Category II
	(linear feet)	fo at)	373		00			-	
	ce Area (square				88	' 			
	ty Components (`	or Renovation:	Start:	<u> </u>		Q	1-4	
IX.		estos Removal		Start: _			Comp		
	of the Week:	Monday	Tuesday	Wednesd	av T	hursday	Friday	Saturday	Sunday
	of Operation:		1 0000				Titaly	Baturday	Sullday
Comple	ete all unshaded s	paces, except, der	molitions which in	volve less tha	n 260 lines	ir feet, 16	0 square feet or 3	35 cubic feet of RAC	M, need not

X.	Description of planned Demolition or demolition or renovation techniques t	Renovation work to be per o be used and description o	formed and mo f affected facili	ethod(s) to be employed, including ity components:
XI.	Description of work practices and eng removal and waste handling emission	ineering controls to be used control procedures:	d to comply wit	th the requirements, including asbestos
XII.	Waste Transporter #1			
	Name:			
l	Address:			
J	City:		State:	Zip code:
	Contact Person:	Telephone:		Zip code:Fax:
	Waste Transporter #2 Name:			
	Address:			
	City:		State:	Zip code:
	Contact Person:	Telephone:		Fax:
XIII.	Waste Disposal Name:			
	Address:City:		State:	7in code:
	Contact Person:	Telephone:	State.	Zip code: Fax:
	Emergency Demolition: (complete Item	XIV and all other sections	only if this proje	ect is an Emarganay Domalition)
	1. Attach a copy of the Order to this not	ice.		, ,
	3. Authority of Order (Citation of Code)	·		Title:
	4. Date of Order (MM/DD/YY):)·	T	Date Ordered to Begin:
XV.	Emergency Renovation: (Attach separal). Date and Hour of the Emergency. Description of the Sudden, Unexpected. Explanation of how event caused uns	te sheet with the following ir ed Event.	formation if pro	oject is Emergency Renovation)
	Description of procedures to be followed			
	crumbled, pulverized or reduced to po	wder.		ake the appropriate actions. Contain the
XVII	during the Demolition or Renovation will be available during normal bus	on and evidence that the rec iness hours.	quired training	ART 61, SUBPART M) will be on-site has been accomplished by this person
1	Signature of Owner/Operator	() uly 20, 2009	Type or Print N	TEEVWEN, P.E., DEPUTY DIRECTOR
XVII	I. I acknowledge the existance of laws facts contained in this notification a	prohibiting the submission re true, accurate and comp	of false or mis lete.	leading statements and I certify that
1	Signature of Owner/Operator	July 20, 2009 Date	Bonin G Type or Print N	Name and Title

:	Operator Proj	iect#	Postm	ark .		Date	Received	Notif	ication#
I.	Type of Notif	ication (check o	ne): 🛛 Origi	inal] Revised	☐ Can	celed	
II.	Building Nam	r iption (include e: <u>CUY-90-1628</u> 7-90-1628R I-90 d dence	R I-90 Souther Southern Most L	Most Bridg Bridge over i	e ove East	er East 9th St 9th Street	reet (SFN 1807)	714) County: Cuy	ahoga
	Site Location	(specific): <u>CUY-</u>							
	Building Size —Present Use: E	(square feet): <u>N</u> Bridge					# of Floors: <u>NA</u> Prior Use: <u>Brid</u> g	Age in Y	ears: <u>40</u>
III.	Type of Oper	ation (check one	e): Demo	Ordered D	emo	⊠ Renovat	tion	ncy Renovation	☐ Fire Training
IV.		resent? (check c		☑ Yes					
V.	Address: 5500 City: Garfield Contact: Mr. N Removal Con Address: City: Contact: Other Operat Address: City: Contact: Procedure, in and Category	: Ohio Departme) Transportation in Heights flark Alan Carper tractor Name:	Boulevard oter general):	Telep Telep Telep	hone	Star	### Example 189	Zip Code: 44125 Zip Code: Zip Code: Zip Code: mate the quantit	
Ohio	Asbestos Hazar	d Evaluation Spe	ecialist: <u>Matthe</u> Name	w Fergus		-11.	33228	ication#	
VII.	Approximate	Amount of Asb		s:			Contin	ACMINIT II	
,					N	onfriable Ash to be Re	estos Material emoved		pestos Material Removed
			RACM to Be	Removed	(Category I	Category II	Category I	Category II
Pipes	(linear feet)		575						
Surfac	e Area (square	feet)				82			
	y Components (`							
		tes Demolition o		Start: _			Comp	olete:	
IX.		estos Removal (Start: _		· · · · · · · · · · · · · · · · · · ·	Comp		
	of the Week:	Monday	Tuesday	Wednesd	ay	Thursday	Friday	Saturday	Sunday
	of Operation:			(4) 41 - 11 4 The 11 4	A (12)				
Comple comple	ete all unshaded s ite spaces VII, XI.	paces, except, den XII, XIII, XIV, a	ioutions which in nd XV. Notificati	volve less tha ons for Emer	ın 260 gency	U linear feet, 16 y Demolitions o	ou square feet or 3 or Emergency Ren	5 cubic feet of RAC ovations must supp	M, need not ly attachments.

