## REGULATED ASBESTOS MATERIAL WASTE SHIPMENT RECORD

F

Page 1 of 2

| I.    |   | GENERAT  | ONSECTIC   |                               |   |                                     |
|-------|---|--|------------|-------------------------------|---|-------------------------------------|
|       | Facility Name:  |  |            |                               |   |                                     |
|       | Address:  |  |            |                               |   |                                     |
|       | City:   |  | State:     |                               | Zip Code:                               |                                     |
|       | Owner's Name:   |  |            |                               | •                                       |                                     |
| 0.000 | Telephone: ()   |  | Fax: (     | )                             |   |                                     |
| I.    | Operator's Name:  |  |            |                               |   |                                     |
|       | Address:  |  |            |                               |   |                                     |
|       | City:   |  | State:     |                               | Zip Code:                               |                                     |
|       | Telephone: ()   |  |            |                               |   |                                     |
| II.   | Waste Disposal Site (WD   | S) Name:   |            |                               |   |                                     |
|       | "On-Site" Disposal  | 🗆 Yes 🗆 No   |            |                               |   |                                     |
|       | -   |  |            |                               |   |                                     |
|       | <b>Physical Location:</b>   |  |            |                               |   |                                     |
|       | Address:  |  |            |                               |   |                                     |
|       | City:   |  | State:     |                               | Zin Code:                               |                                     |
|       | Telephone: ()   |  | Fax: (     | )                             | Zip Coue.                               |                                     |
|       |   |  |            |                               |   |                                     |
|       | Mailing Address:  |  |            |                               |   |                                     |
|       | City:   |  | State:     |                               | Zip Code:                               | -                                   |
|       | Telephone: ()   |  | Fax: (     | )                             |   |                                     |
|       | Name:<br>Address:<br>City:  |  |            |                               | Zip Code:                               |                                     |
|       |   |  |            | Martin Martin Martin          |   |                                     |
| v.    | Description of  | VI. C  | Containers |                               | VII                                     | Total Quantity                      |
| v.    | Description of<br>Materials   | VI. C<br>Number  |            | Гуре                          | VII                                     | <b>Total Quantity</b> (cubic yards) |
| V.    | -   |  |            | Гуре                          |   |                                     |
| V.    | -   |  |            | Гуре                          |   |                                     |
| V.    | -   |  |            | Гуре                          |   |                                     |
|       | Materials   | Number   | 1          | Гуре                          |   |                                     |
|       | -   | Number   | 1          | Гуре                          |   |                                     |
|       | Materials   | Number   | 1          | Гуре                          |   |                                     |
|       | Materials   | Number   | 1          | Гуре                          |   |                                     |
|       | Materials   | Number   | 1          | Гуре                          |   |                                     |
| VIII  | Materials   | Number<br>ions and Additional Infor  | mation     |                               |   | (cubic yards)                       |
| VIII  | Materials   | Number<br>ions and Additional Infor  | Trmation   | signment are                  | fully and ad                            | (cubic yards)                       |
| VIII  | Materials Materials Generator's Certification above by proper shipping na | Number<br>ions and Additional Infor<br>: I hereby declare that the co<br>ume and are classified, packa | mation     | signment are<br>beled, and ar | fully and acre in all resp              | (cubic yards)                       |
| VIII  | Materials   | Number<br>ions and Additional Infor<br>: I hereby declare that the co<br>ume and are classified, packa | mation     | signment are<br>beled, and ar | fully and acre in all resp              | (cubic yards)                       |
| VIII  | Materials Materials Generator's Certification above by proper shipping na | Number<br>ions and Additional Infor<br>: I hereby declare that the co<br>ume and are classified, packa | mation     | signment are<br>beled, and ar | fully and acre in all resp              | (cubic yards)                       |
| VIII  | Materials Materials Generator's Certification above by proper shipping na | Number<br>ions and Additional Infor<br>: I hereby declare that the co<br>ume and are classified, packa | mation     | signment are<br>beled, and ar | fully and acre in all resp              | (cubic yards)                       |
| V.    | Materials Materials Generator's Certification above by proper shipping na | Number<br>ions and Additional Infor<br>: I hereby declare that the co<br>ume and are classified, packa | mation     | signment are<br>beled, and ar | fully and ad<br>re in all resp<br>ions. | (cubic yards)                       |

