

Do Not Write In This Space

Postmark	Date Received 08/19/1994	Notification No. 19941952	Receipt 452397
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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.

1. Notifications 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 sixty-five dollars(\$65.00).
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 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 Original Revision number 2 revised line(s) number _____
 Emergency Blanket Cancellation

5. Type of abatement involving at least 50 linear feet or 50 square feet
 Removal Repair Encapsulation Enclosure Renovation

6. Owner name YOUNGSTOWN BOARD OF EDUCATION				
Address 20 WEST WOOD STREET		City YOUNGSTOWN	State OH	ZIP 44503
Contact LARRY MARKASKY		Contact telephone number [REDACTED]		

7. License number AC1014	Abatement Contractor Daniel A. Terreri & Sons, Inc.	Expiration 10/06/2019		
Address 1091 N. Meridian Road		City Youngstown	State OH	ZIP 44509
Contact Daniel J. Terreri		Telephone number [REDACTED]		

8. Certification number AS25212	Name of asbestos hazard abatement specialist for project Richard Gresley	Expiration 05/21/2020
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9. Project information - Building name				
Address 1408 RIGBY STREET ROSEVELT ELEMENTARY		City YOUNGSTOWN	State OH	County MAHONING
Site location (specific)				

10. Project Description				
Type of asbestos material	<input type="checkbox"/> Surfacing	<input type="checkbox"/> Mechanical	Other _____	
Asbestos removal from	<input type="checkbox"/> Pipe	<input type="checkbox"/> Boiler	Other _____	
Engineering controls	<input type="checkbox"/> AFD	<input type="checkbox"/> Glove bag	Other _____	

11. Estimate of asbestos containing material:	
linear feet: 420	square feet: 232

12. Abatement dates		
set up: 08/31/1994	abatement: 09/01/1994	completion (acm work only): 09/04/1994
Shift1: 0800-1630	Shift2:	Shift3:
Days of the Week: <input checked="" type="checkbox"/> Monday <input checked="" type="checkbox"/> Tuesday <input checked="" type="checkbox"/> Wednesday <input checked="" type="checkbox"/> Thursday <input checked="" type="checkbox"/> Friday <input checked="" type="checkbox"/> Saturday <input checked="" type="checkbox"/> Sunday		

13. Approved landfill - Name MEADOWFILL LANDFILL		EPA permit number
City	State	Telephone number

14. Name of person filing this notice	Date
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Notes:

Certification number	Name of asbestos hazard abatement specialist 2 for project	Expiration
Certification number	Name of asbestos hazard abatement specialist 3 for project	Expiration