

NOTICE OF ABSENCES REMOVAL OF THE...

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THE BOARD OF DIRECTORS OF THE...

- 1. [illegible]
- 2. [illegible]
- 3. [illegible]

[illegible text]

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**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 Tippecanoe Hills Subdivision Residence # 3
 Address 2504 Hartsfield Road
 City Tallahassee State FL Zip 32303 County Leon
 Site throughout residence Consultant Inspecting Site _____
 Building Size 625 (Square Feet) # of Floors 1 Age in Years 30+
 Prior Use: School/College/University Residence Small Business Other _____
 Present Use: School/College/University Residence Small Business Other will be demo
 II. Facility Owner Florida Northwest Holdings, LLC Phone (850) 567-2399
 Address 8511 Bull Headley Road # 200
 City Tallahassee State FL Zip 32312
 III. Contractor's Name Big Bend Abatement, Inc. Phone (850) 576-0130
 Address 3542 W. Orange Avenue
 City Tallahassee State FL Zip 32310
 Florida License No. CJ - C056666 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: 01/03/2007 Finish: 01/20/2007
 Demo/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: Area Containment, Wet Method, Hepa Vacuum, Negative Air
 VII. Asbestos Waste Transporter: Name Big Bend Abatement, Inc. Phone (850) 576-0130
 Address 3542 W. Orange Avenue
 City Tallahassee State Florida Zip 32310
 VIII. Waste Disposal Site: Name Thomasville Solid Waste Facility Class _____
 Address 88 Landfill Road
 City Thomasville State Georgia Zip 31799

IX. Amount of RACM or ACM
1250 square feet surfacing material
 _____ cubic feet of RACM off facility components
 _____ square feet cementitious material
 _____ square feet resilient flooring
 _____ square feet asphalt roofing

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

<u>3542 W. Orange Avenue</u>
<u>Tallahassee, FL 32310</u>

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.

Wanda S. Reeves 12/11/06
 (Signature of Owner/Operator) (Date)

DEP USE ONLY Postmark/Date Received ID#

RECEIVED

DEC 15 2006

D.E.P.
TALLAHASSEE BRANCH OFFICE