



City of Cleveland  
Frank G. Jackson, Mayor

Department of Public Health  
Division of Air Quality  
75 Erieview Plaza, Second Floor  
Cleveland, Ohio 44114-1839  
216/664-2297 • Fax: 216/420-8047  
www.clevelandhealth.org

**SERVING OHIO EPA AS AGENCY 13  
FOR CUYAHOGA COUNTY**

**CERTIFIED MAIL 7011 3500 0000 1759 9574  
RETURN RECEIPT REQUESTED**

December 10, 2012

Jeffery Patterson  
Chief Executive Officer  
Cuyahoga Metropolitan Housing Authority  
8120 Kinsman Road  
Cleveland, Ohio 44104

**RE: 10923 Woodland Ave. Unit I  
PROJECT ID: CL 13 502  
RESOLUTION OF VIOLATIONS  
NOTICE OF VIOLATION FOLLOW-UP LETTER**

Dear Mr. Patterson:

On November 26, 2012, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation requiring Cuyahoga Metropolitan Housing Authority (CMHA) to submit an Ohio Environmental Protection Agency's Notification of Demolition and Renovation form for the renovation project underway at 10923 Woodland Ave., Unit I. CDAQ is in receipt of the Notification form as of November 29, 2012. CDAQ is also in receipt of a corrective action plan via email dated December 10, 2012.

The corrective action plan was received in a timely manner and appropriate steps were taken to bring the project into compliance. CDAQ has determined that no further enforcement action is warranted at this time, but reserves its right to take such action in the future if necessary.

CDAQ issues this letter with Ohio EPA's concurrence and does not excuse any violations of local, state and federal laws or regulations regarding air pollution control. Violations of air pollution control laws may be pursued in local court or referred to Ohio EPA or U.S. EPA for further enforcement action. Should you have any questions, please call Mike Samec at 216-420-7682. All correspondence with CDAQ must include the Ohio EPA project identification number for 10923 Woodland Ave: CL 13 502.

Sincerely,

Valencia White  
Chief of Enforcement, CDAQ

VW/ms



cc: John Paulian, Ohio EPA Central Office  
Brian Dickens, U.S. EPA Region V  
Jeffrey Wade, CMHA  
Josh Koch, ODH  
L:\Data\Facilities\+ Programs\Asbestos\Sites\CMHA\10923 Woodland Unit  
I\2012-11-02 RTC.docx



December 10, 2012

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Mr. Mike Samec  
City of Cleveland  
Department of Public Health  
Division of Air Quality  
75 Erieview Plaza, Second Floor  
Cleveland, Ohio 44114-1839

**RE: 10923 Woodland Avenue, Unit I**

Dear Mr. Samec:

On behalf of Mr. Jeffery Patterson, I am writing in response to Ms. Valencia White's letter of November 26 regarding the referenced site. Please find enclosed a copy of the required Notification of Demolition and Renovation form that was filed with your office on December 2, 2012. Additionally, an asbestos survey of 10923 Woodland Avenue, Unit I, will be conducted by Precision Environmental on December 13, 2012. As there are no other renovations, either planned or presently occurring, at the Woodhill Estate that may encounter Asbestos Containing Material (ACM), no additional survey is necessary. Should, however, the Housing Authority initiate renovation projects in the future that may involve ACM, the projects will conform to the requirements of the Asbestos National Emission Standard for Hazardous Air Pollutants.

Thank you for your kind assistance with this matter, and should you have any questions, please contact me.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Jeffrey D. Wade', is written over a horizontal line.

Jeffrey D. Wade  
Associate General Counsel

enclosures

cc: Ms. Valencia White, Chief of Enforcement, CDAQ  
Mr. Jeffery K. Patterson  
file

Jeffery K. Patterson, Chief Executive Officer, Cuyahoga Metropolitan Housing Authority

