



**CUY-90-14.90**

**PID 77332/85531**

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**APPENDIX EC-09**

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**OEPA Notice of Demolition and Renovation  
(Contract Document)**

State of Ohio  
Department of Transportation  
Jolene M. Molitoris, Director

**Innerbelt Bridge  
Construction Contract Group 1 (CCG1)**

OHIO ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #
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I. Type of Notification (check one):  Original  Revised  Canceled

II. Facility Description (include building name, number and floor or room number)  
Building Name: CUY-90-1490L I-90 West Bound Bridge over Starkweather Avenue (SFN 1809342)  
Address: CUY-90-1490L I-90 West Bound Bridge over Starkweather Avenue  
City: Independence State: OHIO Zip Code: \_\_\_\_\_ County: Cuyahoga  
Site Location (specific): CUY-90-1490L I-90 West Bound Bridge over Starkweather Avenue  
Building Size (square feet): NA # of Floors: NA Age in Years: 40  
Present Use: Bridge Prior Use: Bridge

III. Type of Operation (check one):  Demo  Ordered Demo  Renovation  Emergency Renovation  Fire Training

IV. Is Asbestos Present? (check one):  Yes  No

V. Facility Information  
Owner Name: Ohio Department of Transportation  
Address: 5500 Transportation Boulevard  
City: Garfield Heights State: Ohio Zip Code: 44125  
Contact: Mr. Mark Alan Carpenter Telephone: 216-584-2089 Fax: \_\_\_\_\_  
Removal Contractor Name: \_\_\_\_\_ License # \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Other Operator (demolition/general): \_\_\_\_\_ License # \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II nonfriable ACM:  
  
NESHAP Inspection Procedure  
  
Ohio Asbestos Hazard Evaluation Specialist: Matthew Fergus 33228  
Name Certification #

VII. Approximate Amount of Asbestos Materials:

	RACM to Be Removed	Nonfriable Asbestos Material to be Removed		Nonfriable Asbestos Material NOT to be Removed	
		Category I	Category II	Category I	Category II
Pipes (linear feet)	126				
Surface Area (square feet)		97			
Facility Components (cubic feet)					

VIII. Scheduled Dates Demolition or Renovation: Start: \_\_\_\_\_ Complete: \_\_\_\_\_

IX. Dates for Asbestos Removal (MM/DD/YY) Start: \_\_\_\_\_ Complete: \_\_\_\_\_

Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:							

Complete all unshaded spaces, except, demolitions which involve less than 260 linear feet, 160 square feet or 35 cubic feet of RACM, need not complete spaces VII, XI, XII, XIII, XIV, and XV. Notifications for Emergency Demolitions or Emergency Renovations must supply attachments.

**OHIO ENVIRONMENTAL PROTECTION AGENCY**  
**NOTIFICATION OF DEMOLITION AND RENOVATION**

**X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:**

**XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:**

**XII. Waste Transporter #1**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Waste Transporter #2**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**XIII. Waste Disposal**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**XIV. Emergency Demolition:** (complete Item XIV and all other sections, only if this project is an Emergency Demolition)

1. Attach a copy of the Order to this notice.
2. Name of the Authority Issuing Order: \_\_\_\_\_ Title: \_\_\_\_\_
3. Authority of Order (Citation of Code): \_\_\_\_\_
4. Date of Order (MM/DD/YY): \_\_\_\_\_ Date Ordered to Begin: \_\_\_\_\_

**XV. Emergency Renovation:** (Attach separate sheet with the following information if project is Emergency Renovation)

1. Date and Hour of the Emergency
2. Description of the Sudden, Unexpected Event.
3. Explanation of how event caused unsafe conditions or equipment damage or an unreasonable financial burden.

**XVI. Description of procedures to be followed in the event that unexpected RACM is found or nonfriable ACM becomes crumbled, pulverized or reduced to powder.**

*Determine if it is regulated under NESHAP, make proper notification if required, and take the appropriate actions. Contain the material and saturate with surfactant then take the appropriate actions.*

**XVII. I certify that an individual trained in the provisions of NESHAPS (40 CFR PART 61, SUBPART M) will be on-site during the Demolition or Renovation and evidence that the required training has been accomplished by this person will be available during normal business hours.**

Bonita G. Teeuwen, P.E. (MAC)     July 20, 2009     BONITA G. TEEUWEN, P.E., DEPUTY DIRECTOR  
Signature of Owner/Operator     Date     Type or Print Name and Title

**XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements and I certify that facts contained in this notification are true, accurate and complete.**

Bonita G. Teeuwen, P.E. (MAC)     July 20, 2009     BONITA G. TEEUWEN, P.E., DEPUTY DIRECTOR  
Signature of Owner/Operator     Date     Type or Print Name and Title

Original Notification must be mailed or hand delivered at least ten working days (Monday-Friday excluding weekends) before demolition or renovation begins, except emergency demolitions and emergency renovations (see regulation) which must be submitted as soon as possible before operations begin. (Form Revised 11/12/97)

**OHIO ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF DEMOLITION AND RENOVATION**

Operator Project #	Postmark	Date Received	Notification #
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**I. Type of Notification** (check one):  Original  Revised  Canceled

