

## Notification of Demolition and Renovation Form Single & Multi-Structure

Division of Air Pollution Control

Operator Project # For Official Use Only									and the same							
Operator Project #:		∏ Hand-De		ostmark	1	1	Received by	Office	1	/	Notification	#				
1	1 Notification Type (check one)			La L	DAY AT Y	- 1	Mederica by	AL III			A A					
-	Original	Revision	# 5	action #s Ro	visad:		Offsite/H	old	☐ Yes [	J No.		Cancellation				
2																
								Site Location Westbound State Route 2 over Worden Road								
Addre		ate Route 21	er vv ordei		County Lake											
City Wickliffe								State OH Zip								
Building Size (ft²) Not Applicable  Present Use Bridge								No. of Floors Not Applicable Age (years) ~60								
_	1	The second second			Prior Use	Prior Use Bridge										
3	3 Type of Operation (check one)  X Demolition Emergency Demolition Renovation Emergency Renovation Fire Training Annual Courtesy															
	Demolition		molition L	_ Renovatio	n []	Emergeno	cy Renovation [_]	Fire Trainin	g [] An	nual [_] C	Courtesy					
4	Is Asbestos Present	? (check one)		Me ru Will					100			lluve i i extinactinge				
	☐ Yes	No [	☐ No, previ	ously abated	d	Year A	bated (if applicable	e):								
5	Owner/Coordinatin	g Entity, Asbes	tos Abatem	ent Contrac	tor and	Onsite De	emolition Contract	or Informati	on							
☐ Ye	Is this project part of a larger project or urban demolition (installation)?  Yes (list contact information for coordinating entity below)  No (list contact information for property owner below)							Does this notification include more than one structure?  ☐ Yes (complete the Multi-Structure Attachment Form)  ☐ No								
Owner	/Coordinating Entity	Ohio De	partment	of Transp	ortatio	on, Dist	rict 12									
Addre	55 5500 Transp	ortation Bou	levard				County Cu	County Cuyahoga								
City	Garfield Hei	ghts					State O	hio	44125							
Contac	t Mr. Mark C	arpenter					Phone ( 2)	Phone ( 216 ) 581 - 2100 Fax ( 216 ) 584 - 2274								
Asbest	os Abatement Contra	ctor (if applical	ole)				On-site Demo	On-site Demolition Contractor or Fire Department (if applicable)								
Name							Name									
Addre	SS						Address									
City			State	Zip			City									
Contac	:t		License #:	AC			Contact									
Phone	( )	12	Fax (	)	-		Phone (									
Email							Email									
6	Ohio Asbestos Haza	rd Evaluation S	specialist an	d Evaluatio	n Proced	dure		حقر لارت								
		hn Worthy						License #: ES 34782 Expiration Date 01 /15 / timate the quantity of regulated asbestos-containing material (RACM) and								
	lure, including analyti ory I and Category II n No building m	onfriable asbes	tos-containi	ng material:		PLM	Point Count	TEM		ther Metho						
7	Approximate Amou	nt of Asbestos	-Containing	Materials (	complete	e table be	elow and Section 1	1 if asbestos	is preser	it)	1441	The State of the S				
				Material to	be Rem	oved			M	aterial NOT	to be Remo	oved				
		DAGE		Nonfria	Nonfriable Asbestos-Containi			ng Material No			s-Containin	ntaining Material				
		RACI	VI _	Cate	gory I		Category II	Category II Category				Category II				
F	ipes (linear feet)															
9	Surface Area (ft²)															
Facility Components  ft <sup>3</sup> yd <sup>3</sup>																
8 Scheduled Dates of Demolition or Renovation (original notification is required 10 working days prior to the start of work)																
Start / / Complete / /																
9	Asbestos Removal I	Dates and Worl	k Hours (if a	pplicable, fo	or asbes	tos remo		T, SI, F		il Wille						
	Start	/ /		-'r			Complete	/				r=====================================				
Но		Т	uesday	We	Wednesday		Thursday	Frid	Friday		rday	Sunday				
Onsite			( <del></del> )		:—:		-			()-	+)	-				

