



# 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](http://epa.ohio.gov/asbestos). This form can be completed, and payment made, at [ebiz.epa.ohio.gov](http://ebiz.epa.ohio.gov). Questions? [asbestos@epa.ohio.gov](mailto:asbestos@epa.ohio.gov) or (614) 466-0061.

<i>Ohio EPA Use Only</i>	Notification #:	Postmarked: / /	Received: / /	<input type="checkbox"/> Hand-Delivered
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### 1) Notification Information (Check all that apply)

<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Revision # (count):	<input type="checkbox"/> Installation	<input type="checkbox"/> Emergency	<input type="checkbox"/> Annual	<input type="checkbox"/> Cancellation	County: Muskingum
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### 2) Owner, Asbestos Abatement Contractor, Billing and Fire Department Information Revised?

Owner					
Name: ODOT District 5				Is this a company? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address: 9600 Jacksontown Road			Contact Person: Brian Tatman (DEC)		
City: Jacksontown		State: Ohio		Zip: 43030	
Email: Brian.Tatman@dot.ohio.gov		Phone: (740) 323-4400		Fax:	
Asbestos Abatement Contractor (if applicable)					
Name:		License #: AC		Expiration Date: / /	
Address:			Contact Person:		
City:		State:		Zip: -	
Email:		Phone: ( ) -		Fax: ( ) -	
Billing Contact					
Is this contact associated with the <input type="checkbox"/> Owner, <input type="checkbox"/> Asbestos Abatement Contractor, or <input type="checkbox"/> Demolition Contractor (if not installation)?					
Address:			Contact Person:		
City:		State:		Zip: -	
Email:		Phone: ( ) -		Fax: ( ) -	
Fire Department (if applicable)					
Name:					
Address:			Contact Person:		
City:		State:		Zip: -	
Email:		Phone: ( ) -		Fax: ( ) -	

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

Evaluation Specialist: Matt Geiger	Certification #: ES 35832	Expiration Date: 10/14/2024
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 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., 7<sup>th</sup> 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, <b>must be attached</b> 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): Residential Structure & Garage		Site Location (specific): 39°48'10.0"N 81°53'25.7"W	
Address: 8895 Gaysport Hill Road		County: Muskingum	
City: Blue Rock	State: OH	Zip: 43720 -	
Building Size (square feet): 1,296	No. of Floors: 1	Age: 34	
Present Use: Residential Dwelling and Garage (abandoned)		Prior Use: Residential Dwelling and Garage	

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

<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Renovation/Abatement – Type: <input checked="" 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 checked="" type="checkbox"/> Yes	<input 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 <sup>2</sup> )			11			
Volume if length or area cannot be measured (ft <sup>3</sup> )						

**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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