**OHIO ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF DEMOLITION AND RENOVATION**

Operator Project #	Postmark	Date Received	Notification #																												
<b>I. Type of Notification (check one):</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled <input type="checkbox"/> Blanket																															
<b>II. Facility Description (include building name, and floor or room number)</b> Building Name: <u>Woodhill Estates</u> Address: <u>10923 Woodland Avenue</u> City: <u>Cleveland</u> State: <u>Ohio</u> Zip Code: <u>44104</u> County: <u>Cuyahoga</u> Site Location (specific): <u>Unit 1</u> Building Size (Square feet): <u>4100</u> # of floors: <u>2</u> Age in years <u>74</u> Present Use: <u>Unoccupied</u> Prior use: <u>Residential</u>																															
<b>III Type of Operation (check one)</b> <input type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training																															
<b>IV. Is Asbestos Present? (check one)</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																															
<b>V. Facility Information</b> Owner Name: <u>Cuyahoga Metropolitan Housing Authority</u> Address: <u>2488 Morris Black Rd</u> City: <u>Cleveland</u> State: <u>Ohio</u> Zip: <u>44104</u> Contact: <u>Michael Schumaker</u> Telephone: <u>216-272-9213</u> Fax: _____ Removal Contractor Name: <u>Precision Environmental Company</u> License # <u>1154</u> Address: <u>5500 Old Brecksville Road</u> City: <u>Independence</u> State: <u>Ohio</u> Zip: <u>44131</u> Contact: <u>Dave Del Regno</u> Telephone: <u>(216) 642-6040</u> Fax: <u>(216) 642-6041</u> Other Operator (demolition/general): _____   License # _____ Address _____ City: _____   State: _____   Zip: _____ Contact: _____   Telephone: _____   Fax: _____																															
<b>VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II nonfriable ACM:</b>  Bulk sample analyzed by polarized light and dispersion staining.  Ohio Asbestos Hazard Evaluation Specialist <u>Mike Samec</u> ES 34326 <div style="text-align: right;">Certification #</div>																															
<b>VII Approximate Amount of Asbestos Materials:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th rowspan="2">RACM to be Removed</th> <th colspan="2">Nonfriable Asbestos Material to be Removed</th> <th colspan="2">Nonfriable Asbestos Material NOT to be Removed</th> </tr> <tr> <th>Category I</th> <th>Category II</th> <th>Category I</th> <th>Category II</th> </tr> </thead> <tbody> <tr> <td>Pipes (linear feet)</td> <td align="center">1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Surface Area(square feet)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Facility Components (cubic feet)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					RACM to be Removed	Nonfriable Asbestos Material to be Removed		Nonfriable Asbestos Material NOT to be Removed		Category I	Category II	Category I	Category II	Pipes (linear feet)	1					Surface Area(square feet)						Facility Components (cubic feet)					
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Pipes (linear feet)	1																														
Surface Area(square feet)																															
Facility Components (cubic feet)																															
<b>VIII Scheduled Dates Demolition or Renovation</b> Start: _____   Complete: _____																															
<b>IX Dates for Asbestos Removal (MM/DD/YY):</b> Start: <u>12-13-12</u> Complete: <u>12-14-12</u>																															
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday																								
Hours of Operation:				7a-3:30p	X																										
Complete all unshaded spaces, except demolitions which involve less than 260 linear feet, 160 square feet, or 35 cubic feet of RACM, need not complete spaces XI, XII, XIII, XIV, and XV. Notifications for Emergency Demolition or Emergency Renovation must supply attachments..																															

