

**Notification for Demolition and/or Renovation  
 and Application for Permit Exemption**  
 Form 4500-113 (R 8/11)

**Notice:** Completion of this information is mandatory under ch. NR 406.04, 410.05 and 447.07, Wis. Adm. Code. Penalties for failure to provide complete information requested include forfeitures of \$10 to \$25,000, fines of up to \$25,000 and imprisonment for up to six months [s. 285.87, Wis. Stats.]. This form may be used to meet the notification requirements for the Department of Health Services, ch. DHS 159, Wis. Adm. Code. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.].

**Instructions:** Notification to the Department of Natural Resources (DNR) or the Department of Health Services (DHS) may be submitted using Form 4500-113, online system (<http://dnr.wi.gov/topic/demo/asbestos.html>) or this paper version. Return completed form to the appropriate office listed on page 4. The DNR does not accept FAXed copies of original or revised notifications.

**1. Project Information**

Notification Type <input type="radio"/> After-the-Fact <input type="radio"/> Cancellation <input type="radio"/> On Hold <input type="radio"/> Original <input checked="" type="radio"/> Revised	Contractor Project No.	Notification ID
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Project Type

- Abatement/Demolition    Enclosure, Encapsulation or Repair (DHS)    Planned Renovation/Abatement (Annual-DNR)  
 Abatement/Renovation    Fire Training Burn    Planned Renovation Project (DHS)  
 Demolition    Ordered Demolition (See page 2, 4b)    Planned Renovation Subproject (DHS)  
 Emergency Renovation/Abatement (See page 2, 4a)

**2. Date of DNR Required Pre-Project Asbestos Inspection**

Start (mm/dd/yyyy) 5-22-2012	End (mm/dd/yyyy) Same	Name Zachary Erickson	WI Inspector No. AII115368
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Asbestos present?  Yes  No

**3. Dates of Asbestos Abatement and Renovation/Demolition**

a. Abatement Start (mm/dd/yyyy) 8-26-2013	Abatement End (mm/dd/yyyy) 8-29-13	b. Reno/Demo Start (mm/dd/yyyy) 10/01/2013	Reno/Demo End (mm/dd/yyyy) 11/30/2013
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Work Days:  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.  Sun. Work Hours: Start 07:00 End 16:00

Describe the project location (building or room), project schedule or other site specific information.

Oakland Town Hall

**4. Facility Information**

Facility Name Oakland Town Hall	County DOUGLAS			
Address Line 1 6410 South County RD B	City South Range	State WI	ZIP Code 54874	
Address Line 2	Age (yrs.) 91	Size (square ft.)	Stories (#) 1	Living Units (#) 0

Prior and Current Uses

	Prior	Current		Prior	Current		Prior	Current
Bridge	<input type="checkbox"/>	<input type="checkbox"/>	Industrial	<input type="checkbox"/>	<input type="checkbox"/>	Residence	<input type="checkbox"/>	<input type="checkbox"/>
Commercial/Business	<input type="checkbox"/>	<input type="checkbox"/>	Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	K-12 School	<input type="checkbox"/>	<input type="checkbox"/>
Farm Building	<input type="checkbox"/>	<input type="checkbox"/>	Office	<input type="checkbox"/>	<input type="checkbox"/>	Ship/Boat	<input type="checkbox"/>	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	Public Building (Church, Library, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	University/College	<input type="checkbox"/>	<input type="checkbox"/>
						Vacant	<input type="checkbox"/>	<input checked="" type="checkbox"/>

During abatement the structure will be:  Vacant  Occupied *If occupied, complete and post an Asbestos Occupant Protection Plan, Form DPHF-44016.*

Single family home/garage/less than 5 living/apartment units?  Yes  No

Does the project have one or more houses that are part of an urban renewal, city/county condemnation, highway construction project or project to develop a shopping mall, industrial facility or other private development?  Yes  No

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a. If an emergency abatement/renovation, complete the following information (attach additional sheets if necessary):

Date (mm/dd/yyyy)	Time (12-hour clock)	<input type="radio"/> am <input type="radio"/> pm
Description of sudden, unexpected event.		

