



Asbestos Inspection Reporting Form

Date	5/10/24		
County	Belmont	Route	IR 70
Section	9.35	PID	120547

Requesting ODOT District Office

Regulating OEPA District Office and Address

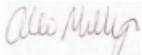
Southeast District Office
2195 Front Street
Logan, Ohio 43138

Date of the Asbestos Inspection

Name and Address of the company conducting the asbestos inspection

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


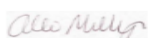
Name, signature, and asbestos hazard evaluation number of the person writing the report

Allie Mullinger
ES549328


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

See ACM Sample Information Page

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 #
Cole Shaffer		ES543571
Allie Mullinger		ES549328

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.

Ohio Asbestos Hazard Evaluation Specialist License

State of Ohio
Environmental Protection Agency
Asbestos Program

Asbestos Hazard Evaluation Specialist

Allie Mullinger



Ohio Environmental Protection Agency
3417 Erie Avenue Apt 419
Cincinnati OH 45208



Certification Number Expiration Date DOB: 3/16/99

ES549328 **10/5/24** **Card not Valid if Altered**

This certification is issued pursuant to Revised Code Chapter 3710 and Ohio Administrative Code Chapter 3745-22.

Your certification card is valid for a period of one (1) year, as indicated by the expiration date on the card.

Your card must be present on any project site where you are conducting asbestos-related work.

All questions regarding your certification should be directed to 614-644-0226 or asbestoslicensing@epa.ohio.gov

If found please return card to:

Ohio EPA, DAPC
P.O. Box 1049
Columbus, OH 43216



State of Ohio
Environmental Protection Agency
Asbestos Program

Asbestos Hazard Evaluation Specialist

**Cole McCaye
Shaffer**



14121 County Road 10-2
Lyons OH 43533



Certification Number Expiration Date
ES543571 **12/24/24**

DOB: 7/2/93
Card not Valid
if Altered

This certification is issued pursuant to Revised Code Chapter 3710 and Ohio Administrative Code Chapter 3745-22.

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Ohio EPA, DAPC
P.O. Box 1049
Columbus, OH 43216



Bridge Asbestos Inspection Sample Information

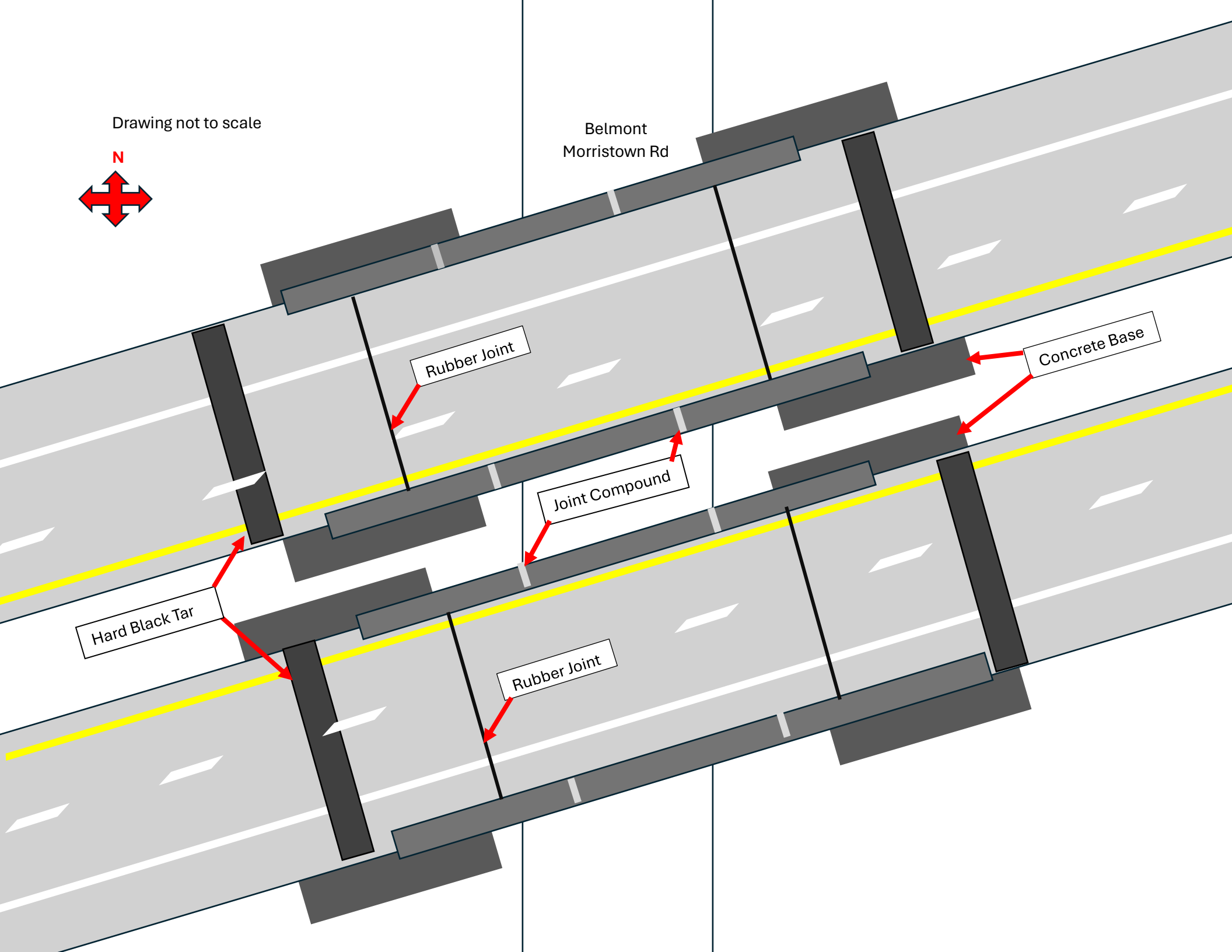
BEL-70-9.35 (PID 120547)
Belmont County, Ohio
ACM Sample Information

