R1-changed demo cor			OL DEMOCITION	AND ICINO	VATION		
Operator P	roject#	Postmark		Date Received		Notification #	
I. Type of Notification (cl	eck one):	Original		X Revised		Canceled	All and the second
II. Facility Description (in	clude building name, nur	nber, and floor or roc	m number)			Continuous Continuo	
Building Name:	Ravenna Arse	nal LL6					
Address: 8451 Sta	te Route 5			**************************************			
City: Charlest	own Township	State	: IA	Zip Cod	le: Portage	County	Portage
Site Location (specific)	throughout bui	lding		_		Country	Tormge
Building Size (square fe	et):	150,	000 # of Floors:		1 Age in Year	rs*	50
Present Use:	vacant		Prior Use	Ammunition			
III. Type of Operation (chec Training	sk one):	X Demo	Ordered Demo	Rennovat	ion Emergency	Rennovation	Fire
IV. Is Asbestos Present? (che	ck one):	X Yes	No				
V. Facility Information				. D. M. Salara			
-	Arsenal Inc						
Address 8451 State							
******		· · · · · · · · · · · · · · · · · · ·					
	vn Township		State:	ОН	Zip Code:		4420
Contact Brian Stoc		Telephone:		Fa	x:		
Removal Contractor Na		tive Thermal Concer	ots		License #:	1811	
	strial Avenue						
City Hiawatha			State:	IA	Zip Code:	5223:	3
Contact: David Gaje	· · · · · · · · · · · · · · · · · · ·	Telephone:	319-393-8088	Fax:	319-393-8081		
Other Operator (demoli		D.W. Zinser	r Company				_
Address: 545 F Aver	nue POBOX 398						
City: Walford			State:	IA	Zip Code:	52351	
Contact: David Zins	er	Telephone:	319-846-8090	Fax		319-846-3351	
I. Procedure, including anal	utical methods amplayed	I to detect the	C				
and Category I and Catego	yucai memous, empioyed	to detect the present	ce of and to estimate the	quantity of RAC	M		
Ohio Asbestos Hazard Evaluat		\f. 1 . tm					
omo risoestos flazatu Evaluai	ion speciansi.	Michael Tgr	oh	CASHES 3		_	
II. Approximate Amount of A	chasta Matarial	Name		Certification	<u>n#</u>		
a. Approximate Amount of A	soesios Materiais:						
	RACM to be Rer		Nonfriable Asbestos Ma to be Removed	terial .	Nonfriable Asbestos Mate to be	erial Removed	NOT
			Category I	Category II	Category I	Categor	v II
oes (linear feet)							, 11
rface Area (square feet)	asbestos floor bac	cing		120			
cility Components (cubic feet)							
I. Scheduled Dates Demolitic	on or Rennovation:	Start:	7/3/2003	Complete:	9/30/03		
Dates for Asbestos Remove	al (MM/DD/YY)	Start:	8/1/2003	Complete:	8/31/2003		
ys of the Week:	Monday	Tuesday	Wednesday .	Thursday	Friday	Saturday S	Sunday
ars of Operation:	7a-5p	7a-5p	7a-5p	7a-5p	7a-5p		
plete all unshaded spaces, except	demolitions which involve I	ess than 260 linear feet,	160 square feet, or 35 cubi	c feet of RACM ne	ed not	0	complete
spac	es VII, XI, XII,XIII,XIV, and	t XV. Notifications for	Emergency Demolition or	Emergency Rennov	ation must supply attachments.		P1040

X.	Description of p	lanned Demolition	or Renovation w	ork to be prefor	med and method	(s) to be employed, including
der	nolition or renova	tion techniques to	be used and des	scription of affect	ted facility comp	onents:
Str	uctures will be de	molished using an	excavator to pull	apart steel wall	ls and concrete s	labs. No dust is expected; however
pec	omes dusty, wate	er spray will be use	ed to wet down th	e area.		
XI.	Description of w	ork practices and o	engineering contr	ols to be used t	o comply with the	e requirements, including asbestos
	removal and wa	ste handling emiss	sion control proce	edures:		. , , , , , , , , , , , , , , , , , , ,
XII.	Waste Transpor					
	Name:	D.W. Zinser				
	Address:	545 F Avenue P	О Вох 398			
	City:	Walford		State: <u>IA</u>	Zip Code	: 52321
	Contact:	Dave Zinser	Telephone: 3	319-846-8090	Fax :	319-846-3351
	Waste Transpo	orter #2 N/A				-
	Name:					
	Address:					
	City:			State:	Zip Code:	
,	Contact:		Telephone: ()	Fax:	()
XIII.	Waste Dispos	al N/A-ro	ecycling materials	S		
	Name:					7
	Address:					
	City:			State:	Zip Code:	
	Contact:		Telephone:		 Fax :	
XIV.	Emergency Der	nolition (complete	Item XIV and all	other sections.	only if this projec	t is an Emergency Demo.)
	1. Attach a cor	by of the Order to t	his notice.	,		the air Emergency Donner,
	2. Name of Au	thority Issuing Ord	er:		Title:	
	3. Authority of	Order (Citation of	Code):	7,00		
		er (MM/DD/YY):			Date Order	ed to Begin:
۲V.	Emergency Ren	ovation (Attach se	parate sheet with	the following in	nformation if proj	ect is Emergency Reno.)
	1. Date and Ho	our of the Emergen	icy			ect to Emergency (tene.)
		of the Sudden, Une				
	3. Explanation	of how the event c	aused unsafe co	nditions or equi	pment damage o	or an unreasonable financial burden.
VI.	Description of pr	ocedures to be foll	lowed in the ever	nt that unexpect	ted RACM is four	nd or nonfriable ACM becomes
	crumbled, pulve	rized or reduced to	o powder.			
Ve wi	ll properly wet an	d follow EPA proce	edures to contain	erize and handl	le any such mate	rials according to EPA regulations.
VII.	I certify that an in-	dividual trained in :	the provisions of	NESHAPS (40	CFR PART 61, S	SUBPART M) will be on-site
	during the Der	nolition or Renova	tion and evidence	e that the requir	red training has b	peen accomplished by this person
	will be availabl	le during normal bi	usiness hours.		J	, , ,
/	- 1 R		1.1221-	-	02	
<u>ب</u>	7010	227	@123/03	Ter	MR Be	aird Owner.
ignati	ure of Owner/Ope	rator	Dáte	Type of	r Print Name and	Title
////	Looksoulodes the					
V 111.	facknowledge the	existence of laws	s prohibiting the s	submission of fa	alse or misleading	g statements and I certify that
-	racts contained if	n this notification a	ire true, accurate	, and complete.		
/	- Ph		1.12263		iru RA	201.
onati	re of Owner/Ope	rator	Obto	<u> 12</u>	Print Name and	eard owner
9	ine of Owner, ope	ator	Date	i ype or	Print Name and	Title
_						
O	riginal Notification	must be mailed o	r hand delivered	at least ten wor	king days (Mond	lay-Friday excluding weekends)
b	erore demolition	or renovation begin	ns, except emerg	gency demolition	ns and emergen	cy renovations (see regulation)
	which mu	st be submitted as	soon as possibl	e before operat	ions begin. (Fo	rm Revised 11/12/97)

RZ-changed waste di	sposal info						
Operator	Project#	Postmark		Date Received		Notification	on #
I. Type of Notification (check one):	Origina	1	X Revised		Cance	led
Building Name:	nclude building name, i Ravenna A. ate Route 5		oom number)	Serviced		Cance	icu
	town Township	Ctat					
Site Location (specific	the same of the sa	Stat	te: OH	Zip Co	de: Portage	County	Portage
Building Size (square	- THE THE PARTY OF		0,000 # of Floors:	-		·	
Present Use:	vacant	1.70	Prior Use	Ammunition	Age in Ye	ears:	50
II. Type of Operation (che Training	eck one):	X Demo	Ordered Demo	Rennova	tion Emergenc	y Rennovation	Fire
V. Is Asbestos Present? (cl	eck one):	X Yes	No				
. Facility Information			The state of the s				
	Arsenal Inc						
	e Route 5						
City Charlesto	wn Township		State:	OFT			
Contact Brian Sto		Telephone		OH	Zip Code	e:	442
Removal Contractor N	ame:	Active Thermal Conce		Fa			
Address: 1110 Indi	strial Avenue	The state of the	Ţνω		License #:	18	311
City Hiawatha	· · · · · · · · · · · · · · · · · · ·		State:	IA		-	
Contact: David Ga	eski	Telephone			Zip Code	9:	52233
Other Operator (demo		D.W. Zinse		Fax.	319-393-8081	M	
Address: 545 F Ave		D.W. Zillise	г сопрану		· · · · · · · · · · · · · · · · · · ·		
City: Walford			State:	TA		· · · · · · · · · · · · · · · · · · ·	
Contact: David Zins	er	Telephone:		IA	Zip Code:	5235	
				Fax		319-846-33	351
Procedure, including ana	ytical methods, employ	ed to detect the preser	ice of and to estimate the	quantity of RAC	M		
and Category I and Categ	ory II nonfriable ACM:						
io Asbestos Hazard Evalua	tion Specialist:	Michael Tgr	roh	CASHES 3	1719		
		Name		Certification	1#		
Approximate Amount of A	Asbestos Materials:						
			Nonfriable Asbestos Ma	terial	Nonfriable Asbestos Ma	terial	NOT
	RACM to be R	emoved	to be Removed			Removed	1101
			Category I	Category II	Category I		egory II
(linear feet)							,601 II
ice Area (square feet)	asbestos floor ba	cking		100			
ity Components (cubic feet				120			
Scheduled Dates Demolitic	on or Rennovation:	Start:	07/03/2003	Complete:	9/30/03		
Dates for Asbestos Remov	al (MM/DD/YY)	Start:	08/01/2003	Complete:	08/31/2003		
	1	T 1					
of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday A
of the Week: of Operation: ete all unshaded spaces, except	72.50	7.6			Friday	Saturday	Sunday

X.	Description of	nlanged Demolitic	n or Donalistian		-	_		
der	nolition or renov	planned Demolitio	ii or Renovation	work to b	e prefor	med and methor	od (s) to be empl	oyed, including
Stri	ictures will be d	vation techniques t	o be used and d	escription	of affe	cted facility com	ponents:	
it he	y se ulter semone	enionsned using a	n excavator to pi	ull apart s	iteel wal	Is and concrete	slabs. No dust	is expected; however
XI.		ACTOL OBIGA MILL DO	UOCU III WIEI IIIW	n me are	2			
	removal and w	work practices and aste handling emis	i engineering cor ssion control pro	ntrols to b cedures:	e used t	to comply with t	the requirements	, including asbestos
XII.	The state of the s	· · · · · · · · · · · · · · · · · · ·						
	Name:	D.W. Zinser						
	Address:	545 F Avenue F	P O Boy 398					
	City:	Walford	- C DOX 000	State	. 10	71- 0-1	50001	
	Contact:	Dave Zinser	Telephone:			Zip_Code		
11	Waste Transp		relephone.	318-040-	0090	Fax :	319-846-3351	
	Name:							
	Address:							· · · · · · · · · · · · · · · · · · ·
	City:			State:		7:- 0 1		
	Contact:		Telephone:			Zip Code): 	
2011				. ,		Fax:	()	
XIII.	Waste Dispo		O-N/A-recycling	materials)			
	Name:	Minerva Enterpri	ses, Inc.					
	Address:	9000 Minerva Ro	oad					
	City:	Wynesburg		State:	ОН	Zip Code:	44688	
	Contact:	Steven Chandler				Fax :	330-866-3488	
XIV.	Emergency De	molition (complete	Item XIV and al	I other se	ections (anly if this proje	ot ic on Emora	
	1. Attach a co	ppy of the Order to	this notice.	. 04101 00	odona, (any n una proje	or is an Emerger	icy Demo.)
	2. Name of A	uthority Issuing Or	der:			Title:		
	3. Authority of	f Order (Citation of	Code):	···				
	4. Date of Orc	ler (MM/DD/YY):				Date Order	red to Begin:	
۷V.	Emergency Rer	ovation (Attach a				Date Older	ed to begini.	
	1 Date and H	novation (Attach se our of the Emerge	parate sneet wi	th the follo	owing in	formation if pro	ject is Emergend	y Reno.)
	2 Description	of the Sudden, Un	our acts of Fourt					
	3 Explanation	of how the event	expected Event	1	_			
VI. [Description of p	cocedures to be fo	Jauseu urisare co	onditions	or equip	oment damage	or an unreasona	ble financial burden.
	proprietable of bi	rocedures to be fol erized or reduced t	iowed in the eve	ent that ur	rexpecte	ed RACM is fou	nd or nonfriable	ACM becomes
	a. ao.ca, paiv	71200 OF FCGGGGGG	O DOM/ORE					
VII I	ertify that an in	dividual trained in	edures to contain	nerize an	d handle	any such mate	erials according	o EPA regulations.
	some and an in	uividual liailleu ili	THE DROVISIONS OF	ナバーマロハ	DQ //n /	つこり ひょひて ぐょ	CHODAGTER	111
		molition or Renova le during normal b	IUUN AND AVIORN	ce that the	e require	ed training has l	been accomplish	ed by this person
	n D availab	e during normal b	usiness nours.					
رنج	RSic	-Le)	1/2/1/20/20	2 .	T	Print Name and	1	
gnatur	e of Owner/Ope	erator	Date) -		Drint		
	•		Dato	,	ype or i	Print Name and	litte	
/III. I a	cknowledge the	e existence of laws	s prohibiting the	ouhmioni.	on of fol			
fa	cts contained in	n this notification a	ore true accurate	Subiliiosi	on eleke	se or misieadin	g statements an	d I certify that
7	00	The modification a	<i>i</i>	e, and cor	npiete.		•	
	16/wer		6/30/03	_	TOV	n1 20	and	
Inature	of Owner/Oper	rator	Date	Ŧ	VDE OF F	Print Name and	Title	
				•	3 PC Ot 1	THE NAME AND	1100	
Oria	inal Notification	must be mailed -	thand delt					
hef	ore demolition of	must be mailed or	nand delivered	at least to	en work	ing days (Mond	lay-Friday exclud	ling weekends)
201	er a dermonidor c	n renovation begin	is, except emerc	lencv der	nolitions	and emergenc	v renovatione (c	oo rooulatian)
·	willOff f/Ida	st be submitted as	soon as possible	e petore	operatio	ns begin. (For	m Revised 11/1:	2/97)

