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: / /	☐ Hand-Delivered

1) Notification Information (Check all that apply)

☒ Original	☐ Revision # (count):	☐ Installation	☐ Emergency	☐ Annual	☐ Cancellation	County: CUYAHOGA

2) Owner, Asbestos Abatement Contractor, Billing and Fire Department Information **Revised?** ☐

Owner		
Name: City of Bay Village		Is this a company? ☒ Yes ☐ No
Address: 350 Dover Center Road	Contact Person:	
City: Bay Village	State: Ohio	Zip: 44140 - 2256
Email:	Phone: (440) 871 - 2200	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 ☐ Owner, ☐ Asbestos Abatement Contractor, or ☐ 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: Aris Neace	Certification #: ES 36144	Expiration Date: 03 / 24 / 2020

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: ☒ PLM ☐ Point Count ☐ TEM ☐ Other Method (Explain Below):

4) Procedures to be followed should unexpected RACM be discovered (check all that apply) **Revised?** ☐

☒ Stop work and keep wet	☒ Evacuate area	☒ Demarcate area	☒ Contact licensed abatement contractor
☒ Contact district office/local air authority			
☐ 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:
☐ Implosion ☐ Fire Training ☐ Wet Methods ☐ Manual Demolition ☐ Mechanical Demolition ☐ Other (Explain):

Description of affected facility components (include attachment if necessary):

Mail completed form and payment to:
Ohio EPA, DAPC – Asbestos
50 W. Town St., 7th Floor or P.O. Box 1049
Columbus, OH 43216-1049

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Section 1: General Information

Continued

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:	☐ Surfacing	☐ Mechanical	☐ Other		
Engineering Controls:	☐ Wet Methods	☐ Glove Bag	☐ NPE	☐ AFD	☐ Other:
Work Practices:	☐ Intact Removal	☐ Manual	☐ Mechanical	☐ Other:	

7) Asbestos Waste Transporter (if applicable) **Revised?** ☐

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

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

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

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

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

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

Date of Emergency: / /	Time of Emergency: : ☐ a.m. ☐ p.m.
Description of Sudden, Unexpected Event:	
Explanation of how the event caused unsafe conditions or equipment damage:	

11) Attestation **Revised?** ☐

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

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Section 2: Project Address Specific Information

Division of Air Pollution Control

Ohio Environmental Protection Agency

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): CUY ASHTO 00100	Site Location (specific): 531 Ft East Of Bradley Rd	
Address: 41°28'52.68"N 81°57'29.52"W		County: CUYAHOGA
City: Bay Village	State: OH	Zip: 44140 -
Building Size (square feet): 1,188	No. of Floors:	Age: 15
Present Use: Bridge	Prior Use: Bridge	

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

☒ Demolition ☒ Renovation/Abatement – Type: ☐ Removal ☐ Repair ☐ Encapsulation ☐ Enclosure

C. Asbestos Present (check one) **Revised?** ☐

☒ Yes ☐ No ☐ No, previously abated Year Abated:

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

	Material to be Removed			Material NOT to be Removed	
		Non-friable Asbestos-Containing Material		Non-friable Asbestos-Containing Material	
	RACM	Category I	Category II	Category I	Category II
Pipes (linear feet)					
Surface area on other facility components (ft^2)			10		
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 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: / /

H. Project Hold **Revised?** ☐

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