

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. The Ohio EPA <u>Asbestos Website</u> has form instructions, a fee calculation worksheet, and links for online form and payment submission through <u>eBusiness</u> <u>Center</u>. Questions? <u>asbestos@epa.ohio.gov</u> or 614-466-0061

Ohio EPA Use Only	Notification #:219544		4	Postmarke			Received: 2/12/2024		Hand-Delivered		
1. Notificatio	n Informati	on (Check a	II that apply)								
Original	Notification Information (Check all that a Original Revision # (count): 0 Instanta		Installation	Emergeno	cy Annual		Cancellati	on Proj	ect County: FRANKLIN		
NESHAP R	esidential Ex	xemption									
			rester Billing e	and Eiro Don	anton ant Inda				Dovinger		
Owner		tement Com	ractor, Billing, a	ina rire bep	artment info	rmation			Revised?		
Name: City of I	Dublin							Is this a con	npany? Yes		
Address: 6555	Shier Rings	Road,				Contac	ct Person: Brian	Gable			
City: Dublin					State: OHIO	<u> </u>	Zip: 43016				
Email: bgable@	dublin oh us	<u> </u>			Phone: (614) 410-4641			Fax: (Fax: () -		
			abla\		(0	,					
<i>Asbestos Abate</i> Name:	ineni Conire	actor (ii applic	able)		L	icense #	<u> </u>		Expiration Date:		
						Ti-			<u> </u>		
Address:,					Ta	Contac	t Person:				
City:					State:			Zip:	Zip:		
Email:					Phone: () -			Fax: (Fax: () -		
Billing Contact (Entity paying	g for original	notification)					<u> </u>			
Is this contact a	associated v	vith the Ov	wner, Asbestos	Abatement C	ontractor, or	Demoli	tion Contractor (i	f not installation	on)?		
Address: 510 ln	ndustrial Way	,				Contac	ct Person: Ama	nda Farson			
City: MARENG	GO				State: OHIO			Zip: 4	Zip: 43334		
Email: amanda	@completec	learing.com			Phone: (419) 253-1625			Fax: (Fax: () -		
Fire Departmen	t (if applicab	le)									
Name:											
Address:,						Contac	ct Person:				
City:	City:			State:			Zip:				
Email:					Phone: ()	-		Fax: (() -		
			Specialist and I	Evaluation P					Revised?		
Evaluation Spe	ecialist: Scott	Farrell			Certification #: ES544498			Expir	Expiration Date: 12/10/2024		
Procedure, incl (RACM) and C Below):	luding analy ategory lar	tical methods nd Category I	, employed to de I non-friable asbe	tect the prese estoscontainir	ence of and to ng material:	estimat PLM	e the quantity o Point Count	f regulated as TEM	bestoscontaining material Other Method (Explain		
I. Procedure	s to be follo	wed should	unexpected RA	CM be disco	vered (chec	k all tha	t apply)		Revised		
Stop Work an Wet							cor Contact authority	Contact district office/local air uthority			
Other (Expla	in):							'			
5. Planned D	emolition (check all tha	nt apply)						Revised		
			ed and method(s)	to be employ	ed, including	demolit	ion techniques t	o be used:			
Implosion	Fire Traini	ng Wet I	Methods Man	ual Demolitio	n Mecha	nical De	molition Ot	her (Explain):			
Description of a	ffected facility	y components	(include attachme	ent if necessar	y): No affect	ed facility	components				
Demolition Attac	chment:										



Notification of Demolition and Renovation/Abatement Section 1: General Information Division of Air Pollution Control