DATE:	SAMPLE ID:	ACM SAMPLE DESCRIPTION:	CONFIRMED ACM:	QUANTITY:
4/25/2024	ID-1-1	Black Foam Board - Under Westbound	NONE	n/a
4/25/2024	ID-1-2	Black Foam Board - Under WB	NONE	n/a
4/25/2024	ID-2-1	Blue Foam Board - Under WB	NONE	n/a
4/25/2024	ID-2-2	Blue Foam Board - Under WB	NONE	n/a
4/25/2024	ID-3-1	Glue - Under WB	NONE	n/a
4/25/2024	ID-3-2	Glue - Under WB	NONE	n/a
4/25/2024	ID-4-1	Concrete Joint - Under WB	NONE	n/a
4/25/2024	ID-4-2	Concrete Joint - Under WB	NONE	n/a
4/25/2024	ID-5-1	Orange Foam - Under WB	NONE	n/a
4/25/2024	ID-5-2	Orange Foam - Under WB	NONE	n/a
4/25/2024	ID-6-1	Concrete Bridge Abutment - Under WB	NONE	n/a
4/25/2024	ID-6-2	Concrete Bridge Abutment - Under WB	NONE	n/a
4/25/2024	ID-7-1	Black Joint Compound - Under WB	NONE	n/a
4/25/2024	ID-7-2	Black Joint Compound - Under WB	NONE	n/a
4/25/2024	ID-8-1	Blue Foam Board - Under Eastbound	NONE	n/a
4/25/2024	ID-8-2	Blue Foam Board - Under EB	NONE	n/a
4/25/2024	ID-9-1	Black Joint Compound - Under EB	NONE	n/a
4/25/2024	ID-9-2	Black Joint Compound - Under EB	NONE	n/a
4/25/2024	ID-10-1	Concrete Joint - Under EB	NONE	n/a
4/25/2024	ID-10-2	Concrete Joint - Under EB	NONE	n/a
4/25/2024	ID-11-1	Orange Foam - Under EB	NONE	n/a
4/25/2024	ID-11-2	Orange Foam - Under EB	NONE	n/a
4/25/2024	ID-12-1	Concrete Bridge Abutment - Under EB	NONE	n/a
4/25/2024	ID-12-2	Concrete Bridge Abutment - Under EB	NONE	n/a
4/25/2024	ID-13-1	Caulk - Under EB	NONE	n/a
4/25/2024	ID-13-2	Caulk - Under EB	NONE	n/a
4/25/2024	ID-14-1	Joint Compound - Top EB	NONE	n/a
4/25/2024	ID-14-2	Joint Compound - Top EB	NONE	n/a
4/25/2024	ID-15-1	Hard Black Tar - Top EB	NONE	n/a
4/25/2024	ID-15-2	Hard Black Tar - Top EB	NONE	n/a
4/25/2024	ID-16-1	Rubber Joint - Top EB	NONE	n/a
4/25/2024	ID-16-2	Rubber Joint - Top EB	NONE	n/a
4/25/2024	ID-17-1	Concrete Base - Top EB	NONE	n/a
4/25/2024	ID-17-2	Concrete Base - Top EB	NONE	n/a
4/25/2024	ID-18-1	Hard Black Tar - Top WB	NONE	n/a
4/25/2024	ID-18-2	Hard Black Tar - Top WB	NONE	n/a
4/25/2024	ID-19-1	Joint Compound - Top WB	NONE	n/a
4/25/2024	ID-19-2	Joint Compound - Top WB	NONE	n/a
4/25/2024	ID-20-1	Concrete Base - Top WB	NONE	n/a
4/25/2024	ID-20-2	Concrete Base - Top WB	NONE	n/a
4/25/2024	ID-21-1	Rubber Joint - Top WB	NONE	n/a
4/25/2024	ID-21-2	Rubber Joint - Top WB	NONE	n/a