X.	Description of planned Demolition or R demolition or renovation techniques to l	enovation work to be per be used and description o	rformed and m of affected facil	ethod(s) to be employed, including ity components:
XI.	Description of work practices and engin removal and waste handling emission co	eering controls to be use ontrol procedures:	d to comply wi	th the requirements, including asbestos
XII.	Waste Transporter #1			
	Name:			
	riduless.			
	City:Contact Person:		State:	Zip code:
	Contact Person:	Telephone:		Fax:
1	Waste Transporter #2			
	Name:			
	Address:			
	City:		State:	Zip code:
	Contact Person:	Telephone:		Fax:
XIII	.Waste Disposal			
	Name:			
	Address:			
	City:	***	State:	Zip code:
	City:Contact Person:	Telephone:		Fax:
XIV.	Emergency Demolition : (complete Item X	(IV and all other sections,	only if this proj	ect is an Emergency Demolition)
	1. Attach a copy of the Order to this notice		, , ,	,
	2. Name of the Authority Issuing Order: _			Title:
	3. Authority of Order (Citation of Code):			
	4. Date of Order (MM/DD/YY):			Date Ordered to Begin:
XV.	Emergency Renovation: (Attach separate	sheet with the following is	nformation if pr	oject is Emergency Renovation)
	1. Date and Hour of the Emergency	· ·	•	3 3
	2. Description of the Sudden, Unexpected			
	3. Explanation of how event caused unsafe			
XVI.	Description of procedures to be followed	in the event that unexpe	cted RACM is	found or nonfriable ACM becomes
	crumbled, pulverized or reduced to power Determine if it is regulated under NESHAP material and saturate with surfactant then t	der. , make proper notification take the appropriate action	if required, and i s.	take the appropriate actions. Contain the
XVII	. I certify that an individual trained in	the provisions of NESHA	APS (40 CFR P	ART 61, SUBPART M) will be on-site
	during the Demolition or Renovation	and evidence that the re	quired training	has been accomplished by this person
	will be available during normal busin	ess hours.	-	
1	CAAC COLD IN S	Andre 20 2000	Ω	T AT ATTACK
Ų	sound Seewing, P.C. (MITC)	<u> </u>	DON MA C	Name and Title
	Signature of Owner/Operator	Date	Type or Print	Name and Title
XVII	I. I acknowledge the existance of laws p facts contained in this notification are	rohibiting the submission true, accurate and com	n of false or mi	sleading statements and I certify that
1				TEEVWEN P.E., DEPUTY DIRECTOR
	Signature of Owner/Operator	Date U	Type or Print	Name and Title
	Original Notification must be mailed o			

	Operator Proj	ect #	Postma	ark		Date I	Received	Notif	ication #			
I.	Type of Notif	ication (check o	one): 🛛 Origi	inal	☐ Rev	ised	☐ Cano	celed	ovana on een. Movelling regionalist on i			
II.	Building Nam	e: <u>CUY-90-1640</u>	building name, DI-90 Bridge ove Iridge over Ramp	er Ramp E-1	0 and Ram		,					
	City: Independ	dence		State: OHIO Zip Code:				County: <u>Cuy</u>	ahoga			
		_		1640 I-90 Bridge over Ramp E-10 and Ramp E-8								
	Ü	(square feet): N	<u>A</u>					Age in Y	ears: <u>40</u>			
<u> </u>	Present Use: E	ridge				F	Prior Use: <u>Bridg</u> e	8				
III.	Type of Oper	ation (check on	e): 🗌 Demo 📗] Ordered D	emo 🛛 I	Renovati	on 🗌 Emergei	ncy Renovation	☐ Fire Training			
IV.		resent? (check o	one):	Yes	☐ No							
V.	Facility Infor			. <i>11</i>								
		Transportation	ent of Transports Boulevard				7					
	City: Garfield		Douievard			State	e: Ohio	Zip Code: 44125	:			
								x:				
								A				
									<u> </u>			
							e:	Zip Code:				
						State:						
			/general): License #									
	City:					State	e:	Zip Code:				
	Contact:			Telepl	hone:		Fa:	x:	****			
VI.	and Category	cluding analytic I and Category ection Procedure	y II nonfriable A	iployed to d ACM:	letect the	presence	e of and to estin	mate the quantit	y of RACM			
Ohio	Asbestos Hazare	d Evaluation Sp		w Fergus			33228					
VII.	Annrovimate	Amount of Ash	Name estos Materials			 	Certifi	cation #				
			T Tatel lais	•								
		•			Nonfriable Asbestos to be Remove			Nonfriable Asl NOT to be				
			RACM to Be	Removed	Catego	ry I	Category II	Category I	Category II			
Pipes	(linear feet)		1955									
Surfac	ce Area (square f			127								
Facili	ty Components (cubic feet)			-				<u> </u>			
VIII. Scheduled Dates Demolition or Renovation: Start: Complete:												
IX.	Dates for Asbe	estos Removal ((MM/DD/YY)	Start:			Comp					
Days (of the Week:	Monday	Tuesday	Wednesd	ay Th	ursday	Friday	Saturday	Sunday			
Hours	of Operation:		-									
Compl	ete all unshaded sp	paces, except, den	nolitions which in	volve less tha	n 260 linear	r feet, 160) square feet or 35	cubic feet of RAC	M, need not			

