

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

R1-changed demo contractor

Operator Project#	Postmark	Date Received	Notification #				
I. Type of Notification (check one): <input type="checkbox"/> Original <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Canceled							
II. Facility Description (include building name, number, and floor or room number)							
Building Name: <u>Ravenna Arsenal LL6</u>							
Address: <u>8451 State Route 5</u>							
City: <u>Charlestown Township</u>		State: <u>IA</u>	Zip Code: <u>Portage</u> County <u>Portage</u>				
Site Location (specific): <u>throughout building</u>							
Building Size (square feet): <u>150,000</u>		# of Floors: <u>1</u>	Age in Years: <u>50</u>				
Present Use: <u>vacant</u>		Prior Use: <u>Ammunition Plant</u>					
III. Type of Operation (check one): <input checked="" type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
V. Facility Information							
Owner Name: <u>Ravenna Arsenal Inc</u>							
Address: <u>8451 State Route 5</u>							
City: <u>Charlestown Township</u>		State: <u>OH</u>	Zip Code: <u>44266</u>				
Contact: <u>Brian Stockwell</u>		Telephone: <u>(330)358-2203</u>	Fax: _____				
Removal Contractor Name: <u>Active Thermal Concepts</u> License #: <u>1811</u>							
Address: <u>1110 Industrial Avenue</u>							
City: <u>Hiawatha</u>		State: <u>IA</u>	Zip Code: <u>52233</u>				
Contact: <u>David Gajeski</u>		Telephone: <u>319-393-8088</u>	Fax: <u>319-393-8081</u>				
Other Operator (demolition/general): <u>D.W. Zinser Company</u>							
Address: <u>545 F Avenue P O BOX 398</u>							
City: <u>Walford</u>		State: <u>IA</u>	Zip Code: <u>52351</u>				
Contact: <u>David Zinser</u>		Telephone: <u>319-846-8090</u>	Fax: <u>319-846-3351</u>				
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: <u>Michael Tgroh</u>		CASHES 31719					
Name		Certification#					
VII. Approximate Amount of Asbestos Materials:							
	RACM to be Removed	Nonfriable Asbestos Material to be Removed		Nonfriable Asbestos Material to be Removed		NOT	
		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 Renovation: Start: <u>7/3/2003</u> Complete: <u>9/30/03</u>							
IX. Dates for Asbestos Removal (MM/DD/YY) Start: <u>8/1/2003</u> Complete: <u>8/31/2003</u>							
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	7a-5p	7a-5p	7a-5p	7a-5p	7a-5p	0	0

OHIO ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF DEMOLITION AND RENOVATION

X. Description of planned Demolition or Renovation work to be performed and method (s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:
Structures will be demolished using an excavator to pull apart steel walls and concrete slabs. No dust is expected; however if it becomes dusty, water spray will be used to wet down the area.

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:

XII. Waste Transporter #1

Name: D.W. Zinser
Address: 545 F Avenue P O Box 398
City: Walford State: IA Zip Code: 52321
Contact: Dave Zinser Telephone: 319-846-8090 Fax: 319-846-3351

Waste Transporter #2 N/A

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

XIII. Waste Disposal N/A-recycling materials

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

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

1. Attach a copy of the Order to this notice.
2. Name of Authority Issuing Order: _____ Title: _____
3. Authority of Order (Citation of Code): _____
4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____

XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Reno.)

1. Date and Hour of the Emergency
2. Description of the Sudden, Unexpected Event
3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.

XVI. Description of procedures to be followed in the event that unexpected RACM is found or nonfriable ACM becomes crumbled, pulverized or reduced to powder.

We will properly wet and follow EPA procedures to containerize and handle any such materials according to EPA regulations.

XVII. I certify that an individual trained in the provisions of NESHAPS (40 CFR PART 61, SUBPART M) will be on-site during the Demolition or Renovation and evidence that the required training has been accomplished by this person will be available during normal business hours.

Terry R Beard
Signature of Owner/Operator

6/23/03
Date

Terry R Beard owner
Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements and I certify that facts contained in this notification are true, accurate, and complete.

Terry R Beard
Signature of Owner/Operator

6/23/03
Date

Terry R Beard owner
Type or Print Name and Title

Original Notification must be mailed or hand delivered at least ten working days (Monday-Friday excluding weekends) before demolition or renovation begins, except emergency demolitions and emergency renovations (see regulation) which must be submitted as soon as possible before operations begin. (Form Revised 11/12/97)

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

R2-changed waste disposal info

Operator Project#	Postmark	Date Received	Notification #
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I. Type of Notification (check one): Original Revised Canceled

II. Facility Description (include building name, number, and floor or room number):

Building Name: Ravenna Arsenal LL6

Address: 8451 State Route 5

City: Charlestown Township State: OH Zip Code: Portage County: Portage

Site Location (specific): throughout building

Building Size (square feet): 150,000 # of Floors: 1 Age in Years: 50

Present Use: vacant Prior Use: Ammunition Plant

III. Type of Operation (check one): Demo Ordered Demo Renovation Emergency Renovation Fire Training

IV. Is Asbestos Present? (check one): Yes No

V. Facility Information

Owner Name: 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

City: Hiawatha State: IA 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 P O BOX 398

City: Walford State: IA Zip Code: 52351

Contact: David Zinser Telephone: 319-846-8090 Fax: 319-846-3351

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 CASHES 31719

Name Certification#

VII. Approximate Amount of Asbestos Materials:

	RACM to be Removed	Nonfriable Asbestos Material to be Removed		Nonfriable Asbestos Material to be Removed NOT	
		Category I	Category II	Category I	Category II
Pipes (linear feet)					
Surface Area (square feet)	<u>asbestos floor backing</u>		<u>120</u>		
Facility Components (cubic feet)					

VIII. Scheduled Dates Demolition or Renovation: Start: 07/03/2003 Complete: 9/30/03

IX. Dates for Asbestos Removal (MM/DD/YY) Start: 08/01/2003 Complete: 08/31/2003

Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	<u>7a-5p</u>	<u>7a-5p</u>	<u>7a-5p</u>	<u>7a-5p</u>	<u>7a-5p</u>	<u>0</u>	<u>0</u>

Complete all unshaded spaces, except demolitions which involve less than 260 linear feet, 160 square feet, or 35 cubic feet of RACM, need not complete spaces VII, XI, XII, XIII, XIV, and XV. Notifications for Emergency Demolition or Emergency Renovation must supply attachments.

OHIO ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF DEMOLITION AND RENOVATION

X. Description of planned Demolition or Renovation work to be performed and method (s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:
Structures will be demolished using an excavator to pull apart steel walls and concrete slabs. No dust is expected; however if it becomes dusty, water spray will be used to wet down the area.

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:

XII. Waste Transporter #1

Name: D.W. Zinser
Address: 545 F Avenue P O Box 398
City: Walford State: IA Zip Code: 52321
Contact: Dave Zinser Telephone: 319-846-8090 Fax: 319-846-3351

Waste Transporter #2 N/A

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

XIII. Waste Disposal DEMO-N/A-recycling materials

Name: Minerva Enterprises, Inc.
Address: 9000 Minerva Road
City: Wynesburg State: OH Zip Code: 44688
Contact: Steven Chandler Telephone: 330-886-3435 Fax: 330-866-3488

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

1. Attach a copy of the Order to this notice.
2. Name of Authority Issuing Order: _____ Title: _____
3. Authority of Order (Citation of Code): _____
4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____

XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Reno.)

1. Date and Hour of the Emergency
2. Description of the Sudden, Unexpected Event
3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.

XVI. Description of procedures to be followed in the event that unexpected RACM is found or nonfriable ACM becomes crumbled, pulverized or reduced to powder.
We will properly wet and follow EPA procedures to containerize and handle any such materials according to EPA regulations.

XVII. I certify that an individual trained in the provisions of NESHAPS (40 CFR PART 61, SUBPART M) will be on-site during the Demolition or Renovation and evidence that the required training has been accomplished by this person will be available during normal business hours.

Terry Beard
Signature of Owner/Operator

6/30/03
Date

Terry Beard
Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements and I certify that facts contained in this notification are true, accurate, and complete.