Drawing not to scale



Belmont
Morristown Rd



Rubber Joint

Concrete Base

Joint Compound

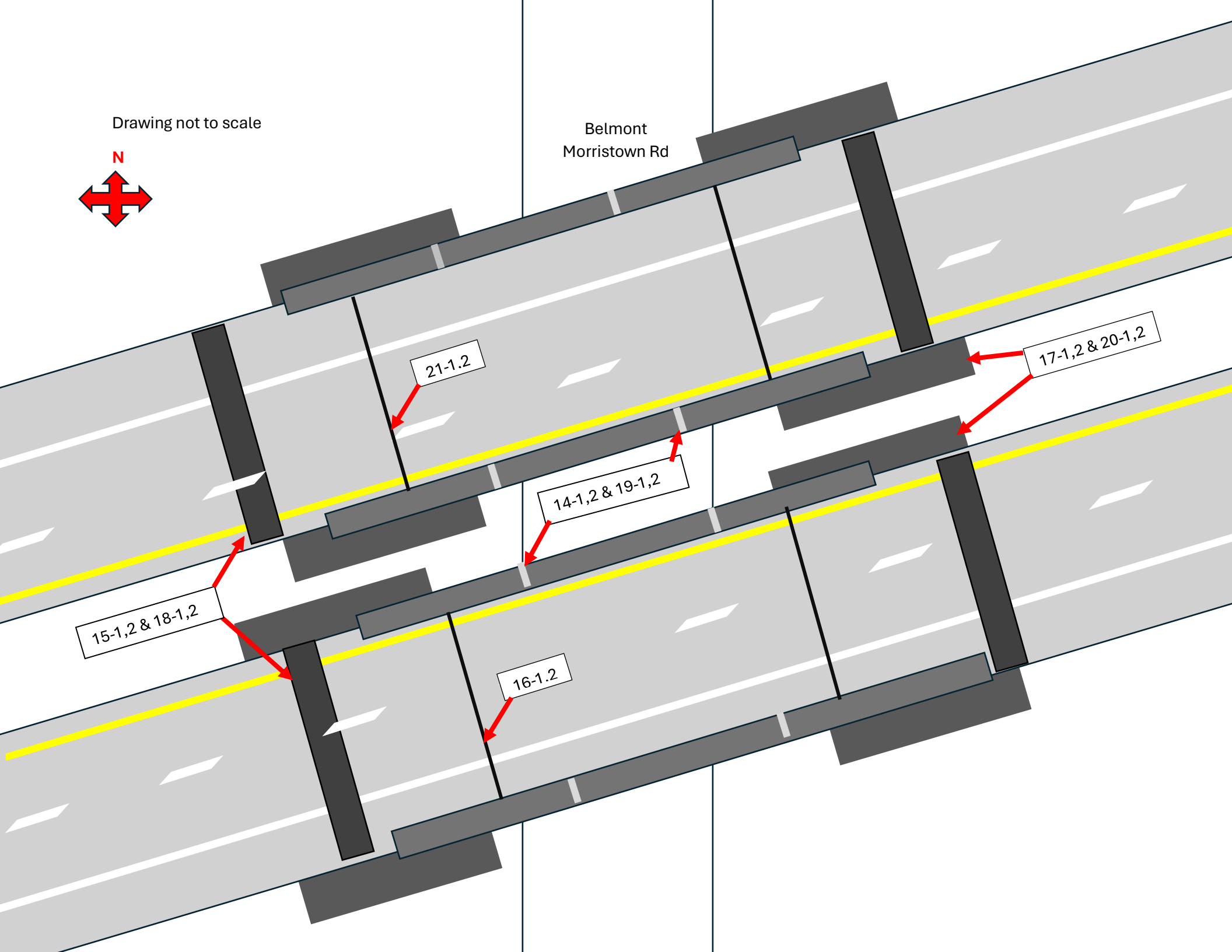
Hard Black Tar

Rubber Joint

Drawing not to scale



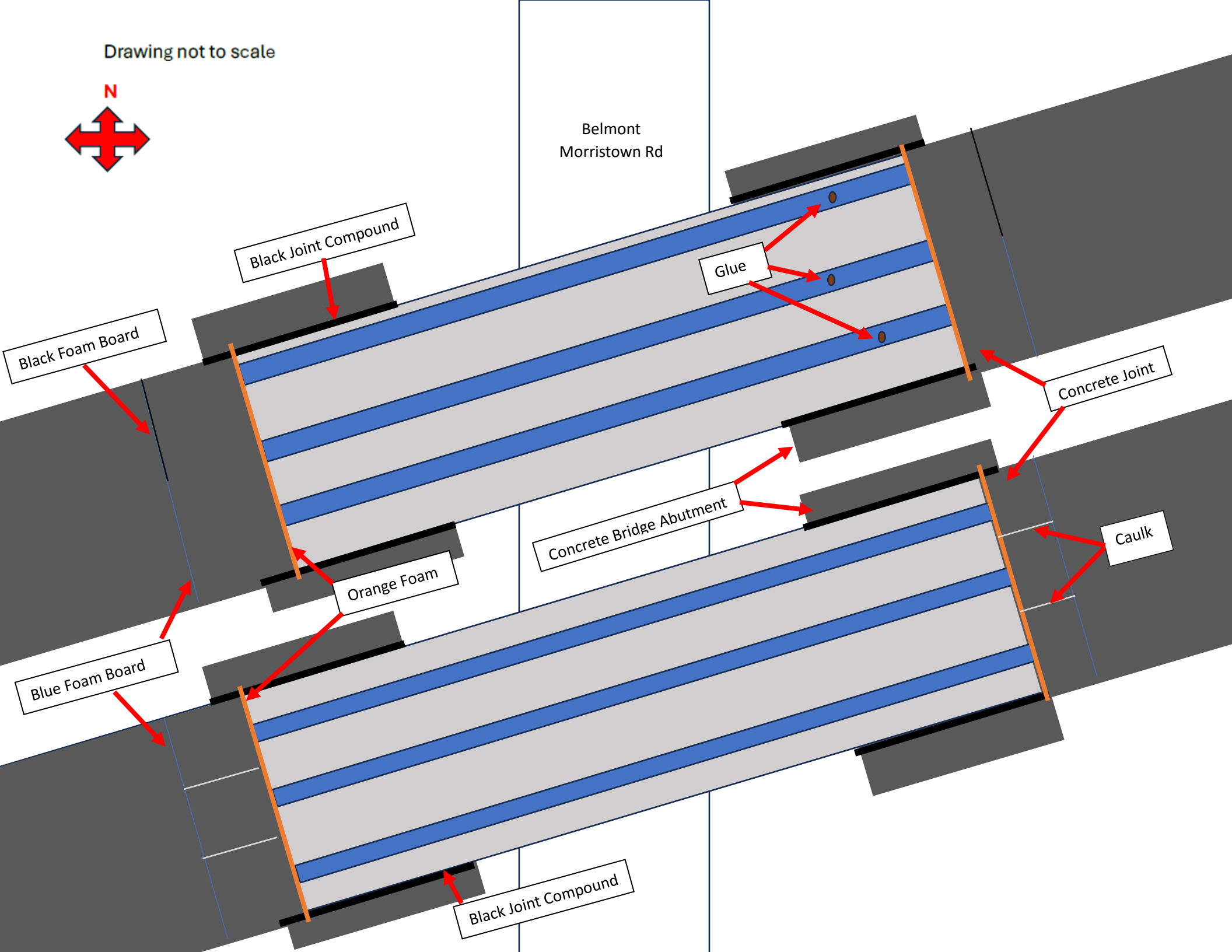
Belmont
Morristown Rd



Drawing not to scale



Belmont
Morristown Rd



Black Joint Compound

Glue

Concrete Joint

Concrete Bridge Abutment

Caulk

Black Foam Board

Orange Foam

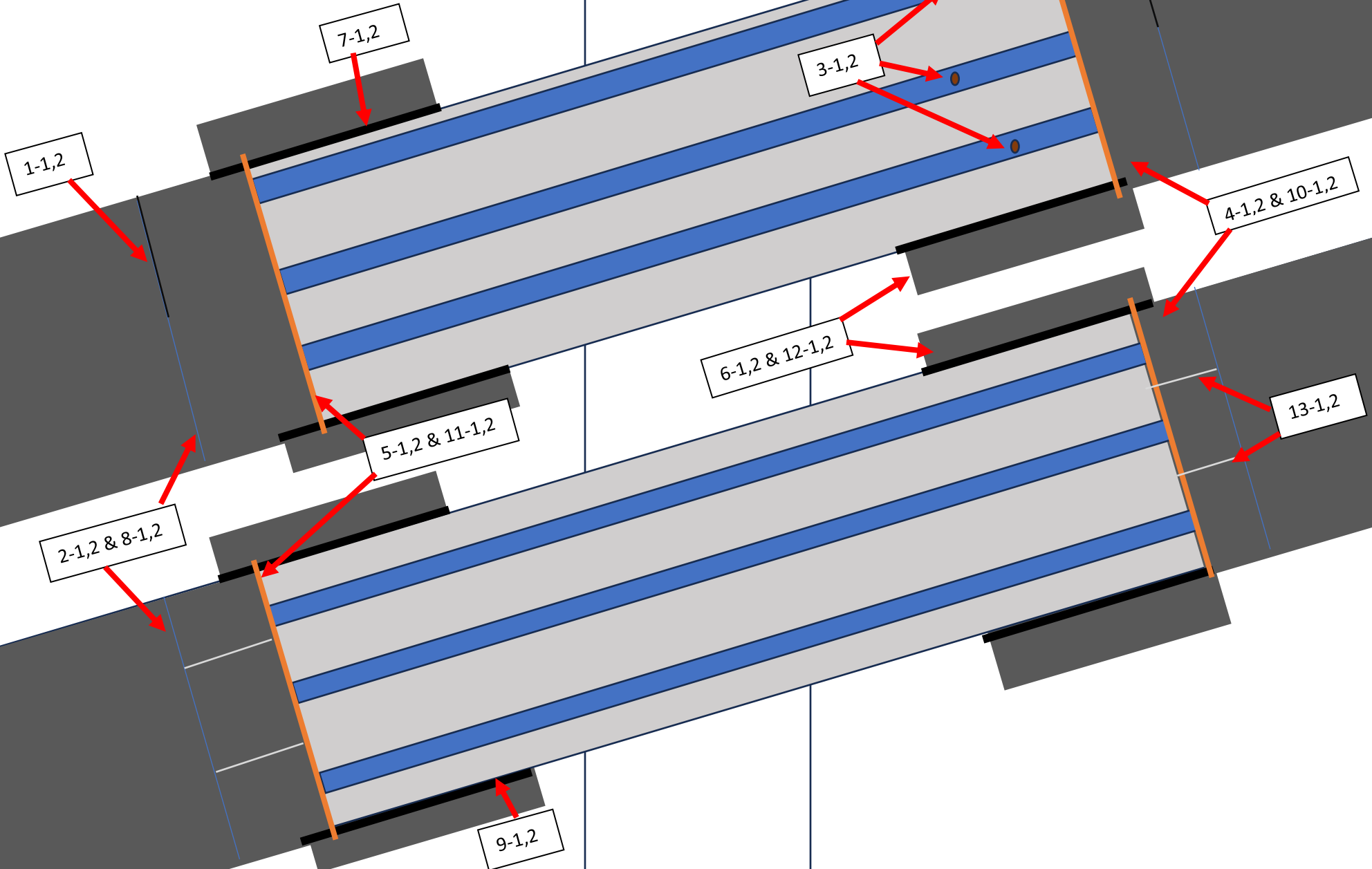
Blue Foam Board

Black Joint Compound

Drawing not to scale



Belmont
Morristown Rd



Laboratory Analytical Report

2365 S Haggerty Rd, Canton, MI 48188

Attention: Cole M. Shaffer

The Mannik & Smith Group, Inc.
1800 Indian Wood Circle
Maumee, OH, 43537

Project Belmont Co. Bridge PID 120547
Order # 24-0484
Project # 401.E275002.000 (0040, 04

Received 4/29/2024
Analyzed 5/3/2024
Reported 5/3/2024

Email: cshaffer@manniksmithgroup.com

Phone: (419) 891-2222

BULK SAMPLE ANALYSIS SUMMARY

Client ID	Lab ID	Location
ID-1-1 Layer 1 Black Foam Board Type Non Detect 0.00% Blue, nonfibrous, homogeneous. 100% non-asbestos	24-0484-1	WB Bottom
ID-1-2 Layer 1 Black Foam Board Type Non Detect 0.00% Blue, nonfibrous, homogeneous. 100% non-asbestos	24-0484-2	WB Bottom
ID-2-1 Layer 1 Blue Foam Type Non Detect 0.00% Blue, nonfibrous, homogeneous. 100% non-asbestos	24-0484-3	WB Bottom