6.	Asbestos Descriptio	n and Engineerin	g Controls (if asbes	itos is being al	bated)	Revised?				
For the material listed in ea emissions and ensure prop	ach project, describe the	type(s) of ACM to I	be abated, engineeri	ng controls and	I work practices to be used	to minimize				
Type of ACM to be abated:										
Engineering Controls:	Wet Methods	Glove Bag	NPE	AFD	Other:					
Work Practices: Intact Removal Manua			Mechanical	Other:						
7. Asbestos Waste Trar	nsporter (if applicable)	,				Revised?				
8. Asbestos Waste Disp	oosal Site (if applicable	e)				Revised?				
Name:										
Address:,			Con	tact Person:						
City:			State:		Zip:					
Email:	Email:				Fax: () -					
9. Emergency Demolitic	on (complete if you ch	ecked "Emergen	 cv" above and "De	molition" for a	ınv project)	Revised?				
A copy of the issued order,										
Government Official Issuing	g Order:		Title:	Title:						
Agency:	Authority of Or	Authority of Order (Citation of Code):								
Date of Order:	Date of Order:				Demolition Date:					
Issued Order Document:										
10. Emergency Renovati	on/Abatement (comple	te if vou checked	"Emergency" above	and "Renovati	ion/Abatement" for any pre	oiect) Revised?				
Date of Emergency:	Time of Emergency:									
Description of Sudden, Une	expected Event:									
Explanation of how the ever	nt caused unsafe condit	tions or equipment	: damage:							
General Notification Attachi	ments:									
11. Attestation										
In accordance with Ohio A 37452004 of the Administr false or misleading statem	dministrative Code rule ative Code will supervisents is prohibited by law	3745 20 03 (A)(4) (a) the the stripping and a certify that	1)(p), I certify that at d removal described facts contained in th	least one perso by this notificat is notification a	on trained as required by p tion. I acknowledge that the re true, accurate, and com	aragraph (B) of rule ne submission of plete.				
Signature: Submitted Onli		Date:	2/12/2024							
Name: Kevin Farson	Title: owner									
Organization: Complete Cl	learing, Inc.									



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



Demolition: Hold Begin Date:

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

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 Oi	nly	Project ID #: 219544 - 1								
A. Facility Desc	cription	<u> </u>				_		Revised?		
	Building Name (if applicable): Cloverleaf Suites					Site Location (specific): 7 Commerical Buildings				
Address: 4130 T	uller Road,									
City: Dublin				State: OH Zip: 43017						
Building Size (sq	uare feet): 42780.0			No. of Floors:2		Age (years): 35.0				
Present Use: Cor	mmerical			Prior Use: Commerical						
B. Type of Ope	ration (check all that	anniv)						Revised?		
Demolition			emoval	Repair Enca	apsulation	Enclosure		Revisedi		
C. Asbestos Pr	resent? (check one)							Revised?		
C. Asbestos Present? (check one) Yes No No, previously abated Year Abated: 2024										
D. Approximate	e Amount of Asbesto	sContaining Materials (c	omplete	table below and S	ection 1	#6 if asbestos is pre	esent)	Revised?		
	RACM	Material to be Remov Non-friable Asbes	<u>/ed</u> tos-Con	taining Material		Material NOT Non-friable Asbesto	to be Removed os-Containing Ma	iterial		
Pipes (linear		Category I		Category II		Category I	Catego	ory II		
feet) `	0.0	0.0		0.0		0.0				
Surface area on other facility components (ft²)	0.0	0.0		0.0		0.0	0.0			
Volume if length or area cannot be measured (ft³)	0.0		1				,			
E. Asbestos Ak Setup Date		nd Abatement Specialist Abatemen		nl notification is require	ed 10 work	ing days prior to the so	tart of work)	Revised?		
	Contractor (if applica	ble)						Revised?		
Name: Complete	Clearing Inc									
Address: 510 IND	Contact Person: Amanda Farson									
City: Marengo				tate: OHIO	Zip: 4333	Zip: 43334				
Email: amanda@completeclearing.com				hone: (419) 253-162	Fax: () -					
G. Demolition S	Schedule (original no	tification is required 10 v	vorking	days prior to the s	tart of wo	ork)		Revised?		
Start Date: 2/26/2024				Complete Date: 4/3						
H. Project Hold								Revised		
Asbestos Abater	Asbestos Abatement: Work Resume Date:									

Demolition: Work Resume Date: