## DEPARTMENT OF ENVIRONMENTAL QUALITY AIR QUALITY DIVISION

**ACTIVITY REPORT: Demo/Reno Inspection** 

U55151260933150

FACILITY: Lloyd House II		SRN / ID: U551512609	
LOCATION: 909 1st Street, M	enominee	DISTRICT: Upper Peninsula	
CITY: Menominee		COUNTY: Menominee	
CONTACT: Jim Marcello, Fie	ld Manager	ACTIVITY DATE: 01/27/2016	
STAFF: Joe Scanlan	COMPLIANCE STATUS: Compliance	SOURCE CLASS:	
SUBJECT: Unannounced insp	ection to determine compliance with the asbestos NES	SHAP	
RESOLVED COMPLAINTS:			

**ASBESTOS INSPECTION DATE: 1/27/2016** 

DEQ-ASBESTOS NESHAP STAFF: Joseph Scanlan

FACILITY: Lloyd House II

FACILITY OWNER: Woda Construction, Inc.

ABATEMENT CONTRACTOR: Balestrieri Environmental & Development, Inc.

ASBESTOS SURVEY: Pearson Asbestos Abatement—Gary Christensen

<u>DEMOLITION/RENOVATION CONTRACTOR</u>: Balestrieri Environmental & Development, Inc.

**DISPOSAL SITE: Michigan Environs, Inc. (Waste Management)** 

LOCATION: 909 1st Street, Menominee

<u>DESCRIPTION</u>: Lloyd House II is a two-story, 18,000 square foot, brick structure located in downtown Menominee on the east side of 1<sup>st</sup> Street, facing Lake Michigan. The lower levels were formerly retail space (e.g., candy store) and the upper level was originally a bowling alley. The building was heated by means of a radiant heating system (steam boiler) which utilized cast iron radiators. Like its neighbor, the Lloyd House, Lloyd House II will be renovated into housing units. 17 units total, ranging from 600-1000 square feet.

INSPECTION: I met Mr. Jim Marcello, Field Manager for Balestrieri, as I entered the facility grounds. Mr. Marcello was very amicable and invited to guide me throughout the structure. Mr. Marcello's two-man crew had just gone to lunch and there was no work activity happening at the site during my visit. The building was completely gutted aside from the plastered load-bearing exterior and interior walls. All plumbing, electrical, and heating systems and components had been removed.

At the time of inspection, the only remaining ACM was window glazing/caulk—asbestos-containing vinyl floor tile and linoleum had already been removed by the Balestrieri crew. The subfloor had been removed with the vinyl floor tile/linoleum attached, reducing handling of the ACM. Windows will be removed whole and bagged and disposed of as ACM by the Balestrieri crew. Mr. Marcello explained that there were unexpected delays due to the required historical preservation of certain aesthetics of the structure; otherwise the windows would have already been removed (MSHDA & SHPO funding requirements).

SUMMARY: I did not observe any violations of the asbestos NESHAP. ACM was mostly limited to nonfriable flooring; the amount of window glazing was unsubstantial and would not have triggered NESHAP regulations.

NAME

DATE 2 5 16

SUPERVISOR

## NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY (MDEQ) AIR QUALITY DIVISION
NESHAP, 40 CFR Part 61, Subpart M

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS (LARA), ASBESTOS PROGRAM, P.A. 135 OF 1986, AS AMENDED, Section 220 (1-4) or (8)

