

RE95-R

Rev. March 2001

C/R/S HEN 108-15.55

PARCEL 7 WDV

PID NO. 20309

STRUCTURE INSPECTION REPORT

319 SOUTH PERRY STREET NAPOLEON, OHIO 43545

(ADDRESS OF PROPERTY TO BE INSPECTED)

LINDA WARREN

(OWNERS NAME)

1006 MICHIGAN AVE

(OWNERS ADDRESS)

N/A

(TENANT NAME(S))

AGREED POSSESSION DATE 3/1/04 DATE MOVED 2/29/04

DESCRIPTION OF STRUCTURE(S) 2 STORY BRICK BUILDING WITH BASEMENT, ONE STORY ADDITION WITH SIDING, NO BASEMENT UNDER ADDITION.

I, the undersigned agent for the State of Ohio, have inspected the above-mentioned structure(s) and attest that all items of realty as set forth on the reverse side (RE 95) (are) (are not) present this date. I have accepted possession the 1 day of March, 2004 and hereby authorize the Closing Agent to deliver the Performance Guarantee subject to the following conditions:

No Performance guarantee on this parcel.

Aime Bell 3/1/04
REGIONAL REPRESENTATIVE DATE

I, the undersigned (owner) (agent for the owner) hereby give possession of the subject structure(s) to the State of Ohio on this date, and hereby acknowledge that I was advised that the monies withheld for Performance Guarantee are now available to me from the Closing Agent subject to the conditions that are mentioned in the above portion of the Structure Inspection Report.

Linda Warren 3-1-04
OWNER/AGENT FOR OWNER DATE

CALL MICHAEL STOKES 419-245-2550 ASTR. GEN.

Ohio Department of Transportation
N/W Region Real Estate Office
241 Stanford Parkway
Findlay, Ohio 45840

RE95-R

C/R/S

HEN 108-15.55

Rev. March 2001

PARCEL

7 WDV

RECORD - FOR OFFICIAL USE ONLY

STRUCTURES:

WILL BE RENTED _____

WILL NOT BE RENTED X

CONDITION

FAIR

ITEMS INSPECTED:

GAS OFF *

METER OUT _____

WATER OFF *

METER OUT _____

ELECTRIC OFF *

MEDICINE CABINET NO

COMBUSTIBLE MATERIAL NONE PRESENT

WATER TANK DRAINED NO

STATE SIGN PLACED NO

WINTERIZED NO

STRUCTURE(S) SECURED

YES, Celler door unsecured, back door off - pm

HAZARD(S) NOTED AND THE ACTION TAKEN

NONE NOTED.

RODENT INSPECTION: Infestation Noted

NO X

YES _____

HEAVY _____

MEDIUM _____

LIGHT _____

DATE TREATED _____

RETREATED _____

FOLLOW-UP _____

KEYS RECEIVED FROM

LINDA WARREN

DATE

3-1-04

TIME

11:13 AM

COMMENTS:

Building will be immediately TURNED OVER TO The City of Napoleon. For DEMO.

* Utilities are in the Name of the City of Napoleon. SOME ITEMS LEFT IN BASEMENT
Loose Ductwork, ^{pieces} INSULATION. in 2d floor.



affiliated Environmental services, inc.

March 4, 2004

ODOT

Attn: Mr. Gene Bell
241 Stanford Parkway
Findlay, OH 45840

Affiliated Environmental Services, Inc. (AES) performed the requested asbestos survey of the Noel Bar located at 319 Perry St. Napoleon, OH on 3-1-04. The survey was performed by Steven Oney (Ohio Asbestos Evaluation Specialist #32180). Twenty three suspect materials were sampled (see Table I.) The only sample that contained asbestos was sample #22. Sample #22 represents the Roof Flashing. Normally flaching is not removed prior to demolition as OSHA has removed it and pipe line coating materials from classes of work (CFR 1926.1101 (g) 11). Basically the only OSHA regulations that remain if one follows this exception are that:

- a. Competent person determines the material is intact and likely to remain intact. This has been done in the survey as long as one does not reduce volume of waste by grinding it.
- b. Employees must be trained per (K)(9)(Viii). This is the awareness training required of all employees who might come into contact with asbestos. It is 2 hour initial then 1 hour annually. The person who meets the requirements of knowledge of NESHAPS (XVII on the notification has far more training and can use a video to train any others.
- c. The waste is shipped as construction debris as is the rest of the debris - no special packaging or labeling.

