



OHIO DEPARTMENT OF TRANSPORTATION

Asbestos Inspection Reporting Form

Date **November 1, 2019**

County **Mahoning**

Route **State Route 164**

Section **0088 SFN: 5003121**

PID **101947**

0285 SFN: 5003156

Project ID: MAH-164-0.88/2.84

Requesting ODOT District Office **D11/D04**

Regulating OEPA District Office and Address
**2088 S. Arlington Road
Akron, Ohio 44306
(330) 786-3100**

Date of the Asbestos Inspection **October 9, 2019**

Name and Address of the company conducting the asbestos inspection

**EMH&T
5500 New Albany Road, Columbus, Ohio 43054**

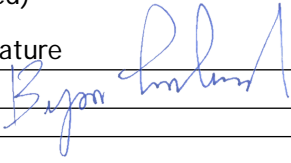
Name, signature and asbestos hazard evaluation number of the person writing the report

Bryan Lombard Certification Number: ES35323

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

White Paint
Black Joint Filler

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 #
Bryan Lombard		ES35323

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.

Laboratory Analytical Report



EMSL Analytical, Inc.

3410 Winnetka Avenue North New Hope, MN 55427

Tel/Fax: (763) 449-4922 / (763) 449-4924

<http://www.EMSL.com> / minneapolislab@emsl.com

EMSL Order: 351909377

Customer ID: EMHT29

Customer PO:

Project ID:

Attention: Bryan Lombard
EMH&T
5500 New Albany Road
Columbus, OH 43054

Phone: (614) 775-4517

Fax:

Received Date: 10/11/2019 9:30 AM

Analysis Date: 10/16/2019

Collected Date: 10/09/2019

Project: 20180104 - MAH 164-00.88

Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized Light Microscopy

Sample	Description	Appearance	Non-Asbestos		Asbestos
			% Fibrous	% Non-Fibrous	% Type
A-1 351909377-0001	White Paint	White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
A-2 351909377-0002	White Paint	White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
A-3 351909377-0003	White Paint	White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
B-4 351909377-0004	Black Joint Filler	Black Non-Fibrous Homogeneous	5% Cellulose	95% Non-fibrous (Other)	None Detected
B-5 351909377-0005	Black Joint Filler	Black Non-Fibrous Homogeneous	5% Cellulose	95% Non-fibrous (Other)	None Detected
B-6 351909377-0006	Black Joint Filler	Black Non-Fibrous Homogeneous	5% Cellulose	95% Non-fibrous (Other)	None Detected

Analyst(s)

Timothy Mooney (6)

Rachel Travis, Laboratory Manager
or Other Approved Signatory

EMSL maintains liability limited to cost of analysis. The above analyses were performed in general compliance with Appendix E to Subpart E of 40 CFR (previously EPA 600/M4-82-020 "Interim Method"), but augmented with procedures outlined in the 1993 ("final") version of the method. This report relates only to the samples reported above, and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities or analytical method limitations. Interpretation and use of test results are the responsibility of the client. All samples received in acceptable condition unless otherwise noted. This report must not be used by the client to claim product certification, approval, or endorsement by NVLAP, NIST or any agency of the federal government. EMSL recommends gravimetric reduction for all non-friable organically bound materials prior to analysis. Estimation of uncertainty is available on request.

Samples analyzed by EMSL Analytical, Inc. New Hope, MN NVLAP Lab Code 200019-0; Colorado AL-23741

Initial report from: 10/16/2019 15:09:00



EMSL Analytical, Inc.