The state of the s	ESTIAT, 40 CFR Taltor, St	ibpart IVI		1.A. 155 OF 1900	, AS AMENDED, Section 220 (1-4) or (6)	
1. NOTIFICATION:			4. DEMOLITIO	ON CONTRACTOR: Inte	ernal Project #:	
Date of Notificatio	n: 12/17/2015 Doc	ument #: 0000013672	Name:			
Date of Original:	THE CONTRACTOR OF THE CONTRACT	inal Document #: 0000010072	Mailing Ad	Mailing Address:		
Notification Type:	☐ Original ☑ F	tevised   Canceled	City/State/	Zip:		
Mark appropriate	boxes: (both DEQ and LA	RA may apply):	E-mail:			
DEQ (NESHAP) [260 In. ft./160 sq. ft. or more is threshold]		Contact:		Phone:		
☑ Planned Renovation - 10 working days notice		E FACILITY (	5. FACILITY OWNER: Internal Project #:			
☐ Emergency F	AND STATE	101100	MOREON CONTROL		ternal Project #:	
577.00 340.00 M 16 36 17-37 N	emolition - 10 working days	notice		oda Construction, Inc.	ar Part Voler	
☐ Intentional Burn - 10 working days notice		Mailing Ad	Mailing Address: 229 Huber Village Blvd Ste 100			
		City/State/	City/State/Zip: Westerville, OH 43081			
☐ Ordered Demolition  LARA (MIOSHA) [Will not accept annual notifications]			E-mail:	E-mail:		
2004 A C T 24 W C C C TOO S	THE WITH MICH. IN . IN	00. Oc. 401 les	Contact:	Tamara la	Phone: 614-396-3238	
	, Encap. (>10 ln. ft./15 sq. ft	) To <u>calendar</u> days notice		₩.		
	Renovation/Encapsulation					
100 1720VU at 180	sbestos Project Fee:(1% Pr	LEC CONTRACTOR CONTRACTOR		ESCRIPTION:		
Total Project Cost:	\$0.00	$\times 0.01 = \$0.00$		me: Lloyd House II		
Type of Contractor:		License No:		ddress: 909 1st Street	- o	
Licensing Authority:				Zip: Menominee, MI 4985		
2. PROJECT SCHED	ULE:		No. of Floo	Menominee Age: 1		
☐ Check here if th	is is a multi-phased project,	attach a schedule showing the sta	rt/end		If Apt. # of units:	
date of each ph			Nearest Cr		Tions No.	
-	START DATE	END DATE	Size: (sq. f	e: Vacant	Floor No.:	
* Renovation:	11/20/2015	04/00/0046		Commercial		
+ Asb. Removal:	11/30/2015	01/29/2016	and here we		way from 1st floor to top of basement	
+ Demolition:			PUC #000Y044Y449001,140548	WARNING ACAMED ACAMED AND THE PERSON DECEMBER OF THE PROPERTY OF THE PERSON DECEMBER OF THE	, Men's and women's restroom.	
Encapsulation:		N.				
	ouild enclosure, asbestos remov se dates you are conducting ast		7. DISPOSAL	SITE:		
WIND STORE OF THE STORE	2012 0 000 10 10 10 10 10 10 10 10 10 10 10	ated days of the week and work he	auro.	ichigan Environs Inc		
	of scheduling a compliance		Location A	ddress: W6111 Elmwood		
* 3.5	Days of the Week	Work Hours	City/State/2	Zip: Menominee, MI 4985	58	
Asb. Removal:	M, Tu, W, Th, F	M-F 7a-4p	8. WASTE TR	ANSPORTER(S):		
			Name: \	Vaste Management		
Demolition:			Location A	ddress: W6111 Elmwood	Road #4	
			City/State/2	Zip: Menominee, MI 4985	58	
Encapsulation:			Name:			
Obselvberg Killer		oss the days of the week or vary from o	Location A	ddress:		
	work nours are not the same acr document with Detailed Work Ho		City/State/2	Zip:		
3. ABATEMENT CON		al Project #:	9 ORDERED I	SEMOLITIONS: (See NESHA	AP regulations for definition of "Ordered	
	i Environmental & Developm			A copy of the official Order must	garamatan watan anggangan kantanggan ang at Amatan ang at ang	
	1538 Country Club Parkwa		Covit Agon			
Section 1 First 1 Constitution 1 Con		-9		Gov't Agency Ordering Demo:		
City/State/Zip: E-mail: field@bal	Elkhorn, WI 53121			Name/Title of Person Signing Order:		
Contact: Kenneth		262 742 2800	Date of Ord	ier: Da	ate Ordered to Begin:	
Contact: Kerinetii	Dalestrien	Phone: 262-743-2800				
10. ASBESTOS INFO	RMATION					
Is asbestos prese	nt? (i.e. Assumed or identified i	n asbestos inspection report)	Yes ☐ No Will	asbestos be removed prior	to demolition?	
		470			ount and type (floor tile, roofing, etc.) of	
Col. (1) Col	X	<u>vill not</u> be removed prior to demolition. <u>st</u> be removed prior to demolition. Also,			in in a structure, as it is likely to become	
RACM/ACI	085831 do	M to be	Non-friable ACM not re	103	X.	
		apsulated	Category I	Category II	Units of Measure	
to be remo		apodiatod	9 8			
to be remo			W. Committee	T		
to be remo		-podiated	7		☐ Ln. Ft. ☐ Ln. M.	
		pouldiou	N		thing per versu arrest con	
to be remo		pouldiou			☐ Ln. Ft. ☐ Ln. M.  ☑ Sq. Ft. ☐ Sq. M.	
		poulated			☑ Sq. Ft. ☐ Sq. M.	
					ding per versu street or one	