Sincerely yours,

Jack Dauch
JD/nl

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

Page 1 of 2

Operator Project #	Postmark	Date Received	Notification #				
I. Type of Notification (check one): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled							
II. Facility Description (include building name, number, and floor or room number)							
Building Name: <u>Noel Bar with apartments above it</u>							
Address: <u>319 Perry St</u>							
City: <u>Napoleon</u>		State: <u>OHIO</u>	Zip Code: <u>43545</u> County: <u>Henry</u>				
Site Location (specific): <u>entire building</u>							
Building Size (square feet): <u>2500</u>		# of Floors: <u>2+basement</u>	Age in Years: <u>+35</u>				
Present Use: <u>vacant</u>		Prior Use: <u>bar & apartment</u>					
III. Type of Operation (check one): <input checked="" type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>only flashing on roof</u>							
V. Facility Information							
Owner Name: _____							
Address: _____							
City: _____		State: _____	Zip Code: _____				
Contact: _____		Telephone: (____) _____	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:							
An asbestos survey was performed by Affiliated Environmental Services Inc. All suspect materials were sampled (23 samples) and all were analyzed by P.L.M. The only positive sample was roof flashing							
Ohio Asbestos Hazard Evaluation Specialist: <u>Steven Oney</u>		<u>32180</u>					
		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)				<u>350 roof flashing</u>			
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**

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: _____ 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.

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)



TABLE I

NOEL BAR
319 PERRY ST., NAPOLEON

SAMPLE#	DESCRIPTION/LOCATION
1	Brown Vinyl Floor Cover 20'x5' Basement
2	Brown Vinyl Floor Cover Bar area and Kitchen area 39'x5' 18'x9'
3	Black Vinyl Floor Cover Front Door area and Front Step on Bar Rest Room area 6'x6' 13'x9' 26'x16" 2 Layers same as Rest Room Brown Under Black
4	White 12"x12" Ceiling Tile Above Drop Ceiling
5	White 2'x4' Drop Ceiling Tile
6	Plaster Ceiling Above 12"x12" Ceiling Tile
7	Brown Vinyl Floor Cover Near Walk in Cooler 9'x4'
8	Women's Rest Room White Vinyl Floor Cover 6'x5'
9	Women's Rest Room Brown Vinyl Floor Under White 6'x5'
10	Men's Rest Room Light Brown Vinyl Floor Cover 6'x5'
11	Men's Rest Room Dark Brown Vinyl Floor Under Light Brown 6'x5'
12	Men's Rest Room Near Door White Vinyl Floor 3'x3'
13	Tan Floor Tile Under Carpet Bar Area 39'x26'
14	Pool Room Women's Rest Room White and Black Vinyl Floor Cover 7'x6' Same Cover in Men's 7'x6'
15	Pool Room Ceiling 28'x45'
16	2nd Floor Bath Room 9"x9" Floor Tile White and Green 16'x5' Plus some in Box
17	2nd Floor Tan Vinyl Floor Cover 9'x10'
18	2nd Floor Ceiling Plaster Back Bedroom
19	2nd Floor Wall Plaster Front Bedroom
20	Roof Shingles
21	Roof Sheeting
22	Roof Flashing
23	Dry Wall Kitchen Wall
	No insulation in attic
	No insulation on pipes basement
	Fiber glass on furnace duct work



**AFFILIATED
ENVIRONMENTAL
SERVICES, INC.**

THIS REPORT REFERS TO ANALYSIS BY POLARIZED LIGHT MICROSCOPY FOLLOWING THE
EPA TEST METHOD FOR THE DETERMINATION OF ASBESTOS IN BULK INSULATION.