Explanation of how event caused unsafe condition, potential equipment damage or an unreasonable financial burden.

b. If an ordered demolition, identify the government agency issuing the order and attach a copy of the order. To meet the requirements of an ordered demolition under NR 447, the building must be in imminent danger of collapse.

Name	Title	
Authority	Date of Order (mm/dd/yyyy)	Date Order to Begin (mm/dd/yyyy)

**5. Owner Information**

Owner Name Town of Oakland			
Address Line 1 6410 South County RD B		Address Line 2	
City South Range		State WI	ZIP Code 54874
Contact Robert Warner		Telephone Number (715) 392 8017	Email

**6. Asbestos Information**

a. No. of Structures to be Demolished 1	Will mechanical means be used for abatement or is the material in poor condition? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, see 6b.
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b. Removal Methods and Conditions: If any Cat I or II nonfriable materials on this project will be removed by mechanical chipping or drilling, cutting or sawing, abrading or grinding, add these material amounts to the Friable/RACM Surface Area box. If any Cat I or II nonfriable materials are in "poor condition" meaning the material is peeling, cracking or crumbling, add these material amounts to the Friable/RACM Surface Area box.

Amount of Asbestos, including: A. Regulated Friable Asbestos/RACM to be removed. B. Category I & II ACM TO BE removed. C. Category I & II ACM NOT removed.	A. Friable Asbestos/RACM TO BE removed	B. Nonfriable Asbestos Material TO BE removed		C. Nonfriable Asbestos Material NOT removed before demolition	
		CAT I	CAT II	CAT I	CAT II
Pipes (linear feet)					
Surface (square feet)		300			
Volume (cubic feet)					

c. Indicate the inspection procedure, including analytical methods, used to detect the presence of the ACM.

Bulk Samples of Suspect ACM were collected by physically excising part of a representative material submitted to EMC Labs Inc for analysis using EPA Method 600/M4-82-020

d. Description of the asbestos material involved and its location in the facility to be demolished/renovated.

Floor tile in Kitchen and Closet/Furnance room  
3 roof vent penetration. tar on top of Block Chimney  
in attic

e. Description of abatement, renovation and/or demolition work, including specific abatement/demolition methods to be used.

Hand scrape tile. Saws all around roof flashing leaving intact.

f. Description of abatement work practices/engineering controls and waste handling procedures, specific to this site, used in preventing ACM emissions. *Wetting tile before removing and double bagging*

g. Description of procedures to be followed if asbestos not previously identified is found or not previously nonfriable asbestos becomes crumbled, pulverized or reduced to a powder. *Seal off rooms with plastic and duct tape  
 Bring in Negative Air Machine*

**7. Asbestos Contractor Information**

Contractor Name: *MTM Remodeling*

Address Line 1: *5301 E 1st St* County: *Douglas*

Address Line 2: City: *Superior* State: *WI* ZIP Code: *54880*

Contact: *Marty Curtiss*

Telephone Number: *(218) 390 1801* Email: *siadobe@charter.net*

**8. Fee Information**

Based on the values in Table 1, use the charts below to determine the fee for the notification. Fees are payable to the appropriate agency, DNR OR DHS.

**a. DNR Fees**

Project Type	Quantities to be Abated * Refer to the table in Section 6 to determine fee submittal amount * Make checks payable to WI Dept. of Natural Resources	Check Amount Due	Amount Rec'd By DNR
Demolition	Fire department training exercise on a single residential structure	<input type="checkbox"/> \$100	
Demolition	Less than 160 square and 260 linear feet of friable or any amount of nonfriable ACM	<input checked="" type="checkbox"/> \$135	
Reno/Demo	Original notification estimate of friable asbestos/RACM has changed by at least 20% during the project	<input type="checkbox"/> \$100	
Reno/Demo	At least 160 sq. or 260 ln. ft. friable asbestos/RACM but less than 1000 combined feet	<input type="checkbox"/> \$400	
Reno/Demo	Combined square & linear feet friable asbestos/RACM quantities of at least 1000 feet but less than 5000 feet	<input type="checkbox"/> \$700	
Reno/Demo	Combined square & linear feet friable asbestos/RACM quantities of at least 5000 feet	<input type="checkbox"/> \$1,325	
Reno/Demo	After-the-Fact notifications require double the appropriate fee listed above.	<input type="checkbox"/> \$	