## REGULATED ASBESTOS MATERIAL WASTE SHIPMENT RECORD

Page 2 of 2

|       |   | TRANSPORT   | <b>FER SECTION</b>                                       |
|-------|---|---|--|
| X.    | Transporter 1 (Acknowledgement                                    | of receipt of material  | s)   |
|       | Name:   | ^   | · ·  |
|       | Address:  |   |  |
|       | City:   |   | State: Zip Code:   |
|       | Telephone: ()   |   | Fax: ()  |
|       |   |   |  |
|       | Signature   | Date  | Type or Print Name and Title                             |
|       | Rejected Materials (if any)                                       |   | Destination  |
|       |   |   |  |
|       |   |   |  |
| XI.   | Transporter 2 (Acknowledgement<br>Name:                           | •   | ,  |
|       | Address:  |   |  |
|       | City:   |   | State:Zip Code:  |
|       | Telephone: ()   |   | Fax: ()  |
|       |   |   |  |
|       | Signature   | Date  | Type or Print Name and Title                             |
|       | Rejected Materials (if any)                                       |   | Destination  |
|       |   |   |  |
|       |   |   |  |
|       |   |   |  |
|       |   | DISPOSAL S  | ITE SECTION  |
| XII.  | Discrepancy indication space                                      |   |  |
|       |   |   |  |
|       |   |   |  |
|       |   |   |  |
|       |   |   |  |
| XIII. | Waste disposal site owner or opera<br>except as noted in item XII | itor: Certification o   | f receipt of asbestos materials covered by this manifest |
|       |   |   |  |
|       |   |   |  |
|       | Signature   | Date  | Type or Print Name and Title                             |
|       | Signature   | and the second se | Type of Time i value and Title                           |



# Notification of Demolition and Renovation/Abatement

Section 2: Project Address Specific Information

**Division of Air Pollution Control** 

Please complete Section 2 for the address included with this notification. If the project is an "Installation" per OAC 3745-20, complete a separate Section 2 page for each address associated with this notification.

