

NOTIFICATION OF DEMOLITION

1. Type of notification: { } ORIGINAL { } REVISED

2. Facility info; Owner: IOWA DEPT OF TRANSPORTATION
Engineer: SIOUX CITY RESIDENT CONST OFFICE
U.S. 75 NORTH, P.O. BOX 80117
SIOUX CITY, IA 51108-0117 ph: 712.239.1367

Prime Contractor: GRAVES CONSTRUCTION CO., INC.
1810 340TH STREET
P.O. BOX 1417
SPENCER, IA 51301 ph: 712/262-2403

Removal Contractor if not the Prime: _____

Address: _____

2a. Contact Person: _____ ph: _____

3. Type of operation: DEMOLITION / REMOVAL OF EXISITNG BRIDGE

4. Is asbestos present?: { } NO { } YES

5. Facility description: (existing bridge data from plans or Engineer)
(new) FHWA No.: 052901 Bridge Maintenance No.: _____
Rte/Cnty/St: U.S. 20 / WOODBURY / IOWA
Location: _____

Present/Prior Use: Vehicular bridge / Vehicular bridge
Size: _____ sq.ft. No. of Floors: 1 Age: _____ Yrs

6. Procedure, including analytical method, if appropriate, used to detect the
presence of asbestos material: {X} PLM { } Inspected by competent person.

7. Scheduled removal dates: Start ____/____/20____ Complete ____/____/20____

8. Procedures to be followed in the event that unexpected asbestos is found or
previously non-friable asbestos material becomes crumbled, pulverized, or
reduced to powder: STOP WORK. CALL A CERTIFIED ASBESTOS CONTRACTOR.

9. I certify that the above information is correct to the best of my knowledge.

(Signature of Prime Contractor Representative) (Date)

Attention GRAVES CONSTRUCTION CO., INC.
This form is specific to Contract Line No. 0030 for WOODBURY County
project BRF-020-1(83)--38-97.
o Verify or correct response to item 6.
o Complete items 1, 2, 2a, 4, 5, 7, and 9.
o Send a copy to the Engineer shown in item 2.
o Send the original to the DNR at the following address:
Air Quality Bureau
Attn: Mr. Marion Burnside
Iowa Department of Natural Resources
7900 Hickman Road, Suite 1
Des Moines, IA 50322 FAX: 515/242-5094

Contract No.: 97-0201-083 15AUG2006 / 011 (modified form 536101) elist91