**II. Facility Description** (include building name, number and floor or room number)  
 Building Name: CUY-90-1490R I-90 East Bound Bridge over Starkweather Avenue (SFN 1807625)  
 Address: CUY-90-1490R I-90 East Bound Bridge over Starkweather Avenue  
 City: Independence State: OHIO Zip Code: \_\_\_\_\_ County: Cuyahoga  
 Site Location (specific): CUY-90-1490R I-90 East Bound Bridge over Starkweather Avenue  
 Building Size (square feet): NA # of Floors: NA Age in Years: 40  
 Present Use: Bridge Prior Use: Bridge

**III. Type of Operation** (check one):  Demo  Ordered Demo  Renovation  Emergency Renovation  Fire Training

**IV. Is Asbestos Present?** (check one):  Yes  No

**V. Facility Information**  
**Owner Name:** Ohio Department of Transportation  
 Address: 5500 Transportation Boulevard  
 City: Garfield Heights State: Ohio Zip Code: 44125  
 Contact: Mr. Mark Alan Carpenter Telephone: 216-584-2089 Fax: \_\_\_\_\_  
**Removal Contractor Name:** \_\_\_\_\_ License # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
**Other Operator (demolition/general):** \_\_\_\_\_ License # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II nonfriable ACM:**  
  
NESHAP Inspection Procedure  
  
 Ohio Asbestos Hazard Evaluation Specialist: Matthwe Fergus 33228  
 Name Certification #

**VII. Approximate Amount of Asbestos Materials:**

	RACM to Be Removed	Nonfriable Asbestos Material to be Removed		Nonfriable Asbestos Material NOT to be Removed	
		Category I	Category II	Category I	Category II
Pipes (linear feet)	504				
Surface Area (square feet)		259			
Facility Components (cubic feet)					

**VIII. Scheduled Dates Demolition or Renovation:** Start: \_\_\_\_\_ Complete: \_\_\_\_\_

**IX. Dates for Asbestos Removal (MM/DD/YY)** Start: \_\_\_\_\_ Complete: \_\_\_\_\_

Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:							

Complete all unshaded spaces, except, demolitions which involve less than 260 linear feet, 160 square feet or 35 cubic feet of RACM, need not complete spaces VII, XI, XII, XIII, XIV, and XV. Notifications for Emergency Demolitions or Emergency Renovations must supply attachments.

OHIO ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF DEMOLITION AND RENOVATION

X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:

XII. Waste Transporter #1

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Waste Transporter #2

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

XIII. Waste Disposal

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

XIV. Emergency Demolition: (complete Item XIV and all other sections, only if this project is an Emergency Demolition)

1. Attach a copy of the Order to this notice.
2. Name of the Authority Issuing Order: \_\_\_\_\_ Title: \_\_\_\_\_
3. Authority of Order (Citation of Code): \_\_\_\_\_
4. Date of Order (MM/DD/YY): \_\_\_\_\_ Date Ordered to Begin: \_\_\_\_\_

XV. Emergency Renovation: (Attach separate sheet with the following information if project is Emergency Renovation)

1. Date and Hour of the Emergency
2. Description of the Sudden, Unexpected Event.
3. Explanation of how event caused unsafe conditions or equipment damage or an unreasonable financial burden.

XVI. Description of procedures to be followed in the event that unexpected RACM is found or nonfriable ACM becomes crumbled, pulverized or reduced to powder.

*Determine if it is regulated under NESHAP, make proper notification if required, and take the appropriate actions. Contain the material and saturate with surfactant then take the appropriate actions.*

XVII. I certify that an individual trained in the provisions of NESHAPS (40 CFR PART 61, SUBPART M) will be on-site during the Demolition or Renovation and evidence that the required training has been accomplished by this person will be available during normal business hours.

Bonita G. Teeuwen, P.E. (MAC) July 20, 2009 BONITA G. TEEUWEN, P.E., DEPUTY DIRECTOR  
Signature of Owner/Operator Date Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements and I certify that facts contained in this notification are true, accurate and complete.

Bonita G. Teeuwen, P.E. (MAC) July 20, 2009 BONITA G. TEEUWEN, P.E., DEPUTY DIRECTOR  
Signature of Owner/Operator Date Type or Print Name and Title

Original Notification must be mailed or hand delivered at least ten working days (Monday-Friday excluding weekends) before demolition or renovation begins, except emergency demolitions and emergency renovations (see regulation) which must be submitted as soon as possible before operations begin. (Form Revised 11/12/97)

**OHIO ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF DEMOLITION AND RENOVATION**

Operator Project #	Postmark	Date Received	Notification #
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**I. Type of Notification** (check one):  Original  Revised  Canceled

**II. Facility Description** (include building name, number and floor or room number)  
 Building Name: CUY-90-1506 I-90 East and West Bound Bridge over Kenilworth Avenue (SFN 1807684)  
 Address: CUY-90-1506 I-90 East and West Bound Bridge over Kenilworth Avenue  
 City: Independence State: OHIO Zip Code: \_\_\_\_\_ County: Cuyahoga  
 Site Location (specific): CUY-90-1506 I-90 East and West Bound Bridge over Kenilworth Avenue  
 Building Size (square feet): NA # of Floors: NA Age in Years: 40  
 Present Use: Bridge Prior Use: Bridge