| Ohio EPA Use Only                                     | / Project ID    | #:                          |                     |                |                            |                             |               |            |        |                 |          |         |       |
|---|-----------------|-----------------------------|---------------------|----------------|----------------------------|-----------------------------|---------------|------------|--------|-----------------|----------|---------|-------|
| A. Facility Desc                                      | ription         |                             |                     |                |                            |                             |               |            |        |                 |          | Revise  | ed? 🗌 |
| Building Name (if a                                   | applicable):    |                             |                     | Site L         | ocatio                     | on (specific):              |               |            |        |                 |          |         |       |
| Address:  |                 |                             |                     |                |                            |                             |               |            |        |                 |          |         |       |
| City:   |                 |                             |                     | State          | ::                         | ОН                          | Zip:          | -          |        |                 |          |         |       |
| Building Size (squa                                   | re feet):       |                             |                     |                | No. c                      | of Floors:                  |               |            |        | Age:            |          |         |       |
| Present Use:  |                 |                             |                     |                | Prior                      | Use:                        |               |            |        |                 |          |         |       |
| B. Type of Open                                       | ration (check a | ll that apply)              |                     |                |                            |                             |               |            |        |                 |          | Revise  | ed? 🗌 |
| Demolition  | Reno            | ovation/Abatement – Ty      | pe: 🗌 Removal       |                | Repa                       | ir 🗌 Encapsula              | ation 🔲 E     | Inclosure  |        |                 |          | ,       |       |
| C. Asbestos Pre                                       | sent (check or  | ne)                         |                     |                |                            |                             |               |            |        |                 |          | Revise  | ed? 🗌 |
| 🗌 Yes 🗌 No  |                 | No, previously abated       | Year Al             | oated          | :                          |                             |               |            |        |                 |          |         |       |
| D. Approximate  | Amount of As    | sbestos-Containing Mate     | erials (complete    | table          | belov                      | v and Section 1 #           | 6 if asbestos | s is prese | nt)    |                 |          | Revise  | ed? 🗌 |
|   |                 |                             | Material to b       | be Rei         | move                       | d                           |               |            | Mat    | terial NOT to b | be Rem   | oved    |       |
|   |                 |                             | Non-friat           | ole As         | besto                      | s-Containing Mat            | erial         | Non        | -friab | le Asbestos-Co  | ontainir | g Matei | rial  |
|   |                 | RACM                        | Categor             | γI             | Category II Category I Cat |                             |               | itegory I  | II     |                 |          |         |       |
| Pipes (linear feet)                                   |                 |                             |                     |                |                            |                             |               |            |        |                 |          |         |       |
| Surface area on ot components (ft <sup>2</sup> )      | her facility    |                             |                     |                |                            |                             |               |            |        |                 |          |         |       |
| Volume if length or<br>be measured (ft <sup>3</sup> ) | r area cannot   |                             |                     |                |                            |                             |               |            |        |                 |          |         |       |
| E. Asbestos Aba                                       | atement Sched   | lule and Abatement Spe      | cialist (original n | otific         | ation                      | is required 10 wo           | orking days   | prior to t | he sta | rt of work)     |          | Revise  | ed? 🗌 |
| Setup Date: /   | /               | Abaten                      | nent Date: /        | /              |                            |                             | Con           | nplete Da  | te:    | / /             |          |         |       |
| (Shift 1) Time  | Monday          | / Tuesday                   | Wedneso             | day            |                            | Thursday                    | Frid          | ау         |        | Saturday        |          | Sunda   | у     |
| start/end on site                                     |                 |                             |                     |                |                            |                             |               |            |        |                 |          |         |       |
| Abatement Special                                     | ist Name:       |                             |                     | Cert           | tificati                   | ion #: AS                   |               |            |        | Expiration Da   | ite:     | / /     |       |
| (Shift 2) Time  | Monday          | v Tuesday                   | Wedness             | day            |                            | Thursday                    | Frid          | ау         |        | Saturday        |          | Sunday  | у     |
| start/end on site                                     |                 |                             |                     |                |                            |                             |               |            |        |                 |          |         |       |
| Abatement Special                                     | ist Name:       |                             |                     | Cert           | ificati                    | ion #: AS                   |               |            |        | Expiration Da   | ite:     | ' /     |       |
| F. Demolition C                                       | ontractor (if a | pplicable)                  |                     |                |                            |                             |               |            |        |                 |          | Revise  | ed? 🗌 |
| Name:   |                 |                             |                     |                |                            |                             |               |            |        |                 |          |         |       |
| Address:  |                 |                             |                     |                |                            | Contact Perso               | on:           |            |        |                 |          |         |       |
| City:   |                 |                             |                     | State          | :                          |                             |               |            | Zip:   | -               |          |         |       |
| Email:  |                 |                             |                     | Phon           | e: (                       | ) -                         |               |            | Fax: ( | )               | -        |         |       |
| G. Demolition S                                       | chedule (origir | nal notification is require | ed 10 working da    | iys pr         | ior to                     | the start of work           | <)            |            |        |                 |          | Revise  | ed? 🗌 |
| Start Date: /   | /               |                             | (                   | Comp           | lete D                     | oate: / /                   |               |            |        |                 |          |         |       |
| H. Project Hold                                       |                 |                             |                     |                |                            |                             |               |            |        |                 |          | Revise  | ed? 🗌 |
| Asbestos Abateme<br>Offsite/On Hold as                |                 | /                           |                     |                |                            | oatement<br>Hold, Work Resu | me Date:      | / /        |        |                 |          |         |       |
| Demolition<br>Offsite/On Hold as                      | of Date: /      | /                           |                     | Demo<br>Dn Sit |                            | Hold, Work Resu             | me Date:      | / /        |        |                 |          |         |       |
|   |                 |                             |                     |                |                            |                             |               |            |        |                 |          |         |       |

Page of

Asbestos

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Working with Ohio EPA during the COVID-19 pandemic.

For questions or more information about

this important transition, Email Us or call

# Asbestos

Protection Agency

Effective Jan. 1, 2018, the Ohio Department of Health's asbestos program transferred to the Ohio EPA.

All asbestos-related hard copy forms, with full

fee payment on a check or money order payable to "Treasurer, State of Ohio", must be mailed to Ohio EPA's Central Office

> Asbestos Program Ohio EPA, DAPC P.O. Box 1049 Columbus, OH 43216-1049

Asbestos Program Ohio EPA, DAPC 50 W. Town St., Suite 700 Columbus, OH 43215

(614) 466-0061.

The asbestos program regulates two primary areas:

## **EMISSIONS CONTROL**

The Ohio Administrative Code (OAC) 3745-20 contains regulations for controlling asbestos emissions from demolition and renovation projects. Ohio's regulations are consistent with U.S. EPA's National Emission Standards for Hazardous Air Pollutants (NESHAP) regarding asbestos. The regulations require that contractors do several things, such as provide a notification, conduct thorough inspections to determine the presence of asbestos, follow specific work practices, and ensure proper disposal of asbestos-containing material.

