

***Asbestos Abatement
Closeout Package***

Prepared For:

***Ross Local Schools
Attn: Devin Huff
3371 Hamilton-Cleves Rd
Hamilton, OH 45013-9535***

Project Location:

***Ross Administration Building
3371 Hamilton-Cleves Rd, Hamilton, OH 45013***

Asbestos Contractor License

www.edgllc.biz

STATE OF OHIO
ENVIRONMENTAL PROTECTION AGENCY

Asbestos Hazard Abatement Contractor

Be it known that **Environmental Demolition Group, LLC** is hereby licensed, having qualified as required by law in accordance with rules adopted by the Ohio Environmental Protection Agency relative to Asbestos Contractors.

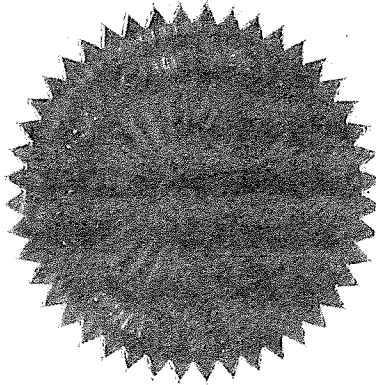
In Witness whereof, I have subscribed my name and affixed the Ohio Environmental Protection Agency on **11/23/2020** in the city of Columbus.

License Number: AC1885

Expiration Date: 1/2/2022

In witness thereof

Laurie A. Stevenson
Laurie A. Stevenson
Director



Workers Compensation Certificate

www.edgllc.biz



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Ohio Workers' Compensation

This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit www.bwc.ohio.gov, or call 1-800-644-6292.

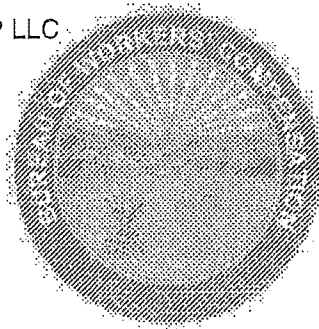
This certificate must be conspicuously posted.

Policy number and employer
01455922

Period Specified Below
07/01/2020 to 07/01/2021

ENVIRONMENTAL DEMOLITION GROUP LLC
3520 TURFWAY RD
ERLANGER, KY 41018-3171

www.bwc.ohio.gov
Issued by: BWC



Stephanie McCloud

Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol, marihuana or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol, marihuana or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers'
Compensation**

You must post this language with the Certificate of Ohio Workers' Compensation.

Insurance Certificate

www.edgllc.biz



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/18/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 201 E. 4th Street, Ste 625 Cincinnati OH 45202	CONTACT NAME: Debbie Swinford	
	PHONE (A/C No. Ext): 513-977-3100 FAX (A/C No): 513-977-4752	
	E-MAIL ADDRESS: Debbie_Swinford@ajg.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Cincinnati Indemnity Company	23280
INSURED Environmental Demolition Group LLC 3520 Turfway Rd. Erlanger, KY 41018	INSURER B : Admiral Insurance Company	24856
	INSURER C : Kentucky Employers' Mutual Insurance	10320
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 645867663

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			FEI-ECC-27028-01	1/28/2021	1/28/2022	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 OH Stop Gap \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Hired Car <input checked="" type="checkbox"/> Phys Damage			ENP 0122502	1/28/2021	1/28/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Limit \$ 100,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			FEI-EXS-27029-01	1/28/2021	1/28/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y	N/A	356454	5/26/2021	5/26/2022	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER KY E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Mold Removal Pollution/Asbestos Professional Liability			FEI-ECC-27028-01	1/28/2021	1/28/2022	Limit \$5,000,000 Limit \$5,000,000 Each Claim \$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Leased or Rented Equipment Policy No. ENP 0122502 Effective 1/28/21-1/28/22 - Limit - \$300,000

Workers Compensation (IA, IL, IN, MI, PA, TN WI) Zurich American Insurance Company of IL #WC928240500 5/26/20-5/26/21; Per state statute Employers Liability \$1,000,000 each accident; \$1,000,000 disease each employee; \$1,000,000 disease policy limit
Shawn McGinness Excluded Member on Work Comp

CERTIFICATE HOLDER

CANCELLATION

SPECIMEN

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Additional Insured – Owners, Lessees or Contractors – Scheduled Person or Organization

This endorsement, effective 1/28/2021 attaches to and forms a part of Policy Number FEI-ECC-27028-01. This endorsement changes the Policy. Please read it carefully.

In consideration of an additional premium of \$Applied, this endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
Any person(s) or organization(s) whom the Named Insured agrees, in a written contract, to name as an additional insured. However, this status exists only for the project specified in that contract.	Those project locations where this endorsement is required by contract.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

- A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:



This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



Additional Insured – Owners, Lessees or Contractors – Completed Operations

This endorsement, effective 1/28/2021 attaches to and forms a part of Policy Number FEI-ECC-27028-01. This endorsement changes the Policy. Please read it carefully.

