



Florida Department of Environmental Protection
Division of Air Resources Management

DEP Form 62-257 900(1)
Effective 2-9-99
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NOTICE OF ASBESTOS RENOVATION OR DEMOLITION

TYPE OF NOTICE (CHECK ONE ONLY): ORIGINAL REVISED CANCELLATION COURTESY

TYPE OF PROJECT (CHECK ONE ONLY): DEMOLITION RENOVATION
IF DEMOLITION, IS IT AN ORDERED DEMOLITION? YES NO
IF RENOVATION:
IS IT AN EMERGENCY RENOVATION OPERATION? YES NO
IS IT A PLANNED RENOVATION OPERATION? YES NO

I. Facility Name Cedar's Executive Center - Building B & C SE 517
Address 1648 Metropolitan Circle
City Tallahassee State FL Zip 32308 County Leon
Site _____ Consultant Inspecting Site _____

Building Size _____ (Square Feet) # of Floors _____ Age in Years 20+
Prior Use: School/College/University Residence Small Business Other Office Building
Present Use: School/College/University Residence Small Business Other Office Building

II. Facility Owner Steve Allen - The Allen Group Phone (850) 422-3366
Address 3023 Shannon Lake N. Unit 102
City Tallahassee State FL Zip 32309

III. Contractor's Name Simpson Environmental Services, Inc. Phone (352) 583-2509
Address P.O. Box 735
City Trilby State FL Zip 33593
Florida License No. CJC056717 / ZA336 Is the contractor exempt from licensure under section 469.004(7), F.S.? YES NO

IV. Scheduled Dates: (Notice must be postmarked 10 working days before the project start date)
Asbestos Removal (mm/dd/yy) Start: 11/01/2006 Finish: 12/08/2006
Demol/Renovation (mm/dd/yy) Start: _____ Finish: _____

V. Procedures to be Used (Check All That Apply):

<input checked="" type="checkbox"/>	Strip and Removal	<input type="checkbox"/>	Glove Bag	<input type="checkbox"/>	Bulldozer	<input type="checkbox"/>	Wrecking Ball
<input checked="" type="checkbox"/>	Wet Method	<input type="checkbox"/>	*Dry Method	<input type="checkbox"/>	Explode	<input type="checkbox"/>	Burn Down
OTHER: _____							

*MUST OBTAIN PRIOR DEP APPROVAL BEFORE USING A DRY METHOD

VI. Procedures for Unexpected RACM: State and local officials notified if removal is performed. AHERA regulations will be used.

VII. Asbestos Waste Transporter: Name Simpson Environmental Services, Inc. Phone (352) 583-2509
Address P.O. Box 735
City Trilby State FL Zip 33593

VIII. Waste Disposal Site: Name Angelo's Recycled Materials Class _____
Address 41111 Enterprise Road
City Dade City State FL Zip 33525

IX. Amount of RACM or ACM
50,000 square feet surfacing material
_____ linear feet pipe
_____ cubic feet of RACM off facility components
_____ square feet cementitious material
2,070 square feet resilient flooring
_____ square feet asphalt roofing

X. Fee Invoice Will Be Sent to Address in Block Below: (Print or Type)

Simpson Environmental Services, Inc.
P.O. Box 735
Trilby, FL 33593
(352)583-2509

I certify that the above information is correct and 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)

DEP USE ONLY Postmark/Date Received

ID#

RECEIVED

OCT 15 2006

D.E.P.
TALLAHASSEE BRANCH OFFICE