SAMPLE IDENTIFICATION

	1	2	3	4	5	6
ASBESTOS yes / no	No	No	No	No	No	No
COLOR	Brown	Brown	Black	White Tan	White Tan	Tan
HOMO- GENEOUS yes / no	No	No	Yes	Yes	Yes	Yes
LAYERED yes / no	Yes	Yes	No	No	No	No
% ASBESTOS	0	0	0	0	0	0
TYPE(S)	-	-	-	-	-	-
% NON- ASBESTOS	5-10	5-10	0	90-95	60-70 C 10-20 MW	1-2
TYPE(S)	Cellulose	Cellulose	-	Cellulose	Cellulose Mineral Wool	Cellulose
MATRIX MATERIAL	Quartz & Binder	Quartz & Binder	Quartz & Binder	Binder	Binder	Gypsum & Quartz
%	90	90	100	5	10	98
Ch = chrysotile Am = amosite Cr = crocidolite An = anthophyllite Tr = tremolite Ac = actinolite						

CLIENT: ODOT 319 Perry St. Napoleon LABORATORY LOG NO. AES-025-04
 DATE RECEIVED: 3-1-04 ANALYZED BY: Don Danch
 DATE ANALYZED: 3-3-04 REVIEWED BY: _____



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ENVIRONMENTAL
SERVICES, INC.**

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SAMPLE IDENTIFICATION

	7	8	9	10	11	12
ASBESTOS yes / no	No	No	No	No	No	No
COLOR	Brown	Tan	Brown	Brown	Brown	White
HOMO- GENEOUS yes / no	No	No	No	No	No	Yes
LAYERED yes / no	Yes	Yes	Yes	Yes	Yes	No
% ASBESTOS	0	0	0	0	0	0
TYPE(S)	-	-	-	-	-	-
% NON- ASBESTOS	5-10	5-10	5-10	5-10	5-10	0
TYPE(S)	Cellulose	Cellulose	Cellulose	Cellulose	Cellulose	-
MATRIX MATERIAL	Quartz & Binder	Quartz & Binder	Quartz & Binder	Quartz & Binder	Quartz & Binder	Quartz & Binder
%	90	90	90	90	90	100
Ch = chrysotile Am = amosite Cr = crocidolite An = anthophyllite Tr = tremolite Ac = actinolite						

CLIENT: ODOT 319 Perry St. Napoleon LABORATORY LOG NO. AES-025-04
 DATE RECEIVED: 3-1-04 ANALYZED BY: Don Danch
 DATE ANALYZED: 3-3-04 REVIEWED BY: _____



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SAMPLE IDENTIFICATION

	13	14	15	16	17	18
ASBESTOS yes / no	No	No	No	No	No	No
COLOR	Tan	White Black	White	Green	Tan	Tan
HOMO- GENEOUS yes / no	Yes	No	Yes	Yes	No	Yes
LAYERED yes / no	No	Yes	No	No	Yes	No
% ASBESTOS	0	0	0	0	0	0
TYPE(S)	-	-	-	-	-	-
% NON- ASBESTOS	0	5-10	0	0	5-10	1-2
TYPE(S)	-	Cellulose	-	-	Cellulose	Cellulose
MATRIX MATERIAL	Quartz & Binder	Quartz & Binder	Gypsum & Quartz	Quartz & Binder	Quartz & Binder	Gypsum & Quartz
%	100	90	100	100	90	98
Ch = chrysotile Am = amosite Cr = crocidolite An = anthophyllite Tr = tremolite Ac = actinolite						

Napoleon

CLIENT: ODOT 319 Perry St. LABORATORY LOG NO. AES-025-04

DATE RECEIVED: 3-1-04 ANALYZED BY: Don Rauch

DATE ANALYZED: 3-3-04 REVIEWED BY: _____



**AFFILIATED
ENVIRONMENTAL
SERVICES, INC.**

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EPA TEST METHOD FOR THE DETERMINATION OF ASBESTOS IN BULK INSULATION.