**III. Type of Operation** (check one):  Demo  Ordered Demo  Renovation  Emergency Renovation  Fire Training

**IV. Is Asbestos Present?** (check one):  Yes  No

**V. Facility Information**  
**Owner Name:** Ohio Department of Transportation  
 Address: 5500 Transportation Boulevard  
 City: Garfield Heights State: Ohio Zip Code: 44125  
 Contact: Mr. Mark Alan Carpenter Telephone: 216-584-2089 Fax: \_\_\_\_\_  
**Removal Contractor Name:** \_\_\_\_\_ License # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
**Other Operator (demolition/general):** \_\_\_\_\_ License # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II nonfriable ACM:**  
NESHAP Inspection Procedure  
 Ohio Asbestos Hazard Evaluation Specialist: Matthew Fergus 33228  
 Name Certification #

**VII. Approximate Amount of Asbestos Materials:**

	RACM to Be Removed	Nonfriable Asbestos Material to be Removed		Nonfriable Asbestos Material NOT to be Removed	
		Category I	Category II	Category I	Category II
Pipes (linear feet)	150				
Surface Area (square feet)		357			
Facility Components (cubic feet)					

**VIII. Scheduled Dates Demolition or Renovation:** Start: \_\_\_\_\_ Complete: \_\_\_\_\_

**IX. Dates for Asbestos Removal (MM/DD/YY)** Start: \_\_\_\_\_ Complete: \_\_\_\_\_

Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:							

Complete all unshaded spaces, except, demolitions which involve less than 260 linear feet, 160 square feet or 35 cubic feet of RACM, need not complete spaces VII, XI, XII, XIII, XIV, and XV. Notifications for Emergency Demolitions or Emergency Renovations must supply attachments.

**OHIO ENVIRONMENTAL PROTECTION AGENCY**  
**NOTIFICATION OF DEMOLITION AND RENOVATION**

**X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:**

**XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:**

**XII. Waste Transporter #1**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Waste Transporter #2**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**XIII. Waste Disposal**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**XIV. Emergency Demolition:** (complete Item XIV and all other sections, only if this project is an Emergency Demolition)

1. Attach a copy of the Order to this notice.
2. Name of the Authority Issuing Order: \_\_\_\_\_ Title: \_\_\_\_\_
3. Authority of Order (Citation of Code): \_\_\_\_\_
4. Date of Order (MM/DD/YY): \_\_\_\_\_ Date Ordered to Begin: \_\_\_\_\_

**XV. Emergency Renovation:** (Attach separate sheet with the following information if project is Emergency Renovation)

1. Date and Hour of the Emergency
2. Description of the Sudden, Unexpected Event.
3. Explanation of how event caused unsafe conditions or equipment damage or an unreasonable financial burden.

**XVI. Description of procedures to be followed in the event that unexpected RACM is found or nonfriable ACM becomes crumbled, pulverized or reduced to powder.**

*Determine if it is regulated under NESHAP, make proper notification if required, and take the appropriate actions. Contain the material and saturate with surfactant then take the appropriate actions.*

**XVII. I certify that an individual trained in the provisions of NESHAPS (40 CFR PART 61, SUBPART M) will be on-site during the Demolition or Renovation and evidence that the required training has been accomplished by this person will be available during normal business hours.**

*Bonita G. Teeuwen, P.E., (MAC)*      *July 20, 2009*      *BONITA G. TEEUWEN, P.E., DEPUTY DIRECTOR*  
Signature of Owner/Operator      Date      Type or Print Name and Title

**XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements and I certify that facts contained in this notification are true, accurate and complete.**

*Bonita G. Teeuwen, P.E., (MAC)*      *July 20, 2009*      *BONITA G. TEEUWEN, P.E., DEPUTY DIRECTOR*  
Signature of Owner/Operator      Date      Type or Print Name and Title

Original Notification must be mailed or hand delivered at least ten working days (Monday-Friday excluding weekends) before demolition or renovation begins, except emergency demolitions and emergency renovations (see regulation) which must be submitted as soon as possible before operations begin. (Form Revised 11/12/97)

**OHIO ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF DEMOLITION AND RENOVATION**

Operator Project #	Postmark	Date Received	Notification #
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**I. Type of Notification** (check one):  Original  Revised  Canceled

**II. Facility Description** (include building name, number and floor or room number)  
 Building Name: CUY-90-1628EW I-90 Center Bridge over East 9<sup>th</sup> Street (SFN 1807552)  
 Address: CUY-90-1628EW I-90 Center Bridge over East 9th Street  
 City: Independence State: OHIO Zip Code: \_\_\_\_\_ County: Cuyahoga  
 Site Location (specific): CUY-90-1628EW I-90 Center Bridge over East 9th Street  
 Building Size (square feet): NA # of Floors: NA Age in Years: 40  
 Present Use: Bridge Prior Use: Bridge

**III. Type of Operation** (check one):  Demo  Ordered Demo  Renovation  Emergency Renovation  Fire Training

**IV. Is Asbestos Present?** (check one):  Yes  No

**V. Facility Information**  
**Owner Name:** Ohio Department of Transportation  
 Address: 5500 Transportation Boulevard  
 City: Garfield Heights State: Ohio Zip Code: 44125  
 Contact: Mr. Mark Alan Carpenter Telephone: 216-581-2333 Fax: \_\_\_\_\_  
**Removal Contractor Name:** \_\_\_\_\_ License # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
**Other Operator (demolition/general):** \_\_\_\_\_ License # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II nonfriable ACM:**  
  
