

## Notification of Demolition and Renovation/Abatement Section 1: General Information

Division of Air Pollution Control

Work on projects cannot begin until 10 working days after a COMPLETE original notification form, **including payment**, is submitted to Ohio EPA. Instructions and a worksheet for fee calculation are available at epa.ohio.gov/asbestos. This form can be completed, and payment made, at ebiz.epa.ohio.gov. Questions? asbestos@epa.ohio.gov or 614-466-0061

Ohio EPA Use Only	Notification #:141632	#:141632   Postma		ked:		Received: 5/4/2020		Hand-Delivered	
1. Notification	Information (Check al	that anniv)	1						
Original	Revision # (count): 0	Installation	Emergency	Annual		Cancellation	Proj	ect County: MONTGOMERY	
NESHAP Re	sidential Exemption								
2. Owner, Asb Owner	estos Abatement Conti	actor, Billing, and	Fire Depar	tment Informa	ation			Revised?	
	OD CITY SCHOOL DIST	RICT				Is t	his a con	npany? Yes	
Address: 20 RUI	BICON ROAD,			С	ontact Pe	rson: Todd Sco	tt		
City: OAKWOOD	)			State: OHIO			Zip: 4	5409	
Email: scott.todd@oakwoodschools.org				Phone: (937) 297-5332			Fax: () -		
Asbestos Abaten	nent Contractor (if application	able)							
Name: EnviroWo	rx Services Inc	,		Licer	nse #: AC	2229		Expiration Date: 1/17/2021	
Address: 3300 G	reat American Tower, 301	E. 4th St,		Co	ontact Per	son: Annette V	erdin		
City: Cincinnati				State: OHIO			Zip:45202		
Email: averdin@	orourkewrecking.com			Phone: (513) 871-1400			Fax: () -		
Billing Contact (E	ntity paying for original i	notification)							
Is this contact as	ssociated with the Ov	ner, Asbestos Ab	oatement Co	ntractor, or D	Demolition	Contractor (if not	installati	on)?	
Address: 3300 G	reat American Tower, 301	E. 4th St,		С	ontact Pe	rson: Annette V	erdin/		
City: Cincinnati				State: OHIO			Zip: 45202		
Email: averdin@	orourkewrecking.com			Phone: (513) 8	371-1400		Fax: (	) -	
<i>Fire Department</i> ( Name:	if applicable)								
Address: ,					ontact Pe	rson:	T =:		
City:				State:			Zip:		
Email:				Phone: () -			Fax: (	,	
	tos Hazard Evaluation ialist: Michael Lee	Specialist and Eva	aluation Pro		ation #: E	\$34054	Evnir	Revised? ation Date: 3/10/2021	
•		ample and to date	t the presen				1 .		
(RACM) and Car Below):	tegory I and Category II	non-friable asbesto	t the present oscontaining	ce of and to es   material: PL	M Po	oint Count	TEM	bestoscontaining material Other Method (Explain	
4. Procedures	to be followed should							Revised?	
Stop Work and Wet	Stop Work and Keep Evacuate area Demarcate area co			Contact licensed abatement ontractor			Contact district office/local air authority		
Other (Explain	n):	ı	1			l .			
5. Planned De	molition (check all that	apply)						Revised?	
	tion work to be performe	. ,		_		•			
Implosion  Description of affe	Fire Training Wet I ected facility components		al Demolition if necessary		cal Demol	ition Other	(Explain	):	
Demolition Attach		(siado didoimiont	1100000017	··					
_ 511151111011 / titaol									