ID-2-2 Layer 1 Blue Foam Type Non Detect 0.00% Blue, nonfibrous, homogeneous. 100% non-asbestos	24-0484-4	WB Bottom
ID-3-1 Layer 1 Glue Type Non Detect 0.00% White, nonfibrous, homogeneous. 100% non-asbestos	24-0484-5	WB Bottom

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

Analyst(s): Lillian C. Sabuda

Reviewer(s): Ashton E. Bullock
Analyst

Accreditations
NIST-NVLAP
No. 600212-0

Samples: 42 Layers: 0 Point Counts: 0

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

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Reported 5/3/2024

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BULK SAMPLE ANALYSIS SUMMARY

Client ID ID-3-2 Layer 1 Glue Type Non Detect 0.00% White, nonfibrous, homogeneous. 100% non-asbestos	Lab ID 24-0484-6	Location WB Bottom
Client ID ID-4-1 Layer 1 Concrete Joint Type Non Detect 0.00% Grey, nonfibrous, homogeneous. 100% non-asbestos	Lab ID 24-0484-7	Location WB Bottom
Client ID ID-4-2 Layer 1 Concrete Joint Type Non Detect 0.00% Grey, nonfibrous, homogeneous. 100% non-asbestos	Lab ID 24-0484-8	Location WB Bottom
Client ID ID-5-1 Layer 1 Orange Foam Type Non Detect 0.00% Orange, nonfibrous, homogeneous 100% non-asbestos	Lab ID 24-0484-9	Location WB Bottom
Client ID ID-5-2 Layer 1 Orange Foam Type Non Detect 0.00% Orange, nonfibrous, homogeneous 100% non-asbestos	Lab ID 24-0484-10	Location WB Bottom