Terry Beard
Signature of Owner/Operator

6/30/03
Date

Terry Beard
Type or Print Name and Title

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

Operator Project#	Postmark	Date Received	Notification #
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I. Type of Notification (check one): Original Revised Canceled

II. Facility Description (include building name, number, and floor or room number)

Building Name: Ravenna Arsenal LL6

Address: 8451 State Route 5

City: Charlestown Township State: IA Zip Code: Portage County: Portage

Site Location (specific): throughout building

Building Size (square feet): 150,000 # of Floors: 1 Age in Years: 50

Present Use: vacant Prior Use: Ammunition Plant

III. Type of Operation (check one): Demo Ordered Demo Renovation Emergency Renovation Fire Training

IV. Is Asbestos Present? (check one): Yes No

V. Facility Information

Owner Name: 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

City: Hiawatha State: IA 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 P O BOX 398

City: Walford State: IA Zip Code: 52351

Contact: David Zinser Telephone: 319-846-8090 Fax: 319-846-3351

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 CASHES 31719

Name Certification#

VII. Approximate Amount of Asbestos Materials:

	RACM to be Removed	Nonfriable Asbestos Material to be Removed		Nonfriable Asbestos Material NOT to be Removed	
		Category I	Category II	Category I	Category II
Pipes (linear feet)					
Surface Area (square feet)	<u>asbestos floor backing</u>		<u>120</u>		
Facility Components (cubic feet)					

VIII. Scheduled Dates Demolition or Renovation: Start: 07/03/2003 Complete: 9/30/03

IX. Dates for Asbestos Removal (MM/DD/YY) Start: 08/01/2003 Complete: 08/31/2003

Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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Hours of Operation:	<u>7a-5p</u>	<u>7a-5p</u>	<u>7a-5p</u>	<u>7a-5p</u>	<u>7a-5p</u>	<u>0</u>	<u>0</u>
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Complete all unshaded spaces, except demolitions which involve less than 260 linear feet, 160 square feet, or 35 cubic feet of RACM, need not spaces VII, XI, XII, XIII, XIV, and XV. Notifications for Emergency Demolition or Emergency Renovation must supply attachments. complete

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF DEMOLITION AND RENOVATION

X. Description of planned Demolition or Renovation work to be performed and method (s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:
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XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:

XII. Waste Transporter #1
 Name: D.W. Zinser
 Address: 545 F Avenue P O OBX 398
 City: Walford State: IA Zip Code: 52321
 Contact: Dave Zinser Telephone: 319-846-8090 Fax: 319-846-3351
 Waste Transporter #2 N/A
 Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact: _____ Telephone: () _____ Fax: () _____

XIII. Waste Disposal N/A-recycling materials
 Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact: _____ Telephone: _____ Fax: _____

XIV. Emergency Demolition (complete Item XIV and all other sections, only if this project is an Emergency Demo.)
 1. Attach a copy of the Order to this notice.
 2. Name of Authority Issuing Order: _____ Title: _____
 3. Authority of Order (Citation of Code): _____
 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____

XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Reno.)
 1. Date and Hour of the Emergency
 2. Description of the Sudden, Unexpected Event
 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.

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Signature of Owner/Operator _____ Date _____ Type or Print Name and Title _____

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements and I certify that facts contained in this notification are true, accurate, and complete.

Signature of Owner/Operator _____ Date _____ Type or Print Name and Title _____

Original Notification must be mailed or hand delivered at least ten working days (Monday-Friday excluding weekends) before demolition or renovation begins, except emergency demolitions and emergency renovations (see regulation) which must be submitted as soon as possible before operations begin. (Form Revised 11/12/97)

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

RJ-changed line numbers VIII & IX

Operator Project#	Postmark	Date Received	Notification #
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I. Type of Notification (check one): Original Revised Canceled

II. Facility Description (include building name, number, and floor or room number)

Building Name: Ravenna Arsenal LL6

Address: 8451 State Route 5

City: Charlestown Township State: OH Zip Code: Portage County: Portage

Site Location (specific): throughout building

Building Size (square feet): 150,000 # of Floors: 1 Age in Years: 50

Present Use: vacant Prior Use: Ammunition Plant

III. Type of Operation (check one): Demo Ordered Demo Renovation Emergency Renovation Fire Training

IV. Is Asbestos Present? (check one): Yes No

V. Facility Information

Owner Name: 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

City: Hiawatha State: IA 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 P O BOX 398

City: Walford State: IA Zip Code: 52351

Contact: David Zinser Telephone: 319-846-8090 Fax: 319-846-3351

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 CASHES 31719

Name Certification#

VII. Approximate Amount of Asbestos Materials:

	RACM to be Removed	Nonfriable Asbestos Material to be Removed		Nonfriable Asbestos Material NOT to be Removed	
		Category I	Category II	Category I	Category II
		Pipes (linear feet)			
Surface Area (square feet)	asbestos floor backing		120		
Facility Components (cubic feet)					

VIII. Scheduled Dates Demolition or Renovation: 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	Friday	Saturday	Sunday
Hours of Operation:	7a-5p	7a-5p	7a-5p	7a-5p	7a-5p	0	0

Complete all unshaded spaces, except demolitions which involve less than 260 linear feet, 160 square feet, or 35 cubic feet of RACM, need not complete spaces VII, XI, XII, XIII, XIV, and XV. Notifications for Emergency Demolition or Emergency Renovation must supply attachments.

OHIO ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF DEMOLITION AND RENOVATION

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XII. Waste Transporter #1

Name: D.W. Zinser
Address: 545 F Avenue P O Box 398
City: Walford State: IA Zip Code: 52321
Contact: Dave Zinser Telephone: 319-846-8090 Fax: 319-846-3351

Waste Transporter #2 N/A

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

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 _____ 08/27/2003 Cory Albers/Owner-Operator
Signature of Owner/Operator Date Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements and I certify that ~~facts contained~~ in this notification are true, accurate, and complete.

 _____ 08/27/2003 Cory Albers/Owner-Operator
Signature of Owner/Operator Date Type or Print Name and Title

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

R4-changed line numbers VIII & IX

Operator Project#	Postmark	Date Received	Notification #				
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City: <u>Charlestown Township</u>	State: <u>OH</u>	Zip Code: <u>Portage</u>	County: <u>Portage</u>				
Site Location (specific): <u>throughout building</u>							
Building Size (square feet): <u>150,000</u>	# of Floors: <u>1</u>	Age in Years: <u>50</u>					
Present Use: <u>vacant</u>	Prior Use: <u>Ammunition Plant</u>						
III. Type of Operation (check one): <input checked="" type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
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Contact: <u>Brian Stockwell</u>	Telephone: <u>(330)358-2203</u>	Fax: _____					
Removal Contractor Name: <u>Active Thermal Concepts</u> License #: <u>1811</u>							
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Ohio Asbestos Hazard Evaluation Specialist: <u>Michael Tgroh</u> <u>CASHES 31719</u>							
Name Certification#							
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	RACM to be Removed	Nonfriable Asbestos Material to be Removed		Nonfriable Asbestos Material NOT to be Removed			
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Pipes (linear feet)							
Surface Area (square feet)	asbestos floor backing		120				
Facility Components (cubic feet)							
VIII. Scheduled Dates Demolition or Renovation: Start: <u>7/3/2003</u> Complete: <u>10/17/03</u>							
IX. Dates for Asbestos Removal (MM/DD/YY) Start: <u>8/1/2003</u> Complete: <u>9/26/2003</u>							
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	<u>7a-5p</u>	<u>7a-5p</u>	<u>7a-5p</u>	<u>7a-5p</u>	<u>7a-5p</u>	<u>0</u>	<u>0</u>
Complete all unshaded spaces, except demolitions which involve less than 260 linear feet, 160 square feet, or 35 cubic feet of RACM, need not complete spaces VII, XI, XII, XIII, XIV, and XV. Notifications for Emergency Demolition or Emergency Renovation must supply attachments.							