Operator	Project#	Postmark		Date Received	1	Notificati	ion #
I. Type of Notification (c	heck one):	X Origina	ı		-	postery	
II. Facility Description (i Building Name:	nclude building name, nun Ravenna Arse tate Route 5	nber, and floor or roo		Revised		Cance	əled
01516	town Township): throughout bu			Zip Co	de: Portage	Count	y Portage
Present Use:	vacant	150	0,000 # of Floors: Prior Use	Ammunition	1 Age in 1 Plant	Years:	50
III. Type of Operation (che Training	ck one):	X Demo	Ordered Demo	Rennova	tion Emerger	ncy Rennovation	Fire
IV. Is Asbestos Present? (che	eck one);	Yes	X No			the state of the s	
Address 8451 Sta	Arsenal Inc te Route 5						
City Charlesto Contact Brian Sto	own Township		State:	ОН	Zip Co	ode:	4420
Removal Contractor N	ame: A	Telephone ctive Thermal Conce	GOOD TO THE TOTAL OF THE TOTAL	F	ax: License #	1	1811
	ustrial Avenue					- I	011
City Hiawatha Contact: David Ga		Tolonkons	State:	<u>IA</u>	Zip Co	ide:	52233
Other Operator (demo		Telephone:	: 319-393-8088 er Company	Fax	: 319-393-8081		
Address: 545 F Ave	- Marine	D. W. ZAIS	si Company				
City: Walford			State:	IA			
Contact: David Zine	ser	Telephone:		Fa	Zip Code:	523 319-846-3	
I. Procedure, including anal	vtical methods employed	to detect the process		Company of the last of the las		217-040-3	331
and Category I and Category	ory II nonfriable ACM:	to detect the presence	or and to estimate the qui	antity of RACM			
Ohio Asbestos Hazard Evalua		Michael Tg	roh	CARITER	1810		
		Name		CASHES 3 Certification	Market and the second s	forther a	
II. Approximate Amount of A	sbestos Materials:	The state of the s		conneano	IB†		
	RACM to be Re	Nonfriable 2	Asbestos Material be Removed	to	1	aterial be Removed	NOT to
			Category I	Category II	Category I	eranne di management de la company	tegory II
oes (linear feet)							topoty 11
rface Area (square feet)	asbestos floor back	ring		120			And the second s
cility Components (cubic feet)							
I. Scheduled Dates Demolitic	on or Rennovation:	Start:	07/03/2003	Complete:	9/30/	<u>l</u> /03	
Dates for Asbestos Remova	d (MM/DD/YY)	Start:	08/01/2003	Complete:	08/31/20		
ys of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Cundar
urs of Operation:	7a-5p	7a-5p				Jamuay	Sunday
complete all unshaded spaces, exce s	pt demolitions which involve baces VII, XI, XII,XIII,XIV,	less than 260 linear feet	160 sonare feet or 35 milio	feet of RACM, need	7a-5p not		complete 0

NOTIFICATION OF DEMOLITION AND RENOVATION

H						
X. Description or	ion of planned De	molition or Renovation	work to be pro	eformed and meth	od (s) to be employe	ed, including
flaemontion or	renovation techn	liques to be used and (description of a	iffected facility cor	nnonents:	
it heromes di	isty water caravi	using an excavator to particular will be used to wet down	oull apart steel	walls and concrete	slabs. No dust is e	xpected; however
XI. Descripti	on of work practic	es and engineering co	m me area.	od to comply with		
removal	and waste handli	ng emission control pre	ocedures:	ed to comply with	ine requirements, in	cluding asbestos
N	ransporter #1					
Name:	D.W. Zir	iser				
Address	s: 545 F Av	enue P O OBX 398			·	
City:	Walford		State: IA	Zip Code	e: 52321	
Contact		iser Telephone	:319-846-8090		319-846-3351	
	Fransporter #2	N/A				the same production and the sa
Name:						
Addres	S:					
City:	-		State:	Zip Code):	
Contact:	-	Telephone	:()	Fax:	()	
XIII. Waste	Disposal	N/A-recycling materi	als			
Name		,				
Addre	:SS:				**************************************	·
City:			State:	Zip Code	1	
Conta	ct:	Telephone:		Fax :		
XIV. Emergei	ncy Demolition (c	omplete Item XIV and	all other section	ns only if this proj	ect is an Emergency	(Doma)
1. Atta	ch a copy of the (Order to this notice.		ile, cany ii unis pio	ect is an Emergenc	y Demo.)
2. Nam	ne of Authority Iss	uing Order:		Title	• •	
3. Auth	ority of Order (Cit	ation of Code):	······································	11610	*	
4. Date	of Order (MM/DI	D/YY):		Date Orde	red to Begin:	
VV. Emergen	ıcy Renovation (A	ttach separate sheet v	with the following	o information if or	niect is Emergency	Pena \
1. Date	and Hour of the I	Emergency		·s ···································	oject is Lineigency	rteno.)
2. Desc	ription of the Sud	den, Unexpected Ever	nt			
3. Expla	anation of how the	event caused unsafe	conditions or	equipment damage	e or an unreasonable	e financial burden
ver. Description	on or procedures	to be followed in the e	vent that unex	pected RACM is fo	ound or nonfriable A	CM becomes
Ciumbie	u, puivenzed or re	educed to bowder.				
Ve will properly	wet and follow E	PA procedures to cont	ainerize and h	andle any such ma	terials according to	EPA regulations.
vii. I cerury in	at an individual tr	ained in the provisions	of NESHAPS	(40 CFR PART 6	SURPART M) will	he on site
auring	the Demolition or	Renovation and evide	ence that the re	equired training ha	s been accomplishe	d by this person
will be	available during i	normal business hours	•			
ignature of Owr	ner/Operator	Date	Type	or Print Name an		
		Duto	1 4 00	or Film Name an	u nue	
VIII. I acknowle	dae the existence	e of laws prohibiting th	e submission	of false or misland	ing ototoments and	
facts con	tained in this notif	ication are true, accur	ate and comp	n igise ui iilislegu İsta	ing statements and	centry that
			arc, and comp	icte.		
gnature of Own	er/Operator	Date	Туре	or Print Name and	d Title	
			-			
Original Notif	ication must be n	nailed or hand delivere	ed at least ten	working dave (Mor	nday-Eriday evoludir	o weekenda)
natota datti	ontion of renovation	on begins, except eme	ergency demoli	tions and emerger	ncy renovations (see	regulation)
wh	ich must be subm	litted as soon as possi	ble before ope	rations begin. (Fo	orm Revised 11/12/9	97)
			•	· · · · · · · · · · · · · · · · · · ·		. R

OHIO ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF DEMOLITION AND RENOVATION R3-changed line numbers VIII & IX Operator Project# Postmark Date Received Notification # Type of Notification (check one): X Revised Original Canceled Facility Description (include building name, number, and floor or room number) **Building Name:** Ravenna Arsenal LL6 Address: 8451 State Route 5 Charlestown Township City: State: OH Zip Code: Portage County Portage Site Location (specific): throughout building Building Size (square feet): 150,000 # of Floors: Age in Years: 50 Present Use: vacant Prior Use Ammunition Plant III. Type of Operation (check one): X Demo Ordered Demo Rennovation Emergency Rennovation Fire Training IV. Is Asbestos Present? (check one): X Yes No Facility Information Owner Name: Ravenna Arsenal Inc Address 8451 State Route 5 City Charlestown Township State: Zip Code: OH 44266 Contact Brian Stockwell Telephone: (330)358-2203 Fax: Removal Contractor Name: Active Thermal Concepts License #: 1811 Address: 1110 Industrial Avenue City Hiawatha IA State: Zip Code: 52233 Contact; David Gajeski Telephone: 319-393-8088 Fax: 319-393-8081 Other Operator (demolition/general): D.W. Zinser Company Address: 545 F Avenue POBOX 398 City: Walford State: 52351 Zip Code: Contact: David Zinser Telephone: 319-846-8090 Fax: 319-846-3351 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: Ohio Asbestos Hazard Evaluation Specialist: Michael Tgroh **CASHES 31719** Name Certification# VII. Approximate Amount of Asbestos Materials: Nonfriable Asbestos Material to Nonfriable Asbestos Material NOT to RACM to be Removed be Removed be Removed Category I Category II Category I Category II Pipes (linear feet) Surface Area (square feet) asbestos floor backing 120 Facility Components (cubic feet) VIII. Scheduled Dates Demolition or Rennovation: Start: 07/03/2003 Complete: 10/17/03 IX. Dates for Asbestos Removal (MM/DD/YY) Start: 08/01/2003 Complete: 09/15/2003 Days of the Week: Monday Tuesday Wednesday Thursday Sunday Friday Saturday

ss than 260 linear feet, 160 square feet, or 35 cubic feet of RACM, nee

spaces VII, XI, XII, XIII, XIV, and XV. Notifications for Emergency Demolition or Emergency Rennovation must supply attachments

complete

7a-5p

Hours of Operation:

Complete all unshaded spaces, except der

demolition or renova	tion techniques to b	e used and de	scription	of affe	ected facility co	oqmo		•
it becomes dusty, wa	ter spray will be use	d to wet down gineering cont	the area. rols to be				abs. No dust is expec	
XII. Waste Transpor	ter #1							
Name:	D.W. Zinser							
Address:	545 F Avenue P O	Box 398	dari Caran separa anakar meningga	,	والمراجع المنطقة والمنطقة والمنطة والمنطقة والمنطقة والمنطقة والمنطقة والمنطقة والمنطقة والمنطة والمنطة والمنطقة والمنطة			
City:	Walford		State:	IA	Žip Co	ide:	52321	
Contact:	Dave Zinser	Telephone: 3	319-846-	8090	Fax	: 3	319-846-3351	
Waste Transpo	rter #2 N/A				-			
Name:					ukan akan manan mana			
Address:			V4. 14 P P P C					
City:			State:	emontpopment	Zip Co	-		
Contact:		Telephone: ()	***************************************	Fa	x: ()	
XIII. Waste Dispos	al DEMO-N	V/A-recycling n	naterials	njarija za vandinie.		******		
Name:	Minerva Enterprises							
Address:	9000 Minerva Road					,		**************************************
City:	Wynesburg	AND THE COLUMN TO THE COLUMN T	State:	ОН	Zip Co	de:	44688	
Contact:	Steven Chandler	Telephone: 3	30-886-3	435	Fax	: 3	30-866-3488	
XIV. Emergency Der	nolition (complete It	em XIV and all	other se	ctions	only if this p	oiect	t is an Emergency De	mo)
	py of the Order to th			, c. c.	, only it till p	0,00.	tio air Emorgonoy Bo	
•	thority Issuing Orde				Ti	tle:		
	Order (Citation of C			and the total of 	O-DEMPHER PROPERTY.	-		
-	er (MM/DD/YY):		and the Control of th		Date Or	dere	d to Begin:	
XV. Emergency Ren	ovation (Attach sens	arate sheet wit	h the foll	Owing	information if	proje	ect is Emergency Ren	0)
	our of the Emergenc		11 1116 1011	Ownig	mormation	hiole	ct is thereenty item	u.,
	of the Sudden, Une							
			onditions	or ea	uioment dama	ae oi	r an unreasonable fina	ancial burden.
							d or nonfriable ACM t	
	erized or reduced to							
Ve will properly wet an			nerize ar	nd han	dle any such r	nater	rials according to EPA	regulations.
VII. I certify that an in	dividual trained in th	ne provisions o	F NESHA	APS (4	O CFR PART	61, 8	SUBPART M) will be	on-site
							een accomplished by	
will be availab	ole during normal bu	siness hours.		-	_			
	_			_		_		
		08/27/2003			Albers/Owner-			-
ignature of Owner/Ope	erator	Date		Туре	or Print Name	and	litle	
VIII I and an add a death					£_1_			4.C. 414
VIII. I acknowledge the						adıng	statements and I cer	ury tnat
Tacis dentamed	n this notification ar	e true, accurat	e, and co	omple	re.			
		08/27/2003		Corv A	Albers/Owner-	Opera	ator	
ignature of Owner/Ope		Date			or Print Name			
				. , , ,				
before demolition	or renovation begins	s, except emer	gency de	emoliti	ons and emer	gency	ay-Friday excluding w y renovations (see reg m Revised 11/12/97)	