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

Analyst(s): Lillian C. Sabuda

Reviewer(s): Ashton E. Bullock
Analyst

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No. 600212-0

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BULK SAMPLE ANALYSIS SUMMARY

Client ID ID-6-1 Layer 1 Bridge Abutment Type Non Detect 0.00% Grey, nonfibrous, homogeneous. 100% non-asbestos	Lab ID 24-0484-11	Location WB Bottom
Client ID ID-6-2 Layer 1 Bridge Abutment Type Non Detect 0.00% Grey, nonfibrous, homogeneous. 100% non-asbestos	Lab ID 24-0484-12	Location WB Bottom
Client ID ID-7-1 Layer 1 Black Joint Compound Type Non Detect 0.00% Black, fibrous, heterogeneous 100% non-asbestos	Lab ID 24-0484-13	Location WB Bottom
Client ID ID-7-2 Layer 1 Black Joint Compound Type Non Detect 0.00% Black, fibrous, heterogeneous 100% non-asbestos	Lab ID 24-0484-14	Location WB Bottom
Client ID ID-8-1 Layer 1 Blue Foam 2 Type Non Detect 0.00% Blue, nonfibrous, homogeneous. 100% non-asbestos	Lab ID 24-0484-15	Location EB Bottom

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

Analyst(s): Lillian C. Sabuda

Reviewer(s): Ashton E. Bullock
Analyst

Accreditations
NIST-NVLAP
No. 600212-0

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BULK SAMPLE ANALYSIS SUMMARY

