



**CUY-90-14.90**

**PID 77332/85531**

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**APPENDIX EC-10**

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**OEPA Full Asbestos Inspection Report  
(Contract Document)**

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

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

# ***FINDINGS FROM AN ASBESTOS SURVEY***

## ***Eleven (11) Bridges Associated with the CUY-Innerbelt CCGI Design ODOT PID 77332***

JUNE 2009

Prepared for:

Ohio Department of Transportation  
District 12  
5500 Transportation Boulevard  
Garfield Heights, OH 44125

Prepared by:



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H09004-07



**HzW ENVIRONMENTAL**  
CONSULTANTS, LLC

June 15, 2009

Mr. Mark Alan Carpenter  
Ohio Department of Transportation, District 12  
5500 Transportation Boulevard  
Garfield Heights, Ohio 44125

**Subject:** *Findings From an Asbestos Survey Conducted at Eleven (11) Bridges Associated with the CUY – Innerbelt CCGI Design for the Ohio Department of Transportation (ODOT) District 12 (HzW Project No. H09004-07)*

Dear Mr. Carpenter:

In accordance with our letter agreement dated November 26, 2007, HzW Environmental Consultants, LLC (HzW) conducted an asbestos survey at eleven (11) bridges associated with the CUY – Innerbelt CCGI Design for the Ohio Department of Transportation District 12. The eleven (11) bridges consisted of the following:

1. CUY-90-1463R (SFN 1809148) Ramp WN under I-71 Mainline Bridge
2. CUY-90-1490L (SFN 1809342) Over Starkweather Avenue
3. CUY-90-1490R (SFN 1807625) Over Starkweather Avenue
4. CUY-90-1506 (SFN 1807684) Over Kenilworth Avenue
5. CUY-90-15.24 (SFN 1809393) Innerbelt Bridge over Cuyahoga River
6. CUY-90-1628EW (SFN 1807552) Center Bridge over East 9<sup>th</sup> Street
7. CUY-90-1628L (SFN 1807498) Northern most Bridge over East 9<sup>th</sup> Street
8. CUY-90-1628R (SFN 1807714) Southern most Bridge over East 9<sup>th</sup> Street
9. CUY-90-1640 (SFN 1807773) Over Ramps E-10 and E-8
10. CUY-90-1651L (SFN 1807900) Over East 14<sup>th</sup> Street
11. CUY-90-1651R (SFN 1807803) Over East 14<sup>th</sup> Street

Discussions of the methods of investigation, the findings and applicable recommendations are provided separately below.

## **METHODS OF INVESTIGATION**

As part of the survey, HzW requested the original construction plans for the bridges from the Ohio Department of Transportation (ODOT) District 12 to assist in identifying asbestos-containing materials (ACMs) and suspect containing ACMs used during construction. The original construction plans for all of the bridges were located by a representative of ODOT and, therefore, were reviewed by HzW. Representatives of HzW, certified by the Ohio Department of Health (ODH) as Asbestos Hazard Evaluation Specialists, subsequently conducted a physical inspection of the subject bridges during May and June 2009 to visually identify and sample accessible suspect ACMs. A photographic log depicting the subject bridges was compiled during the physical inspection and is included as **Attachment 1**.

Based on the physical inspection conducted at the subject bridges, subsequent bulk samples were collected of any accessible building materials suspected of containing asbestos. The bulk samples were submitted to EMSL Analytical, Inc. of Westmont, New Jersey, for analysis of asbestos content by Polarized Light Microscopy (PLM) using the Environmental Protection Agency (EPA) Method 600/R-93/116.

## FINDINGS

The findings of the asbestos survey are presented below. These findings are based on HzW's review of the available construction plans, physical inspection of each bridge and the analytical results for any samples collected. A copy of the laboratory analytical reports for the bulk samples collected is included as **Attachment 2**.

**It should be noted that all suspect building materials identified during the construction plan review are assumed to contain asbestos until they can be accessed and physically touched and inspected and rendered nonsuspect building materials and/or sampled and subsequently analyzed by polarized light microscopy and found not to contain greater than one (1) percent asbestos.**

### CUY-90-1463R (SFN 1809148) Ramp WN under I-71 Mainline Bridge

Based on a review of the construction plans dated April 8, 1965 (Pages 1 thru 504) for this bridge, ten (10) suspect ACMs were noted as being used during construction of the bridge. These suspect ACMs consisted of the following:

1. ¼-inch by 4-inch Expansion Joint Material – located on superstructure. Quantity of this suspect material located on the bridge structure is unknown.
2. ½-inch Preformed Expansion Joint Filler – where pull box is in contact with other concrete. Quantity of this suspect material located on the bridge structure is unknown.
3. Type I Fiber Ducts or Galvanized Steel Conduit for Foundation Conduit Bends – associated with Lighting. Quantity of this suspect material located on the bridge structure is unknown.
4. ½-inch Perforated Expansion Joint Filler – located in abutments. Quantity of this suspect material located on the bridge structure is 81 square feet.
5. 6-inch Perforated Helical Corrugated Metal Pipe (CMP) – located in abutments. Quantity of this suspect material located on the bridge structure is 164 linear feet.
6. 6-inch Non-Perforated Helical CMP – located in abutments. Quantity of this suspect material located on the bridge structure is 119 square feet.
7. 12-inch by ½-inch Premolded Sealing Strip – located at top of footing to bottom of approach slab or to 6-inches below median of the bridge. Quantity of this suspect material located on the bridge structure is 31 linear feet.
8. Construction Joints – located in abutments, wing walls, piers and deck. Quantity of this suspect material located on the bridge structure is unknown.
9. 1/8-inch Sheet Asbestos Packing – located in abutments. Quantity of this suspect material located on the bridge structure is unknown.
10. Tar Paper – located in abutments. Quantity of this suspect material located on the bridge structure is unknown.

During the physical inspection of the bridge, HzW could not locate Items 1 – 3 and 5 - 10, above. Three (3) additional suspect ACMs were identified during the physical inspection. These suspect materials consisted of the following:

1. Expansion Material – located in parapet walls. HzW sampled this suspect material (Sample Nos. 01 and 02) and no asbestos was identified in the samples collected.
2. Expansion Material – located where abutment meets parapet walls. HzW sampled this suspect material (Sample Nos. 03 and 04) and no asbestos was identified in the samples collected. This material is similar to Item No. 4 listed above.
3. Expansion Material – located at base of pier columns. HzW sampled this suspect material (Sample Nos. 05 and 06) and no asbestos was identified in the samples collected.

**CUY-90-1490L (SFN 1809342) Over Starkweather Avenue and CUY-90-1490R (SFN 1807625) Over Starkweather Avenue**

Based on a review of the construction plans dated April 8, 1965 (Pages 1 thru 504) for these bridges, ten (10) suspect ACMs were noted as being used during construction of these bridges. These suspect ACMs consisted of the following:

1. ¼-inch by 4-inch Expansion Joint Material – located on both superstructures. Quantity of this suspect material located on the bridge structures is unknown.
2. ½-inch Preformed Expansion Joint Filler – where pull box is in contact with other concrete for both bridges. Quantity of this suspect material located on the bridge structures is unknown.
3. Type I Fiber Ducts or Galvanized Steel Conduit for Foundation Conduit Bends – associated with Lighting for both bridges. Quantity of this suspect material located on the bridge structures is unknown.
4. 1-inch Preformed Expansion Joint Filler – located around each pier column for both bridges. Quantity of this suspect material located on the bridge structures is unknown.
5. 1-inch Preformed Expansion Joint Filler – located in abutments of the CUY-90-1490R bridge only. Quantity of this suspect material located on this bridge structure is 48 square feet.
6. ½-inch Preformed Expansion Joint Filler – located in abutments of both bridges. Quantity of this suspect material located on each bridge structure is 162 square feet for the CUY-90-1490R bridge and 48 square feet for the CUY-90-1490L bridge.
7. 6-inch Performed Helical Corrugated Metal Pipe (CMP) – located in abutments of both bridges. Quantity of this suspect material located on each bridge structure is 167 linear feet on the CUY-90-1490R bridge and 56 linear feet on the CUY-90-1490L bridge.
8. 6-inch Non Performed Helical Corrugated Metal Pipe (CMP) – located in abutments of both bridges. Quantity of this suspect material located on each bridge structure is 275 linear feet on the CUY-90-1490R bridge and 70 linear feet on the CUY-90-1490L bridge.
9. 12-inch by ½-inch Premolded Sealing Strip – located at top of footing to bottom of approach slab or to 6-inches below median on the CUY-90-1490R bridge. Quantity of this suspect material located on this bridge structure is 62 linear feet.
10. Construction Joints – located in abutments, wing walls, piers and deck on both bridges. Quantity of this suspect material located on the bridge structures is unknown.

During the physical inspection of the bridge, HzW could not locate Items 1 – 5 and 7 - 10, above. Three (3) additional suspect ACMs were identified during the physical inspection. These suspect materials consisted of the following:

1. Expansion Material – located in abutment meets parapet walls of both bridges. HzW sampled this suspect material (Sample Nos. 01 and 02) and no asbestos was identified in the samples collected. This material is similar to Item No. 6 listed above.
2. Expansion Material – located in parapet walls of both bridges. HzW sampled this suspect material (Sample Nos. 03 and 04) and no asbestos was identified in the samples collected.
3. Expansion Material – located where the abutment meets the underside sloped concrete wall of both bridges. HzW sampled this suspect material (Sample Nos. 05 and 06) and no asbestos was identified in the samples collected.

#### **CUY-90-1506 (SFN 1807684) Over Kenilworth Avenue**

Based on a review of the construction plans dated April 8, 1965 (Pages 1 thru 504) for this bridge, ten (10) suspect ACMs were noted as being used during construction of the bridge. These suspect ACMs consisted of the following:

1. ¼-inch by 4-inch Expansion Joint Material – located on superstructure. Quantity of this suspect material located on the bridge structure is unknown.
2. ½-inch Preformed Expansion Joint Filler – where pull box is in contact with other concrete. Quantity of this suspect material located on the bridge structure is unknown.
3. Type I Fiber Ducts or Galvanized Steel Conduit for Foundation Conduit Bends – associated with Lighting. Quantity of this suspect material located on the bridge structure is unknown.
4. 1-inch Preformed Expansion Joint Filler – located around each pier column. Quantity of this suspect material located on the bridge structure is unknown.
5. 1-inch Preformed Expansion Joint Filler – located in abutments. Quantity of this suspect material located on the bridge structure is 47 square feet.
6. ½-inch Preformed Expansion Joint Filler – located in abutments. Quantity of this suspect material located on the bridge structure is 165 square feet.
7. 6-inch Performed Helical Corrugated Metal Pipe (CMP) – located in abutments. Quantity of this suspect material located on the bridge structure is 281 linear feet.
8. 6-inch Non Performed Helical Corrugated Metal Pipe (CMP) – located in abutments. Quantity of this suspect material located on the bridge structure is 165 linear feet.
9. 12-inch by ½-inch Premolded Sealing Strip – located at top of footing to bottom of approach slab or to 6-inches below median. Quantity of this suspect material located on the bridge structure is unknown.
10. Construction Joints – located in abutments, wing walls, piers and deck. Quantity of this suspect material located on the bridge structure is unknown.

During the physical inspection of the bridge, HzW could not locate Items 1 - 10, above. One (1) additional suspect ACM was identified during the physical inspection. This suspect material consisted of the following:

1. Expansion Gasket Material – located in parapet walls. HzW sampled this suspect material (Sample Nos. 01 and 02) and no asbestos was identified in the samples collected.

### **CUY-90-15.24 (SFN 1809393) Innerbelt Bridge over Cuyahoga River**

Based on a review of the construction plans dated April 8, 1965 (Pages 1 thru 504) for this bridge, thirty-one (31) suspect ACMs were noted as being used during construction of the bridges. These suspect ACMs consisted of the following:

#### *West Approach*

1. 3-inch Fiber or Asbestos Cement Conduit for Lighting Cables – located in parapet. Quantity of this suspect material located on the bridge structure is unknown.
2. 3-inch Transite conduit or equal for Lighting Cables – located in concrete foundation from transformer pole base box. Quantity of this suspect material located on the bridge structure is unknown.
3. 3-inch Transite Conduit for lighting – located in concrete pull box. Quantity of this suspect material located on the bridge structure is unknown.
4. 12-inch by ½-inch Premolded Sealing Strip – located at top of footing to 9-inches below top of curb. Quantity of this suspect material located on the bridge structure is unknown.
5. Construction Joints – located in abutments, retaining walls and piers. Quantity of this suspect material located on the bridge structure is unknown.
6. 1-inch Gray Rubber Preformed Expansion Joint Filler – located in abutments. Quantity of this suspect material located on the bridge structure is 170 square feet.
7. 3-inch Johns Manville Transite or Equal Conduit – running under pavement. Quantity of this suspect material located on the bridge structure is unknown.

#### *Central Viaduct*

8. Construction Joints – located in slab and piers. Quantity of this suspect material located on the bridge structure is unknown.
9. 1-inch Preformed Gray Rubber Expansion Joint Filler – located in abutments. Quantity of this suspect material located on the bridge structure is 73.2 square feet.
10. 3-inch conduit – located under each sidewalk. Quantity of this suspect material located on the bridge structure is unknown.
11. 4 2-inch conduits – located transversely in Span 1 and Span 9. Quantity of this suspect material located on the bridge structure is unknown.
12. Expansion Joint – located in piers. Quantity of this suspect material located on the bridge structure is unknown.
13. ½-inch Poured Mastic Joints – associated with roadway drainage. Quantity of this suspect material located on the bridge structure is unknown.
14. ½-inch Filler – located at floor beams. Quantity of this suspect material located on the bridge structure is unknown.
15. 1-inch Hot Poured Joint Sealer – associated with drainage. Quantity of this suspect material located on the bridge structure is unknown.
16. ½-inch Sponge Rubber Expansion Joint Material – located on superstructure. Quantity of this suspect material located on the bridge structure is 716 square feet.

*East Approach*

17. 2-inch or 3-inch Fiber or Asbestos Cement Conduit for Lighting Cables – located in parapet. Quantity of these suspect materials located on the bridge structure is 3,550 linear feet.
18. Asbestos Wire for Lighting – installed between the bracket end at luminaire and lamp socket. Insulation shall be asbestos applied to conductor to form a continuous tube of asbestos fibers at least 40 mils thick tightly compressed and impregnated with a flame heat & moisture proof compound and an outer asbestos braid at least 45 mils thick. Quantity of this suspect material located on the bridge structure is unknown.
19. 2-Way Duct Bank for Lighting Containing 2-inch Nonmetallic Conduit. Quantity of these suspect materials located on the bridge structure is unknown.
20. 12-inch by ½-inch Premolded Sealing Strip – located from bottom of footing to bottom of approach slab in abutments and from top of footing to 9-inches below top of curb in wing wall. Quantity of this suspect material located on the bridge structure is 60 linear feet.
21. ½-inch Bituminous Premoulded Joint Filler – associated with Riprap expansion joints. Quantity of this suspect material located on the bridge structure is unknown.
22. Construction Joints – located in abutments and piers. Quantity of this suspect material located on the bridge structure is unknown.
23. ½-inch Premoulded Gray Rubber Expansion Joint Material – located in approach slabs. Quantity of this suspect material located on the bridge structure is unknown.
24. 2-inch Duct – located in concrete foundation from transformer pole base box. Quantity of this suspect material located on the bridge structure is unknown.
25. 4-inch Duct – location unknown. Quantity of this suspect material located on the bridge structure is 350 linear feet.
26. 1 Layer of Tar Paper – located in abutments, footings, and piers. Quantity of this suspect material located on the bridge structure is unknown.
27. Handrail Caulking Compound – located on parapet sidewalk. Quantity of this suspect material located on the bridge structure is unknown.
28. 1-inch Hot Poured Joint Filler – located in construction joints on wearing surface. Quantity of this suspect material located on the bridge structure is unknown.
29. ¼-inch Gray Rubber Deflection Joint Material – location unknown. Quantity of this suspect material located on the bridge structure is unknown.
30. Transverse Conduit – located under roadway. Quantity of this suspect material located on the bridge structure is unknown.
31. ½-inch Gray Rubber Preformed Expansion Joint Filler – located in piers and abutments. Quantity of this suspect material located on the bridge structure is 330 square feet.

During the physical inspection of the bridge, HzW could not locate Items 1-24 and 26-31, above. Five (5) additional suspect ACMs were identified during the physical inspection. These suspect materials consisted of the following:

1. Epoxy Material underneath Fence Post Brackets – located on parapet walls. HzW sampled this suspect material (Sample Nos. 01 through 04) and no asbestos was identified in the samples collected.
2. Gasket Material – located in parapet walls. HzW sampled this suspect material (Sample Nos. 05 and 06) and no asbestos was identified in the samples collected.



3. 4-inch fiber conduit – located in abutment walls. HzW sampled this suspect material (Sample Nos. 07 and 08 and 11 and 12) and from 32.5 to 43.1 percent asbestos was identified in the samples collected. This material is similar to Item No. 25, above located in the East Approach of this bridge. It should be noted that this same asbestos-containing material was also identified in the West Approach; however, it was not documented in the construction plans. HzW estimated that approximately 350 linear feet of this material is located in the West Approach of this bridge.
4. 3-inch Tar-Coated Cellulose Duct – located in parapet walls. HzW sampled this suspect material (Sample Nos. 09 and 10) and no asbestos was identified in the samples collected.
5. Expansion Gasket Material – located in abutments. HzW sampled this suspect material (Sample Nos. 13 and 14) and no asbestos was identified in the samples collected.