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 Contact: Dave Zinser Telephone: 319-846-8090 Fax : 319-846-3351
 Waste Transporter #2 N/A
 Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact: _____ Telephone: () _____ Fax: () _____

XIII. Waste Disposal DEMO-N/A-recycling materials
 Name: Minerva Enterprises, Inc.
 Address: 9000 Minerva Road
 City: Wynesburg State: OH Zip Code: 44688
 Contact: Steven Chandler Telephone: 330-886-3435 Fax : 330-866-3488

XIV. Emergency Demolition (complete Item XIV and all other sections, only if this project is an Emergency Demo.)
 1. Attach a copy of the Order to this notice.
 2. Name of Authority Issuing Order: _____ Title: _____
 3. Authority of Order (Citation of Code): _____
 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____

XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Reno.)
 1. Date and Hour of the Emergency
 2. Description of the Sudden, Unexpected Event
 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.

XVI. Description of procedures to be followed in the event that unexpected RACM is found or nonfriable ACM becomes crumbled, pulverized or reduced to powder.
We will properly wet and follow EPA procedures to containerize and handle any such materials according to EPA regulations.

XVII. I certify that an individual trained in the provisions of NESHAPS (40 CFR PART 61, SUBPART M) will be on-site during the Demolition or Renovation and evidence that the required training has been accomplished by this person will be available during normal business hours.

Signature of Owner/Operator _____ Date 9/18/2003 Cory Albers/Owner-Operator
 Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements and I certify that facts contained in this notification are true, accurate, and complete.

Signature of Owner/Operator  Date 9/18/2003 Cory Albers/Owner-Operator
 Type or Print Name and Title

Original Notification must be mailed or hand delivered at least ten working days (Monday-Friday excluding weekends) before demolition or renovation begins, except emergency demolitions and emergency renovations (see regulation) which must be submitted as soon as possible before operations begin. (Form Revised 11/12/97)

Postmark	Date Received	Notification No.
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Ohio Department of Health

Prior Notification of Asbestos Hazard Abatement Project

Read carefully all the instructions and questions prior to completing the notification form.

- Notification including check shall be typed and sent to the Ohio Department of Health, Attn: Revenue Processing, P.O. Box 15278, Columbus, Ohio 43215.
- Checks shall be made payable to: Treasurer, State of Ohio, for the amount of twenty-five dollars (\$25.00)
- 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.
- Type of notification blanket original emergency cancellation
 revision number _____ revised line(s) number _____
- Type of abatement involving at least 50 linear feet or 50 square feet
 repair encapsulation enclosure removal renovation

6. Owner name Ravenna Arsenal Inc			
Address 8451 State Route 5	City Charlestown Township	State OH	Zip 44266
Contact Brian Stockwell	Contact telephone number (330)358-2203		

7. Abatement Contractor Active Thermal Concepts, Inc.		License number 1811	Expiration 6/22/03
Address 1110 Industrial Avenue	City Hiawatha	State IA	Zip 52233
Contact Dave Gajeski	Telephone number (319)393-8088		

8. Name of asbestos hazard abatement specialist for Charles Bomia	Certification number 28379	Expiration 03/25/2003
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9. Project Information-- Building name Ravenna Arsenal LL6			
Address 8451 State Route 5	City Charlestown Township	State OH	County Portage
Site location (specific)			

10. Project description			
Type of asbestos material	<input checked="" type="checkbox"/> surfacing <input type="checkbox"/> mechanical <input type="checkbox"/> other	asbestos floor backing materials	
Asbestos removal from	<input type="checkbox"/> pipe <input type="checkbox"/> boiler <input type="checkbox"/> other		
Engineering controls	<input type="checkbox"/> AFD <input type="checkbox"/> glove bag <input checked="" type="checkbox"/> other		

11. Estimate of asbestos containing material	
linear Feet	square feet 76,524

12. Abatement dates			
set up	08/01/03	abatement	08/01/2003
		completion	(acm work only) 8/31/03
Hours of operation			
Days of the week	Monday 7a-5p	Tuesday 7a-5p	Wednesday 7a-5p
	Thursday 7a-5p	Friday 7a-5p	Saturday
			Sunday

13. Approved landfill--Name Minerva Enterprises, Inc.		EPA permit number 2002-7
City Wynesburg	State OH	Telephone number 330-866-3455
14. Name of person filing this notice David Gajeski		Date 06/19/2003

Postmark	Date Received	Notification No.
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Ohio Department of Health

Prior Notification of Asbestos Hazard Abatement Project

Read carefully all the instructions and questions prior to completing the notification form.

- Notification including check shall be typed and sent to the Ohio Department of Health, Attn: Revenue Processing, P.O. Box 15278, Columbus, Ohio 43215.
- Checks shall be made payable to: Treasurer, State of Ohio, for the amount of twenty-five dollars (\$25.00)
- 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.
- Type of notification blanket original emergency cancellation
 revision number 1 revised line(s) number 7 8 12
- Type of abatement involving at least 50 linear feet or 50 square feet
 repair encapsulation enclosure removal renovation

6. Owner name Ravenna Arsenal Inc				
Address 8451 State Route 5		City Charlestown Township	State OH	Zip 44266
Contact Brian Stockwell		Contact telephone number (330)358-2203		
7. Abatement Contractor Active Thermal Concepts, Inc.		License number 1811	Expiration 6/16/04	
Address 1110 Industrial Avenue		City Hiawatha	State IA	Zip 52233
Contact Dave Gajeski		Telephone number (319)393-8088		
8. Name of asbestos hazard abatement specialist for Charles Bomia		Certification number 28379	Expiration 3/25/2004	
9. Project Information-- Building name Ravenna Arsenal LL6				
Address 8451 State Route 5		City Charlestown Township	State OH	County Portage
Site location (specific)				
10. Project description				
Type of asbestos material	<input checked="" type="checkbox"/> surfacing	<input type="checkbox"/> mechanical	<input type="checkbox"/> other	asbestos floor backing materials
Asbestos removal from	<input type="checkbox"/> pipe	<input type="checkbox"/> boiler	<input type="checkbox"/> other	
Engineering controls	<input type="checkbox"/> AFD	<input type="checkbox"/> glove bag	<input checked="" type="checkbox"/> other	
11. Estimate of asbestos containing material				
linear Feet		square feet 76,524		
12. Abatement dates				
set up 08/01/03		abatement 8/1/2003	completion 9/15/03 (acm work only)	
Hours of operation				
Days of the week	Monday 7a-5p	Tuesday 7a-5p	Wednesday 7a-5p	Thursday 7a-5p
			Friday 7a-5p	Saturday 7a-5p
				Sunday
13. Approved landfill--Name Minerva Enterprises, Inc.			EPA permit number	2002-7
City Wynesburg		State OH	Telephone number	330-866-3455
14. Name of person filing this notice Cory Albers			Date	8/27/2003

Postmark	Date Received	Notification No.
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Ohio Department of Health

Prior Notification of Asbestos Hazard Abatement Project

Read carefully all the instructions and questions prior to completing the notification form.

- Notification including check shall be typed and sent to the Ohio Department of Health, Attn: Revenue Processing, P.O. Box 15278, Columbus, Ohio 43215.
- Checks shall be made payable to: Treasurer, State of Ohio, for the amount of twenty-five dollars (\$25.00)
- 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.
- Type of notification blanket original emergency cancellation
 revision number 2 4 revised line(s) number 12
- Type of abatement involving at least 50 linear feet or 50 square feet
 repair encapsulation enclosure removal renovation

6. Owner name Ravenna Arsenal Inc			
Address 8451 State Route 5	City Charlestown Township	State OH	Zip 44266
Contact Brian Stockwell	Contact telephone number (330)358-2203		

7. Abatement Contractor Active Thermal Concepts, Inc.		License number 1811	Expiration 6/16/04
Address 1110 Industrial Avenue	City Hiawatha	State IA	Zip 52233
Contact Dave Gajeski	Telephone number (319)393-8088		

8. Name of asbestos hazard abatement specialist for Charles Bomia		Certification number 28379	Expiration 3/25/2004
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9. Project Information-- Building name Ravenna Arsenal LL6			
Address 8451 State Route 5	City Charlestown Township	State OH	County Portage
Site location (specific)			

10. Project description			
Type of asbestos material	<input checked="" type="checkbox"/> surfacing	<input type="checkbox"/> mechanical	<input type="checkbox"/> other asbestos floor backing materials
Asbestos removal from	<input type="checkbox"/> pipe	<input type="checkbox"/> boiler	<input type="checkbox"/> other
Engineering controls	<input type="checkbox"/> AFD	<input type="checkbox"/> glove bag	<input checked="" type="checkbox"/> other

