



Asbestos Inspection Reporting Form

Date	01/31/24		
County	Lorain	Route	IR - 90
Section	10.76	PID	107714

Requesting ODOT District Office

Regulating OEPA District Office and Address

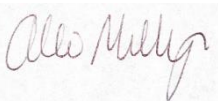
Northeast District Office
2110 East Aurora Road
Twinsburg, Ohio 44087

Date of the Asbestos Inspection

Name and Address of the company conducting the asbestos inspection

Clune Consulting Services
PO Box 103
Minster OH, 45865

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



Allie Mullinger
Asbestos Hazard Evaluation # ES549328


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

Sample ID	Description	Location
ID-1-1	Bridge Concrete	Base of Bridge - Eastbound (EB)
ID-1-2	Bridge Concrete	Base of Bridge - EB
ID-2-1	Black Patch	Middle of Bridge - EB
ID-2-2	Black Patch	Middle of Bridge - EB
ID-3-1	Joint Caulk	Bridge Barriers - EB
ID-3-2	Joint Caulk	Bridge Barriers - EB
ID-4-1	Bridge Concrete	Base of Bridge - Westbound (WB)
ID-4-2	Bridge Concrete	Base of Bridge - WB
ID-5-1	Black Patch	Middle of Bridge - WB
ID-5-2	Black Patch	Middle of Bridge - WB
ID-6-1	Joint Caulk	Bridge Barriers - WB
ID-6-2	Joint Caulk	Bridge Barriers - WB

Samples taken using bulk sampling protocol provided in guidance documents including AHERA and NESHAP.

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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If found please return card to:

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



Figure 1: Sample Location Map

Address: Lorain County, I-90 – 10.76, Bridges over Murray Ridge Rd

Date: 01/22/2024

Drawing not to scale

Date:	Sample ID:	Material:	Location:	EPA Category:	Confirmed ACM:	Quantity:
1/22/2024	ID - 1 - 1	Concrete	Base of Bridge - EB	Category II, non-friable	None	N/A
1/22/2024	ID - 1 - 2	Concrete	Base of Bridge - EB	Category II, non-friable	None	N/A
1/22/2024	ID - 2 - 1	Black Patch	Middle of Bridge - EB	Category II, non-friable	None	N/A
1/22/2024	ID - 2 - 2	Black Patch	Middle of Bridge - EB	Category II, non-friable	None	N/A
1/22/2024	ID - 3 - 1	Joint Caulk	Bridge Barrier - EB	Category II, non-friable	None	N/A
1/22/2024	ID - 3 - 2	Joint Caulk	Bridge Barrier - EB	Category II, non-friable	None	N/A
1/22/2024	ID - 4 - 1	Concrete	Base of Bridge - WB	Category II, non-friable	None	N/A
1/22/2024	ID - 4 - 2	Concrete	Base of Bridge - WB	Category II, non-friable	None	N/A
1/22/2024	ID - 5 - 1	Black Patch	Middle of Bridge - WB	Category II, non-friable	None	N/A
1/22/2024	ID - 5 - 2	Black Patch	Middle of Bridge - WB	Category II, non-friable	None	N/A
1/22/2024	ID - 6 - 1	Joint Caulk	Bridge Barrier - WB	Category II, non-friable	None	N/A
1/22/2024	ID - 6 - 2	Joint Caulk	Bridge Barrier - WB	Category II, non-friable	None	N/A