144	-cnanged i	ine numbers vi	11 62 17							
		Operator Project#		Postmark		Date Received		ì	Notification #	
1.	Type of Notif	fication (check one)		Original		X Revised			Canceled	
ĪI.	Building Na	me:	Iding name, number, Ravenna Arsenal		number)			chains a later of the state of		pagemental de
	Address:	8451 State Route		Co. L.	OT I	Zin Codo	: Portage		County	Portage
	City:	Charlestown Tow		State:	ОН	Zip Code	. I Ullage		County	1 Urtage
	Site Location	n (specific):	throughout building			**************************************				50
	Building Size	(square feet):	Control of the second of the s	150,0	00 # of Floors:			in Years:		50
	Present Use:	manufactortotable-Absolution-	vacant		Prior Use	Ammunition P	lant		MAN	
ш.	Type of Oper	ration (check one):		Х Дето	Ordered Demo	Rennovatio	on Eme	rgency Renno	ovation	Fire
IV.	Is Asbestos Pro	esent? (check one):		X Yes	No				Description of the second seco	
V.	Facility Inform	nation	anglas o maganista magini kalika kalika kalika paga panan jili pa awa da ma mig ma							
О	wner Name:	Ravenna Arsenal	Inc							
	Address	8451 State Route	5							
1	City	Charlestown Town	The second secon		State:	ОН	Zi	p Code:		44260
ì	•	Brian Stockwell	ionip	Telephone:	(330)358-2203	Fax	y•			
į	Contact		4 .*		<u> </u>			nse#:	1811	
		stractor Name:	***************************************	e Thermal Concept	S		1.100	.isc π	1011	Į.
	Address:	1110 Industrial Av	venue			* 4				
	City	Hiawatha		-	State:	<u>IA</u>		ip Code:	522	233
	Contact:	David Gajeski		Telephone:	319-393-8088	Fax:	319-393-808	<u> </u>		
	Other Opera	tor (demolition/ge	meral):	D.W. Zinser	Company					
	Address:	545 F Avenue	P O BOX 398							
	City:	Walford			State:	IA	Zip (Code:	52351	
	Contact:	David Zinser		Telephone:	319-846-8090	Fax	•	31	19-846-335	<u>, 1</u>
				*		CD A CD A				
	-			detect the presence of	of and to estimate the qua	ntity of RACM				
		I and Category II no			_	a . a	177.0			
Ohio	Asbestos Haz	eard Evaluation Spe	cialist:	Michael Tgr	oh .	CASHES 3				
				Name		Certification	1 #			
VII.	Approximate A	Amount of Asbestos	Materials:				and the state of t			
			RACM to be Remo	11	sbestos Material be Removed	to	Nonfriable Asbes	tos Material be Remo	oved	NOT to
					Category I	Category II	Categ	ory I	Cate	gory II
Pines	(linear feet)									
•	e Area (square	e feet)	asbestos floor backir	10		120		Annual Superior of the State of State o		
	` •	,	associated from saving	5						
acilit	y Components	(cubic feet)				1	<u> </u>		1	
ЛЦ.	Scheduled Dat	es Demolition or Re	ennovation:	Start:	7/3/2003	Complete:		10/17/03		
Х.	Dates for Asbe	estos Removal (MM	//DD/YY)	Start:	8/1/2003	Complete:	9	/26/2003		
Days	of the Week:		Monday	Tuesday	Wednesday	Thursday	Friday		Saturday	Sunday
lours	of Operation:		7a-5p	7a-5p	7a-5p	7a-5p	7a-5p		0	0
Con	plete all unshad	ed spaces, except demo spaces V	outions which involve le	ess than 260 linear feet ad XV. Notifications f	, 160 square feet, or 35 cubic for Emergency Demolition or	Emergency Rennov	u not vation must supply atta	chments.		complete

								(s) to be employed, including	
	lition or renova								
							d concrete s	labs. No dust is expected; how	ver
	omes dusty, wa						* '41 45		50 00012 000 1
XI. D	escription of w	ork practice	eno enç	jineering con	trois to be	used to cor	nply with the	e requirements, including asbesto	S
16	emoval and wa	iste nandim	g emissio	n control prod	cedures:				
13	Vaste Transpo	rter #1							
B	Name:	D.W. Zins			- Carl Tables				
Ħ	Address:	AND DESCRIPTION OF THE PERSON	enue P O	Вох 398					
#1	City:	Walford	W2000000000000000000000000000000000000		State:	IA	_Zip Code:		
H	Contact:	Dave Zins	ser	_Telephone:	319-846-	8090	Fax:	319-846-3351	
	Waste Transpo	orter #2	N/A						
1	Name:				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
1	Address:								
	City:	-			State:		_ Zip Code:		
C	Contact:			Telephone:	()		Fax:	()	
XIII.	Waste Dispos	al	DEMO-N	I/A-recycling	materials				-
	Name:	Minerva E			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Address:	9000 Mine		,	······				
	City:	Wynesburg			State:	OH	Zip Code:	44688	
	Contact:	Steven Ch		Telephone:				330-866-3488	
XIV. E	marganov Da						-	ot is an Emergency Demo.)	****
	1. Attach a co				ıı otner se	chons, only	ii tiiis projet	or is an Emergency Demo.)	
	2. Name of Au						Tido.		
	 Name of At 3. Authority of 						Title:		
	 Authority or Date of Ord 			ode).			Data Ordan	ad to Dogina	
		`,					•	ed to Begin:	
(V. E	mergency Ren	ovation (At	tach sepa	rate sheet wi	th the follo	owing inform	nation if proj	ect is Emergency Reno.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	 Date and He 				•				
	2. Description								
3	3. Explanation	of how the	event cau	used unsafe o	onditions	or equipme	nt damage	or an unreasonable financial burd	len.
VI. D	escription of p	rocedures to	o be follow	ved in the ev	ent that u	nexpected F	RACM is four	nd or nonfriable ACM becomes	111111111
	rumbled, pulve								
								erials according to EPA regulation	15.
VII. I c								SUBPART M) will be on-site	
					nce that th	e required t	raining has	been accomplished by this perso	ก
	will be availab	ole during n	ormal bus	iness hours.					•
				0/40/0000		O Alb	(0		
ianah wa	of Owner/Ope			9/18/2003			/Owner-Ope		
gnature	or Owner/Ope	erator	L	ate		ype or Prin	nt Name and	o inie	
	olenawie dan Ab						. 1		
FRRR 2	cknowledge m	e existence	orlawsp	ronibiting the	Suomissi	on or raise o	or misieadin	g statements and I certify that	
VIII. Ia	olo contelling		Caron are	e true, accura	re, and co	impiete.			
VIII. Ia ∫fa ∑	ets contained	in this notifi							
VIII. I a	ets contained	in this noth		9/18/2003	4	Cory Albers	/Owner-One	erator	
fa	ets contained i			9/18/2003			/Owner-Ope		···
fa	of Owner/Ope			9/18/2003 ate			/Owner-Ope it Name and		
gnature	of Owner/Ope	rator	<u> </u>	ate		Type or Prin	it Name and	Title	
gnature Origi	of Owner/Ope	erator	D nailed or h	ate and delivere	d at least	Type or Printer	t Name and	l Title day-Friday excluding weekends)	
gnature Origi	of Owner/Ope	rator n must be mor renovation	D nailed or h	ate nand delivere except eme	d at least	Type or Prin ten working molitions ar	t Name and days (Mond d emergen	Title	

gibble in the same to be a second through the same to		
Postmark	Date Received	Notification No.
Ohia Dans	atment of Health	

Unio Department of Health Prior Notification of Asbestos Hazard Abatement Project Read carefully all the instructions and questions prior to completing the notification form. 1. Notification including check shall be typed and sent to the Ohio Department of Health, Attn: Revenue Processing, P.O. Box 15278, Columbus, Ohio 43215. 2. Checks shall be made payable to: Treasurer, State of Ohio, for the amount of twenty-five dollars (\$25,00) 3. Any licensed asbestos hazard abatement contractor who performs any asbestos hazard abatement projects within the State of Ohio shall submit prior notifications to the Director postmarked at least ten business days before beginning each planned asbestos hazard abatement project as required by Chapter 3701-34 of the Ohio Administrative Code. 4. Type of notification **Tblanket** Xoriginal Temergency Cancellation Trevision number revised line(s) number 5. Type of abatement involving at least 50 linear feet or 50 square feet Trepair encapsulation enclosure X removal **Trenovation** 6. Owner name Ravenna Arsenal Inc City Address State Zip 8451 State Route 5 Charlestown Township OH 44266 Contact Contact telephone number Brian Stockwell (330)358-2203 7. Abatement Contractor License number Expiration Active Thermal Concepts, Inc. 1811 6/22/03 Address City State 1110 Industrial Avenue Hiawatha IΑ 52233 Contact Telephone number Dave Gajeski (319)393-8088 8. Name of asbestos hazard abatement specialist for Certification number Expiration Charles Bomia 28379 03/25/2003 9. Project Information -- Building name Ravenna Arsenal LL6 Address City State County 8451 State Route 5 Charlestown Township OH Portage Site location (specific) 10. Project description Type of asbestos material X surfacing mechanical other asbestos floor backing materials Asbestos removal from pipe boiler other **Engineering controls** AFD X other glove bag 11. Estimate of asbestos containing material linear Feet square feet 76,524 12. Abatement dates completion 08/01/03 set up abatement 08/01/2003 (acm work only) 8/31/03 Hours of operation Monday Tuesday Wednesday Thursday Friday Saturday Sunday Days of the week 7a-5p 7a-5p 7a-5p 7a-5p 7a-5p EPA permit number Minerva Enterprises, Inc. 2002-7 Telephone number State

13. Approved landfill--Name Minerva Enterprises, Inc.

EPA permit number 2002-7

City

Wynesburg

14. Name of person filling this notice

Date 06/19/2003

HEA 5121 (1/99)

Postmark	Date Received	Notification No.

Ohio Department of Health

omo boparanor	it or froutti		
Prior Notification of Asbesto Read carefully all the instructions and questions prior to comple 1. Notification including check shall be typed and sent to the Ohio Department P.O. Box 15278, Columbus, Ohio 43215.	eting the notification f	orm.	ject
2. Checks shall be made payable to: Treasurer, State of Ohio, for the amount	of twenty-five dollars (\$25.0	0)	
 Any licensed asbestos hazard abatement contractor who performs any asbe Ohio shall submit prior notifications to the Director postmarked at least ten be asbestos hazard abatement project as required by Chapter 3701-34 of the G 	usiness days before beginn		
	rgency cancellation ed line(s) number		12
5. Type of abatement involving at least 50 linear feet or 50 square feet			<u> </u>
repair encapsulation enclosure X remo	oval renovation		
6. Owner name			
Ravenna Arsenal Inc			
Address		State	Zip
	estown Township	ОН	44266
Contact Brian Stockwell	Contact teleph (330)358-220		
7. Abatement Contractor Active Thermal Concepts, Inc.	License numb	er	Expiration 6/16/04
Address City	1	State	Zip
1110 Industrial Avenue Hiawa	itha	IA	52233
Contact	Telephone nui	nber	
Dave Gajeski	(319)393-808	3	
Name of asbestos hazard abatement specialist for	Certification n	umber	Expiration
Charles Bomia	28379		3/25/2004
9. Project Information Building name			
Ravenna Arsenal LL6			
Address City		State	County
1	estown Township	ОН	Portage
Site location (specific)	•		
10. Project description		· · · · · · · · · · · · · · · · · · ·	
Type of asbestos material X surfacing mechanical other	asbestos floor ba	cking materials	
Asbestos removal from pipe boiler other			
Engineering controls AFD glove bag X other			
11. Estimate of asbestos containing material			
linear Feet square	e feet 76,524		
12. Abatement dates	completion		
set up 08/01/03 abatement	8/1/2003 (acm work only	y) 9/15/03	
Hours of operation			
Dave of the week Monday Tuesday Wednesday Thursday	day Friday	Saturday	Sunday
Days of the week 7a-5p 7a-5p 7a-5p 7a-5p	7a-5p		
13. Approved landfillName Minerva Enterprises, Inc.		EPA permit number	2002-7
City	State	Telephone number	330-866-3455
Wynesburg	ОН		
14. Name of person filing this notice		Date	8/27/2003
Cory Albers		I	

i		
ı	Postmark	Notification No.
1		 Monification 140.
900		
	-	

Ohio Department of Health Prior Notification of Asbestos Hazard Abatement Project Read carefully all the instructions and questions prior to completing the notification form. 1. Notification including check shall be typed and sent to the Ohio Department of Health, Attn: Revenue Processing, P.O. Box 15278, Columbus, Ohio 43215 2. Checks shall be made payable to: Treasurer, State of Ohio, for the amount of twenty-five dollars (\$25.00) 3. Any licensed asbestos hazard abatement contractor who performs any asbestos hazard abatement projects within the State of Ohio shall submit prior notifications to the Director postmarked at least ten business days before beginning each planned asbestos hazard abatement project as required by Chapter 3701-34 of the Ohio Administrative Code. 4. Type of notification **I**blanket ☐ original Temergency Tcancellation X revision number revised line(s) number 12 5. Type of abatement involving at least 50 linear feet or 50 square feet encapsulation enclosure X removal repair renovation 6. Owner name Ravenna Arsenal Inc. Address City State Zip 8451 State Route 5 Charlestown Township ОН 44266 Contact Contact telephone number Brian Stockwell (330)358-2203 7. Abatement Contractor License number Expiration Active Thermal Concepts, Inc. 1811 6/16/04 Address City State Zip 1110 Industrial Avenue Hiawatha IA 52233 Contact Telephone number Dave Gajeski (319)393-8088 8. Name of asbestos hazard abatement specialist for Certification number Expiration Charles Bomia 28379 3/25/2004 9. Project Information-- Building name Ravenna Arsenal LL6 Address City State County 8451 State Route 5 Charlestown Township OH Portage Site location (specific) 10. Project description Type of asbestos material X surfacing mechanical Other asbestos floor backing materials Asbestos removal from pipe boiler other Engineering controls glove bag X other 11. Estimate of asbestos containing material linear Feet square feet 76,524 12. Abatement dates completion set up 08/01/03 abatement 8/1/2003 (acm work only) 9/26/03 Hours of operation Monday Tuesday Wednesday Thursday Friday Saturday Days of the week Sunday 7a-5p 7a-5p 7a-5p 7a-5p 7a-5p

13. Approved landfillName Minerya Enterprises Inc.			
Minerva Enterprises, Inc.		EPA permit number	2002-7
City	State	Telephone number	
Wynesburg		l eleptione number	330-866-3455
	OH		
14. Name of person filing this notice	Stages areas	Date	9/18/2003
Cory Albers			0,10,2000