X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:								
XI.	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:								
<u> </u>									
	Waste Transporter #1		· · · · · · · · · · · · · · · · · · ·						
	Name: Address:	70/0							
l	Address:			•					
	City:Contact Person:	Telephone:	State:	Zip code:					
l .		I Giephone.		Fax:					
	Waste Transporter #2								
ĺ	Name:								
1	Address:		Ctata	7:					
1	City:Contact Person:	Telenhone:	State:	Zip code:					
	.Waste Disposal	1010p110110.		rax:					
	.								
l	Name:Address:								
1	Address:City:		State	Zin code:					
	City:Contact Person:	Telephone:	State	Zip code:					
XIV	Emergency Demolition: (complete Item XIV a	and all other sections.	lu if this proj	rax					
Α	1. Attach a copy of the Order to this notice,	na an onioi soonomo,	miy ii una proj.	ect is an Emergency Demondon,					
	2. Name of the Authority Issuing Order:			Title.					
l	3. Authority of Order (Citation of Code):			1 iuc					
	4. Date of Order (MM/DD/YY):		I	Date Ordered to Begin:					
XV.	Emergency Renovation: (Attach separate sheet	t with the following ir	formation if pr	miect is Emergency Renovation)					
	1. Date and Hour of the Emergency	_	.IUIIII	offer is Dinorgono, rono racon,					
	2. Description of the Sudden, Unexpected Ever								
	3. Explanation of how event caused unsafe con	nditions or equipment of	damage or an u	nreasonable financial burden.					
XVI.	Description of procedures to be followed in th	ne event that unexpe	cted RACM is	found or nonfriable ACM becomes					
	crumbled, pulverized or reduced to powder. Determine if it is regulated under NESHAP, make material and saturate with surfactant then take t	ke proper notification it	if required, and f						
XVII	during the Demolition or Renovation and will be available during normal business h	evidence that the requires.	quired training	g has been accomplished by this person					
	Bonita D. Deeuwn, R.E. (MAC) Signature of Owner/Operator	-							
XVII	 I acknowledge the existance of laws prohib facts contained in this notification are true 	oiting the submission e. accurate and com	of false or mis	sleading statements and I certify that					
L	Signature of Owner/Operator	-		TEEU WEN, P.E., DEPUM PIRECTOR Name and Title					
	Original Notification must be mailed or hand before demolition or renovation begins, ex which must be submitted as soo	except emergency demolitie	ions and emergency	cy renovations (see regulation)					