11. Estimate of asbestos containing material	
linear Feet	square feet 76,524

12. Abatement dates			
set up	08/01/03	abatement	8/1/2003
		completion	9/26/03
Hours of operation			

Days of the week	Monday 7a-5p	Tuesday 7a-5p	Wednesday 7a-5p	Thursday 7a-5p	Friday 7a-5p	Saturday	Sunday
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13. Approved landfill--Name Minerva Enterprises, Inc.		EPA permit number 2002-7
City Wynesburg	State OH	Telephone number 330-866-3455

14. Name of person filing this notice Cory Albers		Date 9/18/2003
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**OHIO ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF DEMOLITION AND RENOVATION**

Operator Project#	Postmark	Date Received	Notification #
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I. Type of Notification (check one): Original Revised Canceled

II. Facility Description (include building name, number, and floor or room number)

Building Name: Ravenna Arsenal LL9

Address: 8451 State Route 5

City: Charlestown Township State: IA Zip Code: Portage County: Portage

Site Location (specific): throughout building

Building Size (square feet): 150,000 # of Floors: 1 Age in Years: 50

Present Use: vacant Prior Use: Ammunition Plant

III. Type of Operation (check one): Demo Ordered Demo Renovation Emergency Renovation Fire Training

IV. Is Asbestos Present? (check one): Yes No

V. Facility Information

Owner Name: 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

City: Hiawatha State: IA 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 P O BOX 398

City: Walford State: IA Zip Code: 52351

Contact: David Zinser Telephone: 319-846-8090 Fax: 319-846-3351

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 CASHES 31719

Name Certification#

VII. Approximate Amount of Asbestos Materials:

	RACM to be Removed	Nonfriable Asbestos Material to be Removed		Nonfriable Asbestos Material NOT to be Removed	
		Category I	Category II	Category I	Category II
Pipes (linear feet)					
Surface Area (square feet)	asbestos floor backing		2,100		
Facility Components (cubic feet)					

VIII. Scheduled Dates Demolition or Renovation: Start: 07/03/2003 Complete: 9/30/03

IX. Dates for Asbestos Removal (MM/DD/YY) Start: 08/01/2003 Complete: 08/31/2003

Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	7a-5p	7a-5p	7a-5p	7a-5p	7a-5p	0	0

Complete all unshaded spaces, except demolitions which involve less than 260 linear feet, 160 square feet, or 35 cubic feet of RACM, need not complete spaces VII, XI, XII, XIII, XIV, and XV. Notifications for Emergency Demolition or Emergency Renovation must supply attachments.

OHIO ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF DEMOLITION AND RENOVATION

X. Description of planned Demolition or Renovation work to be performed and method (s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:
Structures will be demolished using an excavator to pull apart steel walls and concrete slabs. No dust is expected; however if it becomes dusty, water spray will be used to wet down the area.

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:

XII. Waste Transporter #1

Name: D.W. Zinser
Address: 545 F Avenue P O OBX 398
City: Walford State: IA Zip Code: 52321
Contact: Dave Zinser Telephone: 319-846-8090 Fax: 319-846-3351

Waste Transporter #2 N/A

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

XIII. Waste Disposal N/A-recycling materials

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

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

1. Attach a copy of the Order to this notice.
2. Name of Authority Issuing Order: _____ Title: _____
3. Authority of Order (Citation of Code): _____
4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____

XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Reno.)

1. Date and Hour of the Emergency
2. Description of the Sudden, Unexpected Event
3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.

XVI. Description of procedures to be followed in the event that unexpected RACM is found or nonfriable ACM becomes crumbled, pulverized or reduced to powder.
We will properly wet and follow EPA procedures to containerize and handle any such materials according to EPA regulations.

XVII. I certify that an individual trained in the provisions of NESHAPS (40 CFR PART 61, SUBPART M) will be on-site during the Demolition or Renovation and evidence that the required training has been accomplished by this person will be available during normal business hours.

Signature of Owner/Operator _____ Date _____ Type or Print Name and Title _____

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements and I certify that facts contained in this notification are true, accurate, and complete.

Signature of Owner/Operator _____ Date _____ Type or Print Name and Title _____

Original Notification must be mailed or hand delivered at least ten working days (Monday-Friday excluding weekends) before demolition or renovation begins, except emergency demolitions and emergency renovations (see regulation) which must be submitted as soon as possible before operations begin. (Form Revised 11/12/97)

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF DEMOLITION AND RENOVATION

X. Description of planned Demolition or Renovation work to be performed and method (s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:
Structures will be demolished using an excavator to pull apart steel walls and concrete slabs. No dust is expected; however if it becomes dusty, water spray will be used to wet down the area.

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:

XII. Waste Transporter #1

Name: D.W.Zinser
Address: 545 F Avenue P O BOX 398
City: Walford State: IA Zip Code: 52321
Contact: David Zinser Telephone: 319-846-8090 Fax: 319-846-3351
Waste Transporter #2 N/A

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

XIII. Waste Disposal N/A-recycling materials

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

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

1. Attach a copy of the Order to this notice.
2. Name of Authority Issuing Order: _____ Title: _____
3. Authority of Order (Citation of Code): _____
4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____

XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Reno.)

1. Date and Hour of the Emergency
2. Description of the Sudden, Unexpected Event
3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.

XVI. Description of procedures to be followed in the event that unexpected RACM is found or nonfriable ACM becomes crumbled, pulverized or reduced to powder.
We will properly wet and follow EPA procedures to containerize and handle any such materials according to EPA regulations.

XVII. I certify that an individual trained in the provisions of NESHAPS (40 CFR PART 61, SUBPART M) will be on-site during the Demolition or Renovation and evidence that the required training has been accomplished by this person will be available during normal business hours.


Signature of Owner/Operator

6/23/03
Date

Cory Albers
Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements and I certify that facts contained in this notification are true, accurate, and complete.


Signature of Owner/Operator

6/23/03
Date

Cory Albers
Type or Print Name and Title

Original Notification must be mailed or hand delivered at least ten working days (Monday-Friday excluding weekends) before demolition or renovation begins, except emergency demolitions and emergency renovations (see regulation) which must be submitted as soon as possible before operations begin. (Form Revised 11/12/97)

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

R2-added waste disposal

Operator Project#	Postmark	Date Received	Notification #
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I. Type of Notification (check one): Original Revised Canceled

II. Facility Description (include building name, number, and floor or room number)

Building Name: Ravenna Arsenal LL9

Address: 8451 State Route 5

City: Charlestown Township State: OH Zip Code: Portage County: Portage

Site Location (specific): throughout building

Building Size (square feet): 150,000 # of Floors: 1 Age in Years: 50

Present Use: vacant Prior Use: Ammunition Plant

III. Type of Operation (check one): Demo Ordered Demo Renovation Emergency Renovation Fire Training

IV. Is Asbestos Present? (check one): Yes No

V. Facility Information

Owner Name: 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

City: Hiawatha State: IA Zip Code: 52233

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: 52351

Contact: David Zinser Telephone: 319-846-8090 Fax: 319-846-3351

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 Certification# CASHES31719

VII. Approximate Amount of Asbestos Materials:

	RACM to be Removed	Nonfriable Asbestos Material to be Removed		Nonfriable Asbestos Material NOT to be Removed	
		Category I	Category II	Category I	Category II
Pipes (linear feet)					
Surface Area (square feet)	<u>asbestos floor backing</u>		<u>2,100</u>		
Facility Components (cubic feet)					

VIII. Scheduled Dates Demolition or Renovation: Start: 07/03/2003 Complete: 09/30/2003

IX. Dates for Asbestos Removal (MM/DD/YY) Start: 08/01/2003 Complete: 08/31/2003

Days of the Week:	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
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Hours of Operation:	<u>7a-5p</u>	<u>7a-5p</u>	<u>7a-5p</u>	<u>7a-5p</u>	<u>7a-5p</u>	<u>0</u>	<u>0</u>
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Complete all unshaded spaces, except demolitions which involve less than 260 linear feet, 160 square feet, or 35 cubic feet of RACM, need not complete spaces VII, XI, XII, XIII, XIV, and XV. Notifications for Emergency Demolition or Emergency Renovation must supply attachments.

OHIO ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF DEMOLITION AND RENOVATION

X. Description of planned Demolition or Renovation work to be preformed and method (s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:
Structures will be demolished using an excavator to pull apart steel walls and concrete slabs. No dust is expected; however if it becomes dusty, water spray will be used to wet down the area.

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:

XII. Waste Transporter #1

Name: D.W.Zinser
Address: 545 F Avenue P O BOX 398
City: Walford State: IA Zip Code: 52321
Contact: David Zinser Telephone: 319-846-8090 Fax: 319-846-3351

Waste Transporter #2 N/A

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

XIII. Waste Disposal DEMO-N/A-recycling materials

Name: Minerva Enterprises, Inc.
Address: 9000 Minerva Road
City: Wynesburg State: OH Zip Code: 44688
Contact: Steven Chandler Telephone: 330-866-3435 Fax: 330-866-3488

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

1. Attach a copy of the Order to this notice.
2. Name of Authority Issuing Order: _____ Title: _____
3. Authority of Order (Citation of Code): _____
4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____

XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Reno.)

1. Date and Hour of the Emergency
2. Description of the Sudden, Unexpected Event
3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.

XVI. Description of procedures to be followed in the event that unexpected RACM is found or nonfriable ACM becomes crumbled, pulverized or reduced to powder.

We will properly wet and follow EPA procedures to containerize and handle any such materials according to EPA regulations.

XVII. I certify that an individual trained in the provisions of NESHAPS (40 CFR PART 61, SUBPART M) will be on-site during the Demolition or Renovation and evidence that the required training has been accomplished by this person will be available during normal business hours.

Terry Beard 6/30/03 Terry Beard-Owner/Operator
Signature of Owner/Operator Date Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements and I certify that facts contained in this notification are true, accurate, and complete.

Terry Beard 6/30/03 Terry Beard-Owner/Operator
Signature of Owner/Operator Date Type or Print Name and Title

Original Notification must be mailed or hand delivered at least ten working days (Monday-Friday excluding weekends) before demolition or renovation begins, except emergency demolitions and emergency renovations (see regulation) which must be submitted as soon as possible before operations begin. (Form Revised 11/12/97)

OHIO ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF DEMOLITION AND RENOVATION

X. Description of planned Demolition or Renovation work to be performed and method (s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:
Structures will be demolished using an excavator to pull apart steel walls and concrete slabs. No dust is expected; however if it becomes dusty, water spray will be used to wet down the area.

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:

XII. Waste Transporter #1

Name: D.W.Zinser
Address: 545 F Avenue P O BOX 398
City: Walford State: IA Zip Code: 52321
Contact: David Zinser Telephone: 319-846-8090 Fax: 319-846-3351

Waste Transporter #2 N/A

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

XIII. Waste Disposal DEMO-N/A-recycling materials

Name: Minerva Enterprises, Inc.
Address: 9000 Minerva Road
City: Wynesburg State: OH Zip Code: 44688
Contact: Steven Chandler Telephone: 330-866-3435 Fax: 330-866-3488

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


1. Attach a copy of the Order to this notice.
2. Name of Authority Issuing Order: _____ Title: _____
3. Authority of Order (Citation of Code): _____
4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____

XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Reno.)


1. Date and Hour of the Emergency
2. Description of the Sudden, Unexpected Event
3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.

XVI. Description of procedures to be followed in the event that unexpected RACM is found or nonfriable ACM becomes crumbled, pulverized or reduced to powder.
We will properly wet and follow EPA procedures to containerize and handle any such materials according to EPA regulations.

XVII. I certify that an individual trained in the provisions of NESHAPS (40 CFR PART 61, SUBPART M) will be on-site during the Demolition or Renovation and evidence that the required training has been accomplished by this person ~~will be available~~ during normal business hours.

 _____
Signature of Owner/Operator Date 08/27/2003 Cory Albers/Owner-Operator
Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements and I certify that facts contained in this notification are true, accurate, and complete.

 _____
Signature of Owner/Operator Date 08/27/2003 Cory Albers/Owner-Operator
Type or Print Name and Title

Original Notification must be mailed or hand delivered at least ten working days (Monday-Friday excluding weekends) before demolition or renovation begins, except emergency demolitions and emergency renovations (see regulation) which must be submitted as soon as possible before operations begin. (Form Revised 11/12/97)

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

R4-changed line IX

Operator Project#	Postmark	Date Received	Notification #
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I. Type of Notification (check one): Original Revised Canceled

II. Facility Description (include building name, number, and floor or room number)

Building Name: Ravenna Arsenal LL9

Address: 8451 State Route 5

City: Charlestown Township State: OH Zip Code: Portage County: Portage

Site Location (specific): throughout building

Building Size (square feet): 150,000 # of Floors: 1 Age in Years: 50

Present Use: vacant Prior Use: Ammunition Plant

III. Type of Operation (check one): Demo Ordered Demo Renovation Emergency Renovation Fire

Training

IV. Is Asbestos Present? (check one): Yes No

V. Facility Information

Owner Name: 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

City: Hiawatha State: IA Zip Code: 52233

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: 52351

Contact: David Zinser Telephone: 319-846-8090 Fax: 319-846-3351

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:

	RACM to be Removed	Nonfriable Asbestos Material to be Removed		Nonfriable Asbestos Material to be Removed NOT	
		Category I	Category II	Category I	Category II
Pipes (linear feet)					
Surface Area (square feet)	<u>asbestos floor backing</u>		<u>2,100</u>		
Facility Components (cubic feet)					

VIII. Scheduled Dates Demolition or Renovation: Start: 7/3/2003 Complete: 10/17/2003

IX. Dates for Asbestos Removal (MM/DD/YY) Start: 8/1/2003 Complete: 9/26/2003

Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	<u>7a-5p</u>	<u>7a-5p</u>	<u>7a-5p</u>	<u>7a-5p</u>	<u>7a-5p</u>	<u>0</u>	<u>0</u>

Complete all unshaded spaces, except demolitions which involve less than 260 linear feet, 160 square feet, or 35 cubic feet of RACM, need not complete spaces VII, XI, XII, XIII, XIV, and XV. Notifications for Emergency Demolition or Emergency Renovation must supply attachments.

OHIO ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF DEMOLITION AND RENOVATION

X. Description of planned Demolition or Renovation work to be performed and method (s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:
Structures will be demolished using an excavator to pull apart steel walls and concrete slabs. No dust is expected; however if it becomes dusty, water spray will be used to wet down the area.

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:

XII. Waste Transporter #1

Name: D.W.Zinser
Address: 545 F Avenue P O BOX 398
City: Walford State: IA Zip Code: 52321
Contact: David Zinser Telephone: 319-846-8090 Fax: 319-846-3351

Waste Transporter #2 N/A

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

XIII. Waste Disposal DEMO-N/A-recycling materials

Name: Minerva Enterprises, Inc.
Address: 9000 Minerva Road
City: Wynesburg State: OH Zip Code: 44688
Contact: Steven Chandler Telephone: 330-866-3435 Fax: 330-866-3488

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

1. Attach a copy of the Order to this notice.
2. Name of Authority Issuing Order: _____ Title: _____
3. Authority of Order (Citation of Code): _____
4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____


XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Reno.)

1. Date and Hour of the Emergency
2. Description of the Sudden, Unexpected Event
3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.


XVI. Description of procedures to be followed in the event that unexpected RACM is found or nonfriable ACM becomes crumbled, pulverized or reduced to powder.

We will properly wet and follow EPA procedures to containerize and handle any such materials according to EPA regulations.

XVII. I certify that an individual trained in the provisions of NESHAPS (40 CFR PART 61, SUBPART M) will be on-site during the Demolition or Renovation and evidence that the required training has been accomplished by this person will be available during normal business hours.

 9/18/2003 Cory Albers/Owner-Operator
Signature of Owner/Operator Date Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements and I certify that facts contained in this notification are true, accurate, and complete.