## LICENSE, CERTIFICATION AND COURSE MANAGEMENT

The asbestos program licenses and certifies companies and persons directly involved with the asbestos abatement industry. OAC 3745-22 contains regulations pertaining to contractors performing asbestos removal projects, project supervisors, project designers, workers removing asbestos, persons inspecting buildings for asbestos-containing materials and developing plans to manage asbestos found in a facility, persons conducting air sampling for asbestos and the companies that provide required asbestos training. The

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eBusiness Center: Asbestos Services





# Notification of Demolition and Renovation/Abatement

**Section 1: General Information** 

**Division of Air Pollution Control** 

Work on projects cannot begin until 10 working days after a COMPLETE original notification form, **including payment**, is submitted to Ohio EPA. Instructions and a worksheet for fee calculation are available at **epa.ohio.gov/asbestos**. This form can be completed, and payment made, at **ebiz.epa.ohio.gov**. Questions? **asbestos@epa.ohio.gov** or (614) 466-0061.

| Ohio EPA Use                    | Only Notification #                                    | :  | Postma           | rked: /      | 1                              | Re                         | ceived:        | 1 1                    |             | Hand                         | l-Delivered          |
|---------------------------------|--|--|------------------|--------------|--------------------------------|----------------------------|----------------|------------------------|-------------|------------------------------|----------------------|
| 1) Notifica                     | tion Information (Chec                                 | k all that apply)  |                  |              |                                |                            |                |                        |             |                              |                      |
| Original                        | Revision # (count                                      | t): 🗌 Installation   | Emer             | gency [      | Annual                         | Canc                       | ellation       | Project Co             | unty:       |                              |                      |
|                                 | Residential Exemption                                  |  |                  |              |                                |                            |                |                        |             |                              |                      |
| 2) Owner,                       | Asbestos Abatement Co                                  | ontractor, Billing and Fire D                              | epartmen         | t Informat   | ion                            |                            |                |                        |             |                              | Revised?             |
| Owner                           |  |  |                  |              |                                |                            |                |                        |             |                              |                      |
| Name:                           |  |  |                  |              |                                |                            |                | ls                     | this a com  | npany? 🔲                     | Yes 🗌 No             |
| Address:                        |  |  |                  |              | Contac                         | t Person:                  |                |                        |             |                              |                      |
| City:                           |  |  |                  | State:       |                                |                            |                | Zip:                   | -           |                              |                      |
| Email:                          |  |  |                  | Phone: (     | )                              | -                          |                | Fax: (                 | )           | -                            |                      |
| Asbestos Aba                    | tement Contractor (if a                                | ipplicable)  |                  |              |                                |                            |                |                        |             |                              |                      |
| Name:                           |  |  |                  |              | License #                      | : AC                       |                |                        | Expiratio   | n Date: /                    | / /                  |
| Address:                        |  |  |                  |              | Contac                         | t Person:                  |                |                        |             |                              |                      |
| City:                           |  |  |                  | State:       |                                |                            |                | Zip:                   | -           |                              |                      |
| Email:                          |  |  |                  | Phone: (     | )                              | -                          |                | Fax: (                 | )           | -                            |                      |
| Billing Contac                  | t (Entity paying for orig                              | inal notification)   |                  |              |                                | 1.1.1.2.0.3                |                |                        |             |                              |                      |
| Is this contac                  | t associated with the                                  | Owner, 🗌 Asbestos Ab                                       | atement C        | ontractor,   | or 🗌 Dem                       | olition Con                | itractor (i    | if not instal          | lation)?    |                              |                      |
| Address:                        |  |  |                  |              | Contac                         | t Person:                  |                |                        |             |                              |                      |
| City:                           |  |  |                  | State:       |                                |                            |                | Zip:                   | -           |                              |                      |
| Email:                          |  |  |                  | Phone: (     | )                              | -                          |                | Fax: (                 | )           | -                            |                      |
| Fire Departm                    | ent (if applicable)                                    |  |                  |              |                                |                            |                |                        |             |                              |                      |
| Name:                           |  |  |                  |              |                                |                            |                |                        |             |                              |                      |
| Address:                        |  |  |                  |              | Contac                         | t Person:                  |                |                        |             |                              |                      |
| City:                           |  |  |                  | State:       |                                |                            |                | Zip:                   | -           |                              |                      |
| Email:                          |  |  |                  | Phone: (     | )                              | -                          |                | Fax: (                 | )           | -                            |                      |
| 3) Ohio Asb                     | estos Hazard Evaluatio                                 | on Specialist and Evaluation                               | Procedure        | 9            |                                |                            |                |                        |             |                              | Revised?             |
| Evaluation Sp                   | ecialist:  |  |                  | С            | ertification                   | #: ES                      |                | Expira                 | ition Date: | 1 1                          |                      |
| Procedure, in<br>Category I and | cluding analytical method<br>d Category II non-friable | ods, employed to detect the<br>e asbestos-containing mater | presence<br>ial: | of and to    | estimate th<br>/           Poi | e quantity o<br>nt Count   | of regulat     | ted asbesto<br>I 🔲 Oth | er Method   | ng material<br>I (Explain Be | (RACM) and<br>elow): |
| 4) Procedur                     | es to be followed shou                                 | Id unexpected RACM be dis                                  | covered (        | check all th | nat apply)                     |                            |                |                        |             |                              | Revised?             |
| Stop worl                       | k and keep wet   | Evacuate area  |                  | Demarcate    | area                           |                            | Co             | ontact licens          | sed abater  | nent contra                  | ctor                 |
| Contact d                       | istrict office/local air au                            | uthority   | •                |              |                                |                            |                |                        |             |                              |                      |
| Other (Ex                       | plain):  |  |                  |              |                                |                            |                |                        |             |                              |                      |
| 5) Planned                      | Demolition (check all th                               | nat apply)   |                  |              |                                |                            |                |                        |             |                              | Revised?             |
| Implosion                       | Fire Training  | ormed and method(s) to be<br>Wet Methods Man               | nual Demo        | lition 🗌     | demolition<br>Mechanic         | techniques<br>al Demolitio | to be us<br>on | ed:<br>Other (Exp      | lain):      |                              |                      |
|                                 |  |  |                  |              |                                |                            |                |                        |             |                              |                      |