NESHAP Inspection Procedure  
  
 Ohio Asbestos Hazard Evaluation Specialist: Matthew Fergus 33228  
 Name Certification #

**VII. Approximate Amount of Asbestos Materials:**

	RACM to Be Removed	Nonfriable Asbestos Material to be Removed		Nonfriable Asbestos Material NOT to be Removed	
		Category I	Category II	Category I	Category II
Pipes (linear feet)	575				
Surface Area (square feet)		79			
Facility Components (cubic feet)					

**VIII. Scheduled Dates Demolition or Renovation:** Start: \_\_\_\_\_ Complete: \_\_\_\_\_

**IX. Dates for Asbestos Removal (MM/DD/YY)** Start: \_\_\_\_\_ Complete: \_\_\_\_\_

Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:							

Complete all unshaded spaces, except, demolitions which involve less than 260 linear feet, 160 square feet or 35 cubic feet of RACM, need not complete spaces VII, XI, XII, XIII, XIV, and XV. Notifications for Emergency Demolitions or Emergency Renovations must supply attachments.



**OHIO ENVIRONMENTAL PROTECTION AGENCY**  
**NOTIFICATION OF DEMOLITION AND RENOVATION**

**X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:**

**XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:**

**XII. Waste Transporter #1**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Waste Transporter #2**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**XIII. Waste Disposal**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**XIV. Emergency Demolition:** (complete Item XIV and all other sections, only if this project is an Emergency Demolition)

1. Attach a copy of the Order to this notice.
2. Name of the Authority Issuing Order: \_\_\_\_\_ Title: \_\_\_\_\_
3. Authority of Order (Citation of Code): \_\_\_\_\_
4. Date of Order (MM/DD/YY): \_\_\_\_\_ Date Ordered to Begin: \_\_\_\_\_

**XV. Emergency Renovation:** (Attach separate sheet with the following information if project is Emergency Renovation)

1. Date and Hour of the Emergency
2. Description of the Sudden, Unexpected Event.
3. Explanation of how event caused unsafe conditions or equipment damage or an unreasonable financial burden.

**XVI. Description of procedures to be followed in the event that unexpected RACM is found or nonfriable ACM becomes crumbled, pulverized or reduced to powder.**

*Determine if it is regulated under NESHAP, make proper notification if required, and take the appropriate actions. Contain the material and saturate with surfactant then take the appropriate actions.*

**XVII. I certify that an individual trained in the provisions of NESHAPS (40 CFR PART 61, SUBPART M) will be on-site during the Demolition or Renovation and evidence that the required training has been accomplished by this person will be available during normal business hours.**

Bonita G. Teeuwen, P.E., (MAC)      July 20, 2009      BONITA G. TEEUWEN, P.E., DEPUTY DIRECTOR  
Signature of Owner/Operator      Date      Type or Print Name and Title

**XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements and I certify that facts contained in this notification are true, accurate and complete.**

Bonita G. Teeuwen, P.E., (MAC)      July 20, 2009      BONITA G. TEEUWEN, P.E., DEPUTY DIRECTOR  
Signature of Owner/Operator      Date      Type or Print Name and Title

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**OHIO ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF DEMOLITION AND RENOVATION**

Operator Project #	Postmark	Date Received	Notification #
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**I. Type of Notification** (check one):  Original  Revised  Canceled

**II. Facility Description** (include building name, number and floor or room number)  
 Building Name: CUY-90- 1628L I-90 Northern Most Bridge over East 9<sup>th</sup> Street (SFN 1807498)  
 Address: CUY-90- 1628L I-90 Northern Most Bridge over East 9th Street  
 City: Independence State: OHIO Zip Code: \_\_\_\_\_ County: Cuyahoga  
 Site Location (specific): CUY-90- 1628L I-90 Northern Most Bridge over East 9th Street  
 Building Size (square feet): NA # of Floors: NA Age in Years: 40  
 Present Use: Bridge Prior Use: Bridge

**III. Type of Operation** (check one):  Demo  Ordered Demo  Renovation  Emergency Renovation  Fire Training

**IV. Is Asbestos Present?** (check one):  Yes  No

**V. Facility Information**  
**Owner Name:** Ohio Department of Transportation  
 Address: 5500 Transportation Boulevard  
 City: Garfield Heights State: Ohio Zip Code: 44125  
 Contact: Mr. Mark Alan Carpenter Telephone: 216-581-2333 Fax: \_\_\_\_\_  
**Removal Contractor Name:** \_\_\_\_\_ License # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
**Other Operator (demolition/general):** \_\_\_\_\_ License # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II nonfriable ACM:**  
NESHAP Inspection Procedure  
 Ohio Asbestos Hazard Evaluation Specialist: Matthew Fergus 33228  
 Name Certification #

**VII. Approximate Amount of Asbestos Materials:**

	RACM to Be Removed	Nonfriable Asbestos Material to be Removed		Nonfriable Asbestos Material NOT to be Removed	
		Category I	Category II	Category I	Category II
Pipes (linear feet)	575				
Surface Area (square feet)		88			
Facility Components (cubic feet)					

**VIII. Scheduled Dates Demolition or Renovation:** Start: \_\_\_\_\_ Complete: \_\_\_\_\_

**IX. Dates for Asbestos Removal (MM/DD/YY)** Start: \_\_\_\_\_ Complete: \_\_\_\_\_

Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:							

Complete all unshaded spaces, except, demolitions which involve less than 260 linear feet, 160 square feet or 35 cubic feet of RACM, need not complete spaces VII, XI, XII, XIII, XIV, and XV. Notifications for Emergency Demolitions or Emergency Renovations must supply attachments.

OHIO ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF DEMOLITION AND RENOVATION

X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:

XII. Waste Transporter #1

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Waste Transporter #2

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

XIII. Waste Disposal

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

XIV. Emergency Demolition: (complete Item XIV and all other sections, only if this project is an Emergency Demolition)

1. Attach a copy of the Order to this notice.
2. Name of the Authority Issuing Order: \_\_\_\_\_ Title: \_\_\_\_\_
3. Authority of Order (Citation of Code): \_\_\_\_\_
4. Date of Order (MM/DD/YY): \_\_\_\_\_ Date Ordered to Begin: \_\_\_\_\_

XV. Emergency Renovation: (Attach separate sheet with the following information if project is Emergency Renovation)

1. Date and Hour of the Emergency
2. Description of the Sudden, Unexpected Event.
3. Explanation of how event caused unsafe conditions or equipment damage or an unreasonable financial burden.

XVI. Description of procedures to be followed in the event that unexpected RACM is found or nonfriable ACM becomes crumbled, pulverized or reduced to powder.

Determine if it is regulated under NESHAP, make proper notification if required, and take the appropriate actions. Contain the material and saturate with surfactant then take the appropriate actions.

XVII. I certify that an individual trained in the provisions of NESHAPS (40 CFR PART 61, SUBPART M) will be on-site during the Demolition or Renovation and evidence that the required training has been accomplished by this person will be available during normal business hours.

Bonita G. Teeuwen, P.E., (MAC)      July 20, 2009      BONITA G. TEEUWEN, P.E., DEPUTY DIRECTOR  
Signature of Owner/Operator      Date      Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements and I certify that facts contained in this notification are true, accurate and complete.

Bonita G. Teeuwen, P.E., (MAC)      July 20, 2009      BONITA G. TEEUWEN, P.E., DEPUTY DIRECTOR  
Signature of Owner/Operator      Date      Type or Print Name and Title

Original Notification must be mailed or hand delivered at least ten working days (Monday-Friday excluding weekends) before demolition or renovation begins, except emergency demolitions and emergency renovations (see regulation) which must be submitted as soon as possible before operations begin. (Form Revised 11/12/97)

**OHIO ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF DEMOLITION AND RENOVATION**

Operator Project #	Postmark	Date Received	Notification #
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**I. Type of Notification** (check one):  Original  Revised  Canceled

**II. Facility Description** (include building name, number and floor or room number)  
 Building Name: CUY-90-1628R I-90 Southern Most Bridge over East 9th Street (SFN 1807714)  
 Address: CUY-90-1628R I-90 Southern Most Bridge over East 9th Street  
 City: Independence State: OHIO Zip Code: \_\_\_\_\_ County: Cuyahoga  
 Site Location (specific): CUY-90-1628R I-90 Southern Most Bridge over East 9th Street  
 Building Size (square feet): NA # of Floors: NA Age in Years: 40  
 Present Use: Bridge Prior Use: Bridge

**III. Type of Operation** (check one):  Demo  Ordered Demo  Renovation  Emergency Renovation  Fire Training

**IV. Is Asbestos Present?** (check one):  Yes  No

**V. Facility Information**  
 Owner Name: Ohio Department of Transportation  
 Address: 5500 Transportation Boulevard  
 City: Garfield Heights State: Ohio Zip Code: 44125  
 Contact: Mr. Mark Alan Carpenter Telephone: 216-584-2089 Fax: \_\_\_\_\_  
 Removal Contractor Name: \_\_\_\_\_ License # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Other Operator (demolition/general): \_\_\_\_\_ License # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II nonfriable ACM:**  
NESHAP Inspection Procedure  
 Ohio Asbestos Hazard Evaluation Specialist: Matthew Fergus 33228  
 Name Certification #

**VII. Approximate Amount of Asbestos Materials:**

	RACM to Be Removed	Nonfriable Asbestos Material to be Removed		Nonfriable Asbestos Material NOT to be Removed	
		Category I	Category II	Category I	Category II
Pipes (linear feet)	575				
Surface Area (square feet)		82			
Facility Components (cubic feet)					

**VIII. Scheduled Dates Demolition or Renovation:** Start: \_\_\_\_\_ Complete: \_\_\_\_\_

**IX. Dates for Asbestos Removal (MM/DD/YY)** Start: \_\_\_\_\_ Complete: \_\_\_\_\_

Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:							

Complete all unshaded spaces, except, demolitions which involve less than 260 linear feet, 160 square feet or 35 cubic feet of RACM, need not complete spaces VII, XI, XII, XIII, XIV, and XV. Notifications for Emergency Demolitions or Emergency Renovations must supply attachments.