Operator Pr	oject#	Postmark		Date Received				
				Date Received		P.	Notification :	#
I. Type of Notification (che	No. 10 of State St	X Original		Revised			Canceled	l
Building Name: Address: 8451 Stat City: Charlesto	wn Township	al LL9 Stat		Zip Co	de: Portage		County	Portage
Site Location (specific): Building Size (square feet Present Use:	throughout build c): vacant		0,000 # of Floors: Prior Use	Ammunition	The state of the s	Age in Years:		50
III. Type of Operation (check Training	one):	X Demo	Ordered Demo	Rennova	tion E	mergency Rennov	vation	Fire
IV. Is Asbestos Present? (checl	cone):	Yes	X No				Antonia de la comina	
	Route 5 n Township		State:	ОН		Zip Code:		4426
Contact Brian Stock Removal Contractor Nan		Telephone	The second secon	Fa	IX:		A-111 A-121	
	trial Avenue	ive Thermal Conce	pts		Li	cense #:	181	1
City Hiawatha Contact: David Gaje Other Operator (demolit	ski ion/general):	Telephone:	Control of the contro	IA Fax	: 319-393-80	Zip Code:	52	2233
Address: 545 F Aven	ue POBOX 398							
City: Walford Contact: David Zinse		Telephone:	State: 319-846-8090	IA	*	Code:	52351	
Л. Procedure, including analys		-	Charles and the second	Fax	Κ΄.	319	9-846-335) [
and Category I and Categor	y II nonfriable ACM:							
Ohio Asbestos Hazard Evaluation	on Specialist:	Michael Tg	roh	CASHES 3				
II. Approximate Amount of Asi	estos Materials	Name		Certification	n#			
	RACM to be Rem		Asbestos Material be Removed		Nonfriable Asbe	estos Material be Remove	ed	NOT to
			Category I	Category II	Cate	egory I	Categ	gory II
pes (linear feet)								_
urface Area (square feet)	asbestos floor backi	ng		2,100				
cility Components (cubic feet)					Translation and the state of th			
II. Scheduled Dates Demolition	or Rennovation:	Start:	07/03/2003	Complete:		9/30/03	Activities in Programmed community based	
. Dates for Asbestos Removal	(MM/DD/YY)	Start:	08/01/2003	Complete:	0:	8/31/2003		
ays of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Sa	turday	Sunday
urs of Operation:	/7a-5p	7a-5p	7a-5p	7a-5p	7a-5p		0	
Complete all unshaded spaces, excep spa	demolitions which involve le ces VII, XI, XII,XIII,XIV, ar	ess than 260 linear feet ad XV. Notifications	. 160 square feet or 35 cubic	test of RACM need	Inot	II.		complete

NOTIFICATION OF DEMOLITION AND RENOVATION

X. dem Stru	nolition or renova	ation technique:	ion or Renovation of to be used and de an excavator to pu	escription (of affecte	ed facility com	ponents:		
it be	comes dusty, was Description of was	ater spray will be ork practices a	e used to wet down nd engineering con nission control pro-	the area. trois to be					
XII.	Waste Transpo Name:		modern control proc	ocuii es.					
	Address:		P O OBX 398						
	City: Contact:	Walford Dave Zinser	Telephone:	State: 319-846-8		Zip Code: Fax :	52321 319-846-3		and the second seco
	Waste Transpo Name: Address:	orter#2 N/							
	City:		PRANCE A CONTRACTOR OF THE PRANCE OF THE PRA	State:		Zip Code:	**************************************	· · · · · · · · · · · · · · · · · · ·	
	Contact:	District Control of the Control of t	Telephone:(Fax:	()		
XIII.	Waste Dispos Name:	sal N//	A-recycling materia	ils					
, eV	Address: City:	Alexander of the second of the		Charles		7' 0			
,29 mm m m	Contact:		Telephone:	State:	···	Zip Code: Fax :			
<v.< th=""><th> Date and H Description </th><th>our of the Emer</th><th>Unexpected Even</th><th>t</th><th></th><th></th><th></th><th></th><th></th></v.<>	 Date and H Description 	our of the Emer	Unexpected Even	t					
(VI. Ve wil	Description of p crumbled, pulv Il properly wet ar	rocedures to be erized or reduce nd follow EPA p	ent caused unsafe of followed in the event of the powder. The procedures to contain the provisions of the provisions	ent that ur inerize an	nexpecte d handle	d RACM is fou any such mat	ind or nonfi erials acco	riable ACM b	ecomes regulations
	during the De	emolition or Ren	novation and evide al business hours.	nce that th	e require	ed training has	been acco	mplished by	this person
ignatı	ure of Owner/Op	erator	Date	Ŧ	ype or F	Print Name and	I Title		
VIII.	l acknowledge the facts contained	ne existence of in this notificati	laws prohibiting the on are true, accura	e submissi ate, and co	on of fals mplete.	se or misleadir	ng statemer	nts and I certi	ify that
gnatu	re of Owner/Ope	erator	Date	T	ype or P	rint Name and	Title		A
Ori be	etore demolition	or renovation b	d or hand delivere egins, except eme l as soon as possib	rgency de	molitions	and emergen	cy renovati	ons (see real	ekends) Jation)

V. Is Asbestos Present? (check one): X Yes	R1-changed demo	contractor	14011	ITCATION U	r democition A	MU KENOVATI	ON.		
II. Facility Description (include building same, number, and floor or room number)	Opera	tor Project#		Postmark		Date Received		Notification	on #
II. Pacelity Description (include building name, number, and floor or room number) Raterions Revenue Ansemal II.50 Revenue Ansemal II.50 Revenue Ansemal II.50 State: IA	I. Type of Notification	(check one):		Original		X Revised		Cancel	ed
Address Section Comment Address Section Comment Age in Years Section Comment Address Section	II. Facility Description	(include buildi	ing name, number,	and floor or room r	number)	Land 1		L_JCancer	cu
City			Ravenna Arsenal L	L9					
Site Location (Specific): throughout building 150,000	#TOTAL CONTRACTOR	the same of the sa	·						
Subding Size (square feet) Prior Use Iso,000 # of Floors: I Age in Years: 50		The second secon	The Contract of the Party of th	COLUMN TO STATE OF THE PARTY OF	e: IA	Zip Code:	Portage	County	Portoc
Price of Use	· •	,	throughout building	3		*		County	1 Ortage
Tresent Use	Building Size (square	e feet):		150	,000 # of Floors:		1 Age in Vean	D-1	5A
Training	Present Use:		vacant		Prior Use	Ammunition Plan			30
V. Facility Information		heck one):		X Demo	Ordered Demo	Rennovation	Emergency F	lennovation	Fire
Owner Name: Ravenua Arsenal Inc Address 8451 State Route 5 City Charlestown Township State: OH Zip Code: 44 Contact Brian Stockwell Telephone: (330)358-2203 Fax: License #: 1811 Removel Contract of Prian Stockwell Active Thermal Concepts License #: License #: 1811 Address: 1110 Industrial Avenue State: IA Zip Code: 52233 City Hiawatha State: IA Zip Code: 52233 Contact: Davi Gajeski Telephone: 319-393-8088 Fax: 319-393-8081 Contact: Davi Gajeski D.W. Zinser Correpany Address: \$45 F Avenue P.O. BOX 398 City: Walford State: IA Zip Code: ## Contact: David Zinser Telephone: 319-846-8090 Pax: 319-393-8081 City: Walford State: IA Zip Code: ## Licenseyr I and Category I nonfrirable ACM: Name Catification# Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM Adaptoximate Amount of Asbestos Materials: RACM to be Removed	(V. Is Asbestos Present? (check one):		X Yes	No				
Owner Name: Ravenua Arsenal Inc Address 8451 State Route 5 City Charlestown Township State: OH Zip Code: 44 Contact Brian Stockwell Telephone: (330)358-2203 Fax: License #: 1811 Removel Contract of Prian Stockwell Active Thermal Concepts License #: License #: 1811 Address: 1110 Industrial Avenue State: IA Zip Code: 52233 City Hiawatha State: IA Zip Code: 52233 Contact: Davi Gajeski Telephone: 319-393-8088 Fax: 319-393-8081 Contact: Davi Gajeski D.W. Zinser Correpany Address: \$45 F Avenue P.O. BOX 398 City: Walford State: IA Zip Code: ## Contact: David Zinser Telephone: 319-846-8090 Pax: 319-393-8081 City: Walford State: IA Zip Code: ## Licenseyr I and Category I nonfrirable ACM: Name Catification# Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM Adaptoximate Amount of Asbestos Materials: RACM to be Removed	V. Facility Information	where we are a substitute of the first of the constitution,	one end of the state of the sta					The second of th	
Address	-	no Arconol I.							
City Charlestown Township Shate: OH Zip Code: 444									
Contact	with the same of t	and the second second second							
Remark State Telephone		AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN THE PERSON	p		State:	ОН	Zip Code:		442
Address: 1110 Industrial Avenue		The second secon		Telephone	(330)358-2203	Fax:	- Marie Milaya		Annual of the Principles of the State of the
Address			Activ	ve Thermal Concep	ots		License #:	15	211
Contact:	Address: 1110 I	idustrial Avenu	1e					10)11
Contact: Davi Gajeski Telephone: 319-393-8088 Fax: 319-393-8081 Other Operator (demolition/general): D.W. Zinser Company Address: 545 F Avenue P O BOX 398 City: Walford State: IA Zip Code: ## Contact: David Zinser Telephone: 319-846-8090 Fax: 319-846-3351 I. 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: Othio Asbestos Hazard Evaluation Specialist: Michael Tgrob Catsgory I and Category II nonfriable ACM: Name Catsgory I CASHES31719 Name Catsgory I Category II Category	City Hiawat	ha			State:	ĪA	Zin Coda:	Secretary Colonian Colonia Colonian Colonia Colonian Colo	
Other Opterator (demolition/general): D.W. Zinser Company Address: 54 SF Avenue P O BOX 398 City: Walford State: IA Zip Code: ## Contact: David Zinser Telephone: 319-846-8090 Fax: 319-846-3351 Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category II and Category II nonfriable ACM: Michael Tgroh CASHES31719 CASHES31719 Whio Asbestos Hazard Evaluation Specialist: Michael Tgroh Category Certification# I. Approximate Amount of Asbestos Materials: Name Certification# II. Approximate Amount of Asbestos Materials: RACM to be Removed Nonfriable Asbestos Material Removed to be Nonfriable Asbestos Material NOT to be Removed Est (linear feet) asbestos floor backing 2,100 Category I Category II face Area (square feet) asbestos floor backing Start: 97/03/2003 Complete: 99/30/2003 I. Scheduled Dates Demolition or Removation: Start: 97/03/2003 Complete: 99/30/2003 Dates for Asbestos Removal (MM/DD/YY)	Contact: Davi G	ajeski		Telephone:		distribution of the second second second second		-	52233
Address: 545 F Avenue POBOX 398 City: Walford State: IA Zip Code: ## Contact: David Zinser Telephone: 319-846-8090 Fax: 319-846-3351 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: Name CASHES31719 CASHES31719 Certification# Approximate Amount of Asbestos Materials: RACM to be Removed RACM to detect the presence of and to estimate the quantity of RACM Approximate Amount of Asbestos Materials: RACM to be Removed RACM to detect the presence of and to estimate the quantity of RACM Nonfriable Asbestos Material Castegory II nonfriable Asbestos Material Racmoved Nonfriable Asbestos Material Racmoved Nonfriable Asbestos Material Racmoved Racmoved Nonfriable Asbestos Material Racmoved Nonfriable Asbestos Mat	Other Operator (den	olition/gener	al):		Appropriate the second design of the second	ı an.	J17-J7J-G001		Name and Parks
City: Walford	Address: 545 F A	venue P	O BOX 398		- Company	**************************************			
Contact: David Zinser Telephone: 319-846-8090 Fax: 319-846-3351 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: Which Asbestos Hazard Evaluation Specialist: Michael Tgroh CASHES31719 Name CASHES31719 I. Approximate Amount of Asbestos Materials: RACM to be Removed RACM to be Removed Category I Category I Category I Category II Category II Category II Es (linear feet) asbestos floor backing 2,100 Interface Area (square feet) asbestos floor backing 2,100 Dates for Asbestos Removal (MM/DD/YY) Start: 08/01/2003 Complete: 09/30/2003 Dates for Asbestos Removal (MM/DD/YY) Start: 08/01/2003 Complete: 08/31/2003 Sys of the Week: Monday Tuesday Wednesday Thursday Friday Saturday Sunday applete all unshaded spaces, except demolitions which involve less than 260 times frost 160 times fr	City: Walford	Construction of the Contract o	Andrews & making out to play any or the control of	to the same of the	Stata	T A		Marie (4)	
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aplete all unshaded spaces, except demolitions which involve less than 260 linear feet 160 square feet or 35 mbio 5-1-20 20 20				Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
spaces VII, XI, XII, XIII, XIV, and XV. Notifications for Emergency Demolition or Emergency Removation must supply attachments.	nplete all unshaded spaces, ex	7a-5p) Which involve less the	7a-5p	7a-5p	7a-5p 7	a-5p	0	0
		spaces VII, XI,	XII,XIII,XIV, and XV	Notifications for E	square teet, or 35 cubic feet mergency Demolition or Fm	t of RACM, need not	t supply attachments		complete

NOTIFICATION OF DEMOLITION AND RENOVATION

X. der	HOURIOU OF LEHOAS	lanned Demolition tion techniques to	be used and de	scription of at	fected facility con	nonente:	
Jour	uctures will be del ecomes dusty, wa	molisned using an d ater spray will be us	excavator to pul ed to wet down	ll apart steel v the area.	alls and concrete	slabs. No dus	t is expected; howev
	removal and wa	iste nandling emiss	ion control proc	edures:	a to comply with t	ne requiremen	ts, including asbestos
XII.	Waste Transport Name:	D.W.Zinser					
	Address: City:	545 F Avenue P (O BOX 398	State: IA	Zip Code	e: 52321	
	Contact: Waste Transpo Name: Address:	David Zinser orter #2 N/A	Telephone:3	19-846-8090	Fax:	319-846-335	1
	City: Contact:		7-1	State:	Zip Code		
XIII.	Waste Dispos		Telephone:()	Fax:	()	
Ann.	Name: Address:	aı N/A-rec	cycling material	S			especial section (1975)
NAS AND A	City:			State:	Zip Code:		
XIV.	Contact:	nolition (complete	_Telephone:		Fax:		
en en en en En en en en En en en en	 Name of Au Authority of 	py of the Order to to thority Issuing Orden Order (Citation of the er (MM/DD/YY):	er:		Poto Ordo		
ΚV.	1 LYA. 20	ovation (Attach ser	arata shoot wit	h the followin		red to Begin:	
	Date and Ho Description (S. Explanation	of the Sudden, Une of how the event c	cy expected Event aused unsafe co	onditions or e	Juipment damage	or an unreasc	mahla financial burda
(VI. Ve wi	crumbled, pulve	ocedures to be folio erized or reduced to	owed in the eve opowder	nt that unexp	ected RACM is fo	und or nonfrial	ole ACM becomes
VII.	i cei iny inatan'in	dividual trained in 1	ne provisions o	INFSHAPS	AN CER DART 61	CHROADT NA	ng to EPA regulations.
	duing the Del	molition or Renoval le during normal bi	don and eviden	ce that the re	quired training has	been accomp	lished by this person
			10103		Sru Alber	7	
ignati	ure of Owner/Ope	rator	Date	Туре	or Print Name and	d Title	en e
VIII.	l acknowledge the facts contained in	e existence of laws n this notification a	prohibiting the re true, accurate	submission o	false or misleadi te.	ng statements	and I certify that
gnatu	ire of Owner/Ope	rator	013203 Date	Type o	ny Albo i or Print Name and	<u>S.</u> I Title	
Ori be	nois demondon o	must be mailed or or renovation begins at be submitted as s	s, except emero	iency demolit	ons and emergen	cy renovations	(see regulation)