**CUY-90-1628EW (SFN 1807552) Center Bridge, CUY-90-1628L (SFN 1807498) Northern most Bridge and CUY-90-1628R (SFN 1807714) Southern most Bridge over East 9<sup>th</sup> Street**

Based on a review of the construction plans dated March 9, 1960 (Pages 1 thru 148) for these bridges, twelve (12) suspect ACMs were noted as being used during construction of the bridges. These suspect ACMs consisted of the following:

1. 2-inch and 4-inch Fiber or Asbestos Cement Conduit for Lighting cables – located in parapet, retaining walls and superstructure of all bridges. Quantity of these suspect materials located on the bridge structures is 740 and 65 linear feet, respectively.
2. Asbestos Wire for Lighting – installed between the bracket end at luminaire and lamp socket of all bridges. Insulation shall be asbestos applied to conductor to form a continuous tube of asbestos fibers at least 40 mils thick tightly compressed and impregnated with a flame heat & moisture proof compound and an outer asbestos braid at least 45 mils thick. Quantity of this material located on the bridge structures is unknown.
3. 2-Way Duct Bank for Lighting Containing 2 2-inch Fiber or Asbestos Conduit – located in all bridges. Quantity of this suspect material located on the bridge structures is 350 linear feet.
4. 3-Way Duct Bank for Lighting Containing 3 4-inch Fiber or Asbestos Conduit – located in all bridges. Quantity of this suspect material located on the bridge structures is 150 linear feet.
5. 4-Way Duct Bank for Lighting Containing 2 2-inch and 2-4-inch Fiber or Asbestos Conduit – located in all bridges. Quantity of this suspect material located on the bridge structures is 175 linear feet.
6. Conduit for Lighting – located in concrete pull boxes of all bridges. Quantity of this suspect material located on the bridge structures is unknown.
7. 12-inch by ½-inch Premolded Sealing Strip – located in abutments in recess from top of footing to bottom of approach slab and to 6-inch below top of median of all bridges. Quantity of this suspect material located on the bridge structures is 60 linear feet.
8. ¾-inch Premoulded Expansion Joint Material – located in front of bumper block to within 2-inches of the surface of all bridges. Quantity of this suspect material located on the bridge structures is unknown.
9. Bituminous filler – located in front of bumper block to within 2-inches of the surface of all bridges. Quantity of this suspect material located on the bridge structures is unknown.
10. Construction Joints – located in abutments and piers of all bridges. Quantity of this suspect material located on the bridge structures is unknown.
11. 1-inch Preformed Expansion Joint Filler – located in piers of all bridges. Quantity of this suspect material located on the bridge structures is unknown.
12. 1-inch Preformed Gray Sponge Rubber Expansion Joint Filler – located in abutments of all bridges. Quantity of this suspect material located on the bridge structures is 80 square feet.

During the physical inspection of the three (3) bridges, HzW could not locate Items 1 - 12, above. Five (5) additional suspect ACMs were identified during the physical inspection. These suspect materials consisted of the following:

1. Epoxy Material underneath New Guard Rail Mounts – located on parapet walls of all three (3) bridges. HzW sampled this suspect material on each bridge (Sample Nos. 01 and 02 for each bridge) and no asbestos was identified in the samples collected.
2. 3-inch Tar-Coated Cellulose Duct – located in parapet walls of all three (3) bridges. HzW sampled this suspect material on each bridge (Sample Nos. 03 and 04 for each bridge) and no asbestos was identified in the samples collected.
3. Gasket Material underneath Old Guard Rail Mounts – located on parapet walls of all three (3) bridges. HzW sampled this suspect material on each bridge (Sample Nos. 05 and 06 for the Central bridge and Sample Nos. 07 and 08 for the Northern-most and Southern-most bridges) and from 2.1 to 2.5 percent asbestos was identified in the samples collected. The quantity of this asbestos-containing material identified on all three (3) bridges is 30 square feet (6 square feet on the Central bridge, 15 square feet on the Northern most bridge and 9 square feet on the Southern most bridge).
4. Gasket Material – located in parapet walls of all three (3) bridges. HzW sampled this suspect material on each bridge (Sample Nos. 07 and 08 for the Central bridge and Sample Nos. 05 and 06 for the Northern-most and Southern-most bridges) and no asbestos was identified in the samples collected.
5. Thick Gasket Material – located where the bridge deck meets the abutment of the Northern-most bridge. HzW sampled this suspect material (Sample Nos. 09 and 10) and no asbestos was identified in the samples collected.

#### **CUY-90-1640 (SFN 1807773) Over Ramps E-10 and E-8**

Based on a review of the construction plans dated March 9, 1960 (Pages 101 thru 113) for this bridge, sixteen (16) suspect ACMs were noted as being used during construction of the bridge. These suspect ACMs consisted of the following:

1. 2-inch and 4-inch Fiber or Asbestos Cement Conduit for Lighting cables– in parapet, retaining walls and superstructure. Quantity of these suspect materials located on the bridge structure is estimated at 715 and 20 linear feet, respectively.
2. 2-inch Fiber Conduit for Lighting Cables – in concrete foundation from transformer pole base box. Quantity of this suspect material located on the bridge structure is unknown.
3. Asbestos Wire for Lighting – installed between the bracket end at luminaire and lamp socket. Insulation shall be asbestos applied to conductor to form a continuous tube of asbestos fibers at least 40 mils thick tightly compressed and impregnated with a flame heat & moisture proof compound and an outer asbestos braid at least 45 mils thick. Quantity of this suspect material located on the bridge structure is unknown
4. 2-Way Duct Bank for Lighting Containing 2 2-inch and 1 4-inch Fiber or Asbestos Conduit. Quantity of these suspect materials located on the bridge structure is 583 and 35 linear feet, respectively.
5. 3-Way Duct Bank for Lighting Containing 3 2-inch Fiber or Asbestos Conduit. Quantity of this suspect material located on the bridge structure is 130 linear feet.
6. 4-Way Duct Bank for Lighting Containing 2 2-inch Fiber or Asbestos Conduit. Quantity of these suspect materials located on the bridge structure is 287 linear feet.
7. Transite Conduit for Lighting – located in concrete pull box. Quantity of this suspect material located on the bridge structure is unknown.

8. 12-inch by ½-inch Premolded Sealing Strip – located in abutments and retaining walls in recess from top of footing to bottom of approach slab and to 6-inch below top of median. Quantity of this suspect material located on the bridge structure is 80 linear feet.
9. ¾-inch Premoulded Expansion Joint Material – located in front of bumper block to within 2-inches of the surface. Quantity of this suspect material located on the bridge structure is unknown.
10. Bituminous Filler – located in front of bumper block to within 2-inches of the surface. Quantity of this suspect material located on the bridge structure is unknown.
11. Construction Joints – located in abutments, retaining walls, nose and piers. Quantity of this suspect material located on the bridge structure is unknown.
12. ½-inch Bituminous Preformed Joint Filler – located in abutments for drainage. Quantity of this suspect material located on the bridge structure is unknown.
13. 1-inch Expansion Joint – located in abutments and end dam. Quantity of this suspect material located on the bridge structure is unknown.
14. Poured Joint Sealer – associated with junction boxes at median. Quantity of this suspect material located on the bridge structure is unknown.
15. 1-inch Preformed Expansion Joint Filler – located in piers. Quantity of this suspect material located on the bridge structure is unknown.
16. ¼-inch Preformed Gray Sponge Rubber Expansion Joint Filler – located in parapet joints. Quantity of this suspect material located on the bridge structure is unknown.

During the physical inspection of the bridge, HzW could not locate Items 1 - 15, above. Four (4) additional suspect ACMs were identified during the physical inspection. These suspect materials consisted of the following:

1. Epoxy Material underneath New Guard Rail Mounts – located on parapet walls. HzW sampled this suspect material (Sample Nos. 01 and 02) and no asbestos was identified in the samples collected.
2. 3-inch Tar-Coated Cellulose Duct – located in parapet walls. HzW samples this suspect material (Sample Nos. 03 and 04) and no asbestos was identified in the samples collected.
3. Expansion Material – located in parapet walls. HzW sampled this suspect material (Sample Nos. 05 and 06) and no asbestos was identified in the samples collected. This material is similar to Item No. 16, above.
4. Gasket Material underneath Old Guard Rail Mounts – located on parapet walls of both bridges. HzW sampled this suspect material (Sample Nos. 07 and 08) and from 3.7 to 3.9 percent asbestos was identified in the samples collected. Approximately 15 square feet of this asbestos-containing material is located on the bridge structure.

#### **CUY-90-1651L (SFN 1807900) and CUY-90-1651R (SFN 1807803) Over East 14<sup>th</sup> Street**

Based on a review of the construction plans dated March 9, 1960 (Pages 1 thru 181) for these bridges, sixteen (16) suspect ACMs were noted as being used during construction of the bridges. These suspect ACMs consisted of the following:

1. 2-inch and 4-inch Fiber or Asbestos Cement Conduit for Lighting cables – in parapet, retaining walls and superstructure of both bridges. Quantity of these suspect materials located on the bridge structures is 1,350 and 690 linear feet, respectively.
2. 2-inch fiber conduit for lighting cables – in concrete foundation from transfer pole base box of both bridges. Quantity of this suspect material located on the bridge structures is unknown.

3. Asbestos wire for lighting – installed between the bracket end at luminaire and lamp socket of both bridges. Insulation shall be asbestos applied to conductor to form a continuous tube of asbestos fibers at least 40 mils thick tightly compressed and impregnated with a flame heat & moisture proof compound and an outer asbestos braid at least 45 mils thick. Quantity of this suspect material located on the bridge structures is unknown.
4. 2-Way Duct Bank for Lighting Containing 2 2-inch and 1 4-inch Fiber or Asbestos Conduit– located in both bridges. Quantity of these suspect located on the bridge structures is 583 and 35 linear feet, respectively.
5. 3-Way Duct Bank for lighting containing 3 2-inch fiber or asbestos conduit– located in both bridges. Quantity of this suspect material located on the bridge structures is 130 linear feet.
6. 4-Way Duct Bank for lighting containing 2 2-inch fiber or asbestos conduit– located in both bridges. Quantity of these suspect materials located on the bridge structures is 287 linear feet.
7. Transite Conduit for lighting – located in concrete pull box of both bridges. Quantity of this suspect material located on the bridge structures is unknown.
8. 12-inch by ½-inch Premolded Sealing Strip – located in abutments and retaining walls in recess from top of footing to bottom of approach slab and to 6-inch below top of median of both bridges. Quantity of this suspect material located on the bridge structures is 144 linear feet.
9. ¼-inch Premoulded Expansion Joint Material – located in front of bumper block to within 2-inches of the surface of both bridges. Quantity of this suspect material located on the bridge structures is unknown
10. Bituminous filler – located in front of bumper block to within 2-inches of the surface of both bridges. Quantity of this suspect material located on the bridge structures is unknown.
11. Construction Joints – located in abutments, retaining walls, nose and piers of both bridges. Quantity of this suspect material located on the bridge structures is unknown.
12. ½-inch Bituminous Preformed Joint Filler – located in abutments for drainage of both bridges. Quantity of this suspect material located on the bridge structures is unknown.
13. 1-inch Expansion Joint – located in abutments and end dam of both bridges. Quantity of this suspect material located on the bridge structures is unknown.
14. Poured Joint Sealer – associated with junction boxes at median of both bridges. Quantity of this suspect material located on the bridge structures is unknown.
15. 1-inch Preformed Expansion Joint Filler – located in piers of both bridges. Quantity of this suspect material located on the bridge structures is unknown.
16. ¼-inch Preformed Gray Sponge Rubber Expansion Joint Filler – located in parapet joints of both bridges. Quantity of this suspect material located on the bridge structures is unknown.

During the physical inspection of the two (2) bridges, HzW could not locate Items 1 - 15, above. Four (4) additional suspect ACMs were identified during the physical inspection. These suspect materials consisted of the following:

1. Epoxy Material underneath New Guard Rail Mounts – located on parapet walls of both bridges. HzW sampled this suspect material (Sample Nos. 01 and 02) and no asbestos was identified in the samples collected.
2. 3-inch Tar-Coated Cellulose Duct – located in parapet walls of both bridges. HzW samples this suspect material (Sample Nos. 03 and 04 and 07 and 08) and no asbestos was identified in the samples collected.
3. Expansion Material – located in parapet walls of both bridges. HzW sampled this suspect material (Sample Nos. 05 and 06) and no asbestos was identified in the samples collected. This material is similar to Item No. 16, above.

4. **Gasket Material underneath Old Guard Rail Mounts** – located on parapet walls of both bridges. HzW sampled this suspect material (Sample Nos. 09 and 10) and from 3.1 to 3.4 percent asbestos was identified in the samples collected. Approximately 15 square feet of this asbestos-containing material was identified on the bridge structures.

*The building materials identified during the construction plan review were considered suspect materials, based on the assumption that these materials are typically coated or comprised of an asbestos-containing material, physically contain an asbestos-containing material(s), or are identified by their description as an "asbestos" material.*

## RECOMMENDATIONS

Based on the findings from the asbestos survey of the subject bridges, the following recommendations are presented for consideration:

1. Notify any outside contractor(s), prior to them working on the subject bridges, of the presence of any building materials identified as containing asbestos or assumed to contain asbestos.
2. If renovation activities have the potential to disturb the identified ACMs or assumed ACMs, then a licensed asbestos abatement contractor should be contracted to remove these materials prior to them being disturbed.
3. Submit the Ohio Environmental Protection Agency (OEPA), "Notification of Demolition and Renovation" form to the OEPA ten (10) days prior to any renovations activities which will involve the disturbance of 160 square feet or 260 linear feet of regulated asbestos-containing material (RACM) and ten (10) days prior to any demolition activities. Demolition is defined as the wrecking or taking out of any load-supporting structural member at a bridge. HzW has completed a copy of the OEPA's "Notification of Demolition and Renovation" form for each of the subject bridges. A copy of each of the completed forms is included as **Attachment 3**.

**It should be noted for the purpose of completing the notification, the 9<sup>th</sup> Street Bridge's and the East 14<sup>th</sup> Street Bridge's suspect material quantities were divided among the three (3) bridges comprising the 9<sup>th</sup> Street Bridges or the two (2) bridges comprising the East 14<sup>th</sup> Street Bridges, due to the construction plans not indicating the specific locations for these materials.**

**In addition, it should be noted that the construction plans indicated linear feet for building materials entitled joint filler, joint material, corrugated metal pipe, and sealing strip. EPA's Notification of Demolition and Renovation form only permits asbestos-containing pipe to be quantified in linear feet. Therefore, in order to report the quantities of joint filler, joint material, corrugated metal pipe and sealing strip properly on the notification form, HzW converted each quantity of these materials to a square footage quantity. This was performed by assuming a width of one (1) foot for each material. As a result, these square footage quantities could vary depending of the actual width of the materials on the bridge structures.**

Mr. Mark Alan Carpenter  
June 15, 2009  
Page 12

4. If renovation and/or demolition activities are to occur at the subject bridges, submit the ODH "Prior Notification of Asbestos Hazard Abatement Project" form to the ODH ten (10) days prior to any asbestos hazard abatement activity being performed. ODH defines an asbestos hazard abatement activity as any activity involving the removal, renovation, enclosure, repair or encapsulation of reasonably related friable ACMs in an amount greater than fifty linear feet or fifty square feet.
5. As indicated in the OEPA "Notification of Demolition and Renovation" form, Section XVII, ensure that an individual trained in the provisions of the National Emissions Standard for Hazardous Air Pollutants (NESHAP) is on site during any renovation or demolition activities performed at the subject bridges. This individual should be certified by the Ohio Department of Health as an Asbestos Hazard Evaluation Specialist.
6. If the building materials identified as containing asbestos or assumed to contain asbestos are to remain in place, implement an operations and maintenance (O&M) program whereby these materials are continually evaluated and maintained by trained personnel.

HZW appreciates the opportunity you have given us to provide professional services to the Ohio Department of Transportation, District 12. Should you have any questions regarding the information presented in this letter report, please do not hesitate to contact us.

