

## OHIO ENVIRONMENTAL PROTECTION AGENCY NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #																												
<b>I. Type of Notification (check one):</b> <input type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled																															
<b>II. Facility Description (include building name, number, and floor or room number)</b> Building Name: <u>OFFICE BLDG.</u> Address: <u>122 E. WASHINGTON</u> City: <u>NAPOLCON</u> State: <u>OHIO</u> Zip Code: <u>43545</u> County: <u>HENRY</u> Site Location (specific): <u>NORTH SIDE OF WASHINGTON</u> Building Size (square feet): <u>2000 SQ FT</u> # of Floors: <u>1 PARTIAL</u> Age in Years: <u>50 T</u> Present Use: <u>OFFICE BLDG</u> Prior Use: <u>SAME</u>																															
<b>III. Type of Operation (check one):</b> <input checked="" type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training																															
<b>IV. Is Asbestos Present? (check one):</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																															
<b>V. Facility Information</b> Owner Name: <u>HENRY COUNTY BANK</u> Address: <u>122 E WASHINGTON</u> City: <u>NAPOLCON</u> State: <u>OH</u> Zip Code: <u>43545</u> Contact: _____ Telephone: (____) _____ Fax: (____) _____ Removal Contractor Name: <u>NOT APPLICABLE</u> License # _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (____) _____ Fax: (____) _____ Other Operator (demolition/general): _____ License # _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (____) _____ Fax: (____) _____																															
<b>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:</b> <u>THOROUGH VISUAL INSPECTION OF BLDG. NO SUSPECT MATERIALS NOTED.</u>																															
Ohio Asbestos Hazard Evaluation Specialist: <u>JOHN A CAMPBELL</u> <u>32329</u> <div style="display: flex; justify-content: space-between;"> <span>Name</span> <span>Certification #</span> </div>																															
<b>VII. Approximate Amount of Asbestos Materials:</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th rowspan="2"></th> <th rowspan="2">RACM to be Removed</th> <th colspan="2">Nonfriable Asbestos Material to be Removed</th> <th colspan="2">Nonfriable Asbestos Material NOT to be Removed</th> </tr> <tr> <th>Category I</th> <th>Category II</th> <th>Category I</th> <th>Category II</th> </tr> </thead> <tbody> <tr> <td>Pipes (linear feet)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Surface Area (square feet)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Facility Components (cubic feet)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					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)					
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<b>VIII. Scheduled Dates Demolition or Renovation:</b> Start: _____ Complete: _____																															
<b>IX. Dates for Asbestos Removal (MM/DD/YY)</b> 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.

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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 + HEAVY EQUIPMENT DEMOLITION

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:

DUST SUPPRESSION WITH WATER

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 ASBESTOS IS FOUND WORK WILL STOP AND A LICENSED ASBESTOS CONTRACTOR WILL 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.

(Form Revised 04/07/97)