Ohio Environmental Protection Agency	Notification of Demolition and Renovation							
- Company								
10 Planned Demolition or Renovation Work (check all that app								
	ned and method(s) to be employed, including demolition or renovation techniques to be used:							
	anual Demolition							
Description of affected facility components (include attachment if ne	ecessary)							
11 Asbestos Description and Engineering Controls (if asbestos	is being shated)							
	e(s) of ACM to be abated as well as engineering controls and work practices to be used to minimize							
12 Asbestos Waste Transporters (if applicable)								
Asbestos Waste Transporter #1	Asbestos Waste Transporter #2							
Address	Address							
City State Zip	City State Zip							
Contact	Contact							
Phone ( ) - Fax ( )	- Phone ( ) - Fax ( ) -							
Email	Email							
13 Asbestos Waste Disposal (if applicable)								
Asbestos Waste Disposal Site	Contact							
Address	Email							
City State Zip	Phone ( ) - Fax ( ) -							
14 Emergency Demolition (complete this section if you checke	d Emergency Demolition in Section 3)							
A copy of the issued order, including the following information, must	t be attached to this notification.							
Government Official Issuing Order	Title							
Agency	Authority of Order (Citation of Code)							
Date of Order / /	Demolition Date / /							
15 Emergency Renovation (complete this section if you checke	ed Emergency Renovation in Section 3)							
A separate sheet with the following information must be attached to	o this notification							
Date of Emergency / /	Time of Emergency							
Description of Sudden, Unexpected Event								
Explanation of how the event caused unsafe conditions or equipment damage								
16 Procedures to be followed should unexpected RACM be dis	covered (check all that apply)							
Stop work and keep wet Evacuate a	rea Contact licensed abatement contractor							
Contact district office/local air authority	e area							
17 Asbestos Abatement Signature (only sign below if asbestos	is being removed)							
	p), I certify that at least one person trained as required by paragraph (B) of rule 3745-20-04 of the							
Signature	Date / /							
Name, Title and Organization (please print)								
18 Demolition and Renovation Signature (required for all origi	nal and revised notifications)							

Original notification must be mailed or hand-delivered at least 10 working days (Monday – Friday excluding weekends) before demolition or renovation begins, except emergency demolitions and emergency renovations which must be submitted as soon as possible before operations begin, but no later than the following work day.

Signature

Name, Title and Organization (please print)

Date



## Notification of Demolition and Renovation Form Single & Multi-Structure

Division of Air Pollution Control

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Operator Project #:		☐ Hand-De		ostmark	/ /		Received by	Office	1 1		Notification	#					
1	Notification Type (c					MIL WILL		N SIL TI	O Tiles								
	Original	Revision	# Se	ection #s Revis	ed:		Offsite/H	Offsite/Hold Yes No Cancellation									
				-0.000	number	r). If more than one structure, use Multi-Structure Attachment form											
Building Name (if applicable) Eastbound State Route 2 Bridge over Worden																	
							County Lake										
City	Wickliffe	te Route 2 D	vv orderi ic	State OH Zip													
								No. of Floors Not Applicable Age (years) ~60									
Present			_	Prior Use Bridge													
			25,000	riioi ose Diidge													
		-0	nontion [	Reliovation	C rineis	gency ive	novation	riie Iraiiiiii	в 🗀 Анн	uai [_]	Courtesy						
	Is Asbestos Present				Ayles (	We I'l					iliania vaga						
	Yes X		No, previo				d (if applicable	***									
	Owner/Coordinatin	Open to the second second	and the second second second		The state of the s	e Demol			1990	E OUT IN	the coupling						
I '	roject part of a large (list contact informa	, ,		,	1)?		Does this notin	fication inclu Hete the Mu									
	list contact informat						No Tes (comp	nete the ivid	iti Structur	C Attacimi	icheronny						
Owner/0	Coordinating Entity	Ohio De	partment	of Transpor	rtation, D	istrict	12										
Address	5500 Transpo						County Cuyahoga										
City	Garfield Hei						State Ohio Zip 44125										
Contact	Mr. Mark C						Phone ( 216 ) 581 - 2100 Fax ( 216 ) 584 - 2274										
Asbesto	s Abatement Contra	ctor (if applical	ble)				On-site Demolition Contractor or Fire Department (if applicable)										
Name							Name										
Address							Address										
City			State	Zip			City State Zip										
Contact			License #:	AC			Contact										
Phone	( )	*	Fax (	)	*		Phone ( ) Fax ( ) *										
Email							Email										
6	Ohio Asbestos Haza	rd Evaluation S	Specialist and	d Evaluation P	rocedure				أأالتعرب	N - 10	Maria De						
Evaluatio	on Specialist: Jo}	nn Worthy					License #: ES 34782 Expiration Date 01 /15 /2017										
	re, including analytic																
"	y I and Category II no			Ü	☐ PLM	_	Point Count	TEM	_		od (Explain B	elow):					
- 12	No building m			A4,			100										
7 /	Approximate Amou	nt of Aspestos				e below	and Section 1.	I if aspestos			Tanka Dawa	and					
				Material to be		Containi	Material NOT to be Removed										
		RACI	M Nonfriable Asbestos-Containi								Asbestos-Containing Material						
Die	pes (linear feet)		-	Catego	ТУТ	-	Category I Category I					Category II					
	rface Area (ft²)										_						
	lity Components		-			-		-									
	ft <sup>3</sup> yd <sup>3</sup>																
8 Scheduled Dates of Demolition or Renovation (original notification is required 10 working days prior to the start of work)																	
	Start	//				1	Complete	/	/	=1, 1							
9	Asbestos Removal D	ates and Worl	k Hours (if ap	oplicable, for a	asbestos re	1											
	Start	/ /		1		_	Complete	/									
Hours		Tı	uesday	Wednesday		Т	hursday	Friday		Saturday		Sunday					
Onsite	е		2	29	-		200	_		-							