Sincerely,

**HZW ENVIRONMENTAL CONSULTANTS, LLC**



Matthew P. Fergus  
Certified Asbestos Hazard Evaluation Specialist (ODH Licensed No. ES33228)



Joan A. Sablar  
Senior Industrial Hygienist

JAS:jas\js\H09004-07  
Attachments  
I:\HZW\2009\H09004-07\District12Bridges\_11Bridges\_Rpt.doc

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**ATTACHMENT 1**

**PHOTOGRAPHIC LOG**

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Photograph 01  
View Looking East at the Top of the East Bound Lanes of the  
Interstate 90 Bridge over East 14<sup>th</sup> Street (CUY-90-1651R)



Photograph 02  
View Looking East at the Top of the West Bound Lanes of the  
Interstate 90 Bridge over East 14<sup>th</sup> Street (CUY-90-1651L)







Photograph 03  
View Looking West at the Underside of the West Bound Lanes of the  
Interstate 90 Bridge over East 14<sup>th</sup> Street (CUY-90-1651L)



Photograph 04  
View Looking West at the Underside of the East Bound Lanes of the  
Interstate 90 Bridge over East 14<sup>th</sup> Street (CUY-90-1651R)



Photograph 05  
View Looking East at the Underside of the West Bound Lanes of the  
Interstate 90 Bridge over East 14<sup>th</sup> Street (CUY-90-1651L)



Photograph 06  
View Looking East at the Underside of the East Bound Lanes of the  
Interstate 90 Bridge over East 14<sup>th</sup> Street (CUY-90-1651R)



Photograph 07  
View Looking West at the Top of the East Bound Lanes of the  
Interstate 90 Bridge over East 14<sup>th</sup> Street (CUY-90-1651R)



Photograph 08  
View Looking West at the Top of the West Bound Lanes of the  
Interstate 90 Bridge over East 14<sup>th</sup> Street (CUY-90-1651L)



Photograph 09  
View Looking East at the Top of the East Bound Lanes of the  
Interstate 90 Bridge over Ramps E-10 and E-8 (CUY-90-1640)



Photograph 10  
View Looking West at the Top of the East Bound Lanes of the  
Interstate 90 Bridge over Ramps E-10 and E-8 (CUY-90-1640)



**Photograph 11**  
View Looking East at the Underside of the East and West Bound Lanes of the Interstate 90 Bridge over Ramps E-10 and E-8 (CUY-90-1640)



**Photograph 12**  
View Looking West at the Top of the West Bound Lanes of the Interstate 90 Bridge over Ramps E-10 and E-8 (CUY-90-1640)



Photograph 13  
View Looking East at the Top of the West Bound Lanes of the  
Interstate 90 Bridge over Ramps E-10 and E-8 (CUY-90-1640)



Photograph 14  
View Looking West at the Underside of the East and West Bound Lanes of the  
Interstate 90 Bridge over Ramps E-10 and E-8 (CUY-90-1640)



Photograph 15  
View Looking West at the Top of the West Bound On Ramp of the  
Interstate 90 Bridge over East 9<sup>th</sup> Street (CUY-90-1628EW)



Photograph 16  
View Looking East at the Top of the West Bound On Ramp of the  
Interstate 90 Bridge over East 9<sup>th</sup> Street (CUY-90-1628EW)



Photograph 17  
View Looking West at the Underside of the West Bound On Ramp of the  
Interstate 90 Bridge over East 9<sup>th</sup> Street (CUY-90-1628EW)



Photograph 18  
View Looking East at the Underside of the West Bound On Ramp of the  
Interstate 90 Bridge over East 9<sup>th</sup> Street (CUY-90-1628EW)





Photograph 19  
View Looking West at the Top of the West Bound Lanes of the  
Interstate 90 Bridge over East 9<sup>th</sup> Street (CUY-90-1628L)



Photograph 20  
View Looking West at the Underside of the West Bound Lanes of the  
Interstate 90 Bridge over East 9<sup>th</sup> Street (CUY-90-1628L)



Photograph 21  
View Looking East at the Underside of the West Bound Lanes of the  
Interstate 90 Bridge over East 9<sup>th</sup> Street (CUY-90-1628L)



Photograph 22  
View Looking East at the Underside of the East Bound Lanes of the  
Interstate 90 Bridge over East 9<sup>th</sup> Street (CUY-90-1628R)



Photograph 23  
View Looking West at the Top of the East Bound Lanes of the  
Interstate 90 Bridge over East 9<sup>th</sup> Street (CUY-90-1628R)



Photograph 24  
View Looking East at the Top of the East Bound Lanes of the  
Interstate 90 Bridge over East 9<sup>th</sup> Street (CUY-90-1628R)



Photograph 25  
View Looking West at the Underside of the East Bound Lanes of the  
Interstate 90 Bridge over East 9<sup>th</sup> Street (CUY-90-1628R)



Photograph 26  
View Looking North at the Top of the West Bound Lanes of the  
Interstate 90 Innerbelt Bridge over the Cuyahoga River (CUY-90-15.24)



Photograph 27  
View Looking South at the Underside of the East and West Bound Lanes of the  
Interstate 90 Innerbelt Bridge over the Cuyahoga River (CUY-90-15.24)



Photograph 28  
View Looking North at the Top of the East Bound Lanes of the  
Interstate 90 Innerbelt Bridge over the Cuyahoga River (CUY-90-15.24)



Photograph 29  
View Looking South at the Underside of the East Bound On Ramp Lane of the  
Interstate 90 Innerbelt Bridge over the Cuyahoga River (CUY-90-15.24)



Photograph 30  
View Looking West at the Underside of the East Bound Off Ramp Lane of the  
Interstate 90 Innerbelt Bridge over the Cuyahoga River (CUY-90-15.24)



Photograph 31  
View Looking West at the Underside of the East and West Bound Lanes of the  
Interstate 90 Innerbelt Bridge over the Cuyahoga River (CUY-90-15.24)



Photograph 32  
View Looking West at the Top of the East Bound Lanes of the  
Interstate 90 Innerbelt Bridge over the Cuyahoga River (CUY-90-15.24)



Photograph 33  
View Looking West at the Top of the West Bound Lanes of the  
Interstate 90 Innerbelt Bridge over the Cuyahoga River (CUY-90-15.24)



Photograph 34  
View Looking North at the Underside of the West Bound On Ramp Lane of the  
Interstate 90 Innerbelt Bridge over the Cuyahoga River (CUY-90-15.24)





Photograph 35  
View Looking South at the Underside of the West Bound Off Ramp Lane of the  
Interstate 90 Innerbelt Bridge over the Cuyahoga River (CUY-90-15.24)



Photograph 36  
View Looking South at the Top of the East Bound Lanes of the  
Interstate 90 Bridge over Kenilworth Avenue (CUY-90-1506)



Photograph 37  
View Looking North at the Underside of the East and West Bound Lanes of the  
Interstate 90 Bridge over Kenilworth Avenue (CUY-90-1506)



Photograph 38  
View Looking South at the Top of the West Bound Lanes of the  
Interstate 90 Bridge over Kenilworth Avenue (CUY-90-1506)



Photograph 39  
View Looking North at the Top of the West Bound Lanes of the  
Interstate 90 Bridge over Kenilworth Avenue (CUY-90-1506)



Photograph 40  
View Looking South at the Underside of the East and West Bound Lanes of the  
Interstate 90 Bridge over Kenilworth Avenue (CUY-90-1506)



Photograph 41  
View Looking North at the Top of the East Bound Lanes of the  
Interstate 90 Bridge over Kenilworth Avenue (CUY-90-1506)



Photograph 42  
View Looking North at the Top of the West Bound Lanes of the  
Interstate 90 Bridge over Starkweather Avenue (CUY-90-1490L)



Photograph 43  
View Looking South at the Top of the West Bound Lanes of the  
Interstate 90 Bridge over Starkweather Avenue (CUY-90-1490L)



Photograph 44  
View Looking North at the Underside of the East and West Bound Lanes of the  
Interstate 90 Bridge over Starkweather Avenue (CUY-90-1490L)



Photograph 45  
View Looking South at the Top of the East Bound Lanes of the  
Interstate 90 Bridge over Starkweather Avenue (CUY-90-1490R)



Photograph 46  
View Looking North at the Top of the East Bound Lanes of the  
Interstate 90 Bridge over Starkweather Avenue (CUY-90-1490R)



Photograph 47  
View Looking South at the Underside of the East and West Bound Lanes of the  
Interstate 90 Bridge over Starkweather Avenue (CUY-90-1490R)



Photograph 48  
View Looking South at the Top of the East Bound Lanes of the  
Interstate 90 Bridge Ramp WN under I-71 Mainline Bridge (CUY-90-1463R)





Photograph 49  
View Looking North at the Underside of the East Bound Lanes of the  
Interstate 90 Bridge Ramp WN under I-71 Mainline Bridge (CUY-90-1463R)



Photograph 50  
View Looking West at the Underside of the East Bound Lanes of the  
Interstate 90 Bridge Ramp WN under I-71 Mainline Bridge (CUY-90-1463R)





**Photograph 51**  
**View Looking Northwest at the Top of the East Bound Lanes of the**  
**Interstate 90 Bridge Ramp WN under I-71 Mainline Bridge (CUY-90-1463R)**



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**ATTACHMENT 2**

**LABORATORY ANALYTICAL REPORTS**

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## CERTIFICATE OF ANALYSIS

**Client:** HZW Environmental Consultants  
6105 Heisley Rd.  
Mentor OH 44060

**Report Date:** 6/12/2009  
**Project:** CUY-90-1463R  
**Project No.:** H09004-07

### BULK SAMPLE ANALYSIS SUMMARY

<b>Lab No.:</b> 3640995	<b>Description / Location:</b> Grey Rubber Non Fibrous		
<b>Client No.:</b> 01	Expansion Material		
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>
None Detected	None Detected	None Detected	None Detected
			<u>% Non-Fibrous Material</u> 100

<b>Lab No.:</b> 3640996	<b>Description / Location:</b> Grey Rubber Non Fibrous		
<b>Client No.:</b> 02	Expansion Material		
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>
None Detected	None Detected	None Detected	None Detected
			<u>% Non-Fibrous Material</u> 100

<b>Lab No.:</b> 3640997	<b>Description / Location:</b> Brown Fibrous		
<b>Client No.:</b> 03	Expansion Material		
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>
None Detected	None Detected	99	Cellulose
			<u>% Non-Fibrous Material</u> 1

<b>Lab No.:</b> 3640998	<b>Description / Location:</b> Brown Fibrous		
<b>Client No.:</b> 04	Expansion Material		
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>
None Detected	None Detected	99	Cellulose
			<u>% Non-Fibrous Material</u> 1

**NIST-NVLAP No. 101165-0**

**NY-DOH No. 11021**

**AIHA Lab No. 100188**

*This confidential report relates only to those item(s) tested and does not represent an endorsement by NIST-NVLAP, AIHA or any agency of the U.S. government  
This report shall not be reproduced except in full, without written approval of the laboratory.*

Analysis Method: EPA 600/R-93/116

**Comments:** (PC) Indicates Stratified Point Count Method performed. Method not performed unless stated. Quantification at <0.25% by volume is possible with this method. (PC-Trace) represents this limit of quantitation. (PC-Trace) means that asbestos was detected but is not quantifiable under the Point Counting regimen. Analysis includes all distinct separable layers in accordance with EPA 600 Method. If not reported or otherwise noted, layer is either not present or the client has specifically requested that it not be analyzed. Small asbestos fibers may be missed by PLM due to resolution limitations of the optical microscope. Therefore, negative PLM results cannot be guaranteed. Electron Microscopy can be used as a confirming technique. Regulatory Limit is based upon the sample matrix.

**Analysis Performed By:** E. Smith

**Approved By:** \_\_\_\_\_

**Date:** 6/12/2009

Frank E. Ehrenfeld, III  
Laboratory Director

## CERTIFICATE OF ANALYSIS

**Client:** HZW Environmental Consultants  
6105 Heisley Rd.  
Mentor OH 44060

**Report Date:** 6/12/2009  
**Project:** CUY-90-1463R  
**Project No.:** H09004-07

### BULK SAMPLE ANALYSIS SUMMARY

Lab No.: 3640999	Description / Location: Brown Fibrous		
Client No.: 05	Expansion Material		
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	100	None Detected

Lab No.: 3641000	Description / Location: Brown Fibrous		
Client No.: 06	Expansion Material		
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	100	None Detected

**NIST-NVLAP No. 101165-0**

**NY-DOH No. 11021**

**AIHA Lab No. 100188**

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**Analysis Performed By:** E. Smith

**Date:** 6/12/2009

International Asbestos Testing Laboratories  
9000 Commerce Pkwy., Suite B  
Mt. Laurel, New Jersey 08054

Tel. 856 231-9449  
Fax 856 231-9818

**- Chain of Custody -**

Client: H2W Environmental Consultants  
6105 Halsey Rd.  
Mentor, Oh 44060

Project Name: CUY-90-1463 R  
Project No.: HO 9004-07

Phone: 440-357-1260  
FAX: 440-357-1510

Contact: Joan Sablar  
Pager:

Special Instructions:

PO# 5162-09

**Type:**

Asbestos			Lead			Other		
<input type="checkbox"/>	Air	<input type="checkbox"/>	Soil	<input type="checkbox"/>	Air	<input type="checkbox"/>	Soil	
<input checked="" type="checkbox"/>	Bulk	<input type="checkbox"/>	Dust	<input type="checkbox"/>	Bulk	<input type="checkbox"/>	Paint	
<input type="checkbox"/>	Water	<input type="checkbox"/>	Other	<input type="checkbox"/>	Water	<input type="checkbox"/>	Other	

**Analysis Method:**

<input type="checkbox"/>	PCM: NIOSH 7400	<input checked="" type="checkbox"/>	PLM: Bulk Asbestos EPA 600	<input type="checkbox"/>	TEM: AHERA
<input type="checkbox"/>	PCM: OSHA	<input type="checkbox"/>	PLM: Point Counting 198.1	<input type="checkbox"/>	TEM: NIOSH 7402
<input type="checkbox"/>	PCM: Other _____	<input type="checkbox"/>	PLM: NOB via 198.1 (PLM only)	<input type="checkbox"/>	TEM: EPA Level II
<input type="checkbox"/>	AAS: NIOSH 7082 (Air)	<input type="checkbox"/>	IF <1% by PLM, to TEM via 198.4	<input type="checkbox"/>	TEM: Microvac / Wipe
<input type="checkbox"/>	AAS: Lead in Drinking Water	to meet NYSDOH requirements **		<input type="checkbox"/>	TEM: Asbestos in Water
<input type="checkbox"/>	AAS: Lead in Paint ASTM D3335-85a	(**call to confirm TAT!)		<input checked="" type="checkbox"/>	TEM: Bulk Analysis
<input type="checkbox"/>	AAS: Lead Dust/Wipe	<input type="checkbox"/>	TEM: NOB 198.4	<input type="checkbox"/>	TEM: Other _____
<input type="checkbox"/>	AAS: Other Metals / Soil _____	<input type="checkbox"/>	TEM: Total Dust: NIOSH 0500		

**Turnaround Time:**

FAX: \_\_\_\_\_ Verbal: \_\_\_\_\_  
date / time date / time

10 Day    5 Day    3 Day    2 Day    1 Day    6 hour    RUSH

Preliminary FAX/Verbal Results Requested by: \_\_\_\_\_

**Sample Numbers:**

Client #(s): 01   06   IATL #(s): \_\_\_\_\_ Total: \_\_\_\_\_  
(start)   (end)   (start)   (end)

**Chain of Custody:**

Relinquished: _____	<p style="text-align: center; border: 1px solid black; padding: 5px;"><b>R E C E I V E R</b></p> <p>Date: <u>6/11/09</u> Time: <u>4pm</u></p> <p>Date: _____ Time: _____</p> <p>Date: <u>6/11/09</u> Time: <u>12:30</u></p> <p>Date: <u>6/26/09</u> Time: _____</p> <p>Date: _____ Time: _____</p> <p>Date: _____ Time: _____</p>
Received: _____	
Sample Log-in: _____	
Sample Prep: _____	
Analyzed: _____	
QA/QC Review: _____	

Archived/Released: \_\_\_\_\_ QA/QC InterLAB Use: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

International Asbestos Testing Laboratories  
 16000 Horizon Way, Unit 100  
 Mt. Laurel, NJ 08054

Tel 856 231-9449  
 Fax 856 231-9818  
 info@istd.com

Bulk Material Sampling Log

Client: H2W Environmental Consultants LLC  
6105 Hertsley Rd  
Mentor OH 44060  
 Phone: 440-357-1910  
 FAX: 440-357-1910

Project Name: CUY-90-1463R  
 Project No.: H09004-07  
 Contact: Jean Sablar  
 Analysis: Bulk PLM

Special Instructions: \_\_\_\_\_

Sample No.	Sample ID	Color	Texture	Description	Notes
01	1640995			Expansion Material - Rebar	
02	1640996			"	
03	1640997			Expansion Material - Fibrous	
04	1640998			"	
05	3640999			Expansion Material - Fibrous	
06	3641000			"	

Relinquished: \_\_\_\_\_ Date: 6/16/09 Time: 4pm  
 Received: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Sample Log-in: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Sample Prep: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Analyzed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 QA/QC Review: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



**International Asbestos  
Testing Laboratories**

9000 Commerce Parkway Suite B Mt. Laurel, NJ 08054  
Telephone: 856-231-9449 Fax: 856-231-9818

## CERTIFICATE OF ANALYSIS

**Client:** HZW Environmental Consultants  
6105 Heisley Rd.  
Mentor OH 44060

**Report Date:** 6/12/2009  
**Project:** CUY-90-1490 L+R  
**Project No.:** H09004-07

### BULK SAMPLE ANALYSIS SUMMARY

<b>Lab No.:</b> 3640989	<b>Description / Location:</b> Brown Fibrous		
<b>Client No.:</b> 01	Expansion Material		
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	95	5

<b>Lab No.:</b> 3640990	<b>Description / Location:</b> Brown Fibrous		
<b>Client No.:</b> 02	Expansion Material		
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	95	5

<b>Lab No.:</b> 3640991	<b>Description / Location:</b> Lt. Grey Rubber Non Fibrous		
<b>Client No.:</b> 03	Expansion Material		
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	100

<b>Lab No.:</b> 3640992	<b>Description / Location:</b> Lt. Grey Rubber Non Fibrous		
<b>Client No.:</b> 04	Expansion Material		
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	100

**NIST-NVLAP No. 101165-0**

**NY-DOH No. 11021**

**AIHA Lab No. 100188**

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Analysis Method: EPA 600/R-93/116

**Comments:** (PC) Indicates Stratified Point Count Method performed. Method not performed unless stated. Quantification at <0.25% by volume is possible with this method. (PC-Trace) represents this limit of quantitation. (PC-Trace) means that asbestos was detected but is not quantifiable under the Point Counting regimen. Analysis includes all distinct separable layers in accordance with EPA 600 Method. If not reported or otherwise noted, layer is either not present or the client has specifically requested that it not be analyzed. Small asbestos fibers may be missed by PLM due to resolution limitations of the optical microscope. Therefore, negative PLM results cannot be guaranteed. Electron Microscopy can be used as a confirming technique. Regulatory Limit is based upon the sample matrix.