In consideration of an additional premium of \$Applied, this endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
Any person(s) or organization(s) whom the Named Insured agrees, in a written contract, to name as an additional insured. However, this status exists only for the project specified in that contract.	Those project locations where this endorsement is required by contract.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

- A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
- © ISO Properties, Inc., 2016



Environmental Demolition Group
Endorsement Number: 29

2. Available under the applicable Limits of Insurance shown in the
Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance
shown in the Declarations.



Automatic Primary and Non-Contributory Insurance Endorsement Designated Work Or Project(s)

This endorsement, effective 1/28/2021 attaches to and forms a part of Policy Number FEI-ECC-27028-01 . This endorsement changes the Policy. Please read it carefully.

This endorsement modifies insurance provided under the Coverage Part(s) indicated below:

COMMERCIAL GENERAL LIABILITY COVERAGE CONTRACTORS POLLUTION LIABILITY COVERAGE

SCHEDULE

Name of Person or Organization:

Any person(s) or organization(s) whom the *Named Insured* agrees, in a written contract, to provide Primary and/or Non-contributory status of this insurance. However, this status exists only for the project specified in that contract.

In consideration of an additional premium of \$Applied and notwithstanding anything contained in this policy to the contrary, it is hereby agreed that this policy shall be considered primary to any similar insurance held by third parties in respect to work performed by you under any written contractual agreement with such third party. It is further agreed that any other insurance which the person(s) or organization(s) named in the schedule may have is excess and non-contributory to this insurance.



Environmental Demolition Group
Endorsement Number: 7

Automatic Waiver of Subrogation Endorsement

This endorsement, effective 1/28/2021 attaches to and forms a part of Policy Number FEI-ECC-27028-01. This endorsement changes the Policy. Please read it carefully.

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART
CONTRACTORS POLLUTION LIABILITY COVERAGE PART**

SCHEDULE

Name of Person or Organization:

Any person(s) or organization(s) to whom the *Named Insured* agrees, in a written contract, to provide a waiver of subrogation. However, this status exists only for the project specified in that contract.

The Company waives any right of recovery it may have against the person or organization shown in the above Schedule because of payments the Company makes for injury or damage arising out of the *insured's* work done under a contract with that person or organization. The waiver applies only to the person or organization in the above Schedule.

Under no circumstances shall this endorsement act to extend the policy period, change the scope of coverage or increase the Aggregate Limits of Insurance shown in the Declarations.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

ANY PERSON OR ORGANIZATION FOR WHOM YOU ARE REQUIRED BY WRITTEN CONTRACT OR AGREEMENT TO OBTAIN THIS WAIVER OF RIGHTS FROM US.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET WAIVER OF SUBROGATION - AUTO

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 01-28-2021	Policy Number: ENP 0122502
Named Insured: ENVIRONMENTAL DEMOLITION GROUP, MAC2MAC INVESTMENTS LLC	
Countersigned by:	

(Authorized Representative)

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

1. Blanket Waiver of Subrogation

SECTION IV - BUSINESS AUTO CONDITIONS, A. Loss Conditions, 5. Transfer of Rights of Recovery Against Others to Us is amended by the addition of the following:

We waive any right of recovery we may have against any person or organization because

of payments we make for "bodily injury" or "property damage" arising out of the operation of a covered "auto" when you have assumed liability for such "bodily injury" or "property damage" under an "insured contract", provided the "bodily injury" or "property damage" occurs subsequent to the execution of the "insured contract".

Waste Manifest Records

www.edgllc.biz



21P092

WASTE COLLECTION SERVICES

12764 McCOY FORK RD. WALTON, KY 41094

PHONE (859) 485-4416 • www.bavarianwaste.com

ASBESTOS WASTE MANIFEST Permit # _____

No. 103371**GENERATOR**Generator Name: ROSS Local School District Ph. #: 513-803-1253Address: 3374 Hamilton - Cleves Rd. Hamilton, OH 45013Waste Generated At: ROSS Admin Bldg Windows, 3371 Hamilton - Cleves Rd Hamilton, OH 45013Waste Name/Description: Non-Friable Floor Tile

QUANTITY TO BE DISPOSED OF: _____

80WB
QUANTITY30yd
TYPE OF CONTAINER

PERMIT APP. DATE: _____

I hereby certify that the above named material is what is being shipped, does not contain any free liquid and that the waste is not regulated as a hazardous waste under 401 KAR Chapter 31 which requires storage, treatment or disposal at a hazardous waste facility under 401 KAR 32-40, I understand that failure to properly manage a hazardous waste could lead to possible civil and criminal penalties under KRS 224 or RCRA of 1978, I hold and have read the permit which granted me permission to Dispose of this waste at Bavarian's Landfill (Permit #008.04). I hereby declare that the contents of this consignment are classified, packed, marked, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

Jeremy Holloway
Generator Agent Name (Print)Jeremy Holloway
Signature06/16/2021
Shipment Date

RESPONSIBLE AGENCY: DIVISION FOR AIR QUALITY, 8020 VETERANS MEMORIAL DRIVE, SUITE 110, FLORENCE, KY 41042

TRANSPORTERTruck #: 3019 Transporter: Republic ServicesAddress: 11503 Mosteller Rd, Cincinnati, OH 45241 Ph. #: 513-771-4200

I hereby certify that the above named material was picked up at the generator site listed above and delivered without incident to the destination listed below.