SAMPLE IDENTIFICATION

	19	20	21	22	23	
ASBESTOS yes / no	No	No	No	Yes	No	
COLOR	Tan	Black	Black	Black	Tan	
HOMO- GENEOUS yes / no	Yes	Yes	Yes	Yes	No	
LAYERED yes / no	No	No	No	No	Yes	
% ASBESTOS	0	0	0	5-10	0	
TYPE(S)	-	-	-	Ch	-	
% NON- ASBESTOS	1-2	10-20	5-10	0	5-10	
TYPE(S)	Cellulose	Cellulose	Fiber Glass	-	Cellulose	
MATRIX MATERIAL	Gypsum & Quartz	Quartz & Tar	Quartz & Tar	Quartz & Tar	Gypsum & Quartz	
%	98	80	90	90	90	

Ch = chrysotile Am = amosite Cr = crocidolite An = anthophyllite Tr = tremolite Ac = actinolite

CLIENT: ODOT 319 Perry St. Napoleon LABORATORY LOG NO. AES-025-04

DATE RECEIVED: 3-1-04 ANALYZED BY: Don Rauch

DATE ANALYZED: 3-3-04 REVIEWED BY: _____

RE95-R

C/R/S HEN 108-15.55

Rev. March 2001

PARCEL 7 WDV

PID NO. 20309

STRUCTURE INSPECTION REPORT

319 SOUTH PERRY STREET NAPOLEON, OHIO 43545

(ADDRESS OF PROPERTY TO BE INSPECTED)

LINDA WARREN

(OWNERS NAME)

1006 MICHIGAN AVE

(OWNERS ADDRESS)

N/A

(TENANT NAME(S))

AGREED POSSESSION DATE 3/1/04

DATE MOVED 2/29/04

DESCRIPTION OF STRUCTURE(S) 2 STORY BRICK BUILDING WITH BASEMENT, ONE STORY ADDITION WITH SIDING, NO BASEMENT UNDER ADDITION.

I, the undersigned agent for the State of Ohio, have inspected the above-mentioned structure(s) and attest that all items of realty as set forth on the reverse side (RE 95) (are) (are not) present this date. I have accepted possession the 1 day of March, 2004 and hereby authorize the Closing Agent to deliver the Performance Guarantee subject to the following conditions:

No Performance guarantee on this parcel.

Aime Bell 3/1/04
REGIONAL REPRESENTATIVE DATE

I, the undersigned (owner) (agent for the owner) hereby give possession of the subject structure(s) to the State of Ohio on this date, and hereby acknowledge that I was advised that the monies withheld for Performance Guarantee are now available to me from the Closing Agent subject to the conditions that are mentioned in the above portion of the Structure Inspection Report.

Linda Warren 3-1-04
OWNER/AGENT FOR OWNER DATE

RE95-R

C/R/S

HEN 108-15.55

Rev. March 2001

PARCEL

7 WDV

RECORD - FOR OFFICIAL USE ONLY

STRUCTURES:

WILL BE RENTED _____

WILL NOT BE RENTED X

CONDITION FAIR

ITEMS INSPECTED:

GAS OFF _____ METER OUT _____ WATER OFF X METER OUT _____

ELECTRIC OFF X MEDICINE CABINET NO COMBUSTIBLE MATERIAL NONE PRESENT

WATER TANK DRAINED NO STATE SIGN PLACED NO WINTERIZED NO

STRUCTURE(S) SECURED YES, Celler door unsecured, back door OFF - pme

HAZARD(S) NOTED AND THE ACTION TAKEN NONE NOTED.

RODENT INSPECTION: Infestation Noted

NO X YES _____ HEAVY _____ MEDIUM _____ LIGHT _____

DATE TREATED _____ RETREATED _____ FOLLOW-UP _____

KEYS RECEIVED FROM LINDA WARREN DATE 3-1-04 TIME 11:13 AM

COMMENTS: Building will be immediately TURNED OVER To The City of Napoleon. For DEMO.
* Utilities are in the Name of the City of Napoleon. SOME ITEMS Left IN BASEMENT Loose DUCTWORK, INSULATION. in 2d floor