**Analysis Performed By:** E. Smith

**Approved By:**

**Date:** 6/12/2009

Frank E. Ehrenfeld, III  
Laboratory Director



**International Asbestos  
Testing Laboratories**

9000 Commerce Parkway Suite B Mt. Laurel, NJ 08054  
Telephone: 856-231-9449 Fax: 856-231-9818

## CERTIFICATE OF ANALYSIS

**Client:** HZW Environmental Consultants  
6105 Heisley Rd.  
Mentor OH 44060

**Report Date:** 6/12/2009  
**Project:** CUY-90-1490 L+R  
**Project No.:** H09004-07

### BULK SAMPLE ANALYSIS SUMMARY

<b>Lab No.:</b> 3640993	<b>Description / Location:</b> Brown Fibrous		
<b>Client No.:</b> 05	Expansion Material		
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>
None Detected	None Detected	95	Cellulose
			5

<b>Lab No.:</b> 3640994	<b>Description / Location:</b> Brown Fibrous		
<b>Client No.:</b> 06	Expansion Material		
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>
None Detected	None Detected	95	Cellulose
			5

**NIST-NVLAP No. 101165-0**

**NY-DOH No. 11021**

**AIHA Lab No. 100188**

*This confidential report relates only to those item(s) tested and does not represent an endorsement by NIST-NVLAP, AIHA or any agency of the U.S. government  
This report shall not be reproduced except in full, without written approval of the laboratory.*

Analysis Method: EPA 600/R-93/116

**Comments:** (PC) Indicates Stratified Point Count Method performed. Method not performed unless stated. Quantification at <0.25% by volume is possible with this method. (PC-Trace) represents this limit of quantitation. (PC-Trace) means that asbestos was detected but is not quantifiable under the Point Counting regimen. Analysis includes all distinct separable layers in accordance with EPA 600 Method. If not reported or otherwise noted, layer is either not present or the client has specifically requested that it not be analyzed. Small asbestos fibers may be missed by PLM due to resolution limitations of the optical microscope. Therefore, negative PLM results cannot be guaranteed. Electron Microscopy can be used as a confirming technique. Regulatory Limit is based upon the sample matrix.

**Analysis Performed By:** E. Smith

**Date:** 6/12/2009



International Asbestos Testing Laboratories  
9000 Commerce Pkwy. Suite B  
Mt. Laurel, New Jersey 08054

Tel. 856 231-9449  
Fax 856 231-9818

**- Chain of Custody -**

Client: H2W Environmental Consultants  
6105 Halsey Rd.  
Mentor, Oh 44060

Project Name: CUY-90-1490 L+R  
Project No.: HO 9004-07

Phone: 440-357-1260  
FAX: 440-357-1510

Contact: Joan Sablar  
Pager:

Special Instructions:

PO# 5162-09

Type:

Asbestos		Lead		Other	
<input type="checkbox"/>	Air	<input type="checkbox"/>	Soil	<input type="checkbox"/>	_____
<input checked="" type="checkbox"/>	Bulk	<input type="checkbox"/>	Dust	<input type="checkbox"/>	Paint
<input type="checkbox"/>	Water	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other

Analysis Method:

<input type="checkbox"/>	PCM: NIOSH 7400	<input checked="" type="checkbox"/>	PLM: Bulk Asbestos EPA 600	<input type="checkbox"/>	TEM: AHERA
<input type="checkbox"/>	PCM: OSHA	<input type="checkbox"/>	PLM: Point Counting 198.1	<input type="checkbox"/>	TEM: NIOSH 7402
<input type="checkbox"/>	PCM: Other _____	<input type="checkbox"/>	PLM: NOB via 198.1 (PLM only)	<input type="checkbox"/>	TEM: EPA Level II
<input type="checkbox"/>	AAS: NIOSH 7082 (Air)	<input type="checkbox"/>	If <1% by PLM, to TEM via 198.4 to meet NYSDOH requirements **	<input type="checkbox"/>	TEM: Microvac / Wipe
<input type="checkbox"/>	AAS: Lead in Drinking Water	<input type="checkbox"/>	(**call to confirm TAT!)	<input type="checkbox"/>	TEM: Asbestos in Water
<input type="checkbox"/>	AAS: Lead in Paint ASTM D3335-85a			<input type="checkbox"/>	TEM: Bulk Analysis
<input type="checkbox"/>	AAS: Lead Dust/Wipe			<input type="checkbox"/>	TEM: NOB 198.4
<input type="checkbox"/>	AAS: Other Metals / Soil			<input type="checkbox"/>	TEM: Other _____
				<input type="checkbox"/>	Total Dust: NIOSH 0500

Turnaround Time:

FAX: \_\_\_\_\_ Verbal: \_\_\_\_\_  
date / time date / time

10 Day    5 Day    3 Day    2 Day    1 Day    6 hour    RUSH

Preliminary FAX/Verbal Results Requested by: \_\_\_\_\_

Sample Numbers:

Client #(s): 01 - 06 IATL #(s): \_\_\_\_\_ Total: \_\_\_\_\_  
(start) (end) (start) (end)

Chain of Custody:

Relinquished: _____	Date: <u>6-11-09</u> Time: _____
Received: _____	Date: _____ Time: _____
Sample Log-in: _____	Date: <u>JUN 12 2009</u> Time: _____
Sample Prep: _____	Date: _____ Time: _____
Analyzed: _____	Date: _____ Time: _____
QA/QC Review: _____	Date: _____ Time: _____

Archived/Released: \_\_\_\_\_ QA/QC InterLAB Use: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

1 of 2

International Asbestos Testing Laboratories  
 16000 Horizon Way, Unit 100  
 Mt. Laurel, NJ 08054

Tel 856 231-9449  
 Fax 856 231-9818  
 info@iatl.com

Bulk Material Sampling Log

Client: H2W Environmental Consultants LLC  
6105 Heisley Rd  
Mentor OH 44060  
 Phone: 440-357-1860  
 FAX: 440-357-1510

Project Name: CUY-90-1490 L/R  
 Project No.: HO 9004-07  
 Contact: Jean Sabhar  
 Analysis: Bulk PCM

Special Instructions: \_\_\_\_\_

Sample	Sample ID	Color	Form	Description	Notes
01	1640989			Expansion Material - Fibrous	
02	1640990				
03	1640991			Expansion Material - Rubbery	
04	1640992				
05	1640993			Expansion Material - Fibrous	
06	1640994				

Relinquished: _____	Date: <u>6-11-09</u>	Time: <u>4 pm</u>
Received: _____	Date: _____	Time: _____
Sample Log-in: _____	Date: _____	Time: _____
Sample Prep: _____	Date: _____	Time: _____
Analyzed: _____	Date: _____	Time: _____
QA/QC Review: _____	Date: _____	Time: _____

## CERTIFICATE OF ANALYSIS

**Client:** HZW Environmental Consultants  
6105 Heisley Rd.  
Mentor OH 44060

**Report Date:** 6/4/2009  
**Project:** CUY-90-1506  
**Project No.:** H09004-07

### BULK SAMPLE ANALYSIS SUMMARY

<b>Lab No.:</b> 3628392	<b>Description / Location:</b> Grey Gasket			
<b>Client No.:</b> 01				
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

<b>Lab No.:</b> 3628393	<b>Description / Location:</b> Grey Gasket			
<b>Client No.:</b> 02				
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

**NIST-NVLAP No. 101165-0**

**NY-DOH No. 11021**

**AIHA Lab No. 100188**

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Analysis Method: EPA 600/R-93/116

**Comments:** (PC) Indicates Stratified Point Count Method performed. Method not performed unless stated. Quantification at <0.25% by volume is possible with this method. (PC-Trace) represents this limit of quantitation. (PC-Trace) means that asbestos was detected but is not quantifiable under the Point Counting regimen. Analysis includes all distinct separable layers in accordance with EPA 600 Method. If not reported or otherwise noted, layer is either not present or the client has specifically requested that it not be analyzed. Small asbestos fibers may be missed by PLM due to resolution limitations of the optical microscope. Therefore, negative PLM results cannot be guaranteed. Electron Microscopy can be used as a confirming technique. Regulatory Limit is based upon the sample matrix.

**Analysis Performed By:** E. Faulseit

**Approved By:** \_\_\_\_\_

**Date:** 6/3/2009

Frank E. Ehrenfeld, III  
Laboratory Director

International Asbestos Testing Laboratories  
9000 Commerce Pkwy. Suite B  
Mt. Laurel, New Jersey 08054

Tel. 856 231-9449  
Fax 856 231-9818

- Chain of Custody -

Client: H2W Environmental Consultants  
6105 Halsey Rd.  
Mentor, Oh. 44060  
Project Name: CUY-90-1506  
Project No.: H09004-07  
Phone: 440-357-1260  
FAX: 440-357-1510  
Contact: Joan Sablar  
Pager: PO# 5149-00  
Special Instructions: \_\_\_\_\_

Type:

Asbestos		Lead		Other	
<input type="checkbox"/>	Air	<input type="checkbox"/>	Soil	<input type="checkbox"/>	_____
<input checked="" type="checkbox"/>	Bulk	<input type="checkbox"/>	Dust	<input type="checkbox"/>	Paint
<input type="checkbox"/>	Water	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other

Analysis Method:

<input type="checkbox"/>	PCM: NIOSH 7400	<input checked="" type="checkbox"/>	PLM: Bulk Asbestos EPA 600	<input type="checkbox"/>	TEM: AHERA
<input type="checkbox"/>	PCM: OSHA	<input type="checkbox"/>	PLM: Point Counting 198.1	<input type="checkbox"/>	TEM: NIOSH 7402
<input type="checkbox"/>	PCM: Other _____	<input type="checkbox"/>	PLM: NOB via 198.1 (PLM only)	<input type="checkbox"/>	TEM: EPA Level II
<input type="checkbox"/>	AAS: NIOSH 7082 (Air)	<input type="checkbox"/>	If <1% by PLM, to TEM via 198.4	<input type="checkbox"/>	TEM: Microvac / Wipe
<input type="checkbox"/>	AAS: Lead in Drinking Water	<input type="checkbox"/>	to meet NYSDOH requirements (**	<input type="checkbox"/>	TEM: Asbestos in Water
<input type="checkbox"/>	AAS: Lead in Paint ASTM D3335-85a	<input type="checkbox"/>	(**call to confirm TAT!)	<input type="checkbox"/>	TEM: Bulk Analysis
<input type="checkbox"/>	AAS: Lead Dust/Wipe	<input type="checkbox"/>		<input type="checkbox"/>	TEM: NOB 198.4
<input type="checkbox"/>	AAS: Other Metals / Soil	<input type="checkbox"/>		<input type="checkbox"/>	TEM: Other _____
		<input type="checkbox"/>		<input type="checkbox"/>	Total Dust: NIOSH 0500

Turnaround Time:

FAX: \_\_\_\_\_ Verbal: \_\_\_\_\_  
date / time date / time

10 Day  5 Day  3 Day  2 Day  1 Day  6 hour  RUSH

Preliminary FAX/Verbal Results Requested by: \_\_\_\_\_

Sample Numbers:

Client #(s): 01 - 02 IATL #(s): \_\_\_\_\_ Total: \_\_\_\_\_  
(start) (end) (start) (end)

Chain of Custody:

Relinquished: \_\_\_\_\_  
Received: \_\_\_\_\_  
Sample Log-in: at 6/1  
Sample Prep: \_\_\_\_\_  
Analyzed: \_\_\_\_\_  
QA/QC Review: \_\_\_\_\_

Date: 5-27-09 Time: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

Archived/Released: \_\_\_\_\_ QA/QC InterLAB Use: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

6/1/09  
1992

International Asbestos Testing Laboratories  
 16000 Horizon Way, Unit 100  
 Mt. Laurel, NJ 08054

Tel 856 231-9449  
 Fax 856 231-9818  
 info@iatl.com

**Bulk Material Sampling Log**

Client: H2W Environmental Consultants LLC  
6105 Heisley Rd  
Mentor OH 44060  
 Phone: 440-357-1980  
 FAX: 440-357-1510

Project Name: CUY-90-1506  
 Project No.: H09004-07  
 Contact: John Sablar  
 Analysis: Bulk PLM

Special Instructions: \_\_\_\_\_

Cons. No.	Lot No.	Can	Qty	Location	Photo	Notes
01	3628392			Gasket Material		
02	3628393			11		

B  
 6/7/09

Relinquished: \_\_\_\_\_ Date: 5-29-09 Time: 4pm  
 Received: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Sample Log-in: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Sample Prep: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Analyzed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 QA/QC Review: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

## CERTIFICATE OF ANALYSIS

**Client:** HZW Environmental Consultants  
6105 Heisley Rd.  
Mentor OH 44060

**Report Date:** 6/4/2009  
**Project:** CUY-90-1524  
**Project No.:** H09004-07

### BULK SAMPLE ANALYSIS SUMMARY

<b>Lab No.:</b> 3628455	<b>Description / Location:</b> Grey Caulk			
<b>Client No.:</b> 01				
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

<b>Lab No.:</b> 3628456	<b>Description / Location:</b> Grey Caulk			
<b>Client No.:</b> 02				
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

<b>Lab No.:</b> 3628457	<b>Description / Location:</b> Grey Caulk			
<b>Client No.:</b> 03				
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

<b>Lab No.:</b> 3628458	<b>Description / Location:</b> Grey Caulk			
<b>Client No.:</b> 04				
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

**NIST-NVLAP No. 101165-0**

**NY-DOH No. 11021**

**AIHA Lab No. 100188**

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This report shall not be reproduced except in full, without written approval of the laboratory.*

Analysis Method: EPA 600/R-93/116

**Comments:** (PC) Indicates Stratified Point Count Method performed. Method not performed unless stated. Quantification at <0.25% by volume is possible with this method. (PC-Trace) represents this limit of quantitation. (PC-Trace) means that asbestos was detected but is not quantifiable under the Point Counting regimen. Analysis includes all distinct separable layers in accordance with EPA 600 Method. If not reported or otherwise noted, layer is either not present or the client has specifically requested that it not be analyzed. Small asbestos fibers may be missed by PLM due to resolution limitations of the optical microscope. Therefore, negative PLM results cannot be guaranteed. Electron Microscopy can be used as a confirming technique. Regulatory Limit is based upon the sample matrix.

**Analysis Performed By:** B. Faulseit

**Approved By:** \_\_\_\_\_

**Date:** 6/3/2009

Frank E. Ehrenfeld, III  
Laboratory Director

## CERTIFICATE OF ANALYSIS

**Client:** HZW Environmental Consultants  
6105 Heisley Rd.  
Mentor OH 44060

**Report Date:** 6/4/2009  
**Project:** CUY-90-1524  
**Project No.:** H09004-07

### BULK SAMPLE ANALYSIS SUMMARY

**Lab No.:** 3628459      **Description / Location:** White/Brown Non Fibrous  
**Client No.:** 05

<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

**Lab No.:** 3628460      **Description / Location:** White/Brown Non Fibrous  
**Client No.:** 06

<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

**Lab No.:** 3628461      **Description / Location:** Brown Transite  
**Client No.:** 07

<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
30	Chrysotile	None Detected	None Detected	PC 67.5
2.5	Crocidolite			

**Lab No.:** 3628462      **Description / Location:** Brown Transite  
**Client No.:** 08

<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
40	Chrysotile	None Detected	None Detected	PC 58.5
1.5	Crocidolite			

**NIST-NVLAP No. 101165-0**

**NY-DOH No. 11021**

**AIHA Lab No. 100188**

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**Analysis Method:** EPA 600/R-93/116

**Comments:** (PC) Indicates Stratified Point Count Method performed. Method not performed unless stated. Quantification at <0.25% by volume is possible with this method. (PC-Trace) represents this limit of quantitation. (PC-Trace) means that asbestos was detected but is not quantifiable under the Point Counting regimen. Analysis includes all distinct separable layers in accordance with EPA 600 Method. If not reported or otherwise noted, layer is either not present or the client has specifically requested that it not be analyzed. Small asbestos fibers may be missed by PLM due to resolution limitations of the optical microscope. Therefore, negative PLM results cannot be guaranteed. Electron Microscopy can be used as a confirming technique. Regulatory Limit is based upon the sample matrix.

**Analysis Performed By:** B. Faulseit

**Date:** 6/3/2009



**International Asbestos  
Testing Laboratories**

9000 Commerce Parkway Suite B Mt. Laurel, NJ 08054  
Telephone: 856-231-9449 Fax: 856-231-9818

## CERTIFICATE OF ANALYSIS

**Client:** HZW Environmental Consultants  
6105 Heisley Rd.  
Mentor OH 44060

**Report Date:** 6/4/2009  
**Project:** CUY-90-1524  
**Project No.:** H09004-07

### BULK SAMPLE ANALYSIS SUMMARY

**Lab No.:** 3628463      **Description / Location:** Brown Tar Paper  
**Client No.:** 09

<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	50	Cellulose	50

**Lab No.:** 3628464      **Description / Location:** Brown Tar Paper  
**Client No.:** 10

<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	50	Cellulose	50

**Lab No.:** 3628465      **Description / Location:** Tan Transite  
**Client No.:** 11

<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
40	Chrysotile	None Detected	None Detected	PC 56.9
3.1	Crocidolite			

**Lab No.:** 3628466      **Description / Location:** Tan Transite  
**Client No.:** 12

<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
40	Chrysotile	None Detected	None Detected	PC 57.5
2.5	Crocidolite			

**NIST-NVLAP No. 101165-0**

**NY-DOH No. 11021**

**AIHA Lab No. 100188**

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This report shall not be reproduced except in full, without written approval of the laboratory.*

**Analysis Method:** EPA 600/R-93/116

**Comments:** (PC) Indicates Stratified Point Count Method performed. Method not performed unless stated. Quantification at <0.25% by volume is possible with this method. (PC-Trace) represents this limit of quantitation. (PC-Trace) means that asbestos was detected but is not quantifiable under the Point Counting regimen. Analysis includes all distinct separable layers in accordance with EPA 600 Method. If not reported or otherwise noted, layer is either not present or the client has specifically requested that it not be analyzed. Small asbestos fibers may be missed by PLM due to resolution limitations of the optical microscope. Therefore, negative PLM results cannot be guaranteed. Electron Microscopy can be used as a confirming technique. Regulatory Limit is based upon the sample matrix.