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Protection Agency  Ashestos Description	and Engineering Cont	role (if achaetoe is	s haing ahate	ωd)				Revised?		
For the material listed in ea emissions and ensure prop	ch project, describe the t	ype(s) of ACM to be	e abated, eng	ineering	controls and	work pra	ctices to be used to minim	ize		
Type of ACM to be Surfacing Mechanical			Other:							
Engineering Controls:	Wet Methods	Glove Bag	NPE		AFD	Otl	her: WRAP AND CUT			
Work Practices:	Practices: Intact Removal Manual		Mecha	Mechanical						
7. Asbestos Waste Tran	sporter (if applicable)							Revised?		
Transporter Name: O'ROUR	RKE WRECKING TRANS	PORT								
Address: 660 LUNKEN PAR	K DR,			Contac	t Person: AN	NETTE	WIEST			
City: CINCINNATI			State: OHIC	State: OHIO Zip: 45226						
Email: AWIEST@OROURKEWRECKING.COM				Phone: (513) 871-1400			Fax: () -			
8. Asbestos Waste Disp	osal Site (if applicable	)						Revised?		
Name: Rumpke Sanitary L										
Address: 10795 Hughes Rd,				Contact Person: Mel Hickey			1			
City: Cincinnati				State: OHIO			Zip: 45251			
Email: mel.hickey@rumpke.com				Phone: (513) 245-7915			Fax: (513) 741-5272			
	n (complete if you che					y proje	ct)	Revised?		
A copy of the issued order, i	<u> </u>	formation, <b>must be</b>		this notif	ication.					
Government Official Issuing	Order:		Title:							
Agency:				Authority of Order (Citation of Code):						
Date of Order:				Demolition Date:						
Issued Order Document:			<b>'</b>							
<b>10. Emergency Renovation</b> Date of Emergency:	on/Abatement (complet	e if you checked "	Emergency" a			n/Abate	ment" for any project)	Revised?		
			Time or L	inergen						
Description of Sudden, Une	xpected Event:									
Explanation of how the ever	nt caused unsafe conditi	ons or equipment o	damage:							
General Notification Attachn	nents:									
11. Attestation										
In accordance with Ohio Ac 37452004 of the Administra false or misleading statement	dministrative Code rule 3 ative Code will supervise ents is prohibited by law	3745 20 03 (A)(4) at the stripping and and I certify that fa	(p), I certify the removal description contained (p), I certify the removal description (p), I certified	at at lea ribed by I in this n	st one persor this notification otification are	n trained on. I acl e true, a	as required by paragraph knowledge that the submis ccurate, and complete.	(B) of rule ssion of		
Signature: Submitted Online via eBiz				Date: 5/4/2020			)			
Name: Annette Verdin				Title: Project Coordinator						
Organization: O'Rourke Wr	ecking Company									



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

Protection Agency
Please complete Section 2 for the address included with this notification. If the project is an "Installation" per OAC 3745-20, complete a separate Section 2 page for each address associated with this notification.

Ohio EPA Use Or	nly		Project ID	#: 141632	? - 1					
A. Facility Des	cription	•						Revised?		
	f applicable): SMITH EL	EM		Site Location (specific): THROUGHOUT						
Address: 1701 S	HAFOR BLVD,									
City: OAKWOOD	)			State:	ОН	Zip: 4541	9			
Building Size (sq	uare feet): 35869.0			No. of Floo	ors:4	Age (year	rs): 93.0			
Present Use: SCHOOL					Prior Use: SCHOOL					
B. Type of Ope	eration (check all that a	apply)						Revised?		
Demolition		Abatement – Type:	Removal	Repai	r Encapsu	ulation End	losure			
C. Asbestos Pr	resent? (check one)							Revised?		
Yes	No	No, previously ab	ated	Year /	Abated:					
D. Approximate	e Amount of Asbestos			e table bel	ow and Section			Revised?		
		Material to be Ren Non-friable Asb	noved	taining Ma	torial		Material <b>NOT</b> to be Removed  Non-friable Asbestos-Containing Material			
	RACM	Category I		Catego	rv II	Categor		Category II		
Pipes (linear feet)	100.0	0.0		0.0	.,	0.0	, .	0.0		
Surface area on other facility components (ft²)	4285.0	0.0		0.0		0.0		0.0		
Volume if length or area cannot be measured (ft³)	0.0		<b></b>				1			
	patement Schedule an e: 5/18/2020		alist (origina nent Date:		n is required 10		rior to the start of we e Date: 6/5/2020	ork) Revised?		
Abatement Spe	cialist Name: Jeff Sunde	erhaus Certificat	tion #: AS2	9365		Expiration	on Date: 10/31/20	20		
Monday 7:0 to 16:0	Monday Tuesday Wednesday			Thursday Friday 7:0 to 16:0 7:0 to 16			Saturday	Sunday		
F. Demolition (	Contractor (if applicab	le)						Revised?		
Name:										
Address:,					Contact Pers	on:				
City:			State:			Zip:				
Email:				Phone: () -			Fax: () -			
	Schedule (original not	fication is required 1	10 working			of work)	•	Revised?		
Start Date:				Complete	e Date:					
H. Project Hold								Revised		
Asbestos Offsite/On Hold as of Date:				Asbestos On Site/Off Hold, Work Resume Date:						
Demolition Offsite/On Hold as of Date:					Demolition On Site/Off Hold, Work Resume Date:					