



January 31, 2019

Re: Asbestos Survey of HAN-SR 698-4.73/5.76 for PID: 101193

On 12/11/18 Tim Ziessler (AHES # 35307) of the Ohio Department of Transportation conducted an asbestos survey on two bridges on State Route 698 over Tiderishi Creek on Hancock County. The purpose of this survey was to determine the presence of asbestos-containing materials located in/on the structure prior to repair.

The survey consisted of an inspection of all areas on top of and below the structure to confirm the presence, location and quantities of suspected asbestos-containing materials. No asbestos containing materials were identified, no further asbestos investigations are recommended by the inspector and no bulk samples were taken from the following structure:

CRS: HAN-SR 698-4.73

PID: 101193

SFN:3205509

CRS: HAN-SR 698-5.76

PID: 101193

SFN:3205525

Attachments:

Attachment A: Ohio Department of Health certification for Tim Ziessler, Asbestos Hazard Evaluation Specialist

Attachment B: Ohio Environmental Protection Agency Notification of Demolition and Renovation/Abatement

Timothy J Ziessler

Asbestos Hazard Evaluation Specialist



Timothy J Ziessler

11770 State Highway 294
Upper Sandusky OH 43351

Certification Number

ES35307

Expiration Date

04/11/2019

DOB: 05/05/1960

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

This card is not valid if altered.



Notification of Demolition and Renovation/Abatement

Section 1: General Information

Division of Air Pollution Control

Work on projects cannot begin until 10 working days after a COMPLETE original notification form, **including payment**, is submitted to Ohio EPA. Instructions and a worksheet for fee calculation are available at epa.ohio.gov/asbestos. This form can be completed, and payment made, at ebiz.epa.ohio.gov. Questions? asbestos@epa.ohio.gov or (614) 466-0061.

<i>Ohio EPA Use Only</i>	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	County:
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2) Owner, Asbestos Abatement Contractor, Billing and Fire Department Information Revised?

Owner					
Name: The Ohio Department of Transportation					Is this a company? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address: 1885 North McCullough St			Contact Person: Brett Allerding		
City: Lima		State: Ohio		Zip: 45801 -	
Email: Brett.Allerding@dot.ohio.gov		Phone: (419) 999 - 6888		Fax: () -	
Asbestos Abatement Contractor (if applicable)					
Name:		License #: AC		Expiration Date: / /	
Address:			Contact Person:		
City:		State:		Zip: -	
Email:		Phone: () -		Fax: () -	
Billing Contact					
Is this contact associated with the <input type="checkbox"/> Owner, <input type="checkbox"/> Asbestos Abatement Contractor, or <input type="checkbox"/> Demolition Contractor (if not installation)?					
Address:			Contact Person:		
City:		State:		Zip: -	
Email:		Phone: () -		Fax: () -	
Fire Department (if applicable)					
Name:					
Address:			Contact Person:		
City:		State:		Zip: -	
Email:		Phone: () -		Fax: () -	

3) Ohio Asbestos Hazard Evaluation Specialist and Evaluation Procedure Revised?

Evaluation Specialist: Tim Ziesser	Certification #: ES 35307	Expiration Date: 04 / 11 / 2019
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 type="checkbox"/> PLM <input type="checkbox"/> Point Count <input type="checkbox"/> TEM <input checked="" type="checkbox"/> Other Method (Explain Below):		
During the asbestos survey no asbestos-containing materials were detected. No bulk samples were collected.		

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

<input type="checkbox"/> Stop work and keep wet	<input type="checkbox"/> Evacuate area	<input type="checkbox"/> Demarcate area	<input type="checkbox"/> Contact licensed abatement contractor
<input 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
50 W. Town St., 7th Floor or 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): HAN-SR 698-4.73 (SFN: 3205509)		Site Location (specific): SR 698 over Tiderishi Creek (mile marker 4.73)	
Address: NA		County: Hancock	
City: NA		State: OH	Zip: -
Building Size (square feet): NA		No. of Floors: NA	
Present Use: Bridge		Age: NA	
Prior Use: Bridge			

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

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

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

	Material to be Removed				Material NOT to be Removed	
	RACM	Non-friable Asbestos-Containing Material		Non-friable Asbestos-Containing Material		
		Category I	Category II	Category I	Category II	
Pipes (linear feet)						
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 1) Time start/end on site	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Abatement Specialist Name:				Certification #: AS		Expiration Date: / /	

F. Demolition Contractor (if applicable) Revised?

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

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

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

Hold Begin Date: / /	Work Resume Date: / /
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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): HAN-SR 698-5.76 (SFN: 3205525)		Site Location (specific): SR 698 over Tiderishi Creek (mile marker 5.76)	
Address: NA		County: Hancock	
City: NA		State: OH	Zip: -
Building Size (square feet): NA		No. of Floors: NA	
Present Use: Bridge		Age: NA	
Prior Use: Bridge			

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

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

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

	Material to be Removed				Material NOT to be Removed	
	RACM	Non-friable Asbestos-Containing Material		Non-friable Asbestos-Containing Material		
		Category I	Category II	Category I	Category II	
Pipes (linear feet)						
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 1) Time start/end on site	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Abatement Specialist Name:			Certification #: AS			Expiration Date: / /	

F. Demolition Contractor (if applicable) Revised?

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

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

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

Hold Begin Date: / /	Work Resume Date: / /
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Notification Fee Worksheet

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. The form and instructions with definitions are available at epa.ohio.gov/asbestos. The form can be completed, and payment made, at ebiz.epa.ohio.gov. Questions? asbestos@epa.ohio.gov or 614-466-0061

Licensing Project Notification Fee(s):

A \$65 notification licensing fee is due per project if it involves an abatement\renovation with RACM greater than 50 linear or square feet or greater than or equal to 35 cubic feet. Complete the table below with RACM amounts from each project listed in Section 2.D. of the Notification form. Place \$65 in each row where this criterion is met.

Project Detail						
Project	Demo	Reno	Linear Ft.	Square Ft.	Cubic Ft.	License Fee
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total:						\$ 1

Applicable NESHAP Project Notification Fees:

The NESHAP notification fees below apply if one of the following are on the completed notification form:

- The project(s) is part of an installation; or
- At least one project is a demolition; or
- At least one project is a renovation/abatement with the total RACM being greater than or equal to 260 linear feet, 160 square feet, or 35 cubic feet.

NESHAP Notification Fee	A fee of \$75.	\$ 	2
RACM Fee	A \$3 fee is charged per unit of the total linear and square feet of RACM. A unit is calculated by taking that total and dividing by 50. Only whole units are charged. (a) Total linear feet + Total sq. ft = _____ (b) Total in (a) divided by 50 = _____ (c) Number in (b) rounded down to a whole unit = _____ (d) Multiply the whole unit in (c) by \$3 = _____	\$ 	3
Clean-Up Fee	A \$4 fee is charged per cubic yard of RACM. Calculate this by taking the total cubic feet and dividing by 27. Only whole cubic yards are charged. (a) Total cubic feet divided by 27 = _____ (b) Number in (a) rounded down to a whole cubic yard = _____ (c) Multiply the whole cubic yard in (b) by \$4 = _____	\$ 	4
Total Amount Due (Add 1-4 above)		\$ 	

You must include a check or money order, payable to Treasurer State of Ohio, with your project notification form for your notification to be complete.