<u> </u>	Operator Pro	iect#	Postma	rk	Date Received		Notificati	on#
I. Type of	Notification (check	one):	Origi	nal	X Revised			celed
II. Facility Building Address	g Name:	de building name, numl Ravenna Arsena	ber, and floor or r				Can	celed
Building	Charlestown ation (specific): Size (square feet):	Township throughout build	ling	60,000 # of Floors:	Zip Cod	e: Portage	Cour	nty Por
Present U	Jse:	vacant		Prior Use	Ammunition I			
III. Type of (Training	Operation (check or	ne):	X Demo	Ordered Der	no Rennovati	on Emergency	/ Rennovation	
V. Is Asbesto	s Present? (check o	ne):	X Yes	No				
V. Facility In								
Owner Nam								
Address City	8451 State Roi	**************************************						
Contact	Charlestown To Brian Stockwe			State:	ОН	Zip Code:		
	Contractor Name:			ne: <u>(330)358-2203</u>	Fax			
Address:	1110 Industrial	Avonyo	tive Thermal Con	icepts		License #:		1811
City	Hiawatha	Avenue				· · · · · · · · · · · · · · · · · · ·		
Contact:	Davi Gajeski			State:	<u>IA</u>	Zip Code:		52233
	rator (demolition	deneral).	Telephon		Fax:	319-393-808	L	
Address:	545 F Avenue	P O BOX 398	D.W. Zir	nser Company				
City:	Walford	1 O DOX 398						
Contact:	David Zinser		m.i. 1	State	IA IA	Zip Code:	52351	
				e: 319-846-8090	Fax:		319-846-335	l
and Caregor	y I and Category II	nonfriable ACM:	detect the preser	nce of and to estimate the	ne quantity of RACN	A		
no Asbestos H	lazard Evaluation S	pecialist:	Michael T	groh	CASHES317	19		
	A		Name		Certification#		-	
Approximate	Amount of Asbest	os Materials:						· · · · · · · · · · · · · · · · · · ·
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				Category I	Category II	Category I	C	itegory II
s (linear feet)								-
ace Area (squa	re feet)	asbestos floor backing	Į.		2,100			
aco rerea (aqua	ts (cubic feet)							
ity Componen	The state of the s		The state of the s					
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ity Component	ites Demolition or I		Start:	07/03/2003 08/01/2003	Complete:	09/30/2003 08/31/2003		
ity Component							Saturday	Sunda

Stri	nolition or renova	ation techniques to	be used and descri	to be preform otion of affecte	ed and method (ed facility compo	s) to be employed, in nents:	cluding
11000	ctures will be de	emolished using an	excavator to pull ap	art steel walls	and concrete sla	ibs. No dust is expe	cted: however if
bec	omes dusty, wat	ter spray will be use	ed to wet down the a	irea.			
XI.			engineering controls sion control procedu		comply with the	requirements, includi	ing asbestos
XII.	Waste Transpo	orter #1		· · · · · · · · · · · · · · · · · · ·			
ĺ	Name:	D.W.Zinser	•				
	Address:	545 F Avenue P	O BOX 398				
	City:	Walford		State: IA	Zip Code:	52321	
	Contact:	David Zinser	Telephone: 319	9-846-8090	Fax:	319-846-3351	
	Waste Transp	orter #2 N/A	<u> </u>				
	Name:						
	Address:		. · · · · · · · · · · · · · · · · · · ·				
	City:			State:	Zip Code:	A CONTRACTOR OF THE PROPERTY O	
	Contact:		Telephone: ()	Fax:	()	
XIII.	Waste Dispo	sal DEMO	O-N/A-recycling mat	erials			
	Name:	Minerva Enterpris				the transfer with the	
	Address:	9000 Minerva Ro		, , , , , , , , , , , , , , , , , , , ,	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	City:	Wynesburg	a e e e e e e e e e e e e e e e e e e e	State: OH	Zip Code:	44688	an da ana ana ana ana ana ana ana ana an
	Contact:	Steven Chandler	Telephone: 330	-866-3435	Fax :	330-866-3488	4
XIV.	Emergency De	molition (complete	Item XIV and all oth	er sections, or	nly if this project	is an Emergency De	mo.)
		opy of the Order to		· · · · · · · · · · · · · · · · · · ·		.o u.,o, goo, _o.	. The same of the same
المشا	and the State of t	uthority Issuing Ord			Title:		
	3. Authority o	f Order (Citation of	Code):				
	4. Date of Ord	der (MM/DD/YY):			Date Order	ed to Begin:	
XV.	Emergency Re	The same of the sa	parata shoot with th	e following info		ot is Emorgonou Pon	
State of the second		novation (Attach se			ormation if proje		Λ \ · · · ·
	1. Date and H	novation (Attach se lour of the Emerger	sparate sheet with the	io ionownig min	ormation if proje	or is Emergency Nem	0.)
	 Date and F 	lour of the Emerger	ncy		ormation if proje	or is citielderich Ven	0.)
	 Date and F Description 	lour of the Emerger of the Sudden, Un	ncy expected Event	e Terminal		e Din de la companya br>La companya de la co	
⟨VI.	 Date and F Description Explanation 	lour of the Emerger of the Sudden, Un of how the event o	ncy expected Event caused unsafe cond	itions or equip	nent damage or	an unreasonable fina	ancial burden.
⟨VI.	 Date and F Description Explanation Description of p 	lour of the Emerger of the Sudden, Un of how the event or procedures to be fol	ncy expected Event caused unsafe cond llowed in the event t	itions or equip	nent damage or	e Din de la companya br>La companya de la co	ancial burden.
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R3-changed sections VIII & IX

H	Operator Project	+#		Th		1						CONTRACTOR OF
	Operator Froject			Postmark			Date Received		N	Votification #		
I. Type of No	ification (check on	e):		Original	!		X Revised			Cancele	d	
II. Facility De	scription (include b	ouilding name, number,	and floo	or or room	number)					Control of the contro		
Building N	ame:	Ravenna Arsenal I	LL9									
Address:	8451 State Rou	ite 5	-		بغرافية دورات دروس	**************************************		The second secon		CAN COLOR DE CONTRACTOR DE	**************************************	
City:	Charlestown To	ownship		Stat	te: OI	I	Zip Code:	Portage	***************************************	County	Port	taga
Site Location	on (specific):	throughout buildin	g		-		· · · · · · · · · · · · · · · · · · ·	1021450	to the second	County	IUI	age
Building Siz	e (square feet):			150,	000	# of Floors:		1 Age in Year	S.	**************************************	50	
Present Use:		vacant				Prior Use	Ammunition Pla					
III. Type of Ope	eration (check one)		x	Demo		Ordered Demo	Rennovation	Emergency F	Rennovati	on		ire
IV. Is Asbestos Pr	resent? (check one)	:	х	Yes		No			at who previously the way one			Section of the section
V. Facility Infor	mation		interpretablisher.	in seepenkelikoisinningana			and the colorest graph of the many of your	il e grande de la completa de la companya de la co		Notice of the promotes color of the color of	Mangarati	Delicate Special
Owner Name:	Ravenna Arsena	l Inc										
Address	8451 State Rout	e 5			***************************************				-			
City	Charlestown Tov			***************************************		State:	OII	Zip Code:				4406
Contact	Brian Stockwell		***************************************	Telephone	. (220		OH Fax:	Zip Code.				4426
	atractor Name:	Aati	ro Thor	mal Conce	7000)358-2203	rax;					
Address:	1110 Industrial A	the second secon	ve inci	mai Conce	pis		 	License #:		18	11	
City	Hiawatha	racuae				a	TA					
Contact:		***				State:	IA	Zip Code:	***************************************		52233	
	Davi Gajeski			Telephone		19-393-8088	Fax:	319-393-8081				
	tor (demolition/g	,		D.W. Zins	er Comp	any	to have a second second second second					
Address:	545 F Avenue	P O BOX 398		·····			***************************************					
City:	Walford			···	-	State:	IA	Zip Code:	52351			
Contact:	David Zinser			Telephone:	319-8	346-8090	Fax:		319-8	46-3351		
VI. Procedure, inc	luding analytical n	nethods, employed to de	tect the	presence o	f and to	estimate the qu	antity of RACM			Marine Service Control Control		
	and Category II n											
Ohio Asbestos Haz	ard Evaluation Spe	ecialist:	P	Michael Tg	roh		CASHES3171	9				
			1	Varne			Certification#			" " " " " " " " " " " " " " " " " " "		
 Approximate A 	mount of Asbestos	Materials:										
		RACM to be Remove	11	Nonfriable A	Asbestos	Material be Removed	to	Nonfriable Asbesto	s Materia to be Re			NOT
			r		Categor	v I	Category II	Category I		Charles in a construction and an arrange	egory II	
ipes (linear feet)	and the second section of the second section of the second section of the second section of the second section						Box) x	Category		Cate	gory II	I
urface Area (square	feet)	asbestos floor backing		alen eta (alla esta) eta esta esta eta anticoloria esta esta eta esta esta esta esta esta	N. A. M. P. S. Roll Works and		2,100				***************************************	
acility Components	(cubic feet)						2,100					
III. Scheduled Date	s Demolition or Re	ennovation:	St	art:		07/03/2003	Complete:	10/17/2003		Charles and Alexander and Contract		
L Dates for Asbes	itos Removal (MM	/DD/YY)	St	art:		08/01/2003	Complete:	09/15/2003				
Days of the Week:		Monday	Tı	ıesday	w	ednesday	Thursday	Friday	Sat	urday	Sunda	iy
ours of Operation:		7a-5p	7a-5p		7a-5p	1.	70.50	7-5-		_		-
Complete all unshaded	spaces, except demo	litions which involve less t	han 260	inear feet, le	60 square	feet, or 35 cubic	feet of RACM need no	7a-5p		0	comple	0
	spaces VI	I, XI, XII,XIII,XIV, and X	V. Noti	fications for	Emergen	cy Demolition or	Emergency Rennovation	n must supply attachme	ents.		compac	

X. Description of pleasedemolition or renova	lanned Demolition o tion_techniques to b	r Renovation vote used and de	work to be preformed scription of affected sections of affected sections of affected sections are sections.	ed and method (ed facility compo	(s) to be employed onents:	, including
Structures will be der	nolished using an e	xcavator to pu	Il apart steel walls	and concrete sla	abs. No dust is ex	oected; however i
it hecomes dusty wa	ter spray will be use	d to wet down	the area.			
XI. Description of w	ork practices and er	gineering con	trols to be used to	comply with the	requirements, incl	uding asbestos
removal and wa	ste handling emissi	on control prod	cedures:			
XII. Waste Transpor	ter #1					
Name:	D.W.Zinser					
Address:	545 F Avenue P C	BOX 398				
City:	Walford		State: IA	Zip Code:	52321	
Contact:	David Zinser	_Telephone:	319-846-8090	Fax :	319-846-3351	
Waste Transpo	orter #2 N/A					
Name:						
Address:				7:- 0-1		
City:			State:	Zip Code:		* ,
Contact:		Telephone:	()	Fax:	()	
(III. Waste Dispos	al DEMO-	N/A-recycling	materials		and and the second seco	
Name:	Minerva Enterprise	s, Inc.	:	e i de		
Address:	9000 Minerva Road	j			* * * * * * * * * * * * * * * * * * * *	
City:	Wynesburg		State: OH	Zip Code:	44688	
Contact:	Steven Chandler	Telephone:	330-866-3435	Fax :	330-866-3488	
3. Authority of 4. Date of Ord V. Emergency Rer 1. Date and H 2. Description 3. Explanation VI. Description of p	uthority Issuing Order Order (Citation of Oler (MM/DD/YY): novation (Attach sepour of the Emergency of the Sudden, Unexpected of how the event corocedures to be follow EPA procedured to defollow EPA procedures.	code): parate sheet we concept the concep	t conditions or equip ent that unexpecte	ment damage o	ect is Emergency F or an unreasonable nd or nonfriable AC	financial burden. M becomes
VII. I certify that an ir	ndividual trained in	he provisions	of NESHAPS (40	CFR PART 61.	SUBPART M) will	be on-site
	molition or Renova			41.75		
	ble during normal be			et blood a de Tool of the second and		
	erika Kanggaran di Kanagaran			Marijana sa <u>Sa</u> rahasa sa Sarah	in the section of the	
		08/27/2003		pers/Owner-Ope		
gnature of Owner/Op	erator	Date	Type or	Print Name and	litte	
	in this potification a	re true, accura 08/27/2003	ate, and complete. Cory Alb	se or misleading ers/Owner-Ope Print Name and	rator	certify that
gnature of Owner/Ope	aratur –	Date	i ype or	rink manic allu		
before demolition	n must be mailed or or renovation begir ust be submitted as	is, except eme	ergency demolition	s and emergend	cy renovations (see	e regulation)

