

P E R M I T

CITY OF NAPOLEON
255 W. RIVERVIEW AVE
NAPOLEON, OHIO 43545

DIVISION OF BUILDING & ZONING
PH (419) 592-4010
FAX (419) 599-8393

PERMIT NO: 202 DATE ISSUED: 06-26-00 ISSUED BY: BND
JOB LOCATION: 115 W CLINTON ST EST. COST: 1500.00

LOT #: SUBDIVISION NAME:

OWNER: TONJES, JAMES AGENT: SELF
ADDRESS: 910 HOBSON ST ADDRESS:
CSZ: NAPOLEON, OH 43545 CSZ:
PHONE: PHONE:

USE TYPE - RESIDENTIAL: OTHER:

ZONING INFORMATION

DIST: LOT DIM: AREA: FYRD: SYRD: RYRD:
MAX HT: # PKG SPACES: # LOADING SP: MAX LOT COV:

BOARD OF ZONING APPEALS:

WORK TYPE - NEW: REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

SIZE - LGTH: WIDTH: STORIES: LIVING AREA SF:
GARAGE AREA SF: HEIGHT: BLDG VOL DEMO PERMIT:

WORK DESCRIPTION

DEMOLITION (VACANT BLDG)

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

DEMOLITION PERMIT

15.00

TOTAL FEES DUE 15.00

6-27-00

DATE

James Tonjes

APPLICANT SIGNATURE



115 W. Clinton



June 21, 2000

Mr. Jerry Tonjes
825 Hobson
Napoleon, Ohio 43545

Dear Mr. Tonjes,

At your request on Monday June 19, 2000 HazCorp Environmental Services Inc., performed an asbestos inspection at the building located directly behind (west) of 719 North Perry Street in Napoleon, Ohio.

The purpose of the inspection was to comply with the United States Environmental Protection Agency's (USEPA) National Emission Standards for Hazardous Air Pollutants (NESHAP's) regulations regarding asbestos containing materials (ACM). To that end it is necessary to identify building components that may have been manufactured with asbestos prior to demolition of the structure(s).

The building was fabricated of brick with interior wood beams and has a metal roof. The structure was built in the 1800's. No materials historically suspect for the presence of asbestos were identified in the inspection.

Please find enclosed the EPA Demolition/Renovation form. All applicable sections of the form must be completed prior to submission to the Ohio Environmental Protection Agency at 347 North Dunbridge Road Bowling Green, Ohio 43402.

If you have any questions, please do not hesitate to call.

Sincerely,

John Campbell
Ohio Department of Health
Asbestos Hazard Evaluation Specialist
Certification No. 32329

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: _____
 Address: Rear of 719 N. Perry Street Clinton
 City: Napoleon State: OHIO Zip Code: 43545 County: Henry
 Site Location (specific): Behind 719 N. Perry Street
 Building Size (square feet): 500 SF # of Floors: _____ Age in Years: _____
 Present Use: Vacant Prior Use: Hardware Store Warehouse

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: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact: _____ Telephone: (____) _____ Fax: (____) _____
 Removal Contractor Name: Not Applicable 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: No ACM found in structure. NO samples collected. Building is brick with wood floor and beams and sheet metal roof. No interior walls.
 Ohio Asbestos Hazard Evaluation Specialist: John A. Campbell 32329
 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) | | | | | |
| 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 Demolition or Emergency Renovation 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:

Manual labor and heavy equipment

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:

No visible dust emissions - water will be used to prevent dust.

XII. Waste Transporter #1

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact: _____ Telephone: () _____ Fax: () _____

Waste Transporter #2

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact: _____ Telephone: () _____ Fax: () _____

XIII. Waste Disposal

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact: _____ Telephone: () _____ Fax: () _____

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

1. Attach a copy of the Order to this notice.
2. Name of 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 Reno.)

1. Date and Hour of the Emergency
2. Description of the Sudden, Unexpected Event
3. Explanation of how the 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. If RACM is encountered or nonfriable ACM becomes crumbled, work will stop and a licensed asbestos abatement contractor will be hired to remove the material.

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 before demolition or renovation begins, except emergency demolitions and emergency renovations (see regulation) which must be submitted as soon as possible before operations begin.