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH (continued)

1.000	PROJECT DESCRIPTION: Complete A) for Renovation (asbestos remova	- A						
	A) RENOVATION: Mark all surfaces/types of RACM to be removed:	Enca	osulation (for LARA): Mark surfaces/types to be encapsulated:					
	☐ Piping ☐ Fittings ☐ Boiler(s) ☐ Tanks(s)	□ P	ping					
	☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(		eam(s)	(s)				
	☐ Mag Block ☑ Other (describe):		ther (describe):					
	Floor tile, linoleum, window caulk							
	Method of removal: Describe how the asbestos will be removed:							
	☑ Glove Bag ☑ Neg. Pressure Cont. ☑ Cut into sections	and remove	☑ Hand Scraping					
	☐ Dry Removal (please provide attachment with a description and ex		Other (describe):					
	B) DEMOLITION: Indicate if complete or partial demolition:							
		л.						
	☐ Complete or ☐ Partial (describe part of facility to be demolished	1):						
	Method of Demolition: Describe the method of demolition of facility, to	_						
	☐ Excavator or other heavy equipment ☐ Disassembly by	nand L	Explosives					
12 F	NGINEERING CONTROLS: Describe work practices and engineering cor	ntrols used to pr	event visible emissions before, during, and after removal, and unl	il proper disposal:				
	✓ Water spray to control dust ✓ Place in leak tight containers	Calculate Section 1	tely wet material	ii proper dioposai.				
,	Full negative air pressure containment and glovebag methods will be utilize			ent				
	an regarde an process containment and grovering methods will be atting	cod. I ordoridi di	Thomsoning. Clourdings will be full prior to tour down or containing	oric.				
13 1	INEXPECTED ASBESTOS: Describe the steps you intend to follow in the	event that uney	nected RACM is found or previously non-friable ashestos become	es friable				
10. 0	(crumbled, pulverized, reduced to powder, etc.) and therefore regulated:		pected NAOW is found of previously non-mable aspestos become	33 Mabic				
	☑ Stop Work ☑ Wet material ☑ Contact DEQ ar		ntractor	describe):				
(	Change scope of work, contain area, utilize proper methods, HEPA vaccu	um, etc.		•				
14 P	ROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS:							
14.1	A) Indicate how you determined whether or not asbestos is in the facility.	If analytical sar	mpling was used, describe method of analysis. (The determination	of the presence				
	or absence of asbestos must be made prior to submitting a renovation	2 COLON DE CONTRA DE		r or the presence				
	✓ All suspect materials sampled and analyzed using Polarized Light		and the state of t					
	B) Name, address, and phone number of company performing asbestos survey: Pearson Asbestos Abatement, 906-786-3001, MI,							
	B) Name, address, and phone number of company performing asbestos	survey: Pearso	on Asbestos Abatement, 906-786-3001, MI,					
	Taxables accounts to the second to the secon	1044 AV 102						
	B) Name, address, and phone number of company performing asbestos C) Name, accreditation number of inspector, and date of inspection: Ga	1044 AV 102						
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