**Analysis Performed By:** B. Faulstich

**Date:** 6/3/2009



## CERTIFICATE OF ANALYSIS

**Client:** HZW Environmental Consultants  
6105 Heisley Rd.  
Mentor OH 44060

**Report Date:** 6/4/2009  
**Project:** CUY-90-1524  
**Project No.:** H09004-07

### BULK SAMPLE ANALYSIS SUMMARY

**Lab No.:** 3628467 **Description / Location:** Brown Tar Paper

**Client No.:** 13

<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	50	Cellulose	50

**Lab No.:** 3628468 **Description / Location:** Brown Tar Paper

**Client No.:** 14

<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	50	Cellulose	50

**NIST-NVLAP No. 101165-0**

**NY-DOH No. 11021**

**AIHA Lab No. 100188**

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This report shall not be reproduced except in full, without written approval of the laboratory.*

**Analysis Method: EPA 600/R-93/116**

**Comments:** (PC) Indicates Stratified Point Count Method performed. Method not performed unless stated. Quantification at <0.25% by volume is possible with this method. (PC-Trace) represents this limit of quantitation. (PC-Trace) means that asbestos was detected but is not quantifiable under the Point Counting regimen. Analysis includes all distinct separable layers in accordance with EPA 600 Method. If not reported or otherwise noted, layer is either not present or the client has specifically requested that it not be analyzed. Small asbestos fibers may be missed by PLM due to resolution limitations of the optical microscope. Therefore, negative PLM results cannot be guaranteed. Electron Microscopy can be used as a confirming technique. Regulatory Limit is based upon the sample matrix.

**Analysis Performed By:** B. Faulseit

**Date:** 6/3/2009

International Asbestos Testing Laboratories

9000 Commerce Pkwy. Suite B  
Mt. Laurel, New Jersey 08054

Tel. 856 231-9449  
Fax 856 231-9818

Chain of Custody -

Client: H2W Environmental Consultants  
6105 Holey Rd.  
Mentor, OH 44060

Project Name: CUY-90-1524  
Project No.: H09004-07

Phone: 440-357-1260  
FAX: 440-357-1510

Contact: Joan Sablar  
Pager:

Special Instructions:

PO# 5149-09

Type:

Asbestos			Lead			Other		
<input type="checkbox"/>	Air	<input type="checkbox"/>	Soil	<input type="checkbox"/>	Air	<input type="checkbox"/>	Soil	
<input checked="" type="checkbox"/>	Bulk	<input type="checkbox"/>	Dust	<input type="checkbox"/>	Bulk	<input type="checkbox"/>	Paint	
<input type="checkbox"/>	Water	<input type="checkbox"/>	Other	<input type="checkbox"/>	Water	<input type="checkbox"/>	Other	

Analysis Method:

<input type="checkbox"/>	PCM : NIOSH 7400	<input checked="" type="checkbox"/>	PLM : Bulk Asbestos EPA 600	<input type="checkbox"/>	TEM : AHERA
<input type="checkbox"/>	PCM : OSHA	<input type="checkbox"/>	PLM : Point Counting 198.1	<input type="checkbox"/>	TEM : NIOSH 7402
<input type="checkbox"/>	PCM : Other _____	<input type="checkbox"/>	PLM : NOB via 198.1 (PLM only)	<input type="checkbox"/>	TEM : EPA Level II
<input type="checkbox"/>	AAS : NIOSH 7082 (Air)	<input type="checkbox"/>	If <1% by PLM, to TEM via 198.4	<input type="checkbox"/>	TEM : Microvac/Wipe
<input type="checkbox"/>	AAS : Lead in Drinking Water		to meet NYSDOH requirements **	<input type="checkbox"/>	TEM : Asbestos in Water
<input type="checkbox"/>	AAS : Lead in Paint ASTM D3335-85a		(**call to confirm TAT!)	<input type="checkbox"/>	TEM : Bulk Analysis
<input type="checkbox"/>	AAS : Lead Dust/Wipe			<input type="checkbox"/>	TEM : NOB 198.4
<input type="checkbox"/>	AAS : Other Metals / Soil _____			<input type="checkbox"/>	TEM : Other _____
				<input type="checkbox"/>	Total Dust : NIOSH 0500

Turnaround Time:

FAX: \_\_\_\_\_ Verbal: \_\_\_\_\_

<input type="checkbox"/>	10 Day	<input type="checkbox"/>	5 Day	<input checked="" type="checkbox"/>	3 Day	<input type="checkbox"/>	2 Day	<input type="checkbox"/>	1 Day	<input type="checkbox"/>	6 hour	<input type="checkbox"/>	RUSH
--------------------------	--------	--------------------------	-------	-------------------------------------	-------	--------------------------	-------	--------------------------	-------	--------------------------	--------	--------------------------	------

Preliminary FAX/Verbal Results Requested by: \_\_\_\_\_

Sample Numbers:

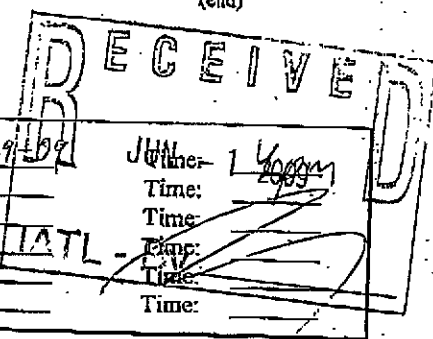
Client #(s): 01 14  
(start) (end)

IATL #(s): \_\_\_\_\_ Total: \_\_\_\_\_  
(start) (end)

Chain of Custody:

Relinquished:	<u>[Signature]</u>	Date:	<u>5-29-09</u>	Time:	<u>1400pm</u>
Received:	<u>[Signature]</u>	Date:		Time:	
Sample Log-in:	<u>AS 6/1</u>	Date:		Time:	
Sample Prep:		Date:		Time:	
Analyzed:		Date:		Time:	
QA/QC Review:		Date:		Time:	

Archived/Released: \_\_\_\_\_ QA/QC InterLAB Use: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



1 of 3

International Asbestos Testing Laboratories  
 16000 Horizon Way, Unit 100  
 Mt. Laurel, NJ 08054

Tel 856 231-9449  
 Fax 856 231-9818  
 info@iatd.com

Bulk Material Sampling Log

Client: H2W Environmental Consultants LLC  
6105 Hartsley Rd  
Mentor, OH 44060

Project Name: C44-90-1924  
 Project No.: HO9004-07

Phone: 440-357-1860  
 FAX: 440-357-1910

Contact: Joan Sablar  
 Analysis: Bulk PCM

Special Instructions: \_\_\_\_\_

Consultation Sample	Lab Sample	Chain ID	Lot	Description	Photo	Notes
01	3628455			Epoxy Material		
02	3628456			"		
03	3628457			Epoxy material		
04	3628458			"		
05	3628459			Gasket Material		
06	3628460			"		
07	3628461			Conduit material		
08	3628462			"		
09	3628463			Tar Cellulose Material		
10	3628464			"		

Relinquished: _____	Date: <u>5-29-09</u>	Time: <u>4 pm</u>
Received: _____	Date: _____	Time: _____
Sample Log-in: _____	Date: _____	Time: _____
Sample Prep: _____	Date: _____	Time: _____
Analyzed: _____	Date: _____	Time: _____
QA/QC Review: _____	Date: _____	Time: _____

*Handwritten:* 12 6/3/09

International Asbestos Testing Laboratories  
 16000 Horizon Way, Unit 100  
 Mt. Laurel, NJ 08054

Tel 856 231-9449  
 Fax 856 211-9818  
 info@iatl.com

Bulk Material Sampling Log

Client: H2W Environmental Consultants LLC  
6105 Heisley Rd  
Mentor, OH 44060  
 Phone: 440-357-1960  
 FAX: 440-357-1970

Project Name: CUY-90-1524  
 Project No.: H09004-07  
 Contact: Jean Sablar  
 Analysis: Bulk PLM

Special Instructions: \_\_\_\_\_

Sample No.	Sample ID	Date	Time	Description	Initials
11	3628465			Conduit Material	
12	3628466			11	
13	3628467			Gasket Material	
14	3628468			11	

Relinquished: _____	Date: <u>5-29-09</u>	Time: <u>4 pm</u>
Received: _____	Date: _____	Time: _____
Sample Log-in: _____	Date: _____	Time: _____
Sample Prep: _____	Date: _____	Time: _____
Analyzed: _____	Date: _____	Time: _____
QA/QC Review: _____	Date: _____	Time: _____



**International Asbestos  
Testing Laboratories**

9000 Commerce Parkway Suite B Mt. Laurel, NJ 08054  
Telephone: 856-231-9449 Fax: 856-231-9818

## CERTIFICATE OF ANALYSIS

**Client:** HZW Environmental Consultants  
6105 Heisley Rd.  
Mentor OH 44060

**Report Date:** 6/4/2009  
**Project:** CUY-90-1628EW  
**Project No.:** H09004-07

### BULK SAMPLE ANALYSIS SUMMARY

<b>Lab No.:</b> 3628432	<b>Description / Location:</b> Tan Caulk			
<b>Client No.:</b> 01				
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

<b>Lab No.:</b> 3628433	<b>Description / Location:</b> Tan Caulk			
<b>Client No.:</b> 02				
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

<b>Lab No.:</b> 3628434	<b>Description / Location:</b> Brown Tar Paper			
<b>Client No.:</b> 03				
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	40	Cellulose	60

<b>Lab No.:</b> 3628435	<b>Description / Location:</b> Brown Tar Paper			
<b>Client No.:</b> 04				
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	40	Cellulose	60

**NIST-NVLAP No. 101165-0**

**NY-DOH No. 11021**

**AIHA Lab No. 100188**

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This report shall not be reproduced except in full, without written approval of the laboratory.*

Analysis Method: EPA 600/R-93/116

**Comments:** (PC) Indicates Stratified Point Count Method performed. Method not performed unless stated. Quantification at <0.25% by volume is possible with this method. (PC-Trace) represents this limit of quantitation. (PC-Trace) means that asbestos was detected but is not quantifiable under the Point Counting regimen. Analysis includes all distinct separable layers in accordance with EPA 600 Method. If not reported or otherwise noted, layer is either not present or the client has specifically requested that it not be analyzed. Small asbestos fibers may be missed by PLM due to resolution limitations of the optical microscope. Therefore, negative PLM results cannot be guaranteed. Electron Microscopy can be used as a confirming technique. Regulatory Limit is based upon the sample matrix.

**Analysis Performed By:** B. Faulseit

**Approved By:** \_\_\_\_\_

**Date:** 6/3/2009

Frank E. Ehrenfeld, III  
Laboratory Director

## CERTIFICATE OF ANALYSIS

**Client:** HZW Environmental Consultants  
6105 Heisley Rd.  
Mentor OH 44060

**Report Date:** 6/4/2009  
**Project:** CUY-90-1628EW  
**Project No.:** H09004-07

### BULK SAMPLE ANALYSIS SUMMARY

<b>Lab No.:</b> 3628436	<b>Description / Location:</b> Tan Gasket			
<b>Client No.:</b> 05				
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

<b>Lab No.:</b> 3628437	<b>Description / Location:</b> Tan Gasket			
<b>Client No.:</b> 06				
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

<b>Lab No.:</b> 3628438	<b>Description / Location:</b> Grey Gasket			
<b>Client No.:</b> 07				
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
PC 2.1	Chrysotile	3	Other	PC 94.9

<b>Lab No.:</b> 3628439	<b>Description / Location:</b> Grey Gasket			
<b>Client No.:</b> 08				
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
PC 2.5	Chrysotile	3	Other	PC 94.5

**NIST-NVLAP No. 101165-0**

**NY-DOH No. 11021**

**AIHA Lab No. 100188**

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This report shall not be reproduced except in full, without written approval of the laboratory.*

Analysis Method: EPA 600/R-93/116

**Comments:** (PC) indicates Stratified Point Count Method performed. Method not performed unless stated. Quantification at <0.25% by volume is possible with this method. (PC-Trace) represents this limit of quantitation. (PC-Trace) means that asbestos was detected but is not quantifiable under the Point Counting regimen. Analysis includes all distinct separable layers in accordance with EPA 600 Method. If not reported or otherwise noted, layer is either not present or the client has specifically requested that it not be analyzed. Small asbestos fibers may be missed by PLM due to resolution limitations of the optical microscope. Therefore, negative PLM results cannot be guaranteed. Electron Microscopy can be used as a confirming technique. Regulatory Limit is based upon the sample matrix.

**Analysis Performed By:** B. Faulseit

**Date:** 6/3/2009

**CERTIFICATE OF ANALYSIS**

**Client:** HZW Environmental Consultants  
6105 Heisley Rd.  
Mentor OH 44060

**Report Date:** 6/4/2009  
**Project:** CUY-90-1628EW  
**Project No.:** H09004-07

**BULK SAMPLE ANALYSIS SUMMARY**

**Lab No.:** 3628440 **Description / Location:** Tan Gasket  
**Client No.:** 08

<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

**Lab No.:** 3628441 **Description / Location:** Tan Gasket  
**Client No.:** 10

<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

**NIST-NVLAP No. 101165-0**

**NY-DOH No. 11021**

**AIHA Lab No. 100188**

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This report shall not be reproduced except in full, without written approval of the laboratory.*

**Analysis Method:** EPA 600/R-93/116

**Comments:** (PC) Indicates Stratified Point Count Method performed. Method not performed unless stated. Quantification at <0.25% by volume is possible with this method. (PC-Trace) represents this limit of quantitation. (PC-Trace) means that asbestos was detected but is not quantifiable under the Point Counting regimen. Analysis includes all distinct separable layers in accordance with EPA 600 Method. If not reported or otherwise noted, layer is either not present or the client has specifically requested that it not be analyzed. Small asbestos fibers may be missed by PLM due to resolution limitations of the optical microscope. Therefore, negative PLM results cannot be guaranteed. Electron Microscopy can be used as a confirming technique. Regulatory Limit is based upon the sample matrix.

**Analysis Performed By:** B. Faulseit

**Date:** 6/3/2009

International Asbestos Testing Laboratories  
9000 Commerce Pkwy. Suite B  
Mt. Laurel, New Jersey 08054

Tel. 856 231-9449  
Fax 856 231-9818

### - Chain of Custody -

Client: H2W Environmental Consultants Project Name: CUY-90-1628EW  
6105 Halsey Rd. Project No.: HO 9004-07  
Mentor, Oh 44060

Phone: 440-357-1260 Contact: Joan Sablar  
 FAX: 440-357-1510 Pager: \_\_\_\_\_

Special Instructions: PO# 5149-09

### Type:

Asbestos		Lead		Other	
<input type="checkbox"/>	Air	<input type="checkbox"/>	Air	<input type="checkbox"/>	Soil
<input checked="" type="checkbox"/>	Bulk	<input type="checkbox"/>	Bulk	<input type="checkbox"/>	Paint
<input type="checkbox"/>	Water	<input type="checkbox"/>	Water	<input type="checkbox"/>	Other
<input type="checkbox"/>	Soil	<input type="checkbox"/>	Dust	<input type="checkbox"/>	
<input type="checkbox"/>	Dust	<input type="checkbox"/>	Other	<input type="checkbox"/>	

### Analysis Method:

<input type="checkbox"/>	PCM: NIOSH 7400	<input checked="" type="checkbox"/>	PLM: Bulk Asbestos EPA 600	<input type="checkbox"/>	TEM: AHBR
<input type="checkbox"/>	PCM: OSHA	<input type="checkbox"/>	PLM: Point Counting 198.1	<input type="checkbox"/>	TEM: NIOSH 7402
<input type="checkbox"/>	PCM: Other _____	<input type="checkbox"/>	PLM: NOB via 198.1 (PLM only)	<input type="checkbox"/>	TEM: EPA Level-II
<input type="checkbox"/>	AAS: NIOSH 7082 (Air)	<input type="checkbox"/>	If < 1% by PLM, to TEM via 198.4	<input type="checkbox"/>	TEM: Microvac / Wipe
<input type="checkbox"/>	AAS: Lead in Drinking Water		to meet NYSDOH requirements **	<input type="checkbox"/>	TEM: Asbestos in Water
<input type="checkbox"/>	AAS: Lead in Paint ASTM D3335-85a		(**call to confirm TAT!)	<input type="checkbox"/>	TEM: Bulk Analysis
<input type="checkbox"/>	AAS: Lead Dust/Wipe			<input type="checkbox"/>	TEM: NOB 198.4
<input type="checkbox"/>	AAS: Other Metals / Soil			<input type="checkbox"/>	TEM: Other _____
				<input type="checkbox"/>	Total Dust: NIOSH 0500

### Turnaround Time:

FAX: \_\_\_\_\_ Verbal: \_\_\_\_\_  
 date / time date / time

10 Day  5 Day  3 Day  2 Day  1 Day  6 hour  RUSH

Preliminary FAX/Verbal Results Requested by: \_\_\_\_\_

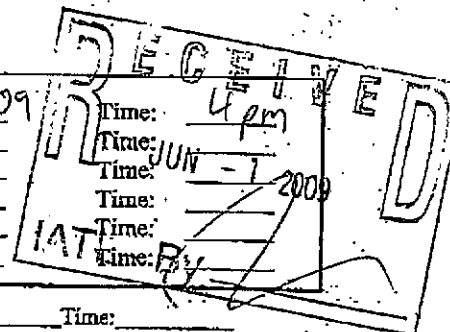
### Sample Numbers:

Client #(s): 01 10 IATL #(s): \_\_\_\_\_ Total: \_\_\_\_\_  
 (start) (end) (start) (end)