Mail completed form and payment to: Ohio EPA, DAPC – Asbestos P.O. Box 1049, Columbus, OH 43216-1049

## Notification of Demolition and Renovation/Abatement Section 1: General Information

Continued

| 6) Asbestos Description and   | Engineering Controls (if a | sbestos is being aba        | ted)                  |         |                     |                     |                          |                          |                         | Revised?                     |
|---|----------------------------|-----------------------------|-----------------------|---------|---------------------|---------------------|--------------------------|--------------------------|-------------------------|------------------------------|
| For the material listed in each ensure proper waste handling:   |                            | (s) of ACM to be aba        | ted, engineeri        | ng cor  | ntrols and work pr  | actices t           | o be used                | to minin                 | nize emiss              | sions and                    |
| Type of ACM to be abated:   | Surfacing                  | Mechanical                  | Other                 |         |                     |                     |                          |                          |                         |                              |
| Engineering Controls:   | U Wet Methods              | Glove Bag                   | □ NPE                 |         | AFD                 | 🗌 Ot                | her:                     |                          |                         |                              |
| Work Practices:   | Intact Removal             | 🔲 Manual                    | Mechan                | ical    | Other:              |                     |                          |                          |                         |                              |
| 7) Asbestos Waste Transpor  | ter (if applicable)        |                             |                       |         |                     |                     |                          |                          |                         | Revised?                     |
| Transporter #1 Name:  |                            |                             |                       |         |                     |                     |                          |                          |                         |                              |
| Address:  |                            |                             |                       | Conta   | act Person:         |                     |                          |                          |                         |                              |
| City:   |                            |                             | State:                |         |                     |                     | Zip:                     | -                        |                         |                              |
| Email:  |                            |                             | Phone: (              | )       | -                   |                     | Fax: (                   | )                        | -                       |                              |
| Transporter #2 Name (if applic  | able):                     |                             |                       |         |                     |                     |                          |                          |                         |                              |
| Address:  |                            |                             |                       | Conta   | act Person:         |                     |                          |                          |                         |                              |
| City:   |                            |                             | State:                |         |                     |                     | Zip:                     | -                        |                         |                              |
| Email:  |                            |                             | Phone: (              | )       | -                   |                     | Fax: (                   | )                        | -                       |                              |
| 8) Asbestos Waste Disposal  | Site (if applicable)       |                             |                       |         |                     |                     |                          |                          |                         | Revised?                     |
| Name:   |                            |                             |                       |         |                     |                     |                          |                          |                         |                              |
| Address:  |                            |                             |                       | Conta   | act Person:         |                     |                          |                          |                         |                              |
| City:   |                            |                             | State:                |         |                     |                     | Zip:                     | -                        |                         | c.                           |
| Email:  |                            |                             | Phone: (              | )       | -                   |                     | Fax: (                   | )                        | -                       |                              |
| 9) Emergency Demolition (co   | omplete if you checked "E  | mergency" above ar          | nd "Demolitio         | n" for  | any project)        |                     |                          |                          |                         | Revised?                     |
| A copy of the issued order, incl  | uding the following inform | nation, <b>must be atta</b> | <b>ched</b> to this n | otifica | tion.               |                     |                          |                          |                         |                              |
| Government Official Issuing Or  | der:                       |                             | Title:                |         |                     |                     |                          |                          |                         |                              |
| Agency:   |                            |                             | Authority             | ofOr    | der (Citation of Co | de):                |                          | ø                        |                         |                              |
| Date of Order: / /  | 8                          |                             | Demolitic             | on Dat  | e: / /              |                     |                          |                          |                         |                              |
| 10) Emergency Renovation/A  | batement (complete if yo   | u checked "Emerger          | icy" above an         | d "Rei  | novation/Abatem     | ent" for            | any proje                | ect)                     |                         | Revised?                     |
| Date of Emergency: / /  |                            |                             | Time of E             | merge   | ency: : [           | ] a.m.              | 🗌 p.m.                   |                          |                         |                              |
| Description of Sudden, Unexpe   | ected Event:               |                             |                       |         |                     |                     |                          |                          |                         |                              |
| Explanation of how the event of   | caused unsafe conditions   | or equipment damag          | e:                    |         |                     |                     |                          |                          |                         |                              |
| 11) Attestation   |                            |                             |                       |         |                     |                     |                          |                          |                         | Revised?                     |
| In accordance with Ohio Admin<br>the Administrative Code will su<br>is prohibited by law and I certif | pervise the stripping and  | removal described by        | y this notificat      | ion. I  | acknowledge that    | required<br>the sub | d by parag<br>omission o | raph (B) o<br>f false or | of rule 37<br>misleadir | 45-20-04 of<br>ng statements |
| Signature:  |                            |                             |                       |         | Date:<br>/          | /                   |                          |                          |                         |                              |
| Name:   |                            |                             | Title:                |         |                     |                     |                          |                          |                         |                              |
| Organization:   |                            |                             |                       |         |                     |                     |                          |                          |                         |                              |