3410 Winnetka Avenue North New Hope, MN 55427

Tel/Fax: (763) 449-4922 / (763) 449-4924

<http://www.EMSL.com> / minneapolislab@emsl.com


EMSL Order: 351909376
Customer ID: EMHT29
Customer PO:
Project ID:

Attention: Bryan Lombard EMH&T 5500 New Albany Road Columbus, OH 43054	Phone: (614) 775-4517 Fax: Received Date: 10/11/2019 9:30 AM Analysis Date: 10/16/2019 Collected Date: 10/09/2019
Project: 20180104 - MAH 164 2.84	

Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized Light Microscopy

Sample	Description	Appearance	Non-Asbestos		Asbestos
			% Fibrous	% Non-Fibrous	% Type
A-1 <small>351909376-0001</small>	White Paint	White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
A-2 <small>351909376-0002</small>	White Paint	White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
A-3 <small>351909376-0003</small>	White Paint	White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
B-4 <small>351909376-0004</small>	Black Joint Filler	Black Non-Fibrous Homogeneous	5% Cellulose	95% Non-fibrous (Other)	None Detected
B-5 <small>351909376-0005</small>	Black Joint Filler	Black Non-Fibrous Homogeneous	5% Cellulose	95% Non-fibrous (Other)	None Detected
B-6 <small>351909376-0006</small>	Black Joint Filler	Black Non-Fibrous Homogeneous	5% Cellulose	95% Non-fibrous (Other)	None Detected

Analyst(s) _____
Timothy Mooney (6)


 Rachel Travis, Laboratory Manager
 or Other Approved Signatory

EMSL maintains liability limited to cost of analysis. The above analyses were performed in general compliance with Appendix E to Subpart E of 40 CFR (previously EPA 600/M4-82-020 "Interim Method"), but augmented with procedures outlined in the 1993 ("final") version of the method. This report relates only to the samples reported above, and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities or analytical method limitations. Interpretation and use of test results are the responsibility of the client. All samples received in acceptable condition unless otherwise noted. This report must not be used by the client to claim product certification, approval, or endorsement by NVLAP, NIST or any agency of the federal government. EMSL recommends gravimetric reduction for all non-friable organically bound materials prior to analysis. Estimation of uncertainty is available on request.

Samples analyzed by EMSL Analytical, Inc. New Hope, MN NVLAP Lab Code 200019-0; Colorado AL-23741

