



February 26, 2018

Re: Asbestos Survey of PAU-SR 114-19.64/21.73 for PID: 100746

On August 16, 2017 Tim Ziessler (AHES # 35307) of the Ohio Department of Transportation conducted an asbestos survey on two bridges in Paulding County: the SR 114 bridge over Middle Creek (mile marker 19.64) and the SR 114 bridge over Dog Creek (mile marker 21.73). 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 accessible areas on top of and below the structure to confirm the presence, location and quantities of suspected asbestos-containing materials. Bulk samples were collected from materials that could potentially be impacted in the repair of the following structure:

CRS: PAU-SR 114-19.64	PID: 100746	SFN: 6301088
CRS: PAU-SR 114-21.73	PID: 100746	SFN: 6301118

After collection, the bulk samples that were submitted to DMD Environmental, Inc. for analysis by Polarized Light Microscopy to determine asbestos type and content, if any. **Laboratory analyses indicate that no asbestos was detected in any of the bulk samples.**

Attachments:

Attachment A; Laboratory results ad chain-of-custody documentation for the bulk samples collected

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

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

Timothy J. Ziessler
2-6-2020

ANALYTICAL REPORT - POLARIZED LIGHT MICROSCOPY (PLM)

CLIENT:	Mr. Timothy J. Ziessler Ohio Department of Transportation District 1 1885 North McCullough Street Lima, Ohio 45801 (419) 549-7798	Date Sampled: 8/16/17 Date Received: 8/28/17 Date Analyzed: 8/30/17	DMD Project No: 17-0016.01 DMD Report No: 38016 Sampled By: Client
PROJECT:	Project No: 100746/106401	Page 1 of 1	

LAB NO.	SAMPLE #/LAYER	SAMPLE LOCATION/IDENTIFICATION	F/NF	MICROSCOPIC DESCRIPTION	NON-ASBESTOS COMPONENTS	ASBESTOS CONTENT
B-08878	8/16/17 A-9	Deck waterproofing PAU-114-19.64 SFN-6301088	NF-II	Dark gray fibrous material	30% synthetic fibers, carbonates, quartz, organics	No asbestos detected
B-08879	8/16/17 A-10	Deck waterproofing PAU-114-19.64 SFN-6301088	NF-II	Dark gray fibrous material	30% synthetic fibers, carbonates, quartz, organics	No asbestos detected
B-08880	8/16/17 A-11	Deck waterproofing PAU-114-21.73 SFN-6301188	NF-II	Dark gray fibrous material	30% synthetic fibers, carbonates, quartz, organics	No asbestos detected
B-08881	8/16/17 A-12	Deck waterproofing PAU-114-21.73 SFN-6301188	NF-II	Dark gray fibrous material	30% synthetic fibers, carbonates, quartz, organics	No asbestos detected
B-08882	8/16/17 A-13	Deck waterproofing PAU-114-22.50 SFN-6301142	NF-II	Dark gray fibrous material	30% synthetic fibers, carbonates, quartz, organics	No asbestos detected
B-08883	8/16/17 A-14	Deck waterproofing PAU-114-22.50 SFN-6301142	NF-II	Dark gray fibrous material	30% synthetic fibers, carbonates, quartz, organics	No asbestos detected

* = Point counted

F: Friable NF: Non-friable NF-I: Non-friable Category I NF-II: Non-friable Category II

ANALYTICAL METHOD: EPA Method 600/R-93/116 ANALYST: Edward Rinecky ANALYST CERTIFICATION: McCrone Institute, "Microscopical Identification of Asbestos and Related Minerals"
LABORATORY QUALITY ASSURANCE: DMD is a participant in the American Industrial Hygiene Association "Bulk Asbestos Quality Assurance Program".

STATEMENT OF ANALYTICAL ERROR IN PLM: Estimates of percentages below the detection limit or greater than 10% asbestos content are based upon visual area estimation by the analyst for the area examined. Percentages above the detection limit and up to 10% are confirmed by point counting. Results may be stated in ranges which reflect the inherent variability of area estimation and the point count technique.

NON-FRIABLE MATERIALS: We recommend non-friable materials such as floor tile and linoleum that contain less than one percent asbestos by PLM be confirmed by transmission electron microscopy (TEM).

Total asbestos estimates are based upon the relative quantities of each layer submitted, which may not reflect actual relative quantities.



Analysis Approved by:

Analyst

State of Ohio
Department of Health
Asbestos Program

Asbestos Hazard Evaluation Specialist



Timothy J Ziesler

11770 State Highway 294
Upper Sandusky OH 43351



Certification Number: **ES35307** Expiration Date: **04/11/2018**

DOB: 05/05/1960

This certification is issued pursuant to Chapter 3731 of the Revised Code and 3701-34 of the Ohio Administrative Code.





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 checked="" type="checkbox"/> Installation	<input type="checkbox"/> Emergency	<input type="checkbox"/> Annual	<input type="checkbox"/> Cancellation	County: Paulding
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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
Address:		Expiration Date: / /
City:		Contact Person:
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:		Contact Person:
Address:		Zip: -
City:	State:	Phone: () -
Email:	Phone: () -	Fax: () -

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

Evaluation Specialist: Tim Ziesser	Certification #: ES 35307	Expiration Date: 04 / 11 / 2018
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 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 #:

A. Facility Description Revised?

Building Name (if applicable): PAU-SR 114-19.64 SFN:9301088,PID:100746		Site Location (specific): 41.019361,-84.429262	
Address: SR 114 over Middle Creek		County: Paulding	
City: Grover Hill	State: OH	Zip: 45849 -	
Building Size (square feet): NA	No. of Floors: NA	Age: NA	
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	
	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 #:

A. Facility Description Revised?

Building Name (if applicable): PAU-SR 114-21.73 SFN:6301118		Site Location (specific): 41.019472,-84.389152	
Address: SR 114 over Dog Creek		County: Paulding	
City: Cloverdale	State: OH	Zip: 45827 -	
Building Size (square feet): NA	No. of Floors: NA	Age: NA	
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		
	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	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	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	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.