Client ID ID-8-2 Layer 1 Blue Foam 2 Type Non Detect 0.00% Blue, nonfibrous, homogeneous. 100% non-asbestos	Lab ID 24-0484-16	Location EB Bottom
Client ID ID-9-1 Layer 1 Black Joint Compound 2 Type Non Detect 0.00% Black, fibrous, heterogeneous 100% non-asbestos	Lab ID 24-0484-17	Location EB Bottom
Client ID ID-9-2 Layer 1 Black Joint Compound 2 Type Non Detect 0.00% Black, fibrous, heterogeneous 100% non-asbestos	Lab ID 24-0484-18	Location EB Bottom
Client ID ID-10-1 Layer 1 Concrete Joint 2 Type Non Detect 0.00% Grey, nonfibrous, homogeneous. 100% non-asbestos	Lab ID 24-0484-19	Location EB Bottom
Client ID ID-10-2 Layer 1 Concrete Joint 2 Type Non Detect 0.00% Grey, nonfibrous, homogeneous. 100% non-asbestos	Lab ID 24-0484-20	Location EB Bottom

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

Analyst(s): Lillian C. Sabuda

Reviewer(s): Ashton E. Bullock
Analyst

Accreditations
NIST-NVLAP
No. 600212-0

Samples: 42 Layers: 0 Point Counts: 0

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BULK SAMPLE ANALYSIS SUMMARY

Client ID ID-11-1 Layer 1 Orange Foam 2 Type Non Detect 0.00% Orange, nonfibrous, homogeneous 100% non-asbestos	Lab ID 24-0484-21	Location EB Bottom
Client ID ID-11-2 Layer 1 Orange Foam 2 Type Non Detect 0.00% Orange, nonfibrous, homogeneous 100% non-asbestos	Lab ID 24-0484-22	Location EB Bottom
Client ID ID-12-1 Layer 1 Bridge Abutment 2 Type Non Detect 0.00% Grey, nonfibrous, homogeneous. 100% non-asbestos	Lab ID 24-0484-23	Location EB Bottom
Client ID ID-12-2 Layer 1 Bridge Abutment 2 Type Non Detect 0.00% Grey, nonfibrous, homogeneous. 100% non-asbestos	Lab ID 24-0484-24	Location EB Bottom
Client ID ID-13-1 Layer 1 Caulk Type Non Detect 0.00% Grey, nonfibrous, homogeneous. 100% non-asbestos	Lab ID 24-0484-25	Location EB Bottom

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

Analyst(s): Lillian C. Sabuda

Reviewer(s): Ashton E. Bullock
Analyst

Accreditations
NIST-NVLAP
No. 600212-0

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BULK SAMPLE ANALYSIS SUMMARY

Client ID ID-13-2 Layer 1 Caulk Type Non Detect 0.00% Grey, nonfibrous, homogeneous. 100% non-asbestos	Lab ID 24-0484-26	Location EB Bottom
Client ID ID-14-1 Layer 1 Joint Material Type Non Detect 0.00% Black, fibrous, heterogeneous 100% non-asbestos	Lab ID 24-0484-27	Location EB Top
Client ID ID-14-2 Layer 1 Joint Material Type Non Detect 0.00% Black, fibrous, heterogeneous 100% non-asbestos	Lab ID 24-0484-28	Location EB Top
Client ID ID-15-1 Layer 1 Hard Black Tar Type Non Detect 0.00% Black, nonfibrous, homogeneous. 100% non-asbestos	Lab ID 24-0484-29	Location EB Top
Client ID ID-15-2 Layer 1 Hard Black Tar Type Non Detect 0.00% Black, nonfibrous, homogeneous. 100% non-asbestos	Lab ID 24-0484-30	Location EB Top

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

Analyst(s): Lillian C. Sabuda

Reviewer(s): Ashton E. Bullock
Analyst

Accreditations
NIST-NVLAP
No. 600212-0

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BULK SAMPLE ANALYSIS SUMMARY

Client ID ID-16-1 Layer 1 Rubber Joint Type Non Detect 0.00% Black, nonfibrous, homogeneous. 100% non-asbestos	Lab ID 24-0484-31	Location EB Top
Client ID ID-16-2 Layer 1 Rubber Joint Type Non Detect 0.00% Black, nonfibrous, homogeneous. 100% non-asbestos	Lab ID 24-0484-32	Location EB Top
Client ID ID-17-1 Layer 1 Concrete Base Type Non Detect 0.00% Grey, nonfibrous, homogeneous. 100% non-asbestos	Lab ID 24-0484-33	Location EB Top
Client ID ID-17-2 Layer 1 Concrete Base Type Non Detect 0.00% Grey, nonfibrous, homogeneous. 100% non-asbestos	Lab ID 24-0484-34	Location EB Top
Client ID ID-18-1 Layer 1 Hard Black Tar 2 Type Non Detect 0.00% Black, fibrous, heterogeneous 100% non-asbestos	Lab ID 24-0484-35	Location WB Top

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

Analyst(s): Lillian C. Sabuda

Reviewer(s): Ashton E. Bullock
Analyst

Accreditations
NIST-NVLAP
No. 600212-0

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BULK SAMPLE ANALYSIS SUMMARY