	Operator Proj	ect#	Postma	ark		Date	Receive	ed .	Notifi	cation #	
I.	Type of Notif	ication (check o	ne): 🛛 Origi	nal		Revised		☐ Canc	eled		
II.	Building Nam	r iption (include e: <u>CUY-90-1651</u> -90-1651L I-90 V	L I-90 West Bou	ınd Bridge o	ver Ea	ast 14 th Stre	,	1807900)			
	City: Independ								_ County: Cuya	ahoga	
		(specific): <u>CUY-</u>			-						
		(square feet): <u>NA</u> Bridge						·	Age in Y	ears: <u>40</u>	
—											
III.							tion 📋	Emergen	cy Renovation	Fire Training	
IV. V.											
 * •	•	: <u>Ohio Departme</u>	nt of Transporta	ation							
		Transportation I									
	City: Garfield	Heights				Sta	te: Ohio	7	Zip Code: 44125		
	Contact: Mr. N										
			•								
	Address:										
						one: Fax:					
	Other Operator (demolition/general): License #										
	Address:										
	City:			State: Zip Code:							
	Contact: Fax:										
	VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II nonfriable ACM: NESHAP Inspection Procedure							y of RACM			
Ohio	Asbestos Hazar	d Evaluation Spe	ecialist: <u>Matthe</u> Name	w Fergus			*****	33228 Certific	cation #		
VII.	Approximate	Amount of Asb		<u> </u>				Certific	Cation #		
			1			0.11					
					No	nfriable Ast to be Re		laterial	Nonfriable Ast NOT to be		
			RACM to Be	Removed	Са	ategory I	Cate	gory II	Category I	Category II	
Pipes	(linear feet)		1735								
Surfac	e Area (square	feet)				122					
Facilit	y Components ((cubic feet)									
VIII. Scheduled Dates Demolition or Renovation: Start: Complete:											
IX. Dates for Asbestos Removal (MM/DD/YY) Start: Complete:											
Days o	of the Week:	Monday	Tuesday	Wednesd	ay	Thursday		Friday	Saturday	Sunday	
Hours	Hours of Operation:										
Comple comple	ete all unshaded s te spaces VII, XI	paces, except, dem XII, XIII, XIV, a	olitions which in nd XV. Notificati	volve less that ons for Emer	n 260 gency l	linear feet, 10 Demolitions	60 square or Emerg	feet or 35 ency Reno	cubic feet of RAC vations must supp	M, need not y attachments.	

X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:					
XI.	Description of work practices and engin removal and waste handling emission co		to comply wit	h the requirements, including asbestos		
4777	H4					
XII.	. Waste Transporter #1					
	Name:			·		
	Address:	**************************************	State:	7in code:		
	City:Contact Person:	Telephone:	_ 51410	Fax:		
	Waste Transporter #2 Name:					
	Address:City:		State:	7in anda:		
	Contact Person:	Telephone:	State	Fax.		
YIII	I.Waste Disposal			I WA		
/X111	Name:		-			
	Address:					
	City:		State:	Zin code:		
	City:Contact Person:	Telephone:		Fax:		
XIV	.Emergency Demolition: (complete Item >	XIV and all other sections,	only if this proje	ect is an Emergency Demolition)		
	1. Attach a copy of the Order to this notic					
	2. Name of the Authority Issuing Order:			Title:		
	3. Authority of Order (Citation of Code):	:				
	4. Date of Order (MM/DD/YY):		Γ	Date Ordered to Begin:		
XV.	 Emergency Renovation: (Attach separate Date and Hour of the Emergency Description of the Sudden, Unexpected Explanation of how event caused unsaf 	d Event.				
XVI	Description of procedures to be followed	d in the event that unexper	eted RACM is f	found or nonfriable ACM becomes		
	crumbled, pulverized or reduced to pow Determine if it is regulated under NESHAF material and saturate with surfactant then	wder.				
XVI	•	n and evidence that the req iness hours.	quired training	ART 61, SUBPART M) will be on-site has been accomplished by this person		
B	Signature of Owner/Operator			Name and Title		
	II. I acknowledge the existance of laws p facts contained in this notification are	re true, accurate and comp	olete.			
1	Borita D. Tewer, P.E. (MAC) Signature of Owner/Operator	-) July 20, 2009	BONITA G. Type or Print 1	TEEV WEN, PIE, DEPOTO DIRECTO.		
	Original Notification must be mailed	or hand delivered at least ten w	wking days (Mond	(av Friday avaluding weaken de)		