Page 2 of



# Division of Air Pollution Control Permitted Asbestos Landfills

| County     | Facility                                       | Address   | Phone          |
|------------|--|---|----------------|
| Allen      | EOLMCⅅ Landfill                                | 1500 Ft Amanda Rd, Lima, OH 45804               | (419) 227-4709 |
| Athens     | Athens-Hocking Reclamation Center Landfill     | 17970 State Route 33, Nelsonville, OH 45764     | (740) 385-6019 |
| Brown      | Rumpke Sanitary Landfill                       | 9427 Beyers Rd, Georgetown, OH 45121            | (513) 851-0122 |
| Cuyahoga   | RKDF Inc.                                      | 950 Valley Belt Rd, Brooklyn Heights, OH 44131  | (216) 986-7000 |
| Fairfield  | Republic Services Pine Grove Regional Facility | 5131 Drinkle Rd, Amanda, OH 43102               | (614) 554-8434 |
| Franklin   | Frank Road Recycling Solutions                 | 2230 Brown Rd, Grove City, OH 43213             | (614) 539-2570 |
| Hamilton   | New Baltimore CCD                              | 6950 River Rd, Harrison, OH 45030               | (513) 851-0122 |
| Hamilton   | Rumpke (Hughes Rd)                             | 10795 Hughes Rd, Cincinnati, OH 45251           | (513) 851-0122 |
| Jackson    | Beech Hollow Landfill                          | 28 AW Long Rd, Wellston, OH 45692               | (513) 851-0122 |
| Logan      | Cherokee Run                                   | 2946 US-62N, Bellefontaine, OH 43311            | (937) 593-3566 |
| Montgomery | Stony Hollow Recycling and Disposal Facility   | 2460 South Gettysburg Ave, Dayton, OH 45418     | (937) 356-6199 |
| Muskingum  | Sidwell Materials Inc.                         | 4620 Limestone Valley Rd, Zainesville, OH 43701 | (740) 840-2422 |
| Ottawa     | Port Clinton Landfill                          | 530 North Camp Rd, Port Clinton, OH 43452       | (440) 774-5042 |
| Pike       | Pike Sanitation Landfill                       | 11775 State Route 220 East, Waverly, OH 45690   | (513) 851-0122 |
| Richland   | Noble Road Landfill                            | 170 Noble Rd E, Shiloh, OH 44878                | (513) 851-0122 |
| Seneca     | Sunny Farms                                    | 12500 West County Road 18, Fostoria, OH 44830   | (419) 436-0505 |
| Stark      | American Landfill Inc.                         | 7916 Chapel St SE, Waynesburg, OH 44688         | (330) 866-3265 |
| Stark      | Countywide Recycling and Disposal Facility     | 3619 Gracemont Ave SW, East Sparta, OH 44626    | (330) 874-3855 |
| Stark      | Minerva Enterprise, LLC                        | 8955 Minerva Road, Waynesburg, OH 44688         | (330) 8663435  |
| Wood       | Evergreen Recycling and Disposal Facility      | 2625 East Broadway St. Northwood, OH 43619      | (419) 666-5136 |

