

N O T I F I C A T I O N O F D E M O L I T I O N

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 EXISTING 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: ☒ 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