OHIO ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF DEMOLITION AND RENOVATION

X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:

XII. Waste Transporter #1

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Waste Transporter #2

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

XIII. Waste Disposal

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

XIV. Emergency Demolition: (complete Item XIV and all other sections, only if this project is an Emergency Demolition)

1. Attach a copy of the Order to this notice.
2. Name of the Authority Issuing Order: \_\_\_\_\_ Title: \_\_\_\_\_
3. Authority of Order (Citation of Code): \_\_\_\_\_
4. Date of Order (MM/DD/YY): \_\_\_\_\_ Date Ordered to Begin: \_\_\_\_\_

XV. Emergency Renovation: (Attach separate sheet with the following information if project is Emergency Renovation)

1. Date and Hour of the Emergency
2. Description of the Sudden, Unexpected Event.
3. Explanation of how event caused unsafe conditions or equipment damage or an unreasonable financial burden.

XVI. Description of procedures to be followed in the event that unexpected RACM is found or nonfriable ACM becomes crumbled, pulverized or reduced to powder.

*Determine if it is regulated under NESHAP, make proper notification if required, and take the appropriate actions. Contain the material and saturate with surfactant then take the appropriate actions.*

XVII. I certify that an individual trained in the provisions of NESHAPS (40 CFR PART 61, SUBPART M) will be on-site during the Demolition or Renovation and evidence that the required training has been accomplished by this person will be available during normal business hours.

Bonita G. Teeuwen, P.E. (MAC)      July 20, 2009      BONITA G. TEEUWEN, P.E., DEPUTY DIRECTOR  
Signature of Owner/Operator      Date      Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements and I certify that facts contained in this notification are true, accurate and complete.

Bonita G. Teeuwen, P.E. (MAC)      July 20, 2009      BONITA G. TEEUWEN, P.E., DEPUTY DIRECTOR  
Signature of Owner/Operator      Date      Type or Print Name and Title

Original Notification must be mailed or hand delivered at least ten working days (Monday-Friday excluding weekends) before demolition or renovation begins, except emergency demolitions and emergency renovations (see regulation) which must be submitted as soon as possible before operations begin. (Form Revised 11/12/97)

**OHIO ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF DEMOLITION AND RENOVATION**

Operator Project #	Postmark	Date Received	Notification #
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**I. Type of Notification** (check one):  Original  Revised  Canceled

**II. Facility Description** (include building name, number and floor or room number)  
 Building Name: CUY-90-1640 I-90 Bridge over Ramp E-10 and Ramp E-8 (SFN 1807773)  
 Address: CUY-90-1640 I-90 Bridge over Ramp E-10 and Ramp E-8  
 City: Independence State: OHIO Zip Code: \_\_\_\_\_ County: Cuyahoga  
 Site Location (specific): CUY-90-1640 I-90 Bridge over Ramp E-10 and Ramp E-8  
 Building Size (square feet): NA # of Floors: NA Age in Years: 40  
 Present Use: Bridge Prior Use: Bridge

**III. Type of Operation** (check one):  Demo  Ordered Demo  Renovation  Emergency Renovation  Fire Training

**IV. Is Asbestos Present?** (check one):  Yes  No

**V. Facility Information**  
**Owner Name:** Ohio Department of Transportation  
 Address: 5500 Transportation Boulevard  
 City: Garfield Heights State: Ohio Zip Code: 44125  
 Contact: Mr. Mark Alan Carpenter Telephone: 216-584-2089 Fax: \_\_\_\_\_  
**Removal Contractor Name:** \_\_\_\_\_ License # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
**Other Operator (demolition/general):** \_\_\_\_\_ License # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II nonfriable ACM:**  
NESHAP Inspection Procedure  
 Ohio Asbestos Hazard Evaluation Specialist: Matthew Fergus 33228  
 Name Certification #

**VII. Approximate Amount of Asbestos Materials:**

	RACM to Be Removed	Nonfriable Asbestos Material to be Removed		Nonfriable Asbestos Material NOT to be Removed	
		Category I	Category II	Category I	Category II
Pipes (linear feet)	1955				
Surface Area (square feet)		127			
Facility Components (cubic feet)					

**VIII. Scheduled Dates Demolition or Renovation:** Start: \_\_\_\_\_ Complete: \_\_\_\_\_

**IX. Dates for Asbestos Removal (MM/DD/YY)** Start: \_\_\_\_\_ Complete: \_\_\_\_\_

Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:							

Complete all unshaded spaces, except, demolitions which involve less than 260 linear feet, 160 square feet or 35 cubic feet of RACM, need not complete spaces VII, XI, XII, XIII, XIV, and XV. Notifications for Emergency Demolitions or Emergency Renovations must supply attachments.

OHIO ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF DEMOLITION AND RENOVATION

X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:

XII. Waste Transporter #1

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Waste Transporter #2

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

XIII. Waste Disposal

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

XIV. Emergency Demolition: (complete Item XIV and all other sections, only if this project is an Emergency Demolition)

1. Attach a copy of the Order to this notice.
2. Name of the Authority Issuing Order: \_\_\_\_\_ Title: \_\_\_\_\_
3. Authority of Order (Citation of Code): \_\_\_\_\_
4. Date of Order (MM/DD/YY): \_\_\_\_\_ Date Ordered to Begin: \_\_\_\_\_

XV. Emergency Renovation: (Attach separate sheet with the following information if project is Emergency Renovation)

1. Date and Hour of the Emergency
2. Description of the Sudden, Unexpected Event.
3. Explanation of how event caused unsafe conditions or equipment damage or an unreasonable financial burden.

XVI. Description of procedures to be followed in the event that unexpected RACM is found or nonfriable ACM becomes crumbled, pulverized or reduced to powder.