R4-changed line IX Operator Project# Postmark Date Received Notification# Type of Notification (check one): Original X Revised Canceled Facility Description (include building name, number, and floor or room number) **Building Name:** Ravenna Arsenal LL9 8451 State Route 5 Address: City: Charlestown Township OH Portage State: Zip Code: County Portage Site Location (specific): throughout building Building Size (square feet): 150,000 # of Floors: Age in Years: 50 Present Use: vacant Prior Use Ammunition Plant III. Type of Operation (check one): X Demo Ordered Demo Rennovation **Emergency Rennovation** Fire Training IV. Is Asbestos Present? (check one): X Yes No **Facility Information** Owner Name: Ravenna Arsenal Inc Address 8451 State Route 5 City Charlestown Township State: \mathbf{OH} Zip Code: 44266 Contact Brian Stockwell Telephone: (330)358-2203 Fax: Removal Contractor Name: Active Thermal Concepts License #: 1811 1110 Industrial Avenue Address: City Hiawatha State: IA Zip Code: 52233 Contact: Davi Gajeski 319-393-8081 Telephone: 319-393-8088 Fax: Other Operator (demolition/general): D.W. Zinser Company POBOX 398 Address: 545 F Avenue Citv: Walford State: IA Zip Code: 52351 Contact: David Zinser Telephone: 319-846-8090 319-846-3351 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: Ohio Asbestos Hazard Evaluation Specialist: Michael Tgroh CASHES31719 Name Certification# VII. Approximate Amount of Asbestos Materials: Nonfriable Asbestos Material to Nonfriable Asbestos Material NOT RACM to be Removed be Removed to be Removed Category I Category II Category I Category II Pipes (linear feet) Surface Area (square feet) asbestos floor backing 2,100 Facility Components (cubic feet) VIII. Scheduled Dates Demolition or Rennovation: Start. 7/3/2003 Complete: 10/17/2003 Dates for Asbestos Removal (MM/DD/YY) Start: 8/1/2003 Complete: 9/26/2003 Monday Days of the Week: Tuesday Wednesday Thursday Friday Saturday Sunday Hours of Operation: 7a-5p 7a-5p 7a-5p 7a-5p 7a-5p 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 Rennovation must supply attachments.

demolition or re	enovation techniques	to be used and des	scription of	affected facility	compo	s) to be employed, inclunents: abs. No dust is expected	
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	n of work practices ar and waste handling en			sed to comply w	th the	requirements, including	asbestos
XII. Waste Tra	nsporter #1						
Name:	D.W.Zinser						
Address:	The same of the sa	P O BOX 398					
City:	Walford		State:		Code: _	52321	
Contact:	David Zinser	Telephone:	319-846-80	190 F	ax:	319-846-3351	
vvaste i ra Name:	ansporter #2 N//	4.					
Address:			, <u></u>		ELEMENT OF PROCES		
City:		and the second s	State:	7in	Code:		
Contact:		Telephone: (Claic.	***************************************	оо. - Бах: (()	
	Des ton						
XIII. Waste D Name:		MO-N/A-recycling n	naterials			214	
Address	Minerva Enters 9000 Minerva						The state of the s
City:	Wynesburg	Noau	State: (74 7in (ode:	44688	
Contact		er Telephone: 3				330-866-3488	

	a copy of the Order		other secti	ons, only if this	oroject	is an Emergency Demo	D.)
	of Authority Issuing		44		Tisla.		
	rity of Order (Citation				Title:_	· · · · · · · · · · · · · · · · · · ·	-
	of Order (MM/DD/YY)			Date	Ordere	d to Begin:	<u> </u>
			n the follow	ing information	t proje	ct is Emergency Reno.)	
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VI. Description	of procedures to be	followed in the eve	nt that uno	vpected PACM	e found	d or nonfriable ACM bed	aai burden.
	pulverized or reduce		nt that unc	Apecied IVACIVI	S IOUIN	a of Hotherapie Wolf ber	Julies
			nerize and l	handle any such	mater	ials according to EPA re	oulations
						SUBPART M) will be on	
during th	e Demolition or Ren	ovation and eviden	ce that the	required training	has b	een accomplished by th	is person
will be a	ailable during norm	al business hours.					
		and the second of the second of					
	10	9/18/2003		ory Albers/Owne			
ignature of Owne	er/Operator >	Date	1)	pe or Print Nam	e and	Title	and the stage
VIII Looknowlood	as the evictores of l			- F. F.			
viii. I ackilowieu facte co ata	ge the existence of the line o	aws promoting the	suomission	or talse or misi	eading	statements and I certify	tnat
icola Carrie	mea in mis nomican	m are true, accurat	e, and com	piete.			
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				•			
Original Notific	cation must be maile	d or hand delivered	at least te	n working days	Monda rgency	ay-Friday excluding wee	kends) ation)
whic	ch must be submitted	l as soon as possibl	e before or	perations begin.	(Forn	n Revised 11/12/97)	

NOTIFICATION OF DEMOLITION AND RENOVATION R5-changed line IX Operator Project# Postmark Date Received Notification # Type of Notification (check one): Original X Revised Canceled Facility Description (include building name, number, and floor or room number) 11. **Building Name:** Ravenna Arsenal LL9 Address: 8451 State Route 5 City: Charlestown Township OH State: Zip Code: Portage County Portage Site Location (specific): throughout building Building Size (square feet): 150,000 # of Floors: Age in Years: 50 Present Use: vacant Prior Use **Ammunition Plant** III. Type of Operation (check one); X Demo Ordered Demo Rennovation Emergency Rennovation Fire Training IV. Is Asbestos Present? (check one): X Yes No **Facility Information** Owner Name: Ravenna Arsenal Inc Address 8451 State Route 5 City Charlestown Township State: OH Zip Code: 44266 Contact Brian Stockwell Telephone: (330)358-2203 Fax: Removal Contractor Name: Active Thermal Concepts License #: 1811 Address: 1110 Industrial Avenue Hiawatha City State: IA Zip Code: 52233 Contact: Davi Gajeski Telephone: 319-393-8081 319-393-8088 Fax: Other Operator (demolition/general): D.W. Zinser Company Address: 545 F Avenue POBOX 398 City: Walford State: IA Zip Code: 52351 Contact: David Zinser Telephone: 319-846-8090 319-846-3351 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: Ohio Asbestos Hazard Evaluation Specialist: Michael Tgroh CASHES31719 Name Certification# VII. Approximate Amount of Asbestos Materials: Nonfriable Asbestos Material to Nonfriable Asbestos Material NOT RACM to be Removed be Removed to be Removed Category I Category II Category I Category II Pipes (linear feet) Surface Area (square feet) asbestos floor backing 2,100 Facility Components (cubic feet) VIII. Scheduled Dates Demolition or Rennovation: Start: 7/3/2003 Complete: 10/17/2003 Dates for Asbestos Removal (MM/DD/YY) Start: 8/1/2003 Complete: 10/1/2003 Monday Days of the Week; Tuesday Wednesday Thursday Friday Saturday Sunday Hours of Operation: 7a-5p 7a-5p 7a-5p 0

spaces VII, XI, XII, XIII, XIV, and XV. Notifications for Emergency Demolition or Emergency Rennovation must supply attachments

complete

Complete all unshaded spaces, except demolitions which involve less than 260 linear feet, 160 square feet, or 35 cubic feet of RACM, need not

	nes dusty, wat	er spray will be used	to wet down in	e area.		arable with the	nems. abs. No dust is expected; how requirements, including asbes	tos
1 1	2 - mintion of w	vork practices and en	dineering com	0,5 10 00 0	ised to c	Outbid and ruc	requirements, including asbes	
-	removal and w	aste handling emissi	on control proc	eoures.				
	Waste Transpo							
14.	Name:	D.W.Zinser					_	
,	Address:	545 F Avenue P C	BOX 398		1 A	Zip Code	52321	
÷-	City:	Walford		State:		Fax:	319-846-3351	
	Contact:	David Zinser	Telephone:	319-846-8	090	, CAX.		
	Waste Transp	orter #2 N/A	•					
	Name:							
	Address:			State:		Zip Code		
* a 3.	City:		7 1 - h - m 2:	•		Fax:		
	Contact:		Telephone:					
111.	Waste Disp	osal DEMO	-N/A-recycling	materials				
11.	Name:	Minerva Enterpris						
	Address:	9000 Minerva Roa	ad			Zip Code	44688	
	City:	Wynesburg		State:	OH.	Zip Code Fax :	330-866-3488	
		The state of the s	Telephone:	330-866-3	3435			
and the same	Empreoncy	Pemolition (complete	Item XIV and	all other se	ections, c	only if this proje	ect is an Emergency Demo.)	
V.	Emergency L	copy of the Order to	THIS HUHLE.					
	1. Allacira	Authority Issuing Or	der:		<u> </u>	Title	3:	<u> </u>
179	2. Name of	of Order (Citation of					ered to Begin:	
	3. Additionly	01 0100 (0100						
4 je 1.	A Date of (1.49				
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V.	Emergency F	Order (MM/DD/YY): Renovation (Attach s	eparate sheet \	with the fol	lowing in		oject is Emergency Reno.)	
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VI.	Emergency F 1. Date and 2. Descripti 3. Explanat Description of crumbled, p	Order (MM/DD/YY): Renovation (Attach so Hour of the Emerge on of the Sudden, Us ion of how the event of procedures to be for ulverized or reduced t and follow EPA pro	eparate sheet oncy nexpected Eve caused unsafe bllowed in the e to powder. cedures to con	nt e condition event that u tainerize a	s or equi unexpect	pment damag	oject is Emergency Reno.) e or an unreasonable financial bund or nonfriable ACM become aterials according to EPA regu	lations.
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VI.	Emergency F 1. Date and 2. Descripti 3. Explanat Description of crumbled, p vill properly we I certify that a	Order (MM/DD/YY): Renovation (Attach so Hour of the Emerge on of the Sudden, Usion of how the event of procedures to be for ulverized or reduced t and follow EPA pro in individual trained in	eparate sheet values of the powder. cedures to control the provision and evice of the provision and ev	nt e condition event that u tainerize a es of NESH dence that	s or equi unexpect	pment damag	oject is Emergency Reno.) our an unreasonable financial ound or nonfriable ACM become atterials according to EPA regu	lations.
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VI.	Emergency F 1. Date and 2. Descripti 3. Explanat Description of crumbled, p vill properly we I certify that a	Order (MM/DD/YY): Renovation (Attach so Hour of the Emerge on of the Sudden, Usion of how the event of procedures to be for ulverized or reduced t and follow EPA pro in individual trained in	eparate sheet values of the powder. cedures to control the provision and evice of the provision and ev	nt e condition event that u tainerize a is of NESH dence that s.	s or equi unexpect and hand IAPS (40 the requ	pment damaged RACM is followed to the control of th	oject is Emergency Reno.) e or an unreasonable financial bund or nonfriable ACM become aterials according to EPA regular, SUBPART M) will be on-sites been accomplished by this properator	lations.
VI. ∕e v VII.	Emergency F 1. Date and 2. Descripti 3. Explanat Description of crumbled, p vill properly we I certify that a during the	Order (MM/DD/YY): Renovation (Attach so Hour of the Emerge on of the Sudden, Union of how the event of procedures to be for ulverized or reduced t and follow EPA pro an individual trained in Demolition or Renovation	eparate sheet very nexpected Every caused unsafe bllowed in the e to powder. cedures to con in the provision vation and evid	nt e condition event that u tainerize a is of NESH dence that s.	s or equi unexpect and hand IAPS (40 the requ	pment damag ed RACM is for le any such m OCFR PART 6 ired training ha	oject is Emergency Reno.) e or an unreasonable financial bund or nonfriable ACM become aterials according to EPA regular, SUBPART M) will be on-sites been accomplished by this properator	lations.
VI. /e v VII.	Emergency F 1. Date and 2. Descripti 3. Explanat Description of crumbled, p vill properly we I certify that a during the will be ava-	Order (MM/DD/YY): Renovation (Attach so Hour of the Emerge on of the Sudden, Union of how the event of procedures to be for ulverized or reduced t and follow EPA pro on individual trained in Demolition or Renovation	eparate sheet vency nexpected Evency caused unsafe bllowed in the et to powder. cedures to con n the provision vation and evic business hour 9/29/2003 Date	nt e condition event that u tainerize a is of NESH dence that s.	s or equiunexpectand hand IAPS (40 the requience of the Type of the term of th	pment damaged RACM is followed to the control of th	oject is Emergency Reno.) e or an unreasonable financial bund or nonfriable ACM become aterials according to EPA regulations, as been accomplished by this properator and Title	lations: e person
VI. Ve v	Emergency F 1. Date and 2. Descripti 3. Explanat Description of crumbled, p vill properly we I certify that a during the will be ava-	Order (MM/DD/YY): Renovation (Attach so Hour of the Emerge on of the Sudden, Union of how the event of procedures to be for ulverized or reduced t and follow EPA pro an individual trained in Demolitien or Renovation	eparate sheet vency nexpected Evency nexpected Evency caused unsafe to powder. cedures to con n the provision vation and evic business hour 9/29/2003 Date	nt e condition event that utainerize as of NESHence that s.	s or equiunexpect and hand IAPS (40) the requ Cory A Type of	pment damaged RACM is followed to the control of th	oject is Emergency Reno.) e or an unreasonable financial bund or nonfriable ACM become aterials according to EPA regulations, as been accomplished by this properator and Title	lations. e person
VI. /e v VII.	Emergency F 1. Date and 2. Descripti 3. Explanat Description of crumbled, p vill properly we I certify that a during the will be ava-	Order (MM/DD/YY): Renovation (Attach so Hour of the Emerge on of the Sudden, Union of how the event of procedures to be for ulverized or reduced t and follow EPA pro an individual trained in Demolitien or Renovation	eparate sheet vency nexpected Evency nexpected Evency caused unsafe to powder. cedures to con n the provision vation and evic business hour 9/29/2003 Date	nt e condition event that utainerize as of NESHence that s.	s or equiunexpect and hand IAPS (40) the requ Cory A Type of	pment damaged RACM is followed to the control of th	oject is Emergency Reno.) e or an unreasonable financial bund or nonfriable ACM become aterials according to EPA regular, SUBPART M) will be on-sites been accomplished by this properator	lations. e person
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VI. /e v	Emergency F 1. Date and 2. Descripti 3. Explanat Description of crumbled, p vill properly we I certify that a during the will be ava-	Order (MM/DD/YY): Renovation (Attach so Hour of the Emerge on of the Sudden, Union of how the event of procedures to be for ulverized or reduced t and follow EPA pro on individual trained in Demolitien or Renovation	eparate sheet very nexpected Every caused unsafe bllowed in the et to powder. cedures to con n the provision vation and evid business hour 9/29/2003 Date ows prohibiting n are true, acc	nt e condition event that utainerize as of NESH dence that is.	s or equiunexpectand hand hand hand hand hand hand hand h	pment damaged RACM is followed the second training has been print Name false or misleade.	oject is Emergency Reno.) e or an unreasonable financial bund or nonfriable ACM become aterials according to EPA regulary (SUBPART M) will be on-site as been accomplished by this properator and Title Operator Operator Operator Operator Operator Operator	lations. e person