Ohio	Environm	ental P	rotection Age	ncy								Not	ification c	of Den	nolition a	and Reno	ovation
					I I I I I I I I I I I I I I I I I I I	1100										-	
10	The Great Visites	WIT - 3/5/6/201	HIPOPPENIC PRODUCTS	vation Work (ch	A	THE PARTY NAMED IN							3	W.			
Description of planned demolition or renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used:																	
	☐ Impl	osion	Fire Traini	ing 🗌 Wet M	ethods	∏ Manual De	emolition	Mecha	nical De	emolitio	n [](	Other (E	xplain Bel	low)			
Descri	ption of a	ffected	facility compo	onents (include a	attachme	nt if necessary	<i>(</i> )										
11	Asbesto	s Desc	ription and En	gineering Contr	ols (if ast	estos is being	g abated)			NAME OF	wit B	51	7 4 1				SO TIME
			n material liste proper waste h	ed in Section 7, d nandling:	lescribe t	he type(s) of A	ACM to be ab	oated as w	vell as ei	ngineeri	ng cont	rols and	work pra	ctices	to be us	sed to m	inimize
12	Asbesto	s Wast	e Transporter	rs (if applicable)	TINE IS				M nef	govilli			War is			الماليكاة	
Asbes	tos Waste	Transp	orter #1					Asbesto	s Waste	Transpo	orter #2						
Addre	SS							Address									
City				State	Z	Žip		City					State		Zip		
Conta	ct							Contact									
Phone	(	)		Fax (	)	173		Phone	(	)	15		Fax (		)		
Email								Email									
13	Asbesto	s Wast	e Disposal (if	applicable)				100	1110	14				11 -5			1 30
Asbestos Waste Disposal Site Contact																	
Addre		- 10						Email									
City	33			State	T-	Zip		Phone	1	)			Fax (		Y	9	
14	Emerge	ncy Do	molition /com	plete this section			gency Demo	1	ection :	3)	11.2.11	i de la colo				N.	
				the following in						(4))	ALL PILLS						JI SI
			suing Order	the following in	TOTTING CO.	·,ast 20 att		Title									
Agenc		inciai is.	oung order					Authority of Order (Citation of Code)									
_	of Order		1 1					Demolition Date / /									
15		neu Po	novation (com	plete this section	on if you	chacked Emer	gency Reno				100		TILL CONTROL	11 17	TEU/	mi - y	1
				nformation mus				vation in	Jection	3)							
_	of Emerge		/ /					Time of	Emerge	ncv							
			Unexpected E	event													
Explar	nation of h	ow the	e event caused nt damage														
16	Proced	ures to	be followed s	hould unexpect	ed RACM	be discovered	d (check all	that apply	)				on the	1			
	Stop work	and ke	ep wet		Evac	uate area		□ Co	ontact li	censed a	abatem	ent con	tractor				
	Contact d	istrict o	ffice/local air	authority	☐ Dem	arcate area		Other (Explain Below)									
				,					-								
17	Asbesto	s Abat	ement Signati	ure (only sign be	elow if as	bestos is bein	g removed)	100	Name of Street	AL HOLD				The second			Will Hotel
				ive Code rule 37 ne stripping and					erson ti	rained a	s requir	ed by p	aragraph	(B) of	rule 374	5-20-04	of the
Signat	ure											Date	/	/	/		
Name	, Title and	Organi	ization (please	print)													
18				Signature (requ	ired for a	II original and	revised not	ifications	)		18 E.				EIRIN	-	1007
	1									-							

Name, Title and Organization (please print)

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Signature

Date