*Determine if it is regulated under NESHAP, make proper notification if required, and take the appropriate actions. Contain the material and saturate with surfactant then take the appropriate actions.*

XVII. I certify that an individual trained in the provisions of NESHAPS (40 CFR PART 61, SUBPART M) will be on-site during the Demolition or Renovation and evidence that the required training has been accomplished by this person will be available during normal business hours.

Bonita G. Teeuwen, P.E., (MAC) July 20, 2009 BONITA G. TEEUWEN, P.E., DEPUTY DIRECTOR  
Signature of Owner/Operator Date Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements and I certify that facts contained in this notification are true, accurate and complete.

Bonita G. Teeuwen, P.E., (MAC) July 20, 2009 BONITA G. TEEUWEN, P.E., DEPUTY DIRECTOR  
Signature of Owner/Operator Date Type or Print Name and Title

Original Notification must be mailed or hand delivered at least ten working days (Monday-Friday excluding weekends) before demolition or renovation begins, except emergency demolitions and emergency renovations (see regulation) which must be submitted as soon as possible before operations begin. (Form Revised 11/12/97)

**OHIO ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF DEMOLITION AND RENOVATION**

Operator Project #	Postmark	Date Received	Notification #
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**I. Type of Notification** (check one):  Original  Revised  Canceled

**II. Facility Description** (include building name, number and floor or room number)  
 Building Name: CUY-90-1651L I-90 West Bound Bridge over East 14<sup>th</sup> Street (SFN 1807900)  
 Address: CUY-90-1651L I-90 West Bound Bridge over East 14th Street  
 City: Independence State: OHIO Zip Code: \_\_\_\_\_ County: Cuyahoga  
 Site Location (specific): CUY-90-1651L I-90 West Bound Bridge over East 14th Street  
 Building Size (square feet): NA # of Floors: NA Age in Years: 40  
 Present Use: Bridge Prior Use: Bridge

**III. Type of Operation** (check one):  Demo  Ordered Demo  Renovation  Emergency Renovation  Fire Training

**IV. Is Asbestos Present?** (check one):  Yes  No

**V. Facility Information**  
**Owner Name:** Ohio Department of Transportation  
 Address: 5500 Transportation Boulevard  
 City: Garfield Heights State: Ohio Zip Code: 44125  
 Contact: Mr. Mark Alan Carpenter Telephone: 216-584-2089 Fax: \_\_\_\_\_  
**Removal Contractor Name:** \_\_\_\_\_ License # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
**Other Operator (demolition/general):** \_\_\_\_\_ License # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II nonfriable ACM:**  
NESHAP Inspection Procedure  
 Ohio Asbestos Hazard Evaluation Specialist: Matthew Fergus 33228  
 Name Certification #

**VII. Approximate Amount of Asbestos Materials:**

	RACM to Be Removed	Nonfriable Asbestos Material to be Removed		Nonfriable Asbestos Material NOT to be Removed	
		Category I	Category II	Category I	Category II
Pipes (linear feet)	1735				
Surface Area (square feet)		122			
Facility Components (cubic feet)					

**VIII. Scheduled Dates Demolition or Renovation:** Start: \_\_\_\_\_ Complete: \_\_\_\_\_

**IX. Dates for Asbestos Removal (MM/DD/YY)** Start: \_\_\_\_\_ Complete: \_\_\_\_\_

Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:							

Complete all unshaded spaces, except, demolitions which involve less than 260 linear feet, 160 square feet or 35 cubic feet of RACM, need not complete spaces VII, XI, XII, XIII, XIV, and XV. Notifications for Emergency Demolitions or Emergency Renovations must supply attachments.



**OHIO ENVIRONMENTAL PROTECTION AGENCY**  
**NOTIFICATION OF DEMOLITION AND RENOVATION**

**X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:**

**XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:**

**XII. Waste Transporter #1**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Waste Transporter #2**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**XIII. Waste Disposal**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**XIV. Emergency Demolition:** (complete Item XIV and all other sections, only if this project is an Emergency Demolition)

1. Attach a copy of the Order to this notice.
2. Name of the Authority Issuing Order: \_\_\_\_\_ Title: \_\_\_\_\_
3. Authority of Order (Citation of Code): \_\_\_\_\_
4. Date of Order (MM/DD/YY): \_\_\_\_\_ Date Ordered to Begin: \_\_\_\_\_

**XV. Emergency Renovation:** (Attach separate sheet with the following information if project is Emergency Renovation)

1. Date and Hour of the Emergency \_\_\_\_\_
2. Description of the Sudden, Unexpected Event. \_\_\_\_\_
3. Explanation of how event caused unsafe conditions or equipment damage or an unreasonable financial burden. \_\_\_\_\_

**XVI. Description of procedures to be followed in the event that unexpected RACM is found or nonfriable ACM becomes crumbled, pulverized or reduced to powder.**

*Determine if it is regulated under NESHAP, make proper notification if required, and take the appropriate actions. Contain the material and saturate with surfactant then take the appropriate actions.*

**XVII. I certify that an individual trained in the provisions of NESHAPS (40 CFR PART 61, SUBPART M) will be on-site during the Demolition or Renovation and evidence that the required training has been accomplished by this person will be available during normal business hours.**