 9/18/2003 Cory Albers/Owner-Operator
Signature of Owner/Operator Date Type or Print Name and Title

Original Notification must be mailed or hand delivered at least ten working days (Monday-Friday excluding weekends) before demolition or renovation begins, except emergency demolitions and emergency renovations (see regulation) which must be submitted as soon as possible before operations begin. (Form Revised 11/12/97)

OHIO ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF DEMOLITION AND RENOVATION

R5-changed line IX

Operator Project#	Postmark	Date Received	Notification #
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I. Type of Notification (check one): Original Revised Canceled

II. Facility Description (include building name, number, and floor or room number)

Building Name: Ravenna Arsenal LL9

Address: 8451 State Route 5

City: Charlestown Township State: OH Zip Code: Portage County: Portage

Site Location (specific): throughout building

Building Size (square feet): 150,000 # of Floors: 1 Age in Years: 50

Present Use: vacant Prior Use: Ammunition Plant

III. Type of Operation (check one): Demo Ordered Demo Renovation Emergency Renovation Fire Training

IV. Is Asbestos Present? (check one): Yes No

V. Facility Information

Owner Name: 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

City: Hiawatha State: IA Zip Code: 52233

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: 52351

Contact: David Zinser Telephone: 319-846-8090 Fax: 319-846-3351

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:

	RACM to be Removed	Nonfriable Asbestos Material to be Removed		Nonfriable Asbestos Material to be Removed NOT	
		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 Renovation: Start: 7/3/2003 Complete: 10/17/2003

IX. Dates for Asbestos Removal (MM/DD/YY) Start: 8/1/2003 Complete: 10/1/2003

Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	7a-5p	7a-5p	7a-5p	7a-5p	7a-5p	0	0

Complete all unshaded spaces, except demolitions which involve less than 260 linear feet, 160 square feet, or 35 cubic feet of RACM, need not complete spaces VII, XI, XII, XIII, XIV, and XV. Notifications for Emergency Demolition or Emergency Renovation must supply attachments.

OHIO ENVIRONMENTAL PROTECTION AGENCY
 NOTIFICATION OF DEMOLITION AND RENOVATION

X. Description of planned Demolition or Renovation work to be performed and method (s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:
 Structures will be demolished using an excavator to pull apart steel walls and concrete slabs. No dust is expected; however if it becomes dusty, water spray will be used to wet down the area.

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:

XII. Waste Transporter #1

Name: D.W.Zinser
 Address: 545 F Avenue P O BOX 398
 City: Walford State: IA Zip Code: 52321
 Contact: David Zinser Telephone: 319-846-8090 Fax: 319-846-3351
 Waste Transporter #2 N/A

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

XIII. Waste Disposal DEMO-N/A-recycling materials

Name: Minerva Enterprises, Inc.
 Address: 9000 Minerva Road
 City: Wynesburg State: OH Zip Code: 44688
 Contact: Steven Chandler Telephone: 330-866-3435 Fax: 330-866-3488

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


1. Attach a copy of the Order to this notice.
2. Name of Authority Issuing Order: _____ Title: _____
3. Authority of Order (Citation of Code): _____
4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____

XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Reno.)


1. Date and Hour of the Emergency
2. Description of the Sudden, Unexpected Event
3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.

XVI. Description of procedures to be followed in the event that unexpected RACM is found or nonfriable ACM becomes crumbled, pulverized or reduced to powder.
 We will properly wet and follow EPA procedures to containerize and handle any such materials according to EPA regulations.

XVII. I certify that an individual trained in the provisions of NESHAPS (40 CFR PART 61, SUBPART M) will be on-site during the Demolition or Renovation and evidence that the required training has been accomplished by this person will be available during normal business hours.

 _____
 Signature of Owner/Operator Date 9/29/2003 Cory Albers/Owner-Operator
 Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements and I certify that facts contained in this notification are true, accurate, and complete.

 _____
 Signature of Owner/Operator Date 9/29/2003 Cory Albers/Owner-Operator
 Type or Print Name and Title

Original Notification must be mailed or hand delivered at least ten working days (Monday-Friday excluding weekends) before demolition or renovation begins, except emergency demolitions and emergency renovations (see regulation) which must be submitted as soon as possible before operations begin. (Form Revised 11/12/97)

Postmark	Date Received	Notification No.
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Ohio Department of Health

Prior Notification of Asbestos Hazard Abatement Project

Read carefully all the instructions and questions prior to completing the notification form.

- Notification including check shall be typed and sent to the Ohio Department of Health, Attn: Revenue Processing, P.O. Box 15278, Columbus, Ohio 43215.
- Checks shall be made payable to: Treasurer, State of Ohio, for the amount of twenty-five dollars (\$25.00)
- 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.
- Type of notification blanket original emergency cancellation
 revision number _____ revised line(s) number _____
- Type of abatement involving at least 50 linear feet or 50 square feet
 repair encapsulation enclosure removal renovation

6. Owner name Ravenna Arsenal Inc			
Address 8451 State Route 5	City Charlestown Township	State OH	Zip 44266
Contact Brian Stockwell	Contact telephone number (330)358-2203		
7. Abatement Contractor Active Thermal Concepts, Inc.		License number 1811	Expiration 6/22/03
Address 1110 Industrial Avenue	City Hiawatha	State IA	Zip 52233
Contact Dave Gajeski	Telephone number (319)393-8088		
8. Name of asbestos hazard abatement specialist for Charles Bomia		Certification number 28379	Expiration 03/25/2003
9. Project Information-- Building name Ravenna Arsenal LL9			
Address 8451 State Route 5	City Charlestown Township	State OH	County Portage
Site location (specific)			
10. Project description			
Type of asbestos material	<input checked="" type="checkbox"/> surfacing	<input type="checkbox"/> mechanical	<input type="checkbox"/> other asbestos floor backing materials
Asbestos removal from	<input type="checkbox"/> pipe	<input type="checkbox"/> boiler	<input type="checkbox"/> other
Engineering controls	<input type="checkbox"/> AFD	<input type="checkbox"/> glove bag	<input checked="" type="checkbox"/> other
11. Estimate of asbestos containing material			
linear Feet	square feet	76,524	
12. Abatement dates			
set up	08/01/03	abatement	08/01/2003
		completion (acm work only)	8/31/03
Hours of operation			
Days of the week	Monday 7a-5p	Tuesday 7a-5p	Wednesday 7a-5p
	Thursday 7a-5p	Friday 7a-5p	Saturday
		Sunday	
13. Approved landfill--Name Minerva Enterprises, Inc.		EPA permit number	2002-7
City Wynesburg	State OH	Telephone number	330-866-3455
14. Name of person filing this notice David Gajeski		Date	06/19/2003

Postmark	Date Received	Notification No.
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Ohio Department of Health

Prior Notification of Asbestos Hazard Abatement Project

Read carefully all the instructions and questions prior to completing the notification form.

- Notification including check shall be typed and sent to the Ohio Department of Health, Attn: Revenue Processing, P.O. Box 15278, Columbus, Ohio 43215.
- Checks shall be made payable to: Treasurer, State of Ohio, for the amount of twenty-five dollars (\$25.00)
- 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.
- Type of notification blanket original emergency cancellation
 revision number 1 revised line(s) number 7 8 12
- Type of abatement involving at least 50 linear feet or 50 square feet
 repair encapsulation enclosure removal renovation

6. Owner name Ravenna Arsenal Inc			
Address 8451 State Route 5	City Charlestown Township	State OH	Zip 44266
Contact Brian Stockwell	Contact telephone number (330)358-2203		

7. Abatement Contractor Active Thermal Concepts, Inc.		License number 1811	Expiration 6/16/04
Address 1110 Industrial Avenue	City Hiawatha	State IA	Zip 52233
Contact Dave Gajeski	Telephone number (319)393-8088		

8. Name of asbestos hazard abatement specialist for Charles Bomia	Certification number 28379	Expiration 03/25/2004
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9. Project Information-- Building name Ravenna Arsenal LL9			
Address 8451 State Route 5	City Charlestown Township	State OH	County Portage
Site location (specific)			

10. Project description			
Type of asbestos material	<input checked="" type="checkbox"/> surfacing	<input type="checkbox"/> mechanical	<input type="checkbox"/> other <u>Transite</u>
Asbestos removal from	<input type="checkbox"/> pipe	<input type="checkbox"/> boiler	<input type="checkbox"/> other
Engineering controls	<input type="checkbox"/> AFD	<input type="checkbox"/> glove bag	<input checked="" type="checkbox"/> other

11. Estimate of asbestos containing material	
linear Feet	square feet <u>76,524</u>

12. Abatement dates			
set up	<u>08/01/03</u>	abatement	<u>08/01/2003</u> completion <u>9/15/03</u> (acm work only)
Hours of operation			
Days of the week	Monday <u>7a-5p</u>	Tuesday <u>7a-5p</u>	Wednesday <u>7a-5p</u> Thursday <u>7a-5p</u> Friday <u>7a-5p</u> Saturday <u> </u> Sunday <u> </u>

13. Approved landfill--Name <u>Minerva Enterprises, Inc.</u>		EPA permit number <u>2002-7</u>
City <u>Wynesburg</u>	State <u>OH</u>	Telephone number <u>330-866-3455</u>

14. Name of person filing this notice <u>Cory Albers</u>	Date <u>08/27/2003</u>
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Postmark	Date Received	Notification No.
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Ohio Department of Health

Prior Notification of Asbestos Hazard Abatement Project

Read carefully all the instructions and questions prior to completing the notification form.