### Chain of Custody:

Relinquished: \_\_\_\_\_  
 Received: \_\_\_\_\_  
 Sample Log-in: at 6/1  
 Sample Prep: \_\_\_\_\_  
 Analyzed: \_\_\_\_\_  
 QA/QC Review: \_\_\_\_\_

Date: 5-29-09  
 Date: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Date: \_\_\_\_\_



Archived/Released: \_\_\_\_\_ QA/QC InterLAB Use: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



International Asbestos Testing Laboratories  
 16000 Horizon Way, Unit 100  
 Mt. Laurel, NJ 08054

Tel 856 231-9449  
 Fax 856 231-9818  
 info@iatl.com

Bulk Material Sampling Log

Client: H2W Environmental Consultants LLC  
6105 Heasley Rd  
Mentor OH 44060  
 Phone: 440-357-1910  
 FAX: 440-357-1910

Project Name: CUY-90-1628EW  
 Project No.: HO 9004-07  
 Contact: Jean Sablar  
 Analysis: BULK PLM

Special Instructions: \_\_\_\_\_

Sample ID	Sample	Container	Material	Location	Remarks
01	3628432			Epoxy material	
02	3628433				
03	3628434			Tar-Cellulose material	
04	3628435				
05	3628436			Gasket Material	
06	3628437				
07	3628438			Gasket material	
08	3628439				
09	3628440			Thick Gasket material	
10	3628441				

Relinquished: _____	Date: <u>5-29-09</u>	Time: <u>4 pm</u>
Received: _____	Date: _____	Time: _____
Sample Log-in: _____	Date: _____	Time: _____
Sample Prep: _____	Date: _____	Time: _____
Analyzed: _____	Date: _____	Time: _____
QA/QC Review: _____	Date: _____	Time: _____

## CERTIFICATE OF ANALYSIS

**Client:** HZW Environmental Consultants  
6105 Heisley Rd.  
Mentor OH 44060

**Report Date:** 6/4/2009  
**Project:** CUY-90-1628L  
**Project No.:** H09004-07

### BULK SAMPLE ANALYSIS SUMMARY

<b>Lab No.:</b> 3628415	<b>Description / Location:</b> Tan Non Fibrous			
<b>Client No.:</b> 01				
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

<b>Lab No.:</b> 3628416	<b>Description / Location:</b> Tan Non Fibrous			
<b>Client No.:</b> 02				
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

<b>Lab No.:</b> 3628417	<b>Description / Location:</b> Black Tar Paper			
<b>Client No.:</b> 03				
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	50	Cellulose	50

<b>Lab No.:</b> 3628418	<b>Description / Location:</b> Black Tar Paper			
<b>Client No.:</b> 04				
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	50	Cellulose	50

**NIST-NVLAP No. 101165-0**

**NY-DOH No. 11021**

**AIHA Lab No. 100188**

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Analysis Method: EPA 600/R-93/116

**Comments:** (PC) Indicates Stratified Point Count Method performed. Method not performed unless stated. Quantification at <0.25% by volume is possible with this method. (PC-Trace) represents this limit of quantitation. (PC-Trace) means that asbestos was detected but is not quantifiable under the Point Counting regimen. Analysis includes all distinct separable layers in accordance with EPA 600 Method. If not reported or otherwise noted, layer is either not present or the client has specifically requested that it not be analyzed. Small asbestos fibers may be missed by PLM due to resolution limitations of the optical microscope. Therefore, negative PLM results cannot be guaranteed. Electron Microscopy can be used as a confirming technique. Regulatory Limit is based upon the sample matrix.

**Analysis Performed By:** B. Faulseit

**Approved By:** \_\_\_\_\_

**Date:** 6/3/2009

Frank E. Ehrenfeld, III  
Laboratory Director

## CERTIFICATE OF ANALYSIS

**Client:** HZW Environmental Consultants  
6105 Heisley Rd.  
Mentor OH 44060

**Report Date:** 6/4/2009  
**Project:** CUY-90-1628L  
**Project No.:** H09004-07

### BULK SAMPLE ANALYSIS SUMMARY

Lab No.: 3628419 Description / Location: Tan Gasket  
Client No.: 05

<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
PC 2.1	Chrysotile	2	Other	PC 95.9

Lab No.: 3628420 Description / Location: Tan Gasket  
Client No.: 06

<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

Lab No.: 3628421 Description / Location: Tan Gasket  
Client No.: 07

<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

Lab No.: 3628422 Description / Location: Tan Gasket  
Client No.: 08

<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

**NIST-NVLAP No. 101165-0**

**NY-DOH No. 11021**

**AIHA Lab No. 100188**

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Analysis Method: EPA 600/R-93/116

**Comments:** (PC) Indicates Stratified Point Count Method performed. Method not performed unless stated. Quantification of <0.25% by volume is possible with this method. (PC-Trace) represents this limit of quantitation. (PC-Time) means that asbestos was detected but is not quantifiable under the Point Counting regimen. Analysis includes all distinct separable layers in accordance with EPA 600 Method. If not reported or otherwise noted, layer is either not present or the client has specifically requested that it not be analyzed. Small asbestos fibers may be missed by PLM due to resolution limitations of the optical microscope. Therefore, negative PLM results cannot be guaranteed. Electron Microscopy can be used as a confirming technique. Regulatory Limit is based upon the sample matrix.

**Analysis Performed By:** B. Faulseit

**Date:** 6/3/2009

International Asbestos Testing Laboratories

9000 Commerce Pkwy. Suite B  
Mt. Laurel, New Jersey 08054

Tel. 856 231-9449

Fax 856 231-9818

- Chain of Custody -

Client: H2W Environmental Consultants  
6105 Hasky Rd.  
Mentor, OH 44060

Project Name: CUY90-1628 L  
Project No.: H09004-07

Phone: 440-357-1260  
FAX: 440-357-1510

Contact: Joan Sablar  
Pager: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

PO# 5149-09

Type:

Asbestos		Lead		Other	
<input type="checkbox"/>	Air	<input type="checkbox"/>	Soil	<input type="checkbox"/>	_____
<input checked="" type="checkbox"/>	Bulk	<input type="checkbox"/>	Dust	<input type="checkbox"/>	_____
<input type="checkbox"/>	Water	<input type="checkbox"/>	Other	<input type="checkbox"/>	_____

Analysis Method:

<input type="checkbox"/>	PCM: NIOSH 7400	<input checked="" type="checkbox"/>	PLM: Bulk Asbestos EPA 600	<input type="checkbox"/>	TEM: AHERA
<input type="checkbox"/>	PCM: OSHA	<input type="checkbox"/>	PLM: Point Counting 198.1	<input type="checkbox"/>	TEM: NIOSH 7402
<input type="checkbox"/>	PCM: Other _____	<input type="checkbox"/>	PLM: NOB via 198.1 (PLM only)	<input type="checkbox"/>	TEM: EPA Level II
<input type="checkbox"/>	AAS: NIOSH 7082 (Air)	<input type="checkbox"/>	If <1% by PLM, to TEM via 198.4 to meet NYSDOH requirements (**call to confirm TATI)	<input type="checkbox"/>	TEM: Microvac / Wipe
<input type="checkbox"/>	AAS: Lead in Drinking Water	<input type="checkbox"/>		<input type="checkbox"/>	TEM: Asbestos in Water
<input type="checkbox"/>	AAS: Lead in Paint ASTM D3335-35a	<input type="checkbox"/>		<input type="checkbox"/>	TEM: Bulk Analysis
<input type="checkbox"/>	AAS: Lead Dust/Wipes	<input type="checkbox"/>		<input type="checkbox"/>	TEM: NOB 198.4
<input type="checkbox"/>	AAS: Other Metals / Soil _____	<input type="checkbox"/>		<input type="checkbox"/>	TEM: Other _____
				<input type="checkbox"/>	Total Dust: NIOSH 0500

Turnaround Time:

FAX: \_\_\_\_\_ Verbal: \_\_\_\_\_  
date / time date / time

10 Day  5 Day  3 Day  2 Day  1 Day  6 hour  RUSH

Preliminary FAX/Verbal Results Requested by: \_\_\_\_\_

Sample Numbers:

Client #(s): 01 - 08 IATL #(s): \_\_\_\_\_ Total: 19  
(start) (end) (start) (end)

Chain of Custody:

Relinquished: _____	Date: <u>5-28-09</u>	Time: <u>4</u>
Received: _____	Date: _____	Time: _____
Sample Log-in: <u>ad 6/1</u>	Date: _____	Time: _____
Sample Prep: _____	Date: _____	Time: _____
Analyzed: _____	Date: _____	Time: _____
QA/QC Review: _____	Date: _____	Time: _____

Archived/Released: \_\_\_\_\_ QA/QC InterLAB Use: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

IATL - By [Signature]

International Asbestos Testing Laboratories  
 16000 Horizon Way, Unit 100  
 Mt Laurel, NJ 08054

Tel 856 231-9449  
 Fax 856 231-9818  
 info@iatl.com

**Bulk Material Sampling Log**

Client: H2W Environmental Consultants LLC  
6105 Heasley Rd  
Mentor, OH 44060

Project Name: CUY-90-16284  
 Project No.: H09004-07

Phone: 440-357-1960  
 FAX: 440-357-1910

Contact: Jean Sablar  
 Analysis: Bulk PCM

Special Instructions: \_\_\_\_\_

Sample No.	Sample ID	Location	Description	Remarks
01	3628415		Epoxy Material	
02	3628416		"	
03	3628417		Tar cellulose material	
04	3628418		"	
05	3628419		Gasket Material	
06	3628420		"	
07	3628421		Gasket material	
08	3628422		"	

*b*  
*1/3/09*

Relinquished:	<u>ju</u>	Date:	<u>5-29-09</u>	Time:	<u>4pm</u>
Received:	_____	Date:	_____	Time:	_____
Sample Log-in:	_____	Date:	_____	Time:	_____
Sample Prep:	_____	Date:	_____	Time:	_____
Analyzed:	_____	Date:	_____	Time:	_____
QA/QC Review:	_____	Date:	_____	Time:	_____



**International Asbestos  
Testing Laboratories**

9000 Commerce Parkway Suite B Mt. Laurel, NJ 08054  
Telephone: 856-231-9449 Fax: 856-231-9818

## CERTIFICATE OF ANALYSIS

**Client:** HZW Environmental Consultants  
6105 Heisley Rd.  
Mentor OH 44060

**Report Date:** 6/4/2009  
**Project:** CUY-90-1628R  
**Project No.:** H09004-07

### BULK SAMPLE ANALYSIS SUMMARY

Lab No.:	3628407	Description / Location:	Tan Non Fibrous	
Client No.:	01			
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

Lab No.:	3628408	Description / Location:	Tan Non Fibrous	
Client No.:	02			
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

Lab No.:	3628409	Description / Location:	Brown Tar Paper	
Client No.:	03			
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	50	Cellulose	50

Lab No.:	3628410	Description / Location:	Brown Tar Paper	
Client No.:	04			
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	50	Cellulose	50

**NIST-NVLAP No. 101165-0**

**NY-DOH No. 11021**

**AIHA Lab No. 100188**

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This report shall not be reproduced except in full, without written approval of the laboratory.*

Analysis Method: EPA 600/R-93/116

**Comments:** (PC) Indicates Stratified Point Count Method performed. Method not performed unless stated. Quantification at <0.25% by volume is possible with this method. (PC-Trace) represents this limit of quantitation. (PC-Trace) means that asbestos was detected but is not quantifiable under the Point Counting regimen. Analysis includes all distinct separable layers in accordance with EPA 600 Method. If not reported or otherwise noted, layer is either not present or the client has specifically requested that it not be analyzed. Small asbestos fibers may be missed by PLM due to resolution limitations of the optical microscope. Therefore, negative PLM results cannot be guaranteed. Electron Microscopy can be used as a confirming technique. Regulatory Limit is based upon the sample matrix.

**Analysis Performed By:** B. Faulscit

**Approved By:** \_\_\_\_\_

**Date:** 6/3/2009

Frank E. Ehrenfeld, III  
Laboratory Director

## CERTIFICATE OF ANALYSIS

**Client:** HZW Environmental Consultants  
6105 Heisley Rd.  
Mentor OH 44060

**Report Date:** 6/4/2009  
**Project:** CUY-90-1628R  
**Project No.:** H09004-07

### BULK SAMPLE ANALYSIS SUMMARY

Lab No.: 3628411	Description / Location: Brown Gasket			
Client No.: 05				
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

Lab No.: 3628412	Description / Location: Brown Gasket			
Client No.: 06				
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

Lab No.: 3628413	Description / Location: Grey Gasket			
Client No.: 07				
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
PC 2.5	Chrysotile	3	Other	PC 94.5

Lab No.: 3628414	Description / Location: Grey Gasket			
Client No.: 08				
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
PC 2.1	Chrysotile	3	Other	PC 94.9

**NIST-NVLAP No. 101165-0**

**NY-DOH No. 11021**

**AIHA Lab No. 100188**

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Analysis Method: EPA 600/R-93/116

**Comments:** (PC) indicates Stratified Point Count Method performed. Method not performed unless stated. Quantification at <0.25% by volume is possible with this method. (PC-Trace) represents this limit of quantitation. (PC-Trace) means that asbestos was detected but is not quantifiable under the Point Counting regimen. Analysis includes all distinct separable layers in accordance with EPA 600 Method. If not reported or otherwise noted, layer is either not present or the client has specifically requested that it not be analyzed. Small asbestos fibers may be missed by PLM due to resolution limitations of the optical microscope. Therefore, negative PLM results cannot be guaranteed. Electron Microscopy can be used as a confirming technique. Regulatory Limit is based upon the sample matrix.

**Analysis Performed By:** B. Faulseit

**Date:** 6/3/2009

International Asbestos Testing Laboratories

9000 Commerce Pkwy. Suite B  
Mt. Laurel, New Jersey 08054

Tel. 856 231-9449

Fax 856 231-9818

### - Chain of Custody -

Client: HZW Environmental Consultants  
6105 Hakey Rd.  
Mentor, Oh 44060

Project Name: CUY-90-1628R  
Project No.: H09004-07

Phone: 440-357-1260  
FAX: 440-357-1510

Contact: Joan Sablar  
Pager:

Special Instructions:

PO# 5149-09

### Type:

Asbestos		Lead		Other	
<input type="checkbox"/>	Air	<input type="checkbox"/>	Soil	<input type="checkbox"/>	Soil
<input checked="" type="checkbox"/>	Bulk	<input type="checkbox"/>	Dust	<input type="checkbox"/>	Paint
<input type="checkbox"/>	Water	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other

### Analysis Method:

<input type="checkbox"/>	PCM: NIOSH 7400	<input checked="" type="checkbox"/>	PLM: Bulk Asbestos EPA 600	<input type="checkbox"/>	TEM: AHERA
<input type="checkbox"/>	PCM: OSHA	<input type="checkbox"/>	PLM: Point Counting 198.1	<input type="checkbox"/>	TEM: NIOSH 7402
<input type="checkbox"/>	PCM: Other _____	<input type="checkbox"/>	PLM: NOB via 198.1 (PLM only)	<input type="checkbox"/>	TEM: EPA Level II
<input type="checkbox"/>	AAS: NIOSH 7082 (Air)	<input type="checkbox"/>	If <1% by PLM, to TEM via 198.4	<input type="checkbox"/>	TEM: Microvac/Wipe
<input type="checkbox"/>	AAS: Lead in Drinking Water	to meet NYSDOH requirements **		<input type="checkbox"/>	TEM: Asbestos in Water
<input type="checkbox"/>	AAS: Lead in Paint ASTM D3335-85a	(**call to confirm TAT!)		<input type="checkbox"/>	TEM: Bulk Analysis
<input type="checkbox"/>	AAS: Lead Dust/Wipe	<input type="checkbox"/>	TEM: NOB 198.4	<input type="checkbox"/>	TEM: Other _____
<input type="checkbox"/>	AAS: Other Metals / Soil	<input type="checkbox"/>	TEM: Total Dust: NIOSH 0500		

### Turnaround Time:

FAX: \_\_\_\_\_ Verbal: \_\_\_\_\_  
date / time date / time

10 Day     5 Day     3 Day     2 Day     1 Day     6 hour     RUSH

Preliminary FAX/Verbal Results Requested by: \_\_\_\_\_

### Sample Numbers:

Client #(s): 01 08 IATL #(s): \_\_\_\_\_ Total: 13  
(start) (end) (start) (end)

### Chain of Custody:

Relinquished: _____	Date: <u>5-29-09</u>	Time: <u>4pm</u>
Received: _____	Date: _____	Time: _____
Sample Log-in: <u>08 6/1</u>	Date: _____	Time: _____
Sample Prep: _____	Date: _____	Time: _____
Analyzed: _____	Date: _____	Time: _____
QA/QC Review: _____	Date: _____	Time: _____

Archived/Released: \_\_\_\_\_ QA/QC InterLAB Use: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**RECEIVED**

JUN 1 2009



International Asbestos Testing Laboratories  
 16000 Horizon Way, Unit 100  
 Mt. Laurel, NJ 08054

Tel 856 231-9449  
 Fax 856 231-9818  
 info@iatl.com

**Bulk Material Sampling Log**

Client: HzW Environmental Consultants LLC  
6105 Heisley Rd  
Mentor, OH 44060

Project Name: CUY-90-1628R  
 Project No.: H09004-07

Phone: 440-357-1860  
 FAX: 440-357-1910

Contact: Jean Sablar  
 Analysis: Bulk PCM

Special Instructions: \_\_\_\_\_

Sample #	Sample #	Cal	Lot	Material	Notes
01	3628407			Epoxy Material	
02	3628408				
03	3628409			Tar Cellulose Material	
04	3628410				
05	3628411			Gasket Material	
06	3628412				
07	3628413			Gasket Material	
08	3628414				

6/13/09

Relinquished: _____	Date: <u>5-29-09</u>	Time: <u>4 pm</u>
Received: _____	Date: _____	Time: _____
Sample Log-in: _____	Date: _____	Time: _____
Sample Prep: _____	Date: _____	Time: _____
Analyzed: _____	Date: _____	Time: _____
QA/QC Review: _____	Date: _____	Time: _____

# CERTIFICATE OF ANALYSIS

**Client:** HZW Environmental Consultants  
 6105 Heisley Rd.  
 Mentor OH 44060

**Report Date:** 6/2/2009  
**Project:** CUY-90-1640  
**Project No.:** H09004-07

## BULK SAMPLE ANALYSIS SUMMARY

**Lab No.:** 3625285      **Description / Location:** Tan Non Fibrous  
**Client No.:** 01

% Asbestos	Type	% Non-Asbestos Fibrous Material	Type	% Non-Fibrous Material
None Detected	None Detected	None Detected	None Detected	100

**Lab No.:** 3625286      **Description / Location:** Tan Non Fibrous  
**Client No.:** 02

% Asbestos	Type	% Non-Asbestos Fibrous Material	Type	% Non-Fibrous Material
None Detected	None Detected	None Detected	None Detected	100

**Lab No.:** 3625287      **Description / Location:** Black/Grey Fibrous  
**Client No.:** 03

% Asbestos	Type	% Non-Asbestos Fibrous Material	Type	% Non-Fibrous Material
None Detected	None Detected	30	Cellulose	70

**Lab No.:** 3625288      **Description / Location:** Black/Grey Fibrous  
**Client No.:** 04

% Asbestos	Type	% Non-Asbestos Fibrous Material	Type	% Non-Fibrous Material
None Detected	None Detected	30	Cellulose	70

**NIST-NVLAP No. 101165-0**

**NY-DOH No. 11021**

**AIHA Lab No. 100188**

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Analysis Method: EPA 600/R-93/116

**Comments:** (PC) Indicates Stratified Point Count Method performed. Method not performed unless stated. Quantification at <0.25% by volume is possible with this method. (PC-Trace) represents this limit of quantitation. (PC-Trace) means that asbestos was detected but is not quantifiable under the Point Counting regimen. Analysis includes all distinct separable layers in accordance with EPA 600 Method. If not reported or otherwise noted, layer is either not present or the client has specifically requested that it not be analyzed. Small asbestos fibers may be missed by PLM due to resolution limitations of the optical microscope. Therefore, negative PLM results cannot be guaranteed. Electron Microscopy can be used as a confirming technique. Regulatory Limit is based upon the sample matrix.