Bonita G. Teeuwen, P.E. (MAC)      July 20, 2009      BONITA G. TEEUWEN, P.E., DEPUTY DIRECTOR  
Signature of Owner/Operator      Date      Type or Print Name and Title

**XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements and I certify that facts contained in this notification are true, accurate and complete.**

Bonita G. Teeuwen, P.E. (MAC)      July 20, 2009      BONITA G. TEEUWEN, P.E., DEPUTY DIRECTOR  
Signature of Owner/Operator      Date      Type or Print Name and Title

Original Notification must be mailed or hand delivered at least ten working days (Monday-Friday excluding weekends) before demolition or renovation begins, except emergency demolitions and emergency renovations (see regulation) which must be submitted as soon as possible before operations begin. (Form Revised 11/12/97)

**OHIO ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF DEMOLITION AND RENOVATION**

Operator Project #	Postmark	Date Received	Notification #
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**I. Type of Notification** (check one):  Original  Revised  Canceled

**II. Facility Description** (include building name, number and floor or room number)  
 Building Name: CUY-90-1651R I-90 East Bound Bridge over East 14<sup>th</sup> Street (SFN 1807803)  
 Address: CUY-90-1651R I-90 East Bound Bridge over East 14th Street  
 City: Independence State: OHIO Zip Code: \_\_\_\_\_ County: Cuyahoga  
 Site Location (specific): CUY-90-1651R I-90 East Bound Bridge over East 14th Street  
 Building Size (square feet): NA # of Floors: NA Age in Years: 40  
 Present Use: Bridge Prior Use: Bridge

**III. Type of Operation** (check one):  Demo  Ordered Demo  Renovation  Emergency Renovation  Fire Training

**IV. Is Asbestos Present?** (check one):  Yes  No

**V. Facility Information**  
**Owner Name:** Ohio Department of Transportation  
 Address: 5500 Transportation Boulevard  
 City: Garfield Heights State: Ohio Zip Code: 44125  
 Contact: Mr. Mark Alan Carpenter Telephone: 216-584-2089 Fax: \_\_\_\_\_  
**Removal Contractor Name:** \_\_\_\_\_ License # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
**Other Operator (demolition/general):** \_\_\_\_\_ License # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II nonfriable ACM:**  
  
NESHAP Inspection Procedure

Ohio Asbestos Hazard Evaluation Specialist: Matthew Fergus 33228  
 Name Certification #

**VII. Approximate Amount of Asbestos Materials:**

	RACM to Be Removed	Nonfriable Asbestos Material to be Removed		Nonfriable Asbestos Material NOT to be Removed	
		Category I	Category II	Category I	Category II
Pipes (linear feet)	1735				
Surface Area (square feet)		122			
Facility Components (cubic feet)					

**VIII. Scheduled Dates Demolition or Renovation:** Start: \_\_\_\_\_ Complete: \_\_\_\_\_

**IX. Dates for Asbestos Removal (MM/DD/YY)** Start: \_\_\_\_\_ Complete: \_\_\_\_\_

Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:							

Complete all unshaded spaces, except, demolitions which involve less than 260 linear feet, 160 square feet or 35 cubic feet of RACM, need not complete spaces VII, XI, XII, XIII, XIV, and XV. Notifications for Emergency Demolitions or Emergency Renovations must supply attachments.

OHIO ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF DEMOLITION AND RENOVATION

X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:

XII. Waste Transporter #1

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Waste Transporter #2

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

XIII. Waste Disposal

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

XIV. Emergency Demolition: (complete Item XIV and all other sections, only if this project is an Emergency Demolition)

1. Attach a copy of the Order to this notice.
2. Name of the Authority Issuing Order: \_\_\_\_\_ Title: \_\_\_\_\_
3. Authority of Order (Citation of Code): \_\_\_\_\_
4. Date of Order (MM/DD/YY): \_\_\_\_\_ Date Ordered to Begin: \_\_\_\_\_

XV. Emergency Renovation: (Attach separate sheet with the following information if project is Emergency Renovation)

1. Date and Hour of the Emergency
2. Description of the Sudden, Unexpected Event.
3. Explanation of how event caused unsafe conditions or equipment damage or an unreasonable financial burden.

XVI. Description of procedures to be followed in the event that unexpected RACM is found or nonfriable ACM becomes crumbled, pulverized or reduced to powder.

*Determine if it is regulated under NESHAP, make proper notification if required, and take the appropriate actions. Contain the material and saturate with surfactant then take the appropriate actions.*

XVII. I certify that an individual trained in the provisions of NESHAPS (40 CFR PART 61, SUBPART M) will be on-site during the Demolition or Renovation and evidence that the required training has been accomplished by this person will be available during normal business hours.

Bonita G. Teeuwen, P.E. (MAC)      July 20, 2009      BONITA G. TEEUWEN, P.E., DEPUTY DIRECTOR  
Signature of Owner/Operator      Date      Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements and I certify that facts contained in this notification are true, accurate and complete.

Bonita G. Teeuwen, P.E. (MAC)      July 20, 2009      BONITA G. TEEUWEN, P.E., DEPUTY DIRECTOR  
Signature of Owner/Operator      Date      Type or Print Name and Title

Original Notification must be mailed or hand delivered at least ten working days (Monday-Friday excluding weekends) before demolition or renovation begins, except emergency demolitions and emergency renovations (see regulation) which must be submitted as soon as possible before operations begin. (Form Revised 11/12/97)