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- Contract	Postmark	Date Received	Notification No.
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-			
9			

		Unio Dep	oartment o	it He	aith		
Prio	r Notificatio	n of As	hestos l	Haz	ard Abate	ment Proi	ect
Read carefully all the						andres e e al	
Notification including of P.O. Box 15278, Colu	check shall be typed and s			•		sing,	
2. Checks shall be made	payable to: Treasurer, St	tate of Ohio, for t	the amount of twe	enty-fiv	re dollars (\$25.00)		
	hazard abatement contra notifications to the Direct ement project as required	or postmarked a	t least ten busine	ss day	rs before beginning ea		
4. Type of notification		Xoriginal					
Type of notineation		Senecol .		- 6	was d		
	revision numbe		revised lii	ie(s) i	number		
Type of abatement in	volving at least 50 linear fe	et or 50 square	feet				
repair	encapsulation	enclosure	Xremoval		renovation		
6. Owner name					1		
Ravenna Arsenal Inc							
Address			City			State	Zip
8451 State Route 5			Charlestow	n Towr		OH	44266
Contact					Contact telephone n	umber	
Brian Stockwell				*********	(330)358-2203		
7. Abatement Contractor Active Thermal Concepts, In-	^				License number 1811		Expiration 6/22/0
Address	·		City		10(1	State	Zip
1110 Industrial Avenue			Hiawatha			IA	52233
Contact		######################################			Telephone number		
Dave Gajeski					(319)393-8088		
8. Name of asbestos hazard	abatement specialist for	And the second second		TOTAL STREET,	Certification number	Additional and the second seco	Expiration
Charles Bomia	·				28379		03/25/200
9. Project Information Build	ing name		**************************************				
	ing name						
Ravenna Arsenal LL9		W-07W-00-11-00-0	Toy		galan and the second grown gro	1 80	
Address			City		. 1. 1	State	County
8451 State Route 5 Site location (specific)			Charlestowr	lown	snip	ОН	Portage
Site location (specific)							
10. Project description						AND AND ASSESSMENT OF THE PARTY	- Ing A What Advanced Control of the Control of
Type of asbestos material	X surfacing	mechanical	other	as	bestos floor backing r	naterials	
Asbestos removal from	pipe	boiler	other				
Engineering controls	TAFD [glove bag	X other	-			
1 2.19.1100.119 0011.1010	<u> </u>		<u> </u>				
11. Estimate of asbestos con	taining material						
linear Feet			square feet		76,524		
12. Abatement dates					completion	order	
	12	labetement	08/01/20	102	completion	8/31/03	
Set up 08/01/0 Hours of operation	<i>1</i> 0	abatement	06/01/20	103	(acm work only)	8/31/03	
Days of the week	Tuesday	Wednesday	Thursday		Friday	Saturday	Sunday
7a-5p	7a-5p	7a-5p	7a-5p		7a-5p		
13. Approved landfillName	Minona Enternises	Inc		*********	OCC -W-E-PM-R-bless	EPA permit number	2002 7
	Minerva Enterprises	, mc.				pomitmoni	2002-7
City	, O,F, (F) (F)				State	Telephone number	330-866-3455
Wynesburg		1			ОН		
14. Name of person filling this	notice	1	112)			Date	06/19/2003
David Gajeski	erac //	cell	We /				

HEA 5121 (1/99)

David Gajeski

Postmark	Notification No.

Ohio Department of Health

Prior Notification of Asbestos Hazard Abatement Project Read carefully all the instructions and questions prior to completing the notification form. 1. Notification including check shall be typed and sent to the Ohio Department of Health, Attn: Revenue Processing, P.O. Box 15278, Columbus, Ohio 43215. 2. Checks shall be made payable to: Treasurer, State of Ohio, for the amount of twenty-five dollars (\$25.00) 3. Any licensed asbestos hazard abatement contractor who performs any asbestos hazard abatement projects within the State of Ohio shall submit prior notifications to the Director postmarked at least ten business days before beginning each planned asbestos hazard abatement project as required by Chapter 3701-34 of the Ohio Administrative Code. 4. Type of notification □ blanket original mergency cancellation Trevision number revised line(s) number 12 5. Type of abatement involving at least 50 linear feet or 50 square feet ☐encapsulation ☐enclosure ☒removal ☐ renovation 6. Owner name Ravenna Arsenal Inc State Zip City Address Charlestown Township OH 44266 8451 State Route 5 Contact telephone number Contact (330)358-2203 Brian Stockwell License number Expiration 7. Abatement Contractor Active Thermal Concepts, Inc. 1811 6/16/04 Address City State Zip 1110 Industrial Avenue Hiawatha 52233 IΑ Telephone number Contact Dave Gajeski (319)393-8088 8. Name of asbestos hazard abatement specialist for Certification number Expiration Charles Bomia 28379 03/25/2004 9. Project Information-Building name Ravenna Arsenal LL9 City State County Address Portage 8451 State Route 5 Charlestown Township OH Site location (specific) 10. Project description Type of asbestos material X surfacing mechanical other Transite Asbestos removal from **Tpipe** boiler other Engineering controls AFD glove bag X other 11. Estimate of asbestos containing material linear Feet square feet 76,524 12. Abatement dates completion 08/01/03 abatement 08/01/2003 (acm work only) 9/15/03 set up Hours of operation Wednesday Thursday Friday Saturday Sunday Monday Tuesday Days of the week 7a-5p 7a-5p 7a-5p 7a-5p 7a-5p EPA permit number 13. Approved landfill--Name Minerva Enterprises, Inc. 2002-7 City Telephone number State 330-866-3455 ОН 14. Name of person filing this notice. Date 08/27/2003

HEA 5121 (1/99)

Cory Albers

	Postmark	Date Received	Notification No.				
i		<u> </u>					

Ohio Department of Health **Prior Notification of Asbestos Hazard Abatement Project** Read carefully all the instructions and questions prior to completing the notification form. 1. Notification including check shall be typed and sent to the Ohio Department of Health, Atin: Revenue Processing, P.O. Box 15278, Columbus, Ohio 43215. 2. Checks shall be made payable to: Treasurer, State of Ohio, for the amount of twenty-five dollars (\$25.00) 3. Any licensed asbestos hazard abatement contractor who performs any asbestos hazard abatement projects within the State of Ohio shall submit prior notifications to the Director postmarked at least ten business days before beginning each planned asbestos hazard abatement project as required by Chapter 3701-34 of the Ohio Administrative Code. 4. Type of notification □ blanket original Temergency Tcancellation Trevision number revised line(s) number 5. Type of abatement involving at least 50 linear feet or 50 square feet repair encapsulation enclosure X removal renovation 6. Owner name Ravenna Arsenal Inc Address City State Zip 8451 State Route 5 Charlestown Township ОН 44266 Contact Contact telephone number Brian Stockwell (330)358-2203 7. Abatement Contractor License number Expiration Active Thermal Concepts, Inc. 6/16/04 1811 Address City State Zip 1110 Industrial Avenue Hiawatha 52233 IA Contact Telephone number Dave Gajeski (319)393-8088 8. Name of asbestos hazard abatement specialist for Certification number Expiration Charles Bomia 28379 3/25/2004 9. Project Information -- Building name Ravenna Arsenal LL9 Address City State County 8451 State Route 5 Charlestown Township OH Portage Site location (specific) 10. Project description Type of asbestos material X surfacing mechanical other Transite Asbestos removal from pipe boiler other AFD X other Engineering controls glove bag 11. Estimate of asbestos containing material linear Feet square feet 76,524 12. Abatement dates completion set up 08/01/03 abatement 8/1/2003 (acm work only) 9/26/03 Hours of operation Friday Monday Wednesday Thursday Saturday Sunday Tuesday Days of the week 7a-5p 7a-5p 7a-5p 7a-5p

13. Approved landfillName	Minerva Enterprises, Inc.	e e e e e e e e e e e e e e e e e e e	EPA permit number	2002-7
City	**************************************	State	Telephone number	330-866-3455
Wynesburg	The state of the s	ОН		
14. Name of person filing this n Cory Albers	otice		Date	9/18/2003

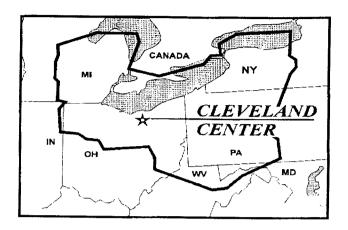
Puts Passived Notification No.							
Postmark							
al : D							

Ohio Department of Health Prior Notification of Asbestos Hazard Abatement Project Read carefully all the instructions and questions prior to completing the notification form. 1. Notification including check shall be typed and sent to the Ohio Department of Health, Attn: Revenue Processing, P.O. Box 15278, Columbus, Ohio 43215. 2. Checks shall be made payable to: Treasurer, State of Ohio, for the amount of twenty-five dollars (\$25.00) 3. Any licensed asbestos hazard abatement contractor who performs any asbestos hazard abatement projects within the State of Ohio shall submit prior notifications to the Director postmarked at least ten business days before beginning each planned asbestos hazard abatement project as required by Chapter 3701-34 of the Ohio Administrative Code. mergency cancellation original ☐ blanket 4. Type of notification 12 revised line(s) number 3 X revision number 5. Type of abatement involving at least 50 linear feet or 50 square feet renovation encapsulation enclosure X removal Trepair 6. Owner name Ravenna Arsenal Inc Zip State City Address 44266 ОН Charlestown Township 8451 State Route 5 Contact telephone number Contact (330)358-2203 Brian Stockwell Expiration License number 6/16/04 7 Abatement Contractor 1811 Active Thermal Concepts, Inc. Zio State City Address 52233 IA Hiawatha 1110 Industrial Avenue Telephone number Contact (319)393-8088 Dave Gajeski Expiration Certification number 8. Name of asbestos hazard abatement specialist for 3/25/2004 28379 Charles Bomia 9. Project Information-- Building name Ravenna Arsenal LL9 County State City Address Portage ОН Charlestown Township 8451 State Route 5 Site location (specific) 10. Project description other Transite mechanical X surfacing Type of asbestos material other boiler Asbestos removal from pipe X other glove bag AFD **Engineering controls** 11. Estimate of asbestos containing material 76,524 square feet linear Feet completion 12. Abatement dates 10/1/03 (acm work only) 8/1/2003 abatement 08/01/03 set up Hours of operation Sunday Saturday Friday Thursday Wednesday Monday Tuesday Days of the week 7a-5p 7a-5p 7a-5p 7a-5p 7a-5p EPA permit number 2002-7 13. Approved landfill-Name Minerva Enterprises, Inc. 330-866-3455 Telephone number State City OH Wynesburg 09/29/03 Date 14. Name of person filing this notice

Cory Albers

"World's Busiest Air Traffic Control Facility!"

(OVER 3 MILLION IFR OPERATIONS ANNUALLY)



CLEVELAND AIR ROUTE TRAFFIC CONTROL CENTER AIRSPACE & PROCEDURES OFFICE 326 EAST LORAIN STREET OBERLIN, OH 44074

DATE: 2/4/03

NUMBER OF PAGES INCLUDING COVER SHEET: 1

TO:

LEW KOVARIK

LT COL TOM TADSON

PHONE:

FAX:

FROM:

MARK AGOSTINELLI

ZOB-530 2

PHONE:

440-774-0609

FAX:

440-774-0660

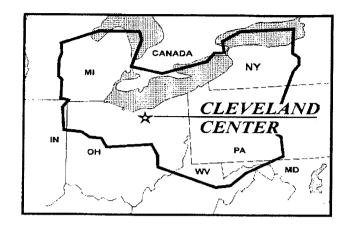
Below is a NOTAM concerning a TFR for Ravenna, Ohio Army Arsenal:

FDC – 3/0908 - ZOB OH FLIGHT RESTRICTIONS RAVENNA, OH. EFFECTIVE 0302101240 UTC UNTIL 0302142245 UTC. PURSUANT TO 14 CFR SECTION 91.137(A)(1) TEMPORARY FLIGHT RESTRICTIONS ARE IN EFFECT FOR BURNING LOAD LINES & EXPLOSIVE DEMOLITION OPERATIONS. ONLY RELIEF ACFT OPERATIONS UNDER THE DIRECTION OF MKM ENGINEERS ARE AUTHORIZED IN THE AIRSPACE AT AND BELOW 1500 FEET AGL WITHIN A 3 NAUTICAL MILE RADIUS OF RAVENNA ARMY ARSENAL, 41°10'59" N/ 81°05'55" W AND THE AKRON/ACO VOR/DME 050 DEGREE RADIAL AT 6.5 NAUTICAL MILES. LEW KOVARIK, MKM ENGINEERS, PHONE 330-358-2920 OR 740-632-1143, IS IN CHARGE OF THE OPERATION. CLEVELAND/CLE/ AFSS, 216-267-5949, IS THE FAA COORDINATION FACILITY.