Drawing on Next Page

Drawing not to scale

Murray Ridge Rd



ID-6-1
ID-6-2

ID-5-1
ID-5-2

Asphalt Paved over Bridge Joints:
One lane on WB Bridge,
Both lanes on EB Bridge

ID-4-1
ID-4-2

Concrete Bridge Barrier

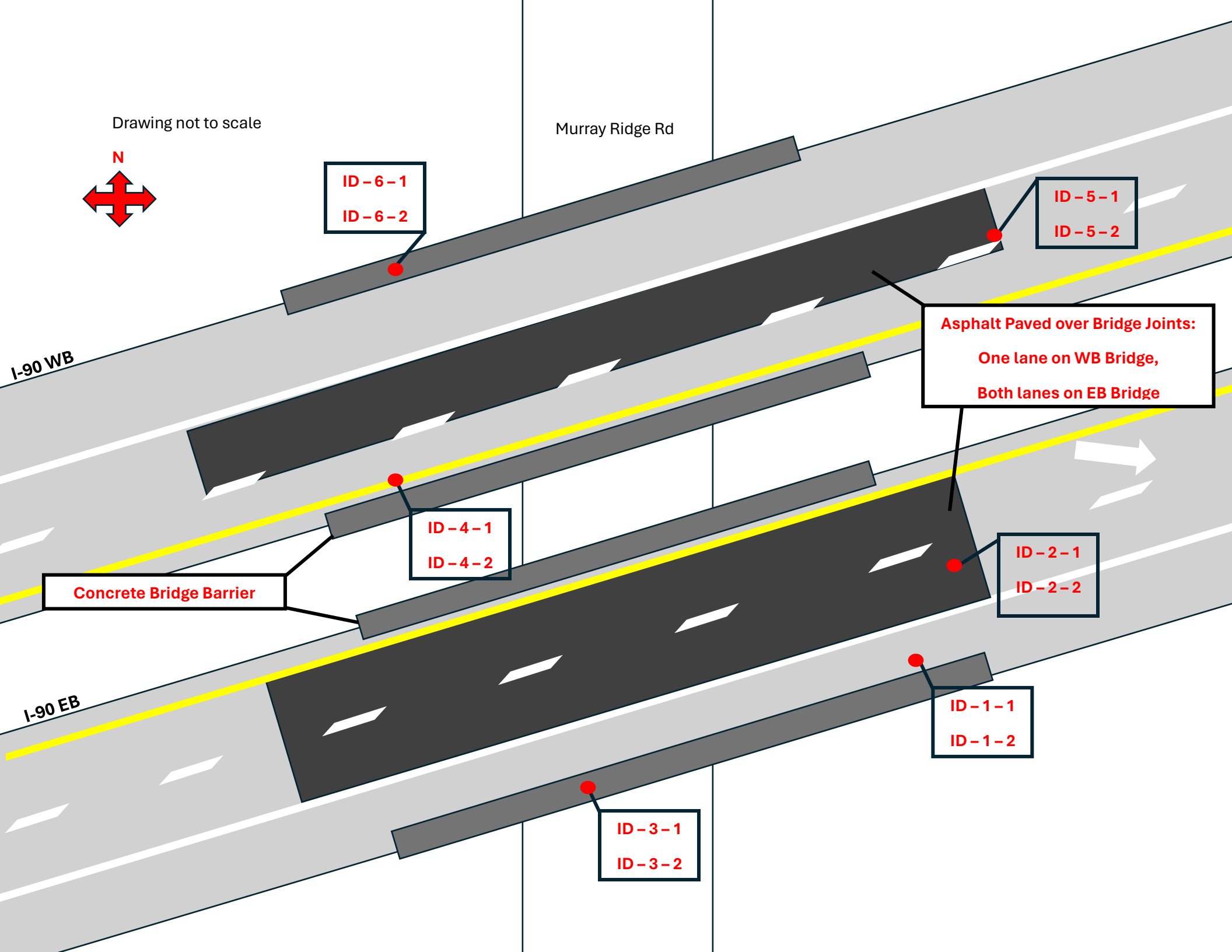
ID-2-1
ID-2-2

ID-1-1
ID-1-2

ID-3-1
ID-3-2

I-90 WB

I-90 EB



2365 S Haggerty Rd, Canton, MI 48188

Attention: Cole M. Shaffer

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

Project I-90 Bridges @ Murray Ridge Rd, Elyria Received 1/25/2024
Order # 24-0110 Analyzed 1/25/2024
Project # E2750002 Reported 1/25/2024

Email: cshaffer@manniksmithgroup.com

Phone: (419) 891-2222

BULK SAMPLE ANALYSIS SUMMARY

Client ID ID-1-1 Layer 1 Bridge Concrete Type Non Detect 0.00% Grey, nonfibrous, homogenous. 100% non-asbestos	Lab ID 24-0110-1	Location Base of Bridge - EB
Client ID ID-1-2 Layer 1 Bridge Concrete Type Non Detect 0.00% Grey, nonfibrous, homogenous. 100% non-asbestos	Lab ID 24-0110-2	Location Base of Bridge - EB
Client ID ID-2-1 Layer 1 Black Patch Type Non Detect 0.00% Black, nonfibrous, homogenous. 100% non-asbestos	Lab ID 24-0110-3	Location Middle of Bridge - EB
Client ID ID-2-2 Layer 1 Black Patch Type Non Detect 0.00% Black, nonfibrous, homogenous. 100% non-asbestos	Lab ID 24-0110-4	Location Middle of Bridge - EB
Client ID ID-3-1 Layer 1 Joint Caulk Type Non Detect 0.00% Green, nonfibrous, homogenous. 100% non-asbestos	Lab ID 24-0110-5	Location Bridge Barriers - EB

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

Analyst(s): Keegan I. Mackin

Reviewer(s): Lillian C. Sabuda
Quality Manager

Accreditations
NIST-NVLAP
No. 600212-0

Samples: 12 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.

2365 S Haggerty Rd, Canton, MI 48188

Attention: Cole M. Shaffer

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

Project I-90 Bridges @ Murray Ridge Rd, Elyria Received 1/25/2024
Order # 24-0110 Analyzed 1/25/2024
Project # E2750002 Reported 1/25/2024

Email: cshaffer@manniksmithgroup.com

Phone: (419) 891-2222

BULK SAMPLE ANALYSIS SUMMARY

Client ID ID-3-2 Layer 1 Joint Caulk Type Non Detect 0.00% Green, nonfibrous, homogenous. 100% non-asbestos	Lab ID 24-0110-6	Location Bridge Barriers - EB
Client ID ID-4-1 Layer 1 Bridge Concrete 2 Type Non Detect 0.00% Grey, nonfibrous, homogenous. 100% non-asbestos	Lab ID 24-0110-7	Location Base of Bridge - WB
Client ID ID-4-2 Layer 1 Bridge Concrete 2 Type Non Detect 0.00% Grey, nonfibrous, homogenous. 100% non-asbestos	Lab ID 24-0110-8	Location Base of Bridge - WB
Client ID ID-5-1 Layer 1 Black Patch 2 Type Non Detect 0.00% Black, nonfibrous, homogenous. 100% non-asbestos	Lab ID 24-0110-9	Location Middle of Bridge - WE
Client ID ID-5-2 Layer 1 Black Patch 2 Type Non Detect 0.00% Black, nonfibrous, homogenous. 100% non-asbestos	Lab ID 24-0110-10	Location Middle of Bridge - WE

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

Analyst(s): Keegan I. Mackin

Reviewer(s): Lillian C. Sabuda
Quality Manager

Accreditations
NIST-NVLAP
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2365 S Haggerty Rd, Canton, MI 48188

Attention: Cole M. Shaffer

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

Project I-90 Bridges @ Murray Ridge Rd, Elyria Received 1/25/2024
Order # 24-0110 Analyzed 1/25/2024
Project # E2750002 Reported 1/25/2024

Email: cshaffer@manniksmithgroup.com

Phone: (419) 891-2222

BULK SAMPLE ANALYSIS SUMMARY

Client ID	ID-6-1	Lab ID	24-0110-11	Location	Bridge Barriers - WB
	Layer 1				
	Joint Caulk 2				
Type	Non Detect 0.00%				
	Green, nonfibrous, homogenous. 100% non-asbestos				

Client ID	ID-6-2	Lab ID	24-0110-12	Location	Bridge Barriers - WB
	Layer 1				
	Joint Caulk 2				
Type	Non Detect 0.00%				
	Green, nonfibrous, homogenous. 100% non-asbestos				

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

Analyst(s): Keegan I. Mackin

Reviewer(s): Lillian C. Sabuda
Quality Manager



Accreditations
NIST-NVLAP
No. 600212-0

Samples: 12 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.

The Mannik & Smith Group
Analytical Laboratories

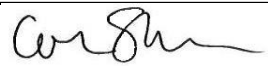
Chain of Custody


Order Number:

24-0110

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	I-90 Bridges @ Murray Ridge Rd, Elyria, OH	Project #	E2750002	Email	cshaffer@manniksmithgroup.com		Date Sampled: 1/22/2024	
Turn Around	<input type="checkbox"/> 4 Hour <input type="checkbox"/> 24 Hour <input type="checkbox"/> 48 Hour <input checked="" type="checkbox"/> 72 Hour <input 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
24-0110 -1	ID-1-1	Bridge Concrete	Base of Bridge - EB	
24-0110 -2	ID-1-2	Bridge Concrete	Base of Bridge - EB	
24-0110 -3	ID-2-1	Black Patch	Middle of Bridge - EB	
24-0110 -4	ID-2-2	Black Patch	Middle of Bridge - EB	
24-0110 -5	ID-3-1	Joint Caulk	Bridge Barriers - EB	
24-0110 -8	ID-3-2	Joint Caulk	Bridge Barriers - EB	
24-0110 -9	ID-4-1	Bridge Concrete 2	Base of Bridge - WB	
24-0110 -10	ID-4-2	Bridge Concrete 2	Base of Bridge - WB	
24-0110 -11	ID-5-1	Black Patch 2	Middle of Bridge - WB	
24-0110 -12	ID-5-2	Black Patch 2	Middle of Bridge - WB	
24-0110 -13	ID-6-1	Joint Caulk 2	Bridge Barriers - WB	
24-0110 -14	ID-6-2	Joint Caulk 2	Bridge Barriers - WB	
24-0110 -15				

Relinquished 
Date / Time 1/24/2024 @ 1630

Received 
Date / Time 1/25/2024

Relinquished _____
Date / Time _____

Received _____
Date / Time _____

Comments

Ohio Notification of Demolition and Renovation Forms



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 3 District Office	Is this a company? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address: 906 Clark Avenue	Contact Person: Don Rostofer	
City: Ashland	State: Ohio	Zip: 44805 -
Email: donald.rostofer@dot.ohio.gov	Phone: (419) 207 - 7178	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 checked="" type="checkbox"/> Mechanical Demolition <input type="checkbox"/> Other (Explain):	
Description of affected facility components (include attachment if necessary): no affected components	

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): LOR - IR 90 - 11.501R SFN: 4704371		Site Location (specific): 41.40264, -82.14881; 1.2 mi Northeast of IR - 80	
Address: IR - 90 right bridge over Murray Ridge Rd			
City: Elyria, Lorain County		State: OH	Zip: 44035 -
Building Size (square feet): 5,124		No. of Floors: 1	Age: 50 yrs (built 1974)
Present Use: Bridge		Prior Use: N/A	

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

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

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Ohio EPA Use Only	Notification #:	Postmarked: / /	Received: / /	<input type="checkbox"/> Hand-Delivered
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<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 3 District Office	Is this a company? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address: 906 Clark Avenue	Contact Person: Don Rostofer	
City: Ashland	State: Ohio	Zip: 44805 -
Email: donald.rostofer@dot.ohio.gov	Phone: (419) 207 - 7178	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
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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
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<input type="checkbox"/> Other (Explain):			

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Notification of Demolition and Renovation/Abatement

Section 1: General Information

Continued

Mail completed form and payment to:
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P.O. Box 1049, Columbus, OH 43216-1049

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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): LOR - IR 90 - 11.385L SFN: 4704398		Site Location (specific): 41.40297, -82.14878; 1.2 mi Northeast of IR - 80	
Address: IR - 90 left bridge over Murray Ridge Rd			
City: Elyria, Lorain County		State: OH	Zip: 44035 -
Building Size (square feet): 5,676		No. of Floors: 1	Age: 50 yrs (built 1974)
Present Use: Bridge		Prior Use: N/A	

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: / /