Initial report from: 10/16/2019 13:43:48

4860 Blazer Parkway
Dublin, OH 43017
Phone: 614 486 5421
Fax: 614 486 5418

150 N 9th Street
Billings, MT 59101
Phone: 406 254 7226
Fax: 406 254 1389

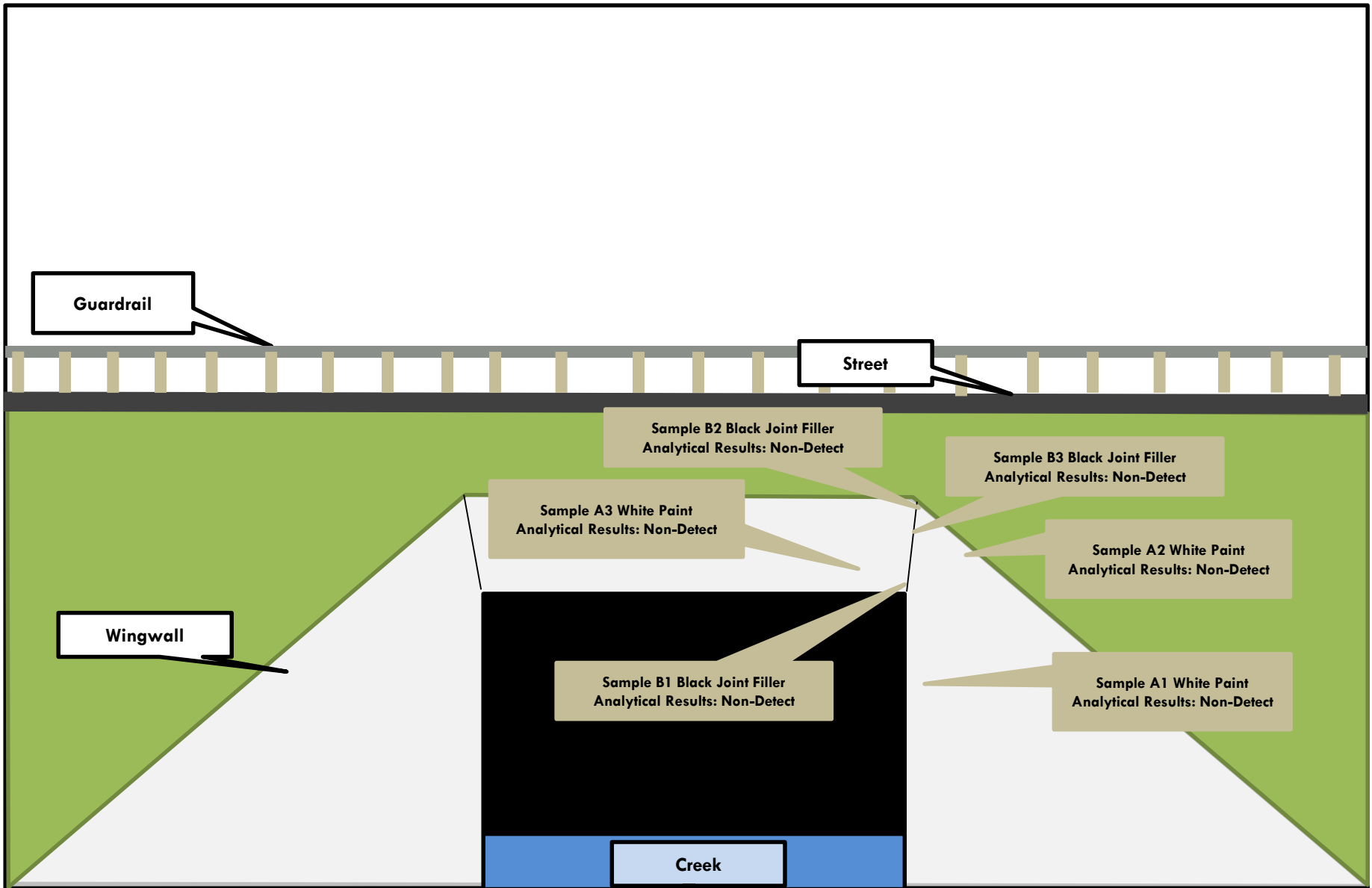
351909376

Company:	EMHKT	Project Name:	
Report to:	BRYAN LOMBARD	Project Number:	
Address:	5500 NEW ALBANY RD, Columbus OH 43054	Purchase Order No:	
Email to:	blombard@emhkt.com	Analysis Requested: (circle one)	VERMICULITE
Phone:	614-775-4517	Turnaround Time Requested: (circle one)	PLM
Sampler Name:	BRYAN LOMBARD	RUSH:	2 HR Same Day 24 Hr 2 Day 3 Day
		Standard:	6 Day 10 Day
			For PCM only
			Lab Number
			Positive Stop Yes No

Sample ID	Sample Description	Date	Time	COLLECTED					MATRIX			Flow Rate (LPM)	Run Time (Minutes)	Total Volume (Liters)	Lab Number
				Bulk	Roofing	Vermiculite	Air	Other	Flow Rate (LPM)	Run Time (Minutes)	Total Volume (Liters)				
A-1	WHITE PAINT	10.9.19		X										0.0	
A-2	"			X										0.0	
A-3	"			X										0.0	
B-4	Black JOINT FILLER			X										0.0	
B-5	"			X										0.0	
B-6	"			X										0.0	

Additional Comments	Relinquished By/Affiliation	Date	Time	Accepted By/Affiliation	Date	Time
	blombard/EMHKT	10.18.19		Avinetah EG:	10-11-19	9:30
				7166 7810 1316		