**Analysis Performed By:** E. Smith

**Approved By:**

**Date:** 6/2/2009

Frank E. Ehrenfeld, III  
 Laboratory Director

## CERTIFICATE OF ANALYSIS

**Client:** HZW Environmental Consultants  
 6105 Heisley Rd.  
 Mentor OH 44060

**Report Date:** 6/2/2009  
**Project:** CUY-90-1640  
**Project No.:** H09004-07

### BULK SAMPLE ANALYSIS SUMMARY

<b>Lab No.:</b> 3625289	<b>Description / Location:</b> Tan Non Fibrous			
<b>Client No.:</b> 05	Expansion Joint			
<b>% Asbestos</b>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

<b>Lab No.:</b> 3625290	<b>Description / Location:</b> Tan Non Fibrous			
<b>Client No.:</b> 06	Expansion Joint			
<b>% Asbestos</b>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

**NIST-NVLAP No. 101165-0**

**NY-DOH No. 11021**

**AIHA Lab No. 100188**

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Analysis Method: EPA 600/R-93/116

**Comments:** (PC) Indicates Stratified Point Count Method performed. Method not performed unless stated. Quantification at <0.25% by volume is possible with this method. (PC-Trace) represents this limit of quantitation. (PC-Trace) means that asbestos was detected but is not quantifiable under the Point Counting regimen. Analysis includes all distinct separable layers in accordance with EPA 600 Method. If not reported or otherwise noted, layer is either not present or the client has specifically requested that it not be analyzed. Small asbestos fibers may be missed by PLM due to resolution limitations of the optical microscope. Therefore, negative PLM results cannot be guaranteed. Electron Microscopy can be used as a confirming technique. Regulatory Limit is based upon the sample matrix.

**Analysis Performed By:** E. Smith

**Date:** 6/2/2009

## CERTIFICATE OF ANALYSIS

**Client:** HZW Environmental Consultants  
6105 Heisley Rd.  
Mentor OH 44060

**Report Date:** 6/12/2009  
**Project:** CUY-90-1640  
**Project No.:** H09004-07

### BULK SAMPLE ANALYSIS SUMMARY

<b>Lab No.:</b> 3641001	<b>Description / Location:</b> Grey Gasket		
<b>Client No.:</b> 07	Under Old Railings		
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>
PC 3.9	Chrysotile	None Detected	None Detected
			<u>% Non-Fibrous Material</u>
			PC 96.1

<b>Lab No.:</b> 3641002	<b>Description / Location:</b> Grey Gasket		
<b>Client No.:</b> 08	Under Old Railings		
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>
PC 3.7	Chrysotile	None Detected	None Detected
			<u>% Non-Fibrous Material</u>
			PC 96.3

**NIST-NVLAP No. 101165-0**

**NY-DOH No. 11021**

**AIHA Lab No. 100188**

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Analysis Method: EPA 600/R-93/116

**Comments:** (PC) indicates Stratified Point Count Method performed. Method not performed unless stated. Quantification at <0.25% by volume is possible with this method. (PC-Trace) represents this limit of quantitation. (PC-Trace) means that asbestos was detected but is not quantifiable under the Point Counting regimen. Analysis includes all distinct separable layers in accordance with EPA 600 Method. If not reported or otherwise noted, layer is either not present or the client has specifically requested that it not be analyzed. Small asbestos fibers may be missed by PLM due to resolution limitations of the optical microscope. Therefore, negative PLM results cannot be guaranteed. Electron Microscopy can be used as a confirming technique. Regulatory Limit is based upon the sample matrix.

**Analysis Performed By:** L. Solebello

**Approved By:** \_\_\_\_\_

**Date:** 6/12/2009

Frank E. Ehrenfeld, III  
Laboratory Director

International Asbestos Testing Laboratories  
9000 Commerce Pkwy. Suite B  
Mt. Laurel, New Jersey 08054

Tel. 856 231-9449  
Fax 856 231-9818

**- Chain of Custody -**

Client: H2W Environmental Consultants Project Name: CUY-90-1640  
6105 Hasky Rd. Project No.: H09004-07  
Mentor, Oh 44060

Phone: 440-357-1260 Contact: Joan Sablar  
 FAX: 440-357-1510 Pager: \_\_\_\_\_  
 Special Instructions: PO# 5149-09

**Type:**

Asbestos		Lead		Other	
<input type="checkbox"/>	Air	<input type="checkbox"/>	Soil	<input type="checkbox"/>	Air
<input checked="" type="checkbox"/>	Bulk	<input type="checkbox"/>	Dust	<input type="checkbox"/>	Bulk
<input type="checkbox"/>	Water	<input type="checkbox"/>	Other	<input type="checkbox"/>	Water

**Analysis Method:**

<input type="checkbox"/>	PCM: NIOSH 7400	<input checked="" type="checkbox"/>	PLM: Bulk Asbestos EPA 600	<input type="checkbox"/>	TEM: AHERA
<input type="checkbox"/>	PCM: OSHA	<input type="checkbox"/>	PLM: Point Counting 198.1	<input type="checkbox"/>	TEM: NIOSH 7402
<input type="checkbox"/>	PCM: Other _____	<input type="checkbox"/>	PLM: NOB via 198.1 (PLM only)	<input type="checkbox"/>	TEM: EPA Level II
<input type="checkbox"/>	AAS: NIOSH 7082 (Air)	<input type="checkbox"/>	If <1% by PLM, to TEM via 198.4	<input type="checkbox"/>	TEM: Microvac/Wipe
<input type="checkbox"/>	AAS: Lead in Drinking Water		to meet NYSDOH requirements**	<input type="checkbox"/>	TEM: Asbestos in Water
<input type="checkbox"/>	AAS: Lead in Paint ASTM D3335-85a		(**call to confirm TAT!)	<input type="checkbox"/>	TEM: Bulk Analysis
<input type="checkbox"/>	AAS: Lead Dust/Wipe			<input type="checkbox"/>	TEM: NOB 198.4
<input type="checkbox"/>	AAS: Other Metals / Soil _____			<input type="checkbox"/>	TEM: Other _____
				<input type="checkbox"/>	Total Dust: NIOSH 0500

**Turnaround Time:**

FAX: \_\_\_\_\_ Verbal: \_\_\_\_\_  
date / time date / time

10 Day  5 Day  3 Day  2 Day  1 Day  6 hour  RUSH

Preliminary FAX/Verbal Results Requested by: \_\_\_\_\_

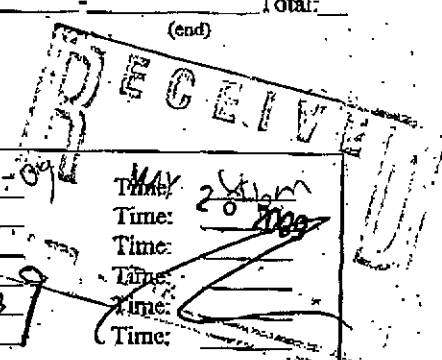
**Sample Numbers:**

Client #(s): 01 06 IATL #(s): \_\_\_\_\_ Total: \_\_\_\_\_  
 (start) (end) (start) (end)

**Chain of Custody:**

Relinquished: _____	Date: <u>5-27-09</u>	Time: _____
Received: _____	Date: _____	Time: _____
Sample Log-in: <u>11-228789</u>	Date: _____	Time: _____
Sample Prep: _____	Date: <u>5/25/09</u>	Time: _____
Analyzed: _____	Date: _____	Time: _____
QA/QC Review: _____	Date: _____	Time: _____

Archived/Released: \_\_\_\_\_ QA/QC InterLAB Use: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



1 of 2

International Asbestos Testing Laboratories  
 16000 Horizon Way, Unit 100  
 Mt. Laurel, NJ 08054

Tel 856 231-9449  
 Fax 856 231-9818  
 info@iat.com

Bulk Material Sampling Log

Client: H2W Environmental Consultants LLC  
6105 Heisley Rd  
Mentor, OH 44060  
 Phone: 440-357-1860  
 FAX: 440-357-1910

Project Name: CUY-90-1640  
 Project No.: H09004-07  
 Contact: Jean Sablar  
 Analysis: Bulk PMA

Special Instructions: \_\_\_\_\_

Sample ID	Sample No.	Location	Notes
01	3625285	Epoxy Material	
02	3625286	"	
03	3625287	Tar Cellulose material	
04	3625288	"	
05	3625289	Expansion joint material	
06	3625290	"	

Relinquished: _____	Date: <u>5-27-09</u>	Time: <u>4pm</u>
Received: _____	Date: _____	Time: _____
Sample Log-in: _____	Date: _____	Time: _____
Sample Prep: _____	Date: _____	Time: _____
Analyzed: _____	Date: _____	Time: _____
QA/QC Review: _____	Date: _____	Time: _____

International Asbestos Testing Laboratories

Tel. 856 231-9449

9000 Commerce Pkwy. Suite B  
Mt. Laurel, New Jersey 08054

Fax 856 231-9818

### - Chain of Custody -

Client: HZW Environmental Consultants  
6105 Holey Rd.  
Mentor, OH 44060

Project Name: CUY-90-1640  
Project No.: H09004-07

Phone: 440-357-1260  
FAX: 440-357-1510

Contact: Joan Sablar  
Pager: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

PO# 5162-09

#### Type:

Asbestos		Lead		Other	
<input type="checkbox"/>	Air	<input type="checkbox"/>	Soil	<input type="checkbox"/>	Soil
<input checked="" type="checkbox"/>	Bulk	<input type="checkbox"/>	Dust	<input type="checkbox"/>	Paint
<input type="checkbox"/>	Water	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other

#### Analysis Method:

<input type="checkbox"/>	PCM: NIOSH 7400	<input checked="" type="checkbox"/>	PLM: Bulk Asbestos EPA 600	<input type="checkbox"/>	TEM: AHERA
<input type="checkbox"/>	PCM: OSHA	<input type="checkbox"/>	PLM: Point Counting 198.1	<input type="checkbox"/>	TEM: NIOSH 7402
<input type="checkbox"/>	PCM: Other _____	<input type="checkbox"/>	PLM: NOB via 198.1 (PLM only)	<input type="checkbox"/>	TEM: EPA Level II
<input type="checkbox"/>	AAS: NIOSH 7082 (Air)	<input type="checkbox"/>	If <1% by PLM, to TEM via 198.4 to meet NYSDOH requirements ** (*call to confirm TAT!)	<input type="checkbox"/>	TEM: Microvac / Wipe
<input type="checkbox"/>	AAS: Lead in Drinking Water	<input type="checkbox"/>		<input type="checkbox"/>	TEM: Asbestos in Water
<input type="checkbox"/>	AAS: Lead in Paint ASTM D3335-85a	<input type="checkbox"/>		<input type="checkbox"/>	TEM: Bulk Analysis
<input type="checkbox"/>	AAS: Lead Dust/Wipe	<input type="checkbox"/>		<input type="checkbox"/>	TEM: NOB 198.4
<input type="checkbox"/>	AAS: Other Metals / Soil _____	<input type="checkbox"/>		<input type="checkbox"/>	TEM: Other _____
				<input type="checkbox"/>	Total Dust: NIOSH 0300

Turnaround Time:

FAX: \_\_\_\_\_ Verbals: \_\_\_\_\_

10 Day     5 Day     3 Day     2 Day     1 Day     6 hour     RUSH

Preliminary FAX/Verbal Results Requested by: \_\_\_\_\_

Sample Numbers:

Client #(s): 07 - 08 IATL #(s): \_\_\_\_\_ Total: \_\_\_\_\_  
(start) (end) (start) (end)

Chain of Custody:

Relinquished: _____	Date: <u>6-11-09</u>	Time: <u>4pm</u>
Received: _____	Date: _____	Time: _____
Sample Log-in: <u>M. Sablar</u>	Date: <u>DEC 11 2009</u>	Time: _____
Sample Prep: _____	Date: <u>6/12/09</u>	Time: _____
Analyzed: <u>LS</u>	Date: <u>JUN 12 2009</u>	Time: _____
QA/QC Review: _____	Date: _____	Time: _____
Archived/Released: _____	QA/QC Inter-LAB Use: _____	Date: _____ Time: _____

IATL BY: [Signature]





## CERTIFICATE OF ANALYSIS

**Client:** HZW Environmental Consultants  
 6105 Heisley Rd.  
 Mentor OH 44060

**Report Date:** 6/2/2009  
**Project:** CUY-90-1651L & R  
**Project No.:** H09004-07

### BULK SAMPLE ANALYSIS SUMMARY

**Lab No.:** 3625250      **Description / Location:** Tan Non Fibrous  
**Client No.:** 01

<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

**Lab No.:** 3625251      **Description / Location:** Tan Non Fibrous  
**Client No.:** 02

<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

**Lab No.:** 3625252      **Description / Location:** Black Fibrous  
**Client No.:** 03

<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	45	Cellulose	55

**Lab No.:** 3625253      **Description / Location:** Black Fibrous  
**Client No.:** 04

<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	45	Cellulose	55

**NIST-NVLAP No. 101165-0**

**NY-DOH No. 11021**

**AIHA Lab No. 100188**

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**Analysis Method:** EPA 600/R-93/116

**Comments:** (PC) Indicates Stratified Point Count Method performed. Method not performed unless stated. Quantification at <0.25% by volume is possible with this method. (PC-Trace) represents this limit of quantitation. (PC-Trace) means that asbestos was detected but is not quantifiable under the Point Counting regimen. Analysis includes all distinct separable layers in accordance with EPA 600 Method. If not reported or otherwise noted, layer is either not present or the client has specifically requested that it not be analyzed. Small asbestos fibers may be missed by PLM due to resolution limitations of the optical microscope. Therefore, negative PLM results cannot be guaranteed. Electron Microscopy can be used as a confirming technique. Regulatory Limit is based upon the sample matrix.

**Analysis Performed By:** E. Smith

**Approved By:**

**Date:** 6/2/2009

Frank E. Ehrenfeld, III  
 Laboratory Director

## CERTIFICATE OF ANALYSIS

**Client:** HZW Environmental Consultants  
 6105 Heisley Rd.  
 Mentor OH 44060

**Report Date:** 6/2/2009  
**Project:** CUY-90-1651L & R  
**Project No.:** H09004-07

### BULK SAMPLE ANALYSIS SUMMARY

<b>Lab No.:</b> 3625254	<b>Description / Location:</b> Tan Non Fibrous		
<b>Client No.:</b> 05	Expansion Joint		
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>
None Detected	None Detected	None Detected	None Detected
			<u>% Non-Fibrous Material</u>
			100

<b>Lab No.:</b> 3625255	<b>Description / Location:</b> Tan Non Fibrous		
<b>Client No.:</b> 06	Expansion Joint		
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>
None Detected	None Detected	None Detected	None Detected
			<u>% Non-Fibrous Material</u>
			100

<b>Lab No.:</b> 3625256	<b>Description / Location:</b> Black Fibrous		
<b>Client No.:</b> 07			
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>
None Detected	None Detected	45	Cellulose
			<u>% Non-Fibrous Material</u>
			35

<b>Lab No.:</b> 3625257	<b>Description / Location:</b> Black Fibrous		
<b>Client No.:</b> 08			
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>
None Detected	None Detected	45	Cellulose
			<u>% Non-Fibrous Material</u>
			35

**NIST-NVLAP No. 101165-0**

**NY-DOH No. 11021**

**AIHA Lab No. 100188**

*This confidential report relates only to those item(s) tested and does not represent an endorsement by NIST-NVLAP, AIHA or any agency of the U.S. government. This report shall not be reproduced except in full, without written approval of the laboratory.*

Analysis Method: EPA 600/R-93/116

**Comments:** (PC) Indicates Stratified Point Count Method performed. Method not performed unless stated. Quantification at <0.25% by volume is possible with this method. (PC-Trace) represents this limit of quantitation. (PC-Trace) means that asbestos was detected but is not quantifiable under the Point Counting regimen. Analysis includes all distinct separable layers in accordance with EPA 600 Method. If not reported or otherwise noted, layer is either not present or the client has specifically requested that it not be analyzed. Small asbestos fibers may be missed by PLM due to resolution limitations of the optical microscope. Therefore, negative PLM results cannot be guaranteed. Electron Microscopy can be used as a confirming technique. Regulatory Limit is based upon the sample matrix.