**OHIO ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF DEMOLITION AND RENOVATION**

<b>X.</b>	<b>Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:</b> Perform environmental cleaning of work area			
<b>XI.</b>	<b>Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling control procedures:</b> Negative pressure enclosure, wet wipe all contents, waste double bagged for disposal			
<b>XII.</b>	<b>Waste Transporter #1</b> Name: <u>Precision Environmental Company</u> Address: <u>5500 Old Brecksville Rd</u> City: <u>Independence</u> State: <u>Ohio</u> Zip: <u>44131</u> Contact: <u>John Savage</u> Telephone: <u>216-642-6040</u> Fax: <u>216-642-6041</u> <b>Waste Transporter #2</b> Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Telephone: _____ Fax: _____			
<b>XIII.</b>	<b>Waste Disposal</b> Name: <u>American Landfill</u> Address: <u>7916 Chapel St SE</u> City: <u>Waynesburg</u> State: <u>Ohio</u> Zip: <u>44688</u> Contact: <u>Brett Fuller</u> Telephone: <u>330-866-3265</u> Fax: <u>330-866-3709</u>			
<b>XIX.</b>	<b>Emergency Demolition (complete Item XIV and all other sections, only if this project is an Emergency Demo.)</b> 1. Attach a copy of the order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____			
<b>XV.</b>	<b>Emergency Renovation (Attach separate sheet with the following information if project is Emergency Reno)</b> 1. Date and Hour of the Emergency 2. Description of the Sudden, Unexpected Event 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.			
<b>XVI.</b>	<b>Description of procedures to be followed in the event that unexpected RACM is found or nonfriable ACM becomes Crumbled, pulverized or reduced to powder.</b> STOP WORK – DEMARCATe AREA. BEGIN WETTING ASBESTOS CONTAINING MATERIAL WITH AMENDED WATER WHILE WEARING APPROPRIATE PERSONNEL PROTECTIVE EQUIPMENT. NOTIFY LOCAL AGENCIES AS REQUIRED.			
<b>XVII.</b>	I certify that an individual trained in the provisions of NESHAPS (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 during normal business hours.			
	<table style="width:100%; border: none;"> <tr> <td style="width:40%; border: none;"><u>Dave Del Regno</u> Signature of Owner/Operator</td> <td style="width:20%; border: none;"><u>11-28-12</u> Date</td> <td style="width:40%; border: none;"><u>Dave Del Regno, Project Manager</u> Type or Print Name and Title</td> </tr> </table>	<u>Dave Del Regno</u> Signature of Owner/Operator	<u>11-28-12</u> Date	<u>Dave Del Regno, Project Manager</u> Type or Print Name and Title
<u>Dave Del Regno</u> Signature of Owner/Operator	<u>11-28-12</u> Date	<u>Dave Del Regno, Project Manager</u> Type or Print Name and Title		
<b>XVIII</b>	I acknowledge the existence of laws prohibiting the submission of false or misleading statements and I certify that facts contained in this notification are true, accurate, and complete.			
	<table style="width:100%; border: none;"> <tr> <td style="width:40%; border: none;"><u>Dave Del Regno</u> Signature of Owner/Operator</td> <td style="width:20%; border: none;"><u>11-28-12</u> Date</td> <td style="width:40%; border: none;"><u>Dave Del Regno, Project Manager</u> Type or Print Name and Title</td> </tr> </table>	<u>Dave Del Regno</u> Signature of Owner/Operator	<u>11-28-12</u> Date	<u>Dave Del Regno, Project Manager</u> Type or Print Name and Title
<u>Dave Del Regno</u> Signature of Owner/Operator	<u>11-28-12</u> Date	<u>Dave Del Regno, Project Manager</u> Type or Print Name and Title		
Original Notification must be mailed or hand delivered at least ten working days (Monday-Friday excluding weekends) before demolition or renovation begins, except emergency demolitions and emergency renovations (see regulation) which must be submitted as soon as possible before operations begin, but no later than the following work day. (Form Revised 1/5/09)				

## Samec, Michael

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**From:** Wade, Jeffrey <wadej@cmha.net>  
**Sent:** Monday, December 10, 2012 10:08 AM  
**To:** Samec, Michael  
**Cc:** Wade, Jeffrey  
**Subject:** 10923 Woodland Avenue, Unit I  
**Attachments:** SKMBT\_C652D12121011010.pdf

Good morning.

The attached letter will be mailed to you today, and kindly contact me should you have any questions.

**Jeffrey D. Wade**

Associate General Counsel / Risk Manager  
Office of Legal Affairs  
Cuyahoga Metropolitan Housing Authority  
8120 Kinsman Road  
Cleveland, Ohio 44104  
216.271.2865  
[wadej@cmha.net](mailto:wadej@cmha.net)

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**From:** [CMHALegalDept@cmha.net](mailto:CMHALegalDept@cmha.net) [mailto:CMHALegalDept@cmha.net]  
**Sent:** Monday, December 10, 2012 10:01 AM  
**To:** Wade, Jeffrey  
**Subject:** Message from KMBT\_C652DS