Bridge Asbestos Inspection Sample Diagram



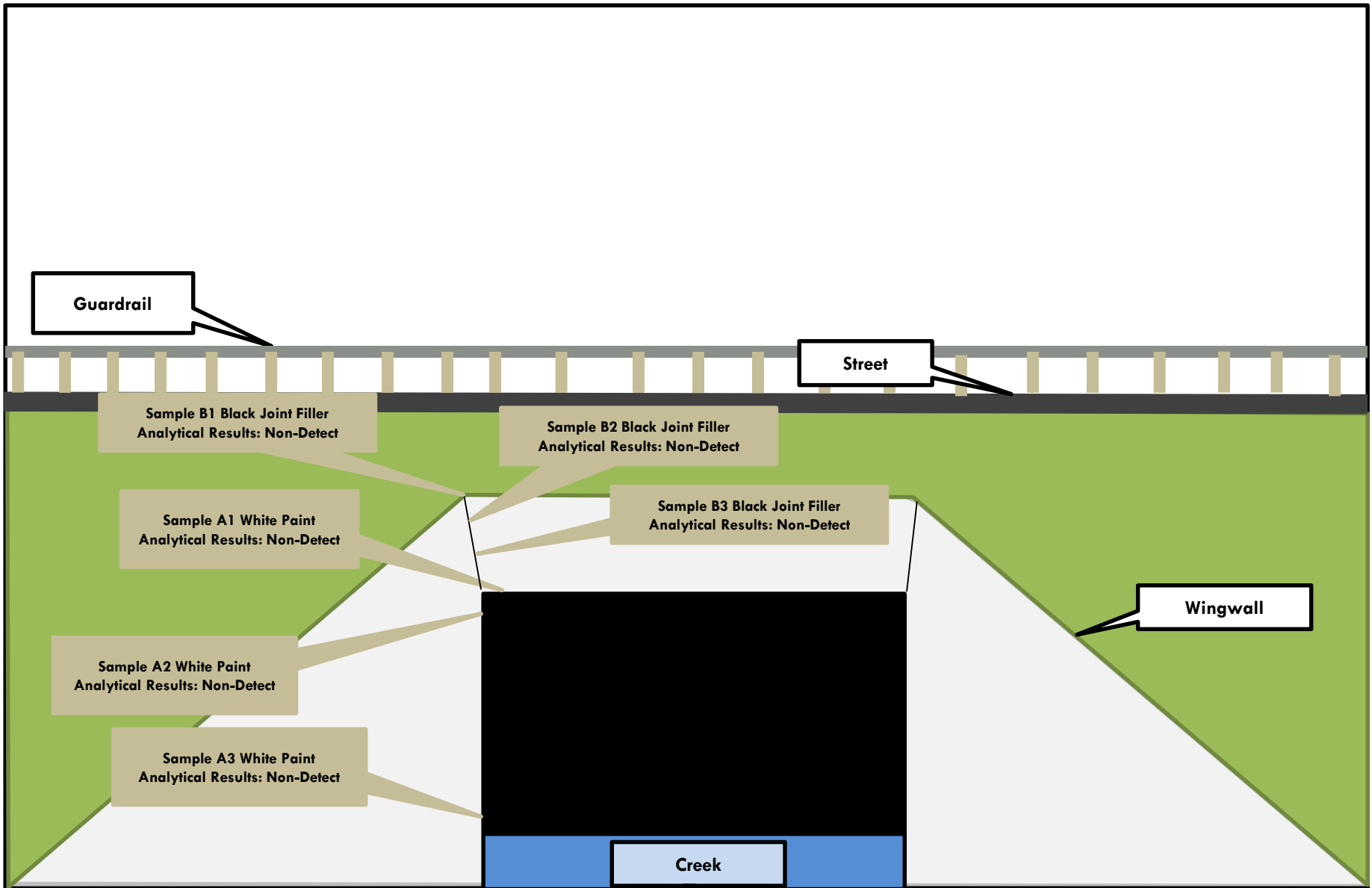
Engineers • Surveyors • Planners • Scientists
 5500 New Albany Road, Columbus, OH 43054
 Phone: 614.775.4500 Toll Free: 888.775.3648