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| FPPA Forms and Resources   |  |                                    |              |            |                  |        |          |            |           |
| Farmland Protection Policy Act, Public<br>Law<br>FPPA Rule, 7 CFR 658<br>Farmland Conversion Impact Rating<br>(Form AD-1006) |  |                                    |              |            |                  |        |          |            |           |
| Farmland Conversion Impact Rating,<br>Corridors (Form NRCS-CPA-106)  |  |                                    |              |            |                  |        |          |            |           |
| Annual Reports   |  |                                    |              |            |                  |        |          |            |           |
| Farmland Protection Policy Act 2019<br>Annual Report 🖂   | Background                                     |                                    |              |            |                  |        |          |            |           |

Farmland Protection Policy Act 2018 Annual Report

Farmland Protection Policy Act 2017 Annual Report

Farmland Protection Policy Act 2016 Annual Report

Archived Annual FPPA Reports

The National Agricultural Land Study of 1980-81 found that millions of acres of farmland were being converted in the United States each year. The 1981 Congressional report, Compact Cities: Energy-Saving Strategies for the Eighties, identified the need for Congress to implement programs and policies to protect farmland and combat urban sprawl and the waste of energy and resources that accompanies sprawling development.

The Compact Cities report indicated that much of the sprawl was the result of programs funded by the Federal Government. With this in mind, Congress passed the Agriculture and Food Act of 1981 (Public Law 97-98) containing the Farmland Protection Policy Act (FPPA) subtitle I of Title XV, Section 1539-1549. On June 17, 1994, the final rules and regulations were published in the Federal Register.

Federal agency projects that convert farmland Other projects completed with Federal assistance.

### Activities not subject to FPPA include:

Federal permitting and licensing

Projects planned and completed without the assistance of a Federal agency Projects on land already in urban development or used for water storage Construction within an existing right-of-way purchased on or before August 4, 1984 Construction for national defense purposes Construction of on-farm structures needed for farm operations Surface mining, where restoration to agricultural use is planned Construction of new minor secondary structures such as a garage or storage shed.

### **Farmland Conversion Impact Rating Form**

If you represent a Federal agency in a project that has the potential to convert important farmland to non-farm use, please contact your local office of the Natural Resources Conservation Service (NRCS) or USDA Service Center. NRCS uses a land evaluation and site assessment (LESA) system to establish a farmland conversion impact rating score on proposed sites of Federally funded and assisted projects. This score is used as an indicator for the project sponsor to consider alternative sites if the potential adverse impacts on the farmland exceed the recommended allowable level.

The assessment is completed on form AD-1006, Farmland Conversion Impact Rating. The sponsoring agency completes the site assessment portion of the AD-1006, which assesses non-soil related criteria such as the potential for impact on the local agricultural economy if the land is converted to non-farm use and compatibility with existing agricultural use.

#### **Program Contacts**

Michael Robotham, National Leader - Technical Soil Services, 202-720-5547

John Andreoni, Management Analyst - Soil & Plant Science Division, 720-544-2841

State FPPA Contacts

NRCS Home | USDA.gov | Site Map | Civil Rights | FO1A | Plain Writing | Accessibility Statement Policy and Links| Non-Discrimination Statement | Information Quality | USA.gov | WhiteHouse.gov Home (/) > Programs (/programs/) > Environmental Review (/programs/environmental-review/) > Noise Abatement and Control

# **Noise Abatement and Control**

### Introduction

HUD's noise standards may be found in 24 CFR Part 51, Subpart B. For proposed new construction in high noise areas, the project must incorporate noise mitigation features. Consideration of noise applies to the acquisition of undeveloped land and existing development as well.

All sites whose environmental or community noise exposure exceeds the day night average sound level (DNL) of 65 decibels (dB) are considered noise-impacted areas. For new construction that is proposed in high noise areas, grantees shall incorporate noise attenuation features to the extent required by HUD environmental criteria and standards contained in Subpart B (Noise Abatement and Control) of 24 CFR Part 51. The interior standard is 45dB.