Client ID ID-18-2 Layer 1 Hard Black Tar 2 Type Non Detect 0.00% Black, fibrous, heterogeneous 100% non-asbestos	Lab ID 24-0484-36	Location WB Top
Client ID ID-19-1 Layer 1 Joint Material 2 Type Non Detect 0.00% Black, nonfibrous, heterogeneous. 100% non-asbestos	Lab ID 24-0484-37	Location WB Top
Client ID ID-19-2 Layer 1 Joint Material 2 Type Non Detect 0.00% Black, nonfibrous, heterogeneous. 100% non-asbestos	Lab ID 24-0484-38	Location WB Top
Client ID ID-20-1 Layer 1 Concrete Base 2 Type Non Detect 0.00% Grey, nonfibrous, homogeneous. 100% non-asbestos	Lab ID 24-0484-39	Location WB Top
Client ID ID-20-2 Layer 1 Concrete Base 2 Type Non Detect 0.00% Grey, nonfibrous, homogeneous. 100% non-asbestos	Lab ID 24-0484-40	Location WB Top

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

Analyst(s): Lillian C. Sabuda

Reviewer(s): Ashton E. Bullock
Analyst

Accreditations
NIST-NVLAP
No. 600212-0

Samples: 42 Layers: 0 Point Counts: 0

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The Mannik & Smith Group, Inc.
1800 Indian Wood Circle
Maumee, OH, 43537

Project Belmont Co. Bridge PID 120547
Order # 24-0484
Project # 401.E275002.000 (0040, 04

Received 4/29/2024
Analyzed 5/3/2024
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Email: cshaffer@manniksmithgroup.com

Phone: (419) 891-2222

BULK SAMPLE ANALYSIS SUMMARY

Client ID ID-21-1 Layer 1 Rubber Joint 2 Type Non Detect 0.00% Black, nonfibrous, homogeneous. 100% non-asbestos	Lab ID 24-0484-41	Location WB Top
Client ID ID-21-2 Layer 1 Rubber Joint 2 Type Non Detect 0.00% Black, nonfibrous, homogeneous. 100% non-asbestos	Lab ID 24-0484-42	Location WB Top

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

Analyst(s): Lillian C. Sabuda

Reviewer(s): Ashton E. Bullock
Ashton E. Bullock
Analyst

Accreditations
NIST-NVLAP
No. 600212-0

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The Mannik & Smith Group
Analytical Laboratories

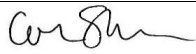
Chain of Custody

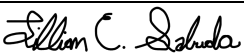
Order Number:

24-0484

Client The Mannik & Smith Group, Inc.		City, State Maumee, Ohio	Zip Code 43537	Sampled By: C. Shaffer
Address 1800 Indian Wood Circle		Contact Cole M. Shaffer	Phone (419) 891-2222	
Project Belmont Co. Bridge PID 120547	Project # 401.E275002.000 (0040, 0400)	Email cshaffer@manniksmithgroup.com	Fax 0	Date Sampled: 4/25/2024
Turn Around <input type="checkbox"/> 4 Hour <input type="checkbox"/> 24 Hour <input type="checkbox"/> 48 Hour		<input type="checkbox"/> 72 Hour <input checked="" type="checkbox"/> 1 Week		Report to <input checked="" type="checkbox"/> Email <input type="checkbox"/> Fax
Bulk Samples Only. Analytical Method: US EPA 600/R-93/116 by Polarized Light Microscopy. Point counts automatically performed >0<3%.				<input checked="" type="checkbox"/> Test Until Positive <input type="checkbox"/> Point Count All Samples

Lab ID	Customer ID	Material Type	Material Location	Notes
0 -1	ID-1-1	Black Foam Board	WB Bottom	
0 -2	ID-1-2	Black Foam Board	WB Bottom	
0 -3	ID-2-1	Blue Foam	WB Bottom	
0 -4	ID-2-2	Blue Foam	WB Bottom	
0 -5	ID-3-1	Glue	WB Bottom	
0 -8	ID-3-2	Glue	WB Bottom	
0 -9	#REF!	#REF!	#REF!	
0 -10	ID-4-1	Concrete Joint	WB Bottom	
0 -11	ID-4-2	Concrete Joint	WB Bottom	
0 -12	ID-5-1	Orange Foam	WB Bottom	
0 -13	ID-5-2	Orange Foam	WB Bottom	
0 -14	ID-6-1	Bridge Abutment	WB Bottom	
0 -15	ID-6-2	Bridge Abutment	WB Bottom	

Relinquished 
Date / Time 4/26/2024 @ 0950

Received 
Date / Time 4/29/2024

Relinquished _____
Date / Time _____

Received _____
Date / Time _____

Comments

The Mannik & Smith Group
Analytical Laboratories

Chain of Custody

Order Number:

24-0484

Lab ID	Customer ID	Material Type	Material Location	Notes
0 -20	ID-7-1	Black Joint Compound	WB Bottom	
0 -21	ID-7-2	Black Joint Compound	WB Bottom	
0 -22	ID-8-1	Blue Foam 2	EB Bottom	
0 -23	ID-8-2	Blue Foam 2	EB Bottom	
0 -24	ID-9-1	Black Joint Compound 2	EB Bottom	
0 -25	ID-9-2	Black Joint Compound 2	EB Bottom	
0 -26	ID-10-1	Concrete Joint 2	R7	
0 -27	ID-10-2	Concrete Joint 2	R7	
0 -28	ID-11-1	Orange Foam 2	R15	
0 -29	ID-11-2	Orange Foam 2	R15	
0 -30	ID-12-1	Brudge Abutment 2	R11	
0 -31	ID-12-2	Brudge Abutment 2	R11	
0 -32	ID-13-1	Caulk	EB Bottom	
0 -33	ID-13-2	Caulk	EB Bottom	
0 -34	ID-14-1	Joint Material	EB Top	
0 -35	ID-14-2	Joint Material	EB Top	
0 -38	ID-15-1	Hard Black Tar	EB Top	
0 -39	ID-15-2	Hard Black Tar	EB Top	
0 -40	ID-16-1	Rubber Joint	EB Top	