**Analysis Performed By:** E. Smith

**Date:** 6/2/2009

## CERTIFICATE OF ANALYSIS

**Client:** HZW Environmental Consultants  
6105 Heisley Rd.  
Mentor OH 44060

**Report Date:** 6/12/2009  
**Project:** CUY-90-1651 L+R  
**Project No.:** H09004-07

### BULK SAMPLE ANALYSIS SUMMARY

Lab No.: 3641003		Description / Location: Tan/Grey Gasket	
Client No.: 09		Under Old Railings	
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>
PC 3.1	Chrysotile	None Detected	None Detected
			<u>% Non-Fibrous Material</u>
			PC 96.9

Lab No.: 3641004		Description / Location: Grey Gasket	
Client No.: 10		Under Old Railings	
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>
PC 3.4	Chrysotile	None Detected	None Detected
			<u>% Non-Fibrous Material</u>
			PC 96.6

**NIST-NVLAP No. 101165-0**

**NY-DOH No. 11021**

**AIHA Lab No. 100188**

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This report shall not be reproduced except in full, without written approval of the laboratory.*

Analysis Method: EPA 600/R-93/116

**Comments:** (PC) Indicates Stratified Point Count Method performed. Method not performed unless stated. Quantification at <0.25% by volume is possible with this method. (PC-Trace) represents this limit of quantitation. (PC-Trace) means that asbestos was detected but is not quantifiable under the Point Counting regimen. Analysis includes all distinct separable layers in accordance with EPA 600 Method. If not reported or otherwise noted, layer is either not present or the client has specifically requested that it not be analyzed. Small asbestos fibers may be missed by PLM due to resolution limitations of the optical microscope. Therefore, negative PLM results cannot be guaranteed. Electron Microscopy can be used as a confirming technique. Regulatory Limit is based upon the sample matrix.

**Analysis Performed By:** L. Solebello

**Approved By:** \_\_\_\_\_

**Date:** 6/12/2009

Frank E. Ehrenfeld, III  
Laboratory Director

International Asbestos Testing Laboratories  
9000 Commerce Pkwy, Suite B  
Mt. Laurel, New Jersey 08054

Tel 856 231-9449  
Fax 856 231-9818

- Chain of Custody -

Client: H2W Environmental Consultants  
6105 Halsey Rd.  
Mentor, Oh 44060

Project Name: CUY-90-1651 L+R  
Project No.: H09004-07

Phone: 440-357-1260  
FAX: 440-357-1510

Contact: Joan Sablar  
Pager:

Special Instructions: PO# 5/49-09

Type:

Asbestos		Lead		Other	
<input type="checkbox"/>	Air	<input type="checkbox"/>	Soil	<input type="checkbox"/>	Air
<input checked="" type="checkbox"/>	Bulk	<input type="checkbox"/>	Dust	<input type="checkbox"/>	Bulk
<input type="checkbox"/>	Water	<input type="checkbox"/>	Other	<input type="checkbox"/>	Water
				<input type="checkbox"/>	Soil
				<input type="checkbox"/>	Paint
				<input type="checkbox"/>	Other

Analysis Method:

<input type="checkbox"/>	PCM: NIOSH 7400	<input checked="" type="checkbox"/>	PLM: Bulk Asbestos EPA 600	<input type="checkbox"/>	TEM: AHERA
<input type="checkbox"/>	PCM: OSHA	<input type="checkbox"/>	PLM: Point Counting 198.1	<input type="checkbox"/>	TEM: NIOSH 7402
<input type="checkbox"/>	PCM: Other	<input type="checkbox"/>	PLM: NOB via 198.1 (PLM only)	<input type="checkbox"/>	TEM: EPA Level II
<input type="checkbox"/>	AAS: NIOSH 7082 (Air)	<input type="checkbox"/>	If <1% by-PLM, to TEM via 198.4	<input type="checkbox"/>	TEM: Microvac / Wipe
<input type="checkbox"/>	AAS: Lead in Drinking Water		to meet NYSDOH requirements **	<input type="checkbox"/>	TEM: Asbestos in Water
<input type="checkbox"/>	AAS: Lead in Paint ASTM D3335-85a		(**call to confirm TAT!)	<input type="checkbox"/>	TEM: Bulk Analysis
<input type="checkbox"/>	AAS: Lead Dust/Wipe			<input type="checkbox"/>	TEM: NOB 198.4
<input type="checkbox"/>	AAS: Other Metals / Soil			<input type="checkbox"/>	TEM: Other
				<input type="checkbox"/>	Total Dust: NIOSH 0500

Turnaround Time:

FAX: \_\_\_\_\_ Verbal: \_\_\_\_\_  
date / time date / time

10 Day     5 Day     3 Day     2 Day     1 Day     6 hour     RUSH

Preliminary FAX/Verbal Results Requested by: \_\_\_\_\_

Sample Numbers:

Client #(s): 01 08 IATL #(s): \_\_\_\_\_ Total: \_\_\_\_\_  
(start) (end) (start) (end)

Chain of Custody:

Relinquished: _____	Date: <u>5-27-09</u>	Time: _____
Received: _____	Date: _____	Time: _____
Sample Log-in: <u>177908109</u>	Date: _____	Time: _____
Sample Prep: _____	Date: _____	Time: _____
Analyzed: <u>ES</u>	Date: <u>5/28/09</u>	Time: <u>2:00</u>
QA/QC Review: _____	Date: _____	Time: _____
Archived/Released: _____	QA/QC InterLAB Use: _____	Date: _____ Time: _____

International Asbestos Testing Laboratories  
 16000 Horizon Way, Unit 100  
 Mt Laurel, NJ 08054

Tel 856 231-9449  
 Fax 356 231-9818  
 info@iad.com

Bulk Material Sampling Log

Client: H2W Environmental Consultants LLC  
6105 Heasley Rd  
Mentor, OH 44060

Project Name: CUY-90-1651 L+R  
 Project No.: H09004-07

Phone: 440-357-1960  
 FAX: 440-357-1510

Contact: Jean Sablar  
 Analysis: Bulk PCM

Special Instructions: \_\_\_\_\_

Consultant Sample	FAIR Sample	Color	SM	Location	Photo	Notes
01	3625250			Epoxy Material		
02	3625251			"		
03	3625252			Tar Cellulose Material		
04	3625253			"		
05	3625254			Expansion joint Material		
06	3625255			"		
07	3625256			Tar Cellulose Material		
08	3625257			"		

Relinquished: _____	Date: _____	Time: _____
Received: _____	Date: _____	Time: _____
Sample Log-in: _____	Date: _____	Time: _____
Sample Prep: _____	Date: _____	Time: _____
Analyzed: _____	Date: _____	Time: _____
QA/QC Review: _____	Date: _____	Time: _____

International Asbestos Testing Laboratories

9000 Commerce Pkwy. Suite B  
Mt. Laurel, New Jersey 08054

Tel. 856 231-9449

Fax 856 231-9818

- Chain of Custody -

Client: H2W Environmental Consultants  
6105 Hasky Rd.  
Mentor, Oh 44060

Project Name: CUY-90-1691 LTR  
Project No.: H09004-07

Phone: 440-357-1260  
FAX: 440-357-1510

Contact: Joan Sablar  
Pager:

Special Instructions: PO# 5162-09

Type:

Asbestos		Lead		Other	
<input type="checkbox"/>	Air	<input type="checkbox"/>	Air	<input type="checkbox"/>	Soil
<input checked="" type="checkbox"/>	Bulk	<input type="checkbox"/>	Bulk	<input type="checkbox"/>	Paint
<input type="checkbox"/>	Water	<input type="checkbox"/>	Water	<input type="checkbox"/>	Other
<input type="checkbox"/>	Soil	<input type="checkbox"/>	Soil	<input type="checkbox"/>	Soil
<input type="checkbox"/>	Dust	<input type="checkbox"/>	Dust	<input type="checkbox"/>	Dust
<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other

Analysis Method:

<input type="checkbox"/>	PCM: NIOSH 7400	<input checked="" type="checkbox"/>	PLM: Bulk Asbestos EPA 600	<input type="checkbox"/>	TEM: AHERA
<input type="checkbox"/>	PCM: OSHA	<input type="checkbox"/>	PLM: Point Counting 198.1	<input type="checkbox"/>	TEM: NIOSH 7402
<input type="checkbox"/>	PCM: Other	<input type="checkbox"/>	PLM: NOB via 198.1 (PLM only)	<input type="checkbox"/>	TEM: EPA Level II
<input type="checkbox"/>	AAS: NIOSH 7082 (Air)	<input type="checkbox"/>	If <1% by PLM, to TEM via 198.4 to meet NYSDOH requirements ** (**call to confirm TAT!)	<input type="checkbox"/>	TEM: Microvac / Wipe
<input type="checkbox"/>	AAS: Lead in Drinking Water	<input type="checkbox"/>		<input type="checkbox"/>	TEM: Asbestos in Water
<input type="checkbox"/>	AAS: Lead in Paint ASTM D3335-85a	<input type="checkbox"/>		<input type="checkbox"/>	TEM: Bulk Analysis
<input type="checkbox"/>	AAS: Lead Dust/Wipe	<input type="checkbox"/>		<input type="checkbox"/>	TEM: NOB 198.4
<input type="checkbox"/>	AAS: Other Metals / Soil	<input type="checkbox"/>		<input type="checkbox"/>	TEM: Other
				<input type="checkbox"/>	Total Dust: NIOSH 0500

Turnaround Time:

FAX: \_\_\_\_\_ Verbal: \_\_\_\_\_  
date / time date / time

10 Day     5 Day     3 Day     2 Day     1 Day     6 hour     RUSH

Preliminary FAX/Verbal Results Requested by: \_\_\_\_\_

Sample Numbers:

Client #(s): 09 - 10 IATL #(s): \_\_\_\_\_ Total: \_\_\_\_\_  
(start) (end) (start) (end)

Chain of Custody:

Relinquished: _____	Date: <u>6/11/09</u>	Time: <u>4:30</u>
Received: _____	Date: <u>6/11/09</u>	Time: <u>4:30</u>
Sample Log-in: <u>MSL/2000</u>	Date: <u>6/11/09</u>	Time: _____
Sample Prep: _____	Date: <u>6/11/09</u>	Time: _____
Analyzed: <u>16</u>	Date: <u>6/12/09</u>	Time: <u>2009</u>
QA/QC Review: _____	Date: _____	Time: _____
Archived/Released: _____	QA/QC InterLAB Use: _____	Date: _____ Time: _____

International Asbestos Testing Laboratories  
16000 Horizon Way, Unit 100  
Mt. Laurel, NJ 08054

Tel 856 231-9449  
Fax 856 231-9818  
info@iat.com

**Bulk Material Sampling Log**

Client: H2W Environmental Consultants LLC  
6105 Heisley Rd  
Mentor OH 44060  
Phone: 440-357-1960  
FAX: 440-357-1960

Project Name: CUY-90-1691 LTR  
Project No.: HO 9004-8  
Contact: Jean Sablar  
Analysis: Bulk PLM

Special Instructions: \_\_\_\_\_

Sample ID	Sample No.	Color	Temp	Location	Photo	Notes
09	3641003			Gasket Material under old railings		
10	3641004			11		

Relinquished: \_\_\_\_\_ Date: 6-11-09 Time: 4pm  
 Received: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Sample Log-in: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Sample Prep: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Analyzed: ll Date: 6/12/09 Time: \_\_\_\_\_  
 QA/QC Review: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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**ATTACHMENT 3**

**OHIO ENVIRONMENTAL PROTECTION AGENCY'S "NOTIFICATION OF  
DEMOLITION AND RENOVATION" FORMS**

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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-90-1463R I-90 Ramp WN Bridge under I-71 Mainline Bridge (SFN 1809148)  
 Address: CUY-90-1463R I-90 Ramp WN Bridge under I-71 Mainline Bridge  
 City: Independence State: OHIO Zip Code: \_\_\_\_\_ County: Cuyahoga  
 Site Location (specific): CUY-90-1463R I-90 Ramp WN Bridge under I-71 Mainline Bridge  
 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)					
Surface Area (square feet)		314			
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**

Page 2 of 2

**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.**

\_\_\_\_\_  
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.**

\_\_\_\_\_  
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 #
--------------------	----------	---------------	----------------

**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)					
Surface Area (square feet)		118			
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**

<b>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:</b>
<b>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:</b>
<b>XII. Waste Transporter #1</b> Name: _____ Address: _____ City: _____ State: _____ Zip code: _____ Contact Person: _____ Telephone: _____ Fax: _____ <b>Waste Transporter #2</b> Name: _____ Address: _____ City: _____ State: _____ Zip code: _____ Contact Person: _____ Telephone: _____ Fax: _____
<b>XIII. Waste Disposal</b> Name: _____ Address: _____ City: _____ State: _____ Zip code: _____ Contact Person: _____ Telephone: _____ Fax: _____
<b>XIV. Emergency Demolition:</b> (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: _____
<b>XV. Emergency Renovation:</b> (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.
<b>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.</b> <i>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.</i>
<b>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.</b>  _____ Signature of Owner/Operator                      Date                      Type or Print Name and Title
<b>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.</b>  _____ Signature of Owner/Operator                      Date                      Type or Print Name and Title
<b>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)</b>

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

Operator Project #	Postmark	Date Received	Notification #
--------------------	----------	---------------	----------------

**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)					
Surface Area (square feet)		547			
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**

Page 2 of 2

**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.**

\_\_\_\_\_  
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.**

\_\_\_\_\_  
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**

Page 1 of 2

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)					
Surface Area (square feet)		658			
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**

Page 2 of 2

**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.**

\_\_\_\_\_  
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.**

\_\_\_\_\_  
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-90-15.24 I-90 Interbelt Bridge over Cuyahoga River (SFN 1809393)  
 Address: CUY-90-15.24 I-90 Interbelt Bridge over Cuyahoga River  
 City: Independence State: OHIO Zip Code: \_\_\_\_\_ County: Cuyahoga  
 Site Location (specific): CUY-90-15.24 I-90 Interbelt Bridge over Cuyahoga River  
 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)	4250				
Surface Area (square feet)		1350			
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**

Page 2 of 2

**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.**

\_\_\_\_\_  
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.**

\_\_\_\_\_  
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)	494				
Surface Area (square feet)		53			
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.**

\_\_\_\_\_  
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.**

\_\_\_\_\_  
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)	494				
Surface Area (square feet)		53			
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**

Page 2 of 2

**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.**

\_\_\_\_\_  
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.**

\_\_\_\_\_  
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- 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)	494				
Surface Area (square feet)		62			
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.**

\_\_\_\_\_  
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.**

\_\_\_\_\_  
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**

<b>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:</b>
<b>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:</b>
<b>XII. Waste Transporter #1</b> Name: _____ Address: _____ City: _____ State: _____ Zip code: _____ Contact Person: _____ Telephone: _____ Fax: _____ <b>Waste Transporter #2</b> Name: _____ Address: _____ City: _____ State: _____ Zip code: _____ Contact Person: _____ Telephone: _____ Fax: _____
<b>XIII. Waste Disposal</b> Name: _____ Address: _____ City: _____ State: _____ Zip code: _____ Contact Person: _____ Telephone: _____ Fax: _____
<b>XIV. Emergency Demolition:</b> (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: _____
<b>XV. Emergency Renovation:</b> (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.
<b>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.</b> <i>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.</i>
<b>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.</b>  _____ Signature of Owner/Operator                      Date                      Type or Print Name and Title
<b>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.</b>  _____ Signature of Owner/Operator                      Date                      Type or Print Name and Title
<b>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)</b>

**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)	1770				
Surface Area (square feet)		95			
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.**

\_\_\_\_\_  
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.**

\_\_\_\_\_  
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**

Page 1 of 2

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)	1538				
Surface Area (square feet)		80			
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**

<b>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:</b>
<b>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:</b>
<b>XII. Waste Transporter #1</b> Name: _____ Address: _____ City: _____ State: _____ Zip code: _____ Contact Person: _____ Telephone: _____ Fax: _____ <b>Waste Transporter #2</b> Name: _____ Address: _____ City: _____ State: _____ Zip code: _____ Contact Person: _____ Telephone: _____ Fax: _____
<b>XIII. Waste Disposal</b> Name: _____ Address: _____ City: _____ State: _____ Zip code: _____ Contact Person: _____ Telephone: _____ Fax: _____
<b>XIV. Emergency Demolition:</b> (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: _____
<b>XV. Emergency Renovation:</b> (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.
<b>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.</b> <i>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.</i>
<b>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.</b>  _____ Signature of Owner/Operator                      Date                      Type or Print Name and Title
<b>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.</b>  _____ Signature of Owner/Operator                      Date                      Type or Print Name and Title
<b>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)</b>

**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)	1538				
Surface Area (square feet)		80			
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.**

\_\_\_\_\_  
 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.**

\_\_\_\_\_  
 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)