NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY (MDEQ) AIR QUALITY DIVISION
NESHAP, 40 CFR Part 61, Subpart M

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS (LARA), ASBESTOS PROGRAM, P.A. 135 OF 1986, AS AMENDED, Section 220 (1-4) or (8)

1. NOTIFICATION:

Date of Notification: 11/26/2018 Document #: 0000208464
Date of Original: Original Document #:
Notification Type: ☑ Original ☐ Revised ☐ Canceled

Mark appropriate boxes: (both DEQ and LARA may apply):

DEQ (NESHAP) [*260 ln. ft./160 sq. ft. or more is threshold*]

- ☑ Planned Renovation - 10 working days notice
- ☐ Emergency Renovation
- ☐ Scheduled Demolition - 10 working days notice
- ☐ Intentional Burn - 10 working days notice
- ☐ Ordered Demolition

LARA (MIOSHA) [*Will not accept annual notifications*]

- ☑ Demo, Reno, Encap. (>10 ln. ft./15 sq. ft.) 10 calendar days notice
- ☐ Emergency Renovation/Encapsulation

Calculate LARA Asbestos Project Fee:(1% Project Fee) ☑ Time & material
Total Project Cost: $0.00 x 0.01 = $0.00
Type of Contractor: Type II License No: C2684
Licensing Authority: MIOSHA

2. PROJECT SCHEDULE:

☐ Check here if this is a multi-phased project, attach a schedule showing the start/end date of each phase.

	START DATE	END DATE
* Renovation:		
+ Asb. Removal:	12/11/2018	12/13/2018
+ Demolition:		
Encapsulation:		

* Includes setup, build enclosure, asbestos removal, demobilizing, etc.
+Include only those dates you are conducting asbestos removal/demo.

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

	Days of the Week	Work Hours
Asb. Removal:	Tu, W, Th	8:00am-4:30pm
Demolition:		
Encapsulation:		

☐ Check here if the work hours are not the same across the days of the week or vary from day to day and attach a document with Detailed Work Hours.

3. ABATEMENT CONTRACTOR: Internal Project #: 18-710
Name: Environmental Maintenance Engineers, Inc.
Mailing Address: 25851 Trowbridge St.
City/State/Zip: Inkster, MI 48141-2465
E-mail: mikek@teameme.com
Contact: Michael Kelly Phone: 313-791-2600

4. DEMOLITION CONTRACTOR: Internal Project #:
Name:
Mailing Address:
City/State/Zip:
E-mail:
Contact: Phone:

5. FACILITY OWNER: Internal Project #:
Name: Ginosko Development Company
Mailing Address: 41800 W. 11 Mile Rd., Suite 209
City/State/Zip: Novi, MI 48375
E-mail:
Contact: Nathan Keup Phone: 248-513-4900

6. FACILITY DESCRIPTION:
Facility Name: Vacant Commercial Property
Location Address: 1401 Rivard St.
City/State/Zip: Detroit, MI 48207
County: Wayne Age: 75
No. of Floors: 8 If Apt. # of units:
Nearest Crossroad: E. Lafayette
Size: (sq. ft.) 225000 Floor No.: 1
Present Use: Vacant Commercial Property
Prior Use: Commercial/Educational Building
Specific Location(s) in Facility: Basement

7. DISPOSAL SITE:
Name: Carleton Farms Landfill
Location Address: 28800 Clark Rd
City/State/Zip: New Boston, MI 48164

8. WASTE TRANSPORTER(S):
Name: Republic Services
Location Address: 5400 Cogswell
City/State/Zip: Wayne, MI 48184
Name:
Location Address:
City/State/Zip:

9. ORDERED DEMOLITIONS: (See NESHAP regulations for definition of "Ordered Demolition.") A copy of the official Order must accompany this notification.
Gov't Agency Ordering Demo:
Name/Title of Person Signing Order:
Date of Order: Date Ordered to Begin:

10. ASBESTOS INFORMATION

Is asbestos present? *(i.e. Assumed or identified in asbestos inspection report)* ☑ Yes ☐ No Will asbestos be removed prior to demolition? ☐ Yes ☐ No