- Notification including check shall be typed and sent to the Ohio Department of Health, Attn: Revenue Processing, P.O. Box 15278, Columbus, Ohio 43215.
- Checks shall be made payable to: Treasurer, State of Ohio, for the amount of twenty-five dollars (\$25.00)
- 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 emergency cancellation
 revision number 2 revised line(s) number 12

5. Type of abatement involving at least 50 linear feet or 50 square feet
 repair encapsulation enclosure removal renovation

6. Owner name Ravenna Arsenal Inc			
Address 8451 State Route 5	City Charlestown Township	State OH	Zip 44266
Contact Brian Stockwell	Contact telephone number (330)358-2203		

7. Abatement Contractor Active Thermal Concepts, Inc.		License number 1811	Expiration 6/16/04
Address 1110 Industrial Avenue	City Hiawatha	State IA	Zip 52233
Contact Dave Gajeski	Telephone number (319)393-8088		

8. Name of asbestos hazard abatement specialist for Charles Bomia	Certification number 28379	Expiration 3/25/2004
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9. Project Information-- Building name Ravenna Arsenal LL9			
Address 8451 State Route 5	City Charlestown Township	State OH	County Portage
Site location (specific)			

10. Project description			
Type of asbestos material	<input checked="" type="checkbox"/> surfacing	<input type="checkbox"/> mechanical	<input type="checkbox"/> other Transite
Asbestos removal from	<input type="checkbox"/> pipe	<input type="checkbox"/> boiler	<input type="checkbox"/> other
Engineering controls	<input type="checkbox"/> AFD	<input type="checkbox"/> glove bag	<input checked="" type="checkbox"/> other

11. Estimate of asbestos containing material	
linear Feet	square feet <u>76,524</u>

12. Abatement dates			
set up	08/01/03	abatement	8/1/2003
		completion	(acm work only) 9/26/03
Hours of operation			

Days of the week	Monday 7a-5p	Tuesday 7a-5p	Wednesday 7a-5p	Thursday 7a-5p	Friday 7a-5p	Saturday	Sunday
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13. Approved landfill--Name Minerva Enterprises, Inc.		EPA permit number 2002-7
City Wynesburg	State OH	Telephone number 330-866-3455

14. Name of person filing this notice Cory Albers		Date 9/18/2003
--	--	-------------------

Postmark	Date Received	Notification No.
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Ohio Department of Health

Prior Notification of Asbestos Hazard Abatement Project

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- 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 emergency cancellation
 revision number 3 revised line(s) number 12

5. Type of abatement involving at least 50 linear feet or 50 square feet
 repair encapsulation enclosure removal renovation

6. Owner name Ravenna Arsenal Inc			
Address 8451 State Route 5	City Charlestown Township	State OH	Zip 44266
Contact Brian Stockwell	Contact telephone number (330)358-2203		

7. Abatement Contractor Active Thermal Concepts, Inc.		License number 1811	Expiration 6/16/04
Address 1110 Industrial Avenue	City Hiawatha	State IA	Zip 52233
Contact Dave Gajeski	Telephone number (319)393-8088		

8. Name of asbestos hazard abatement specialist for Charles Bomia	Certification number 28379	Expiration 3/25/2004
--	-------------------------------	-------------------------

9. Project Information-- Building name Ravenna Arsenal LL9			
Address 8451 State Route 5	City Charlestown Township	State OH	County Portage
Site location (specific)			

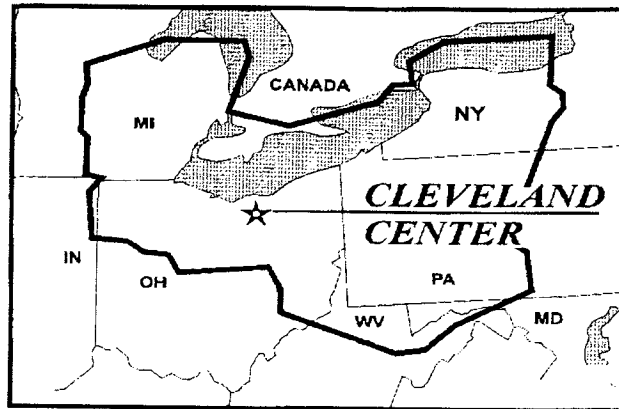
10. Project description			
Type of asbestos material	<input checked="" type="checkbox"/> surfacing <input type="checkbox"/> mechanical <input type="checkbox"/> other	Transite	
Asbestos removal from	<input type="checkbox"/> pipe <input type="checkbox"/> boiler <input type="checkbox"/> other		
Engineering controls	<input type="checkbox"/> AFD <input type="checkbox"/> glove bag <input checked="" type="checkbox"/> other		

11. Estimate of asbestos containing material	
linear Feet	square feet 76,524

12. Abatement dates			
set up	08/01/03	abatement	8/1/2003
		completion	10/1/03
(acm work only)			
Hours of operation			
Days of the week	Monday 7a-5p	Tuesday 7a-5p	Wednesday 7a-5p
	Thursday 7a-5p	Friday 7a-5p	Saturday
			Sunday

13. Approved landfill--Name Minerva Enterprises, Inc.		EPA permit number 2002-7
City Wynesburg	State OH	Telephone number 330-866-3455
14. Name of person filing this notice Cory Albers		Date 09/29/03

“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

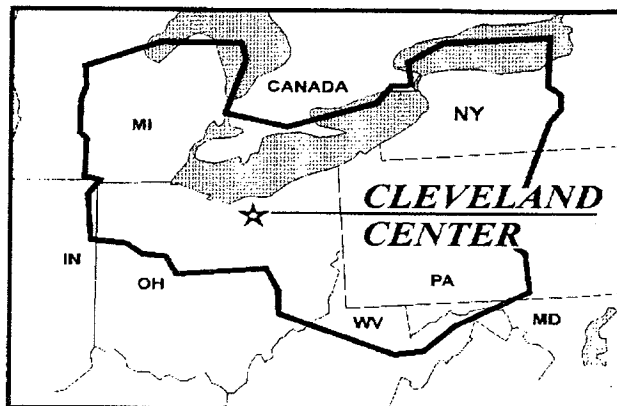
Below is a NOTAM concerning a TFR for Ravenna, Ohio Army Arsenal:

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

“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: 4/28/03

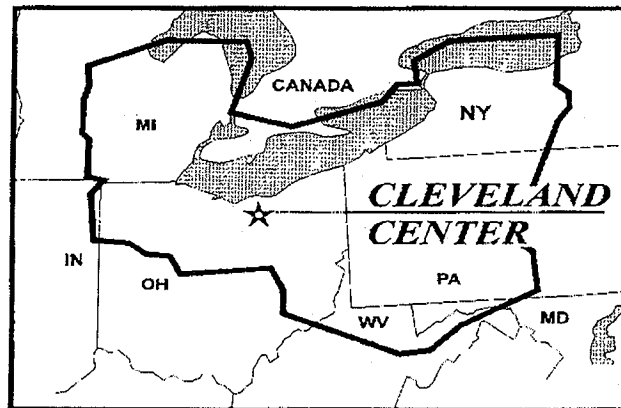
NUMBER OF PAGES INCLUDING COVER SHEET: 1

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

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

Operator Project #	Postmark	Notification #	
I. TYPE OF NOTIFICATION (check one): <input type="checkbox"/> Original <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Canceled			
II. FACILITY DESCRIPTION (include building name, number and floor or room number)			
Building Name: <u>Wet Storage 1,1A,2 and 2A</u>			
Address: <u>Ravenna Arsenal</u>			
City: <u>Charleston Twns State: OH</u> Zip: <u>###</u> County: <u>Portage</u>			
Site Location (specific) <u>Four buildings in a row called wet storage North of main gate</u>			
Building Size (square feet) <u>N/A</u> # of Floors: <u>N/A</u> Age in Yea <u>50</u>			
Present Use: <u>Decommissioned facili</u> Prior Use: <u>Dump-Landfill</u>			
III. TYPE OF OPERATION (check one): Demo Ordered Demo <input checked="" type="checkbox"/> Renovation Emergency Renovation Fire Training			
IV. IS ASBESTOS PRESENT? (check one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
V. FACILITY INFORMATION:			
Owner Name: <u>Ravenna Arsenal Inc.</u>			
Address: <u>8451 State Route 5</u>			
City: <u>Ravenn: State: Ohio</u> Zip-code: <u>44266</u>			
Contact: <u>Brian Stockwell</u> Telephone: <u>330-358-2203</u> Fax:			
Removal Contractor: <u>Spiker Environmental, Inc.</u>			
Address: <u>1247 Eastwood Ave</u> License #: <u>1700</u>			
City: <u>Tallmad Oh</u> Zip-code: <u>44278</u>			
Telephone: <u>330-633-0724</u> Fax: <u>330-633-0831</u>			
Other Operator: (demolition/general) <u>MKM Engineering</u>			
Address: <u>4153 Bluebonnet Drive</u> License #:			
City: <u>Stafford</u> State: <u>Tx</u> Zip-Code <u>7747</u>			
Contact: <u>Brian Stockwell</u> Telephone: <u>330-358-2203</u> 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: <u>Michael Tgroh</u> CAHES 31719			
Name		Certification #	
VII. APPROXIMATE AMOUNT OF ASBESTOS MATERIALS:			
	RACM To Be Removed	Nonfriable Asbestos Material To Be Removed	
		Category I	Category II
Pipes (linear feet)			
Surface Area (square feet)	1,464		1464
Facility Components (cubic feet)			
VIII. Scheduled Dates Demolition or Renovation: Start: _____ Complete: _____			
IX. Dates for Asbestos Removal (MM/DD/YY) Start: <u>11/10/03</u> Complete: <u>11-17-03</u>			
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		
Complete all unshaded spaces, except demolitions which involve less than 260 linear feet, 160 square feet, or 35 cubic feet of RACM , need not complete spaces VII, XI, XII, XIII, XIV, and XV. Notifications for Emergency Demolition or Emergency Renovation must supply attachments.			

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

X. Description of planned Demolition or Renovation work to be performed and method(s) including to be employed, demolition or renovation techniques to be used and description of affected facility components:
Removal of Racm prior to demolition.

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emissions control procedures:
Instullation of critical barriers, establishment of negative air, removal to proceed using wet method.

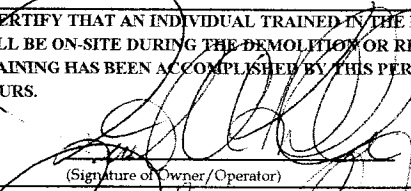
XII. WASTE TRANSPORTER #1
Name: Spiker Environmental, Inc.
Address: 1247 Eastwood Ave
City: Tallmadge State: OH Zip-Code: 44278
Contact Person: Rick Kuhlman Telepho 330-633-0724

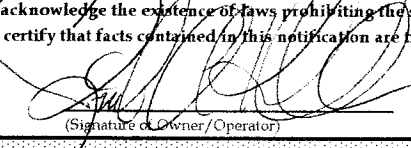
WASTE TRANSPORTER #2
Name: _____
Address: _____
City: _____ State: _____ Zip-Code: _____
Contact Person: _____ Telepho _____

XIII. WASTE DISPOSAL
Name: Minerva Enterprises
Address: 9000 Minerva Road
City: Waynesburg State: OH Zip-Code: 44688
Contact Person: _____ Telepho 330-866-3433

XIV. **Emergency Demolition** (complete item XIV and all other sections, only if this project is an Emergency Demo):
1. Attach a copy of the Order to this notice.
2. Name of Authority Issuing Order: _____ TITLE: _____
3. Authority of Order (Citation of Code): _____
4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____
XV. **EMERGENCY RENOVATION** (Attach separate sheet with the following information if project is Emergency Renovation)
1. Date and Hour of the Emergency
2. Description of the Sudden, Unexpected Event.
3. Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden.

XVI. Description of procedures to be followed in the event that unexpected RACM is found or nonfriable ACM becomes crumbled, pulverized or reduced to powder.
Contain area - saturate with surfactant solution and take appropriate action.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF NESHAPS (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE DURING NORMAL BUSINESS HOURS.

(Signature of Owner/Operator) _____ Date 11/17/03 Rick Kuhlman, V.P.
Type or print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements and I certify that facts contained in this notification are true, accu

(Signature of Owner/Operator) _____ Date 11/17/03 Rick Kuhlman, V.P.
Type or print Name and Title

Original Notification must be mailed or hand delivered at least ten working days (Monday-Friday, excluding weekends) before demolition or renovation begins, except emergency demolitions and emergency renovations (see regulation) which must be submitted as soon as possible before operations begin. (Form Revised 11/12/97)

Postmark	Date Received	Notification No.
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Ohio Department of Health Prior Notification of Asbestos Hazard Abatement Project

Read carefully all the instructions and questions prior to completing the notification form.

- Notifications including check shall be typed and sent to the Ohio Department of Health, Attn: Revenue Processing, P. O. Box 15278, Columbus, Ohio 43215.
- Checks shall be made payable to: Treasure, State of Ohio, for the amount of twenty-five dollars (\$25.00)
- 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
- Type of notification
 blanket original emergency cancellation
 revision number 3 revised lines(s) number _____
- Type of abatement involving at least 50 linear feet or 50 square feet
 repair encapsulation enclosure removal renovation

4,12,14

6. Owner name Ravenna Arsenal, Inc.							
Address 8451 State Route5		City Charlestown Township	State Oh	Zip 44266			
Contact Brian Stockwell		Contact telephone number 330-358-2203					
7. Abatement Contractor Spiker Environmental, Inc.				Expiration 12/5/03			
Address 1247 Eastwood Avenue, PO Box 423		City Tallmadge	State OH	Zip 44278-0423			
Contact Richard A. Kuhlman		Telephone number 330-633-0724					
8. Name of asbestos hazard abatement specialist for project Steven Masters		Certification number 21988	Expiration 5/2/04				
9. Project information-Building name Wet Storage							
Address 8451 State Route5		City Charlestown Township	State Oh	County Portage			
Site location (specific) Wet Storage area 1,1A,2,2A							
10. Project description							
Type of asbestos material	<input type="checkbox"/> surfacing	<input type="checkbox"/> mechanical	<input checked="" type="checkbox"/> other	Asbestos Matting			
Asbestos removal from	<input type="checkbox"/> pipe	<input type="checkbox"/> boiler	<input checked="" type="checkbox"/> other	Floor			
Engineering controls	<input checked="" type="checkbox"/> AFD	<input type="checkbox"/> glove bag	<input checked="" type="checkbox"/> other	amended water			
11. Estimate of asbestos containing material							
linear feet		square feet	1,464				
12. Abatement dates							
set up	November 10, 2003	abatement	November 10, 2003	completion (acm work only) November 17, 2003			
Hours of operation 7:am-5:30pm							
Days of the week	Monday X	Tuesday X	Wednesday X	Thursday X	Friday X	Saturday	Sunday
13. Approved landfill-Name Minerva				EPA permit number 02 5875			
City Waynesburg		State OH	Telephone number 330-866-3488				
14. Name of person filing this notice Richard A. Kuhlman				Date 11/17/03			