The "Normally Unacceptable" noise zone includes community noise levels from above 65 decibels to 75 decibels. Approvals in this noise zone require a minimum of 5 dB additional sound attenuation for buildings having noise-sensitive uses if the day-night average sound level is greater than 65 dB but does not exceed 70 dB, or a minimum of 10 decibels of additional sound attenuation if the day-night average sound level is greater than 70 dB but does not exceed 75 dB.

Locations with day-night average noise levels above 75 dB have "Unacceptable" noise exposure. For new construction, noise attenuation measures in these locations require the approval of the Assistant Secretary for Community Planning and Development (for projects reviewed under Part 50) or the Responsible Entity's Certifying Officer (for projects reviewed under Part 58). The acceptance of such locations normally requires an environmental impact statement.

In "Unacceptable" noise zones, HUD strongly encourages conversion of noise-exposed sites to land uses compatible with the high noise levels.

### **HUD Guidance**

Are there potential noise generators in the vicinity of the project? Review general location maps and/or conduct a field review to screen for major roadways (within 1,000 feet), railroads (within 3,000 feet), and military or FAA-regulated airfields (with 15 miles) in the vicinity of the project.

If a noise assessment was performed, was the noise found to be Acceptable, Normally Unacceptable, or Unacceptable?

|            | Site Acceptability Standards                   |                                       |  |  |  |
|------------|--|---------------------------------------|--|--|--|
| Noise Zone | Day-Night Average Sound Level (in<br>Decibels) | Special Approvals and<br>Requirements |  |  |  |
| Acceptable | Not exceeding<br>65 dB                         | None                                  |  |  |  |

The Noise Guidebook has been prepared to serve as the basic reference document for all who are responsible for implementing the Department's noise policy. It brings together training and guidance to complete HUD noise assessments.

### Day/Night Noise Level Electronic Assessment Tool (DNL Calculator)

#### (https://www.hudexchange.info/programs/environmental-review/daynight-noise-level-electronicassessment-tool/)

The Office of Environmental and Energy (OEE) has developed an electronic assessment tool that calculates the Day/Night Noise Level (DNL) site exposure. This is a web-based application of the existing Noise Assessment Guidelines (NAG). It is the basic noise assessment tool; most assessments start here. The DNL Calculator calculates noise from road and railway activity levels. It then combines the noise with airport projections and incorporates the effects of loud, impulsive sound for a site exposure at any Noise Assessment Location. The user-friendly DNL Calculator can document compliance or aid in site planning.

# Barrier Performance Module (https://www.hudexchange.info/programs/environmental-review/bpm-calculator/)

The Barrier Performance Module (BPM) is an automated version of the noise barrier evaluation worksheets and charts in the Noise Guidebook. It reports the amount of noise to be reduced by a particular design and is linked to the DNL Calculator. The output of the DNL Calculator is used as the input to the BPM, but it can also be used stand-alone.

#### Sound Transmission Classification Assessment Tool (https://www.hudexchange.info/stracat/)

The Sound Transmission Classification Assessment Tool (STraCAT) is a web-based application that automates and streamlines the completion of HUD's Figure 19 in The Noise Guidebook. That is the form that reports the noise mitigation performance of wall systems.

#### FAA Noise Map Archive: Airport Noise Exposure Maps

(https://www.faa.gov/airports/environmental/airport\_noise/noise\_exposure\_maps/) This Federal Aviation Administration (FAA) site includes links to noise contour maps for many U.S. airports.

#### Fact Sheet: Recommended Environmental Review Record Documentation to Support an Environmental Impact Statement Waiver for Projects in Unacceptable Noise Conditions

#### (https://www.hudexchange.info/resource/3305/recommended-err-documentation-to-support-an-eiswaiver/)

This fact sheet provides the recommended environmental review record documentation to support an environmental impact statement waiver for projects in unacceptable noise conditions.

#### Fact Sheet: Public Art and Noise Mitigation (https://www.hudexchange.info/resource/5784/fact-sheetpublic-art-and-noise-mitigation/)

This fact sheet provides guidance on integrating public art into noise mitigation projects to make noise mitigation an amenity that is visually interesting and culturally relevant to the residential community.

#### HUD Memo: Application of §51.104 to Land Use Conversions

# (https://www.hudexchange.info/resource/5343/hud-memo-application-of-51-104-to-land-use-conversions/)

This memorandum clarifies existing policy on rehabilitation of existing buildings that changes the original land use. New land uses resulting from rehabilitation may be considered new noise-sensitive uses as if they were new construction. If those new uses are in Unacceptably noise-exposed areas (external noise greater than 75 decibels), an Environmental Impact Statement is required. For more information, contact your Field or Regional Environmental Officer.

FHWA Barrier Design Guidelines