Estimate the amount of asbestos: *Include RACM (Regulated Asbestos Containing Material) to be removed, encapsulated, etc. Also include the amount and type (floor tile, roofing, etc.) of non-friable Category I and/or Category II ACM that will not be removed prior to demolition. (**NOTE:** In a demolition, cementatious ACM cannot remain in a structure, as it is likely to become regulated in the demolition/handling process. It must be removed prior to demolition. Also, all asbestos must be removed prior to an intentional burn.)*

RACM/ACM to be removed	RACM to be Encapsulated	Non-friable ACM not removed prior to demo. Category I	Category II	Units of Measure
				☐ Ln. Ft. ☐ Ln. M.
260				☑ Sq. Ft. ☐ Sq. M.
				☐ Cu. Ft.* ☐ Cu. M.*

*Volume (cubic ft./meters) should be used only if unable to measure by linear/square measure (example: asbestos has fallen off of surface).

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11. PROJECT DESCRIPTION: Complete **A) for Renovation** (asbestos removal/encapsulation) or **B) for Demolition:**

A) RENOVATION: Mark all surfaces/types of RACM to be removed:

☐ Piping ☐ Fittings ☐ Boiler(s) ☐ Tanks(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Mag Block ☑ Other (describe):
Transite Heat Shields

Encapsulation (for LARA): Mark surfaces/types to be encapsulated:

☐ Piping ☐ Fittings ☐ Boiler(s) ☐ Tanks(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Other (describe):

Method of removal: Describe how the asbestos will be removed:

☐ Glove Bag ☐ Neg. Pressure Cont. ☐ Cut into sections and remove ☐ Hand Scraping
☐ Dry Removal (please provide attachment with a description and explanation ☑ Other (describe):
Regulated Area for Transite Panel Removal

B) DEMOLITION: Indicate if complete or partial demolition:

☐ **Complete** or ☐ **Partial** (describe part of facility to be demolished):

Method of Demolition: Describe the method of demolition of facility, bridge, etc.:

☐ Excavator or other heavy equipment ☐ Disassembly by hand ☐ Explosives ☐ Other (describe):

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal, and until proper disposal:

☑ Water spray to control dust ☑ Place in leak tight containers ☑ Adequately wet material ☐ Other (describe):

13. UNEXPECTED ASBESTOS: Describe the steps you intend to follow in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated:

☑ Stop Work ☑ Wet material ☑ Contact DEQ and abatement contractor ☑ Revise notification ☐ Other (describe):

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS:

A) Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method of analysis. (The determination of the presence or absence of asbestos must be made prior to submitting a renovation/demolition notification):

☑ All suspect materials sampled and analyzed using Polarized Light Microscopy (PLM) ☐ Other (describe):

B) Name, address, and phone number of company performing asbestos survey: Affordable Abatement & Inspections, 313-340-1930, 19312 Schaefer Hwy., Detroit, MI, 48235

C) Name, accreditation number of inspector, and date of inspection: Harrison Flemming, A31169, 01/26/2015

15. EMERGENCY RENOVATIONS: Date/time of emergency:

Describe the sudden, unexpected event:

Explain how the event caused unsafe conditions, and/or would cause equipment damage and/or an unreasonable financial burden:

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the threshold and/or during an ordered demolition. Evidence that this person has completed the required training will be available for inspection at the renovation or demolition site.

Michael Kelly	11/26/2018
Signature of Owner or Abatement/Demolition Contractor	*Date*

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by LARA)

Per Section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

Signature of Building Owner or Lessee	*Date*	*Signature of Asbestos Abatement Contractor Representative*	*Date*

NOTE: **It is not mandatory that a signed copy be sent to LARA unless requested.**

For affected projects, this section of the notification form must be completed, signed, and made part of **your** records before the project begins.

18. I certify that the above information is correct:

Michael Kelly	11/26/2018	Michael Kelly	11/26/2018
Printed Name of Owner/Operator	*Date*	*Signature of Owner/Operator*	*Date*