**Asbestos Renovation/Demolition Fees - Check or money order must be submitted with notification to DNR Asbestos Coordinator**

**b. DHS Fees**

TYPE AND AMOUNT OF ASBESTOS: Location:  Interior  exterior

**Friable** - Submit notification for:  < 260 linear feet  < 160 square feet  < 35 cubic feet  
 Any amount of asbestos in residential buildings with fewer than 5 units  
 Type:  Pipes/ducts  Surfacing  Other friable ACM: \_\_\_\_\_

**Non-Friable** - Submit notification for asbestos projects involving:  
 Flooring:  Any amount, intact manual methods, or,  < 160 square feet, mechanical chipping  
 Roofing:  Any amount, intact manual methods, or,  < 5,580 square feet, mechanical chipping  
 Siding: Any amount, intact methods only  
 Other non-friable ACM: \_\_\_\_\_

Total Amount of Asbestos		Fee	Received
Linear Feet		<input type="checkbox"/> No Fee Required	
Square Feet		<input type="checkbox"/> \$50	
Cubic Feet		<input type="checkbox"/> \$100	

For payment methods see Instructions and fees.

Original notice, 2 or more working days  Sub-project  Revision, less than 2 working days

Original notice, 2 or less than working days  Planned renovation project notice

PROJECT NOTIFICATION AFFIDAVIT -- I am an authorized representative of the abatement company named above. I certify that the information provided on this form is correct to the best of my knowledge and that this project complies with Ch. DHS 159.Wis. Adm. Code.

Signature: \_\_\_\_\_ DHS Certification Number: \_\_\_\_\_ Date Signed: \_\_\_\_\_

If DHS fees apply, this notification is complete. Fax notification and credit card payment to 608-266-9711. To mail, see address on page 4. If DNR fees apply, complete page 4.

**9. Demolition Contractor Information**

Contractor Name Oakland Volunteer Fire Dept training exercise  
Address Line 1 6410 S. Cty Hwy B County DOUGLAS  
Address Line 2 South Range State WI ZIP Code 54874  
Contact Randy Martin  
Telephone Number ( ) Email

**10. Transporter Information**

Name Marty Curtiss  
Address Line 1 5301 E 1st St County DOUGLAS  
Address Line 2 Superior State WI ZIP Code 54880  
Contact  
Telephone Number ( ) Email

**11. Disposal Information**

Disposal Site 15 Moccasin Mike Road  
Address Line 1 DOUGLAS County DOUGLAS  
Address Line 2 Superior State WI ZIP Code 54880  
Contact Darlene McNamara  
Telephone Number 715 395-7506 Email

**12. DNR Certification**

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

Printed Name MARTY CURTISS Company and Title M-M Remodeling  
Signature [Signature] Date Signed 8/30/2013

**13. Agency Notification**

Indicate which of the following agencies/offices were sent a copy of the demolition/renovation notification. DNR has been delegated notification authority-- USEPA no longer requires a copy of the notification. Note: Dry asbestos removal requests must be pre-approved by DNR, prior to required notification.

Department of Natural Resources  
Asbestos Coordinator, AM/7  
Bureau of Air Management  
P.O. Box 7921  
Madison, WI 53707-7921

Department of Health Services  
Division of Public Health  
Asbestos/Lead(Pb) Section  
P.O. Box 2659  
Madison, WI 53701-2659

Bob Warner  
Town of Oakland  
6410 South County road B  
South Range WI 54874

Bob

Attached is the revised notice for you to send the DNR. Please fill in the ORANGE highlighted sections on page 1 and send to DNR address listed on page 4. PLEASE NOTE The required fee has already been paid with original notice, so no additional funds are required with the revision.

Any question Feel free to call  
Marty Curtiss  
218-390-1801