	Operator Proj		Postma				e Receive			cation#
Ī.	Type of Notif	ication (check or	ne): 🕅 Origi	nal		Revised		☐ Cance	228	
II.										
	City: Independ			Sta	ate: <u>O</u>	110 Zip			County: Cuya	hoga
	Building Size Present Use: E	(square feet): <u>NA</u> Iridge	ı				# of Floo			ears: <u>40</u>
III.	Type of Operation (check one): Demo Ordered Demo Renovation Emergency Renovation Fire Training									
IV.	V. Is Asbestos Present? (check one): ☐ Yes ☐ No									
VI.	V. Facility Information Owner Name: Ohio Department of Transportation Address: 5500 Transportation Boulevard City: Garfield Heights State: Ohio Zip Code: 44125 Contact: Mr. Mark Alan Carpenter Telephone: 216-584-2089 Fax: Removal Contractor Name: License # Address: City: State: Zip Code: Contact: Telephone: Fax: Other Operator (demolition/general): License # Address: City: State: Zip Code: Contact: Telephone: Fax: Other Operator (demolition/general): License # Address: City: State: Zip Code: Fax: VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II nonfriable ACM:									
Ohio	Asbestos Hazar	d Evaluation Spe	cialist: <u>Matthey</u> Name	v Fergus				33228 Certific	eation #	
VII.	Approximate	Amount of Asbe	estos Materials	:						
						Nonfriable Asbestos Materi to be Removed		aterial	Nonfriable Ash NOT to be	
			RACM to Be	Removed	Ca	tegory I	Categ	gory II	Category I	Category II
Pipes	(linear feet)		1735		-					
Surfac	ce Area (square	feet)			122					
Facility Components (cubic feet)										
VIII. Scheduled Dates Demolition or Renovation: Start: Complete:										
IX. Dates for Asbestos Removal (MM/DD/YY) Start:					_ Compl	ete:				
	of the Week:	Monday	Tuesday	Wednesd	ay	Thursda	y	Friday	Saturday	Sunday
	Hours of Operation: Complete all unshaded spaces, except, demolitions which involve less than 260 linear feet, 160 square feet or 35 cubic feet of RACM, need not									
		paces, except, dem XII, XIII, XIV, ar								

X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including lemolition or renovation techniques to be used and description of affected facility components:						
	demonstration of tempth states and an artist at	asea ana aeser peron o	l antonou inc	ty components.			
		. •					
32T	D '-4'6	•					
X 1.	Description of work practices and engineer removal and waste handling emission conti		to comply wit	h the requirements, including asbestos			
	removal and waste handling emission conti	roi procedures:					
XII.	Waste Transporter #1						
	Name:						
	Address:						
	City:Contact Person:		State:	Zip code:			
	Contact Person:	Telephone:		Fax:			
1	Waste Transporter #2						
1	Name:		•				
	Address:						
	City:		State:	Zip code:			
	Contact Person:	Telephone:	• • • • • • • • • • • • • • • • • • • •	Fax:			
XIII.	.Waste Disposal						
	Name:						
l	Address.	WIN 1					
	City:Contact Person:		State:	Zip code:			
	Contact Person:	Telephone:		Fax:			
XIV.	Emergency Demolition : (complete Item XIV	' and all other sections,	only if this proje	ect is an Emergency Demolition)			
	1. Attach a copy of the Order to this notice.						
	2. Name of the Authority Issuing Order:			Title:			
	3. Authority of Order (Citation of Code):	**-1					
	4. Date of Order (MM/DD/YY): Emergency Renovation: (Attach separate she	and with the following it	ftion if mu	Date Ordered to Begin:			
	1. Date and Hour of the Emergency	et with the following in	normation it pre	Ject is Emergency Kenovation)			
	 Description of the Sudden, Unexpected Ex 	vent.					
	3. Explanation of how event caused unsafe co	onditions or equipment	damage or an ur	reasonable financial burden.			
XVI.	Description of procedures to be followed in	the event that unexpe	eted RACM is 1	found or nonfriable ACM becomes			
	crumbled, pulverized or reduced to powder	r.					
	Determine if it is regulated under NESHAP, m material and saturate with surfactant then take	nake proper notification is	f required, and to	ake the appropriate actions. Contain the			
	material and saturate with surrectant their take	е ине арргорнаю аваот	· ·				
XVII	. I certify that an individual trained in the	e provisions of NESHA	PS (40 CFR PA	ART 61, SUBPART M) will be on-site			
	during the Demolition or Renovation an	nd evidence that the rec					
	will be available during normal business						
	Dot 9 of PE (Mac)	1,1, 20 2009	R	T - OF Amon August			
•	Bonto D. Jaeure, R.E. (MAC) Signature of Owner/Operator	Data 1	Type or Drint N	Jame and Title			
	Signature of Owner/Operator		Type of Tina	value and Table			
XVII	I. I acknowledge the existance of laws prol	hibiting the submissior	of false or mis	leading statements and I certify that			
	facts contained in this notification are tr						
•	18 -1 ON 01 0 = (1400)	1.1. 70 200	3 (T . 1= D-0-1-10			
	Bonita & Jaewa, P. E (MAC) Signature of Owner/Operator	-y <u> </u>	DON MA 6.	DETWEN, I.E., VETUTI VIKECTO			
	Signature of Owner/Operator	Date	Type or Print N	name and little			
	Original Notification must be mailed or h	and delivered at least ten wo	rking days (Mond	av-Friday excluding weekends)			