Lab ID	Customer ID	Material Type	Material Location	Notes
0 -41	ID-16-2	Rubber Joint	EB Top	
0 -42	ID-17-1	Concrete Base	EB Top	
0 -43	ID-17-2	Concrete Base	EB Top	
0 -44	ID-18-1	Hard Black Tar 2	WB Top	
0 -45	ID-18-2	Hard Black Tar 2	WB Top	
0 -46	ID-19-1	Joint Material 2	WB Top	
0 -47	ID-19-2	Joint Material 2	WB Top	
0 -48	ID-20-1	Concrete Base 2	WB Top	
0 -49	ID-20-2	Concrete Base 2	WB Top	
0 -50	ID-21-1	Rubber Joint 2	WB Top	
0 -51	ID-21-2	Rubber Joint 2	WB Top	

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

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

Revised?

Owner		
Name: ODOT District 11 Office	Is this a company? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address: 2201 Reiser Avenue	Contact Person: Thomas Stratton	
City: New Philadelphia	State: Ohio	Zip: 44663 -
Email: Thomas.Stratton@dot.ohio.gov	Phone: (330) 308 - 3992	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:	Contact Person:	
Address:	Contact Person:	
City:	State:	Zip: -
Email:	Phone: () -	Fax: () -

3) Ohio Asbestos Hazard Evaluation Specialist and Evaluation Procedure

Revised?

Evaluation Specialist: Allie Mullinger	Certification #: ES 549328	Expiration Date: 10 / 05 /2024
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 type="checkbox"/> Other (Explain):	
Description of affected facility components (include attachment if necessary):	

Notification of Demolition and Renovation/Abatement

Section 1: General Information

Continued

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

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

For the material listed in each project, describe the type(s) of ACM to be abated, engineering controls and work practices to be used to minimize emissions and ensure proper waste handling:					
Type of ACM to be abated:	<input type="checkbox"/> Surfacing	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Other		
Engineering Controls:	<input type="checkbox"/> Wet Methods	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> NPE	<input type="checkbox"/> AFD	<input type="checkbox"/> Other:
Work Practices:	<input type="checkbox"/> Intact Removal	<input type="checkbox"/> Manual	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Other:	

7) Asbestos Waste Transporter (if applicable) Revised?

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

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

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

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

A copy of the issued order, including the following information, must be attached to this notification.					
Government Official Issuing Order:			Title:		
Agency:			Authority of Order (Citation of Code):		
Date of Order: / /			Demolition Date: / /		

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

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

11) Attestation Revised?

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



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): BEL-70-9.577R (SFN: 0702250)		Site Location (specific): IR-70 EB Bridge over Belmont Morristown Rd, 0.6 mi south of US 40	
Address: 40.059939, -81.052821			
City: Belmont	State: OH	Zip: 43718 -	
Building Size (square feet): 5,589	No. of Floors: NA	Age: 50 yrs (Built 1964)	
Present Use: Bridge	Prior Use: NA		

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

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

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

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

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

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

F. Demolition Contractor (if applicable) Revised?

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

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

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

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



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

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

Revised?

Owner		
Name: ODOT District 11 Office	Is this a company? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address: 2201 Reiser Avenue	Contact Person: Thomas Stratton	
City: New Philadelphia	State: Ohio	Zip: 44663 -
Email: Thomas.Stratton@dot.ohio.gov	Phone: (330) 308 - 3992	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:	Contact Person:	
Address:	Contact Person:	
City:	State:	Zip: -
Email:	Phone: () -	Fax: () -

3) Ohio Asbestos Hazard Evaluation Specialist and Evaluation Procedure

Revised?

Evaluation Specialist: Allie Mullinger	Certification #: ES 549328	Expiration Date: 10 / 05 /2024
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 type="checkbox"/> Other (Explain):
Description of affected facility components (include attachment if necessary):

Notification of Demolition and Renovation/Abatement

Section 1: General Information

Continued

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

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

Revised?

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

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

7) Asbestos Waste Transporter (if applicable)

Revised?

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

8) Asbestos Waste Disposal Site (if applicable)

Revised?

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

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

Revised?

A copy of the issued order, including the following information, must be attached to this notification.					
Government Official Issuing Order:			Title:		
Agency:			Authority of Order (Citation of Code):		
Date of Order: / /			Demolition Date: / /		

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

Revised?

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

11) Attestation

Revised?

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

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



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 #: _____
-------------------	---------------------

A. Facility Description Revised?

Building Name (if applicable): BEL-70-9.509L (SFN: 0702226)		Site Location (specific): IR-70 WB Bridge over Belmont Morrystown Rd, 0.6 mi south of US 40	
Address: 40.060143, -81.052901			
City: Belmont	State: OH	Zip: 43718 -	
Building Size (square feet): 5,589	No. of Floors: NA	Age: 50 yrs (Built 1964)	
Present Use: Bridge	Prior Use: NA		

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
--	--

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: / /
-----------------	--------------------

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: / /