KENT
Driver Name (Print)[Signature]
Signature6/23/21
Date**DESTINATION**Site Name: Bavarian Landfill Permit #008.04 Per. Mod Date _____Site Add: 12764 McCoy Fork Rd., Walton, KY 41094 (BOONE COUNTY)Discrepancy Indication: Yes/No (No) If yes: _____Waste Gen #: ASB Load Gross 47840 Tare 37240 Net 5.30

I hereby certify that, to the best of my knowledge, the above named material was properly packaged, has been accepted, and that the foregoing is true and accurate.

T. Riddle
Name of AgentT. Riddle
Signature6/23/21
Date

Air Monitoring Test Results

www.edgllc.biz



EHS
Laboratories

Environmental Hazards Services, L.L.C.
7469 Whitepine Rd
Richmond, VA 23237
Telephone: 800.347.4010

Fiber Count Analysis Report

Client: Sierra Environment Group Inc.
1041 Straight Street
Cincinnati, OH 45214

Report Number: 21-06-03793

Received Date: 06/23/2021

Analyzed Date: 06/24/2021

Reported Date: 06/24/2021

Project/Test Address: EDG.1583; 21P.092

Client Number:

36-6195

Laboratory Results

Fax Number:

513-542-6653

Lab Sample Number	Client Sample Number	Volume Liters (L)	Fibers/Fields	Fibers/mm2	Fibers/CC	Narrative ID
21-06-03793-001	RABW-AA-1	60.0	5.0 / 100	<7.6	<0.050	
21-06-03793-002	RABW-AA-2	810	25.5 / 100	32.5	0.015	

Method: NIOSH 7400, Issue 2, 08-15-94

Analyst: Mark Case

Reviewed By Authorized Signatory:

Melissa Kanode

Missy Kanode

QA/QC Clerk

Intralaboratory Sr for fiber count ranges 5-20, >20-50, and >50-100 respectively are 0.344, 0.332, 0.311

Individual Analyst Sr for fiber count ranges 5-20, >20-50, and >50-100 respectively are 0.266, 0.215, 0.246.

New York State requires a minimum sample volume of 1000L for PCM clearance samples.

NOTE: The condition of the samples analyzed was acceptable upon receipt per laboratory protocol unless otherwise noted on this report. Results represent the analysis of samples submitted by the client. Sample location, description, area, volume, etc., was provided by the client. Results listed above in Fibers/CC are based on air volume supplied by the client. The submission of blank samples is required by sampling methodologies. EHS sample results are blank corrected, per NIOSH 7400, when the client submits blank samples. If the report does not contain the result for a field blank, it is because the client did not include a field blank with their samples. This report shall not be reproduced except in full, without the written consent of the Environmental Hazards Services, L.L.C.

Method Level of Detection: 7.64 fibers/mm2.

AIHA-LAP, LLC (100420)

LEGEND

L = liters

fibers/cc = fibers per cubic centimeter

fibers/mm² = fibers per square millimeter



Environmental Hazards Services, LLC
www.leadlab.com 7469 Whitepine Rd
(800) 347-4010 Richmond, VA 23237
(804) 275-4907 (fax)

Asbestos Chain-of-Custody



Due Date:
06/28/2021
(Monday)
AE M Inv

2 PM

Company Name: Sierra Environmental Group, Inc. Address: 1041 Straight Street

City/State/Zip: Cincinnati, OH 45214

Phone: (513) 542-5323

Fax: (513) 542-5323

E-mail:

Acct. Number: 36-6195

Project Name / Testing Address: EDG. 1583 - 21P.092

City/State (Required):

Collected by: J. Miranda

Purchase Order Number

Turn Around Times:

If no TAT is specified, sample(s) will be processed and charged as 3-day TAT.

1 - Day

2 - Day

3 - Day

Same Day (Must Call Ahead)

Weekend (Must Call Ahead)

No.	Client Sample ID	Date Collected	ASBESTOS						AIR				Volume (Total Liters)	COMMENTS
			PCM	PLM Point Count 400	PLM Point Count 1000	PLM NY Protocol	PCM	TEM Certified (Bulk)	TEM AHERA (Air)	Time On	Time Off	Flow Rate (L/min)		
1	RA BW-AA-1	6-16-21											60	
2	"	6-16-21											810	
3														
4														
5														
6														
7														
8														
9														
10														

Released by: T. Tarkenton	Signature: Dec 11	Date/Time:
Received by: Robert	Signature: Robert	Date/Time: 6/23/21 3:30 PM