emht.com

BEAVER TOWNSHIP, MAHONING COUNTY, OHIO

**MAH-164-0.88 (PID 101947)
 Bridge Asbestos Inspection Sample Diagram**





Engineers • Surveyors • Planners • Scientists
 5500 New Albany Road, Columbus, OH 43054
 Phone: 614.775.4500 Toll Free: 888.775.3648

emht.com

BEAVER TOWNSHIP, MAHONING COUNTY, OHIO

MAH-164-2.84 (PID 101947)
Bridge Asbestos Inspection Sample Diagram



Ohio Notification of Demolition and Renovation Form



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: Mahoning
<input type="checkbox"/> NESHAP Residential Exemption						

2) Owner, Asbestos Abatement Contractor, Billing and Fire Department Information

Revised?

Owner		
Name: Ohio Department of Transportation		Is this a company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address: 2088 S. Arlington Road		Contact Person: Gerry Noirot, P.E.
City: Akron	State: Ohio	Zip: 44306 - 4243
Email: Gerry.Noirot@dot.ohio.gov	Phone: (330) 786 - 2201	Fax: (330) 786 - 2226
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:		
Address:		Contact Person:
City:	State:	Zip: -
Email:	Phone: () -	Fax: () -

3) Ohio Asbestos Hazard Evaluation Specialist and Evaluation Procedure

Revised?

Evaluation Specialist: Bryan Lombard	Certification #: ES 35323	Expiration Date: 5 / 24 / 19
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
P.O. Box 1049, Columbus, OH 43216-1049

(Revised 4/19)

Page 1 of _____

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:	

(Revised 4/19)

Page 2 of _____

Mail completed form and payment to:
Ohio EPA, DAPC – Asbestos
P.O. Box 1049, Columbus, OH 43216-1049

Notification of Demolition and Renovation/Abatement

Section 1: General Information

Continued



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): MAH-164-0088		Site Location (specific): SR 164 south of W. Garfield Rd, north of County Line Rd	
Address: SR 164 south of W. Garfield Rd, north of County Line Rd			
City: Beaver Township		State: OH	Zip: 44408 -
Building Size (square feet):		No. of Floors:	Age: 89 years
Present Use: Automobile bridge		Prior Use:	

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 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: / /



Notification of Demolition and Renovation/Abatement
Section 2: Project Address Specific Information
Division of Air Pollution Control



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: Mahoning
<input type="checkbox"/> NESHAP Residential Exemption						

2) Owner, Asbestos Abatement Contractor, Billing and Fire Department Information

Revised?

Owner		
Name: Ohio Department of Transportation		Is this a company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address: 2088 S. Arlington Road		Contact Person: Gerry Noirot
City: Akron	State: Ohio	Zip: 44306 - 4243
Email: Gerry.Noirotdotohio.gov	Phone: (330) 786 - 2201	Fax: (330) 786 - 2226
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:		
Address:		Contact Person:
City:	State:	Zip: -
Email:	Phone: () -	Fax: () -

3) Ohio Asbestos Hazard Evaluation Specialist and Evaluation Procedure

Revised?

Evaluation Specialist: Bryan Lombard	Certification #: ES 35323	Expiration Date: 5 / 24 / 19
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
P.O. Box 1049, Columbus, OH 43216-1049

(Revised 4/19)

Page 1 of _____

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:	

(Revised 4/19)

Page 2 of _____

Mail completed form and payment to:
Ohio EPA, DAPC – Asbestos
P.O. Box 1049, Columbus, OH 43216-1049

Notification of Demolition and Renovation/Abatement

Section 1: General Information

Continued



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): MAH-164-0285	Site Location (specific): SR 164 south of SR 165, North of W. Pine Lake Road		
Address: SR 164 south of SR 165, North of W. Pine Lake Road			
City: Beaver Township	State: OH	Zip: 44452 -	
Building Size (square feet):	No. of Floors:	Age: 86 years	
Present Use: Automobile bridge	Prior Use:		

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
--	--

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 2: Project Address Specific Information
Division of Air Pollution Control