If you have any questions, you may contact me at 440-774-0609

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CLEVELAND AIR ROUTE TRAFFIC CONTROL CENTER AIRSPACE & PROCEDURES OFFICE 326 EAST LORAIN STREET OBERLIN, OH 44074

DATE: 4/28/03

NUMBER OF PAGES INCLUDING COVER SHEET: 1

TO:

LEW KOVARIK

MKM ENGINEERS

PHONE:

FAX:

330-358-2924

FROM:

MARK AGOSTINELLI

ZOB-530.1

PHONE:

440-774-0609

FAX:

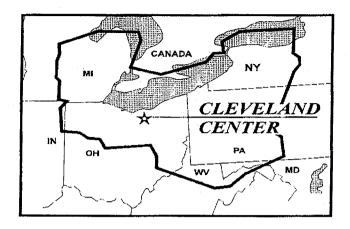
440-774-0660

Below is the NOTAM that was issued for the Ravenna TFR:

FDC 3/3252 ZOB OH FLIGHT RESTRICTIONS RAVENNA, OH. DLY EFFECTIVE 0305041100 UTC UNTIL 0305111100 UTC. PURSUANT TO 14 CFR SECTION 91.137(A)(1) TEMPORARY FLIGHT RESTRICTIONS ARE IN EFFECT FOR BURNING LOAD LINES & EXPLOSIVE DEMOLITION OPERATIONS. ONLY RELIEF ACFT OPERATIONS UNDER THE DIRECTION OF MKM ENGINEERS ARE AUTHORIZED IN THE AIRSPACE AT AND BELOW 1500 FEET AGL WITHIN A 1.5 NAUTICAL MILE RADIUS OF RAVENNA ARMY ARSENAL, 411059N/ 0810555W AND THE AKRON/ACO VOR/DME 050 DEGREE RADIAL AT 6 NAUTICAL MILES. LEW KOVARIK, MKM ENGINEERS, TELEPHONE 330-358-2203 IS IN CHARGE OF THE OPERATION. CLEVELAND/CLE/ AFSS, 216-267-5949, IS THE FAA COORDINATION FACILITY.

"World's Busiest Air Traffic Control Facility!"

(OVER 3 MILLION IFR OPERATIONS ANNUALLY)



CLEVELAND AIR ROUTE TRAFFIC CONTROL CENTER AIRSPACE & PROCEDURES OFFICE 326 EAST LORAIN STREET OBERLIN, OH 44074

DATE: 2/4/03

NUMBER OF PAGES INCLUDING COVER SHEET: 1

TO:

LEW KOVARIK

LT COL TOM TADSON

PHONE:

FAX:

FROM:

MARK AGOSTINELLI

ZOB-530.2

PHONE:

440-774-0609

FAX:

440-774-0660

Below is a NOTAM concerning a TFR for Ravenna, Ohio Army Arsenal:

FDC – 3/0908 - ZOB OH FLIGHT RESTRICTIONS RAVENNA, OH. EFFECTIVE 0302101240 UTC UNTIL 0302142245 UTC. PURSUANT TO 14 CFR SECTION 91.137(A)(1) TEMPORARY FLIGHT RESTRICTIONS ARE IN EFFECT FOR BURNING LOAD LINES & EXPLOSIVE DEMOLITION OPERATIONS. ONLY RELIEF ACFT OPERATIONS UNDER THE DIRECTION OF MKM ENGINEERS ARE AUTHORIZED IN THE AIRSPACE AT AND BELOW 1500 FEET AGL WITHIN A 3 NAUTICAL MILE RADIUS OF RAVENNA ARMY ARSENAL, 41°10′59" N/ 81°05′55" W AND THE AKRON/ACO VOR/DME 050 DEGREE RADIAL AT 6.5 NAUTICAL MILES. LEW KOVARIK, MKM ENGINEERS, PHONE 330-358-2920 OR 740-632-1143, IS IN CHARGE OF THE OPERATION. CLEVELAND/CLE/ AFSS, 216-267-5949, IS THE FAA COORDINATION FACILITY.

If you have any questions, you may contact me at 440-774-0609

Page 1 of 2

Operator Project #		Postmar	k					Notificat	on #		
I. TYPE OF NOTIFICATION (check	k one):		Original		X Revis	ed		Canceled	and and the least of the state /del>		
II. FACILITY DESCRIPTION (in	clude buildir	ng name, number	and floor or r	oom num	ber)						
Building Name:		Wet Storage									
Address:		Ravenna Ars									
City:	C	harleston Twr	s State:	0	H Zip:	##	# County:	Portage	***************************************		
Site Location (specific)		Four buildin	gs in a rov	v called	wet storage No	orth of	main gate				
Building Size (square feet)		N/A	# of Floo		N/A		Age in Y	ea 50			
Present Use:	Decom	missioned faci			Dump-Land	lfill					
III. TYPE OF OPERATION (ch	II. TYPE OF OPERATION (check one): Demo Ordered Demo X Renovation Emergency Renovation Fire Training										
IV. IS ASBESTOS PRESENT?	(check one)		X	YES		NO				
V. FACILITY INFORMATION:											
Owner Name:	Ravenn	a Arsenal Inc.									
Address:		ite Route 5									
City:		State: Ohio			Zip-c	ode:44	266				
Contact:		ockwell			Telephone:	330)-358-2203	Fax:			
Removal Contractor:		Environmental	, Inc.								
Address:	****	stwood Ave		License #:1700							
City:	Tallmac	l Oh			Zip-code:44278						
					Telephone:	330	-633-0724	Fax: 330-633-0831			
Other Operator: (demolition			MKM En	gineerin							
Address:	4153 Bh	iebonnet Driv	e	License #:							
City: Stafford		State: Tx		Zip-Code 7747							
Contact:	Brian St				Telephone:	330	-358-2203	Fax:	<u> </u>		
VI. Procedure, including analy											
estimate the quantity of RA	ACM and C	ategory I and (Category II	nonfrial	ole ACM:						
Ohio Ashartas Harris IF. 1			101 17				0.44470.0				
Ohio Asbestos Hazard Evaluat	ion Specia		Michael T	gron			CAHES 3	1719			
VIII ADDROVALATE AMOUNT	T OF ACRE	Name					Certification #				
VII. APPROXIMATE AMOUN	I OF ASBE		IALS:		7 . 6 : 11 . 4 1		1	T > C : 11			
		RACM		N	Nonfriable Asb		Material	Nonfriable Asbestos Material			
		To Be		~ .	To Be Rem			Not To Be Re	T		
Pipes (linear feet)		Removed		Categ	gory I	Câ	tegory II	Category I	Category II		
Surface Area (square feet)		1,464						146			
Facility Components (cubic fe	not)	1,404		-	· · · · · · · · · · · · · · · · · · ·			1464			
		ration.	Ctout.					<u>. L </u>	<u> </u>		
VIII. Scheduled Dates Demolition or Renovation: Start: Complete:											
IX. Dates for Asbestos Removal (MM/DD/YY) 11/10/03 Complete:11·17·03 Days of the Week: Monday Tuesday Wednesday Thursday Friday Saturday Si								Cundan			
Days of the Week: Monday Tuesday Wednesday Thursday Friday Saturday Sunday Hours of Operation: 7:am-5:30 7:am-5:30 7:am-5:30 7:am-5:30									Sunday		
Complete all unshaded spaces, exc								c feet of RACM mond	L not		
complete spaces VII, XI, XII, XIII					_						

Page 2 of 2

X. Description	of planned De	molition or Renovation	ı work to be j	performed and m	ethod(s) including	
to be emplo	oyed, demolition	or renovation technique	s to be used ar	d description of a	ffected	
	facility comp	onents:				
Removal	of Racm prior	to demolition.				
XI. Description	n of work practi	ces and engineering co	ontrols to be i	sed to comply w	ith the requirements, including	
asbestos re	moval and wast	e handling emissions	control proce	dures:		
	Instullation of	of critical barriers, est	ablishment o	of negative air, r	emoval to proceed using wet method.	
XII. WASTE TRAI	NSPORTER #1					
Name:	Spiker Envir	onmental, Inc.				
Address:	1247 Eastwo	od Ave				
City:	Tallmadge		State:	ОН	Zip-Code: 44278	
Contact Pe	erson:	Rick Kuhlman	······································	*******************	Telepho 330-633-0724	
WASTETRA	NSPORTER #2					
Name:						
Address:						
City:			State:	<u> </u>	Zip-Code:	
Contact Pe	erson:				Telepho	
XIII. WASTE DIS	POSAL					
Name:		Minerva Enterprises				····
Address:		9000 Minerva Road				
City:		Waynesburg	State:	ОН	Zip-Code: 44688	
Contact Pe				****	Telepho 330-866-3433	
XIV. Emerger	ncy Demolition	n (complete Item XIV	and all othe	r sections, only i	if this project is an Emergency Demo.)	
1. Attach a copy of	f the Order to this	notice.				
2. Name of Autho	ority Issuing Order				TITLE	
3. Authority of Or	rder (Citation of C	ode):				
4. Date of Order (4041444444444444444				Date Ordered to Begin:	<u></u>
XV. EMERGE	NCY RENOV.	ATION (Attack separat	e sheet with the	following informat	ion it project is Emergency Renovation)	
1. Date and Ho	ur of the Emergen	9				
2. Description (of the Sudden, Un	expected Event.				
					or an unreasonable financial burden.	
XVL Description	n of procedures t	o be followed in the ever	it that unexped	ted RACM is four	nd or nonfriable ACM	
becomes ci	rumbled, pulveri	zed or reduced to powde	r.			
_	Contain area	a · saturate with sur	factant solu	tion and take a	appropriate action.	
1277 1 GP67773			<u> </u>			
XVII. I CERTIFY	THAT AN IND	C THE DEMOLECTED	OD DENOVA	SIONS OF NESH	APS (40 CFR PART 61, SUBPART M) ENCE THAT THE REQUIRED	
TRAINING	HAS BEEN AC	COMPLISHED BY TH	S PERSON W	TIJ. BE AVAILA	BLE DURING NORMAL BUSINESS	
HOURS.	-//		17			
\		1 1 X 1 1.				
		CENT		11/17/03	Rick Kuhlman, V.P.	
\mathcal{I}	(Signature of Ow.	ner/Operator)		Date	Type or print Name and Title	-
XVIII. Yacknow			gthe submis	sion of false or n	nisleading statements and	
(I certify	that facts contact	ned in this notification	n age true, acc	ייי	-	
		141V 1	//			
\rightarrow	Xul /	KALL		11/17/03	Rick Kuhlman, V.P.	
	(Signature of Ow	ner/Operator)	·	Date	Type or print Name and Title	
Ortetnal Notification	aran af anan 200 merupakan darah	A STATE OF THE PROPERTY OF THE PARTY OF THE	n wincking dair		scluding weakends) before demolition or renovation begi	
	/				Lac cases as note ible before expensions began. (Form Possion	

· · · · · · · · · · · · · · · · · · ·			
Postmark	Date Received	Notification No.	
	İ		

Obio Department of Health

		D · · · · ·	4161 41	Onio Depart					
		Prior No	otification	of Asbest	OS	Hazard	Abatemer	nt Project	
Re	ead carefully		ons and questions					-	
1.	Notifications	including check s	hall be typed and se	ent to the Ohio De	partr	ment of Health,			
	Attn: Revenu	ue Processing, P.	O. Box 15278, Col	umbus, Ohio 432	15.				
2.	Checks shall	be made payable	to: Treasure, Stat	e of Ohio, for the a	amou	int of twenty-five	dollars (\$25.00)		
3.	Any licensed	asbestos hazard	abatement contrac	tor who performs a	any a	asbestos hazard	abatement projec	ts within the State	of
	Ohio shall su	bmit prior notificat	tions to the Director	postmarked at lea	ast te	en business days	s before beginning	each planned	
			oject as required by		of the	he Ohio Adminis	strative Code		
4.	Type of notific	<u> </u>	_ blanket	original	\Box	emergency	cancellation		
_				3	rev	ised lines(s) nur	mber	4,1	12,14
5.	Type of abate	n . —	least 50 linear feet						
] repair	_ encapsulation	☐ enclosure	X	removal	renovation		
6	Owner name								
<u>.</u>				Ravenna	Arse	enal, Inc.			
ļ	Address				City	,		State	Zip
		8451 St	ate Route5			Charlestow	n Township	Oh	44266
C	Contact						Contact telephone	number	
			Brian Stockwe	ell			330-358-2203		
7. /	Abatement Cont	ractor				- 	License number		Expiration
			Spiker Environ	mental, Inc.				1700	12/5/03
Α	ddress				City			State	Zip
		124 / Eastwoo	d Avenue, PO B	ox 423	<u> </u>		Tallmadge	ОН	44278-0423
C	ontact	:					Telephone number		
		ichard A. Kuhln						330-633-0724	
3. P	Name of asbesto	os hazard abatemen	t specialist for project				Certification number		Expiration
_			Steven Master	rs			<u> 21</u>	988	5/2/04
3. F	roject informati	on-Building name		181	٠.				
	ddress			Wet :				*	7
A	udiess	QAE1 Ch	oto Douto		City		. 	State	County
S	ite location (spe		ate Route5		L	Charlestowr	1 ownsnip	Oh	Portage
O,	ite location (spe	cinc)		Mot Storage	oroa	. 1 1 1 2 2 1			
0 1	Project descripti	on		Wet Storage	area	1 I, IA,Z,ZA			
	Type of asbesto		ГП	surfacing	mec	hanical	x other	Achaata	o Mattina
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o material		3dildeling	mec	riai licai	(X) Other	Aspesio	s Matting
1	Asbestos remov	al from	П	pipe	boile	r	x other	FI	oor
			·	.,			٠٠٠٠٠ بيما		-
E	Engineering con	trols	<u>x</u>	AFD [glove	e bag	x other	amend	ed water
1. E	stimate of asbe	estos containing mat	terial					<u> </u>	
li	near feet						square feet	1,4	164
2. A	batement dates	5					completion		
	set up		er 10, 2003	abatement	No	vember 10, 2003	(acm work only)	Novembe	r 17, 2003
H	lours of operation	on							
					7:a	m-5:30pm			
ays	of the week	Monday	Tuesday	Wednesday		Thursday	Friday	Saturday	Sunday
		X	X	X		Х	x		
3. A	pproved landfill	-Name						EPA permit number	
				Minerva				02 5	875
С	ity						State	Telephone number	
			Wayr	nesburg			ОН	330-86	6-3488
4. N	lame of person	filing this notice						Date	
			R	ichard A. Kuhlm	nan			11/1	7/03

HEA 5121 (Rev 1/99)