NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #

I. Type of Notification (O=Original R=Revised C=Canceled)

II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) - Owner = City of Eagle / Contractor = Western States Movers

OWNER NAME: City of Eagle		
Address: 175 E Mission Dr.		
City: Eagle	**State:** ID	**Zip:** 83616
Contact: Eric Ziegenfuss		**Tel:** 208-939-6813
REMOVAL CONTRACTOR:		
Address:		
City:	**State:**	**Zip:**
Contact:		**Tel:**
OTHER OPERATOR: Western States Movers		
Address: 1825 E. Locust Lane		
City: Nampa	**State:** ID	**Zip:** 83687
Contact: Kenny		**Tel:** 208 - 467 -3401

III. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) D

IV. IS ASBESTOS PRESENT? (Yes/No) Yes

V. FACILITY DESCRIPTION (Include building name, number and floor or room number) Church Building

Bldg. Name: Church Building		
Address: 175 E Mission Dr.		
City: Eagle	**State:** ID	**County:** ADA
Site Location: 175 E Mission Dr		
Building Size: 1600 Sq. Ft	**# of Floors:** 1	**Age in Years:** 100
Present Use: Museum	**Prior Use:** Church	

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

Tested at a lab using PLM

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				LnFt:	Ln M:
Surface Area			2160	SqFt: X	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: **Complete:**

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8/19/2020 **Complete:** 8/19/2020

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Moving Building to new location

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

Any siding pieces that are loose will be attach to the building and any pieces that are lost during transport will be deposed of properly.

XII. WASTE TRANSPORTER #1 NA

Name:		
Address:		
City:	**State:**	**Zip:**
Contact Person:		**Tel:**

WASTE TRANSPORTER #2 NA

Name:		
Address:		
City:	**State:**	**Zip:**
Contact Person:		**Tel:**

XIII. WASTE DISPOSAL SITE NA

Name:		
Address:		
City:	**State:**	**Zip:**
Tel:		

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: NA	**Title:**
Authority:	
Date of Order (MM/DD/YY):	**Date Ordered to Begin (MM/DD/YY):**

XV. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event:

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 ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Are procedure if asbestos (siding) falls off the side of the building is to pause the project and depending on the amount we will bring in a abatement contractor

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (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 FOR INSPECTION DURING NORMAL BUSINESS HOURS.

_____ (Signature of Owner/Operator) _____ (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

_____ (Signature of Owner/Operator) _____ (Date)

THE L&R GROUP
ENVIRONMENTAL + LABORATORIES

680 South Progress Avenue, Suite 2A
Meridian, Idaho 83642
208-813-6160
www.TheLandRGroup.com

Attention: Cash Client

680 S Progress Ave #2a
Meridian ID 83642

Received Date: 08/18/2020
Analysis Date: 08/18/2020

Project: Church Morisy, 175 E Mission Dr **Phone:** 208-813-7700

LIMS ID: 20081806
L&R Client ID: 1067
L&R Project ID: 201047T
Analyst: Laurie Kuther

Analysis of Bulk Materials using Polarized Light Microscopy (EPA Method 600/R-93/116)

Sample	Description	Appearance	Non-Asbestos % Fibrous	Non-Asbestos % Non-Fibrous	Asbestos % Type
1 20081806.01	Exterior transite siding	Transite, Fibrous, Firm, Cementitious, Homogenous / Gray		70% Other	30% Chrysotile

Comment :

Analyst : **Laurie Kuther**

Reviewed By: **Marisa Trent**

The report is for the exclusive use of the client only and may not be reproduced, except in full, without written approval by The L&R Group (L&R). L&R is an independent laboratory that performed the analysis of these samples at the request of the client named in this report. All samples submitted the L&R laboratory are analyzed by industry approved standards. L&R maintains only liability limited to the amount paid by the client for laboratory analysis. L&R shall have no liability to the client or the client's customer with respect to decisions or recommendations made, actions taken, or courses of conduct implemented by either the client or the client's customer as a result of or based upon the test results. L&R performed the analysis of the samples submitted by using EPA Method 600/R-93/116, and this report pertains only to the samples as submitted to L&R. Unless requested by the client, building materials manufactured with multiple layers (i.e. linoleum, wallboard, etc.) are reported as a single sample. For the identification of the asbestos fibers, resolution limitations exist for the polarized light microscope. Non-friable, organically bound materials may need additional analysis. For this report, asbestos found in samples will be reported in percentages and fiber type, unless otherwise noted.

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