

Notification Number: **23-34945-R0**

Type of Notification

Notification Type

Original

Date Received

03/02/2023

Job Number

030823

Postmark/Submit Date

03/02/2023

Type of Operation

Operation Type

Ordered Demolition

Is Asbestos Present

Asbestos Present

Yes

Scheduled Dates of Asbestos Removal (MM/DD/YYYY)

Start Date

End Date

Scheduled Dates of Demolition or Renovation (MM/DD/YYYY)

Start Date

03/08/2023

End Date

03/31/2023

Facility Description

Building Name

Former Commercial Building

Address1

213 East Broadway Street

City

Stanwood

Building Size (Sq Ft)

5542

Address 2

213 East Broadway Street

State

IA

Number of Floors

2

County

Cedar

Zip Code

52337

Year Constructed

1900

Asbestos Location

Vinyl Floor, roof flashing, built up roofing, window glazing.

Present Use

V - Vacant

Prior Use

C - Commercial

Facility Information (identify owner and operator, if applicable)

Owner Name

City of Stanwood

Owner Address 1

209 East Broadway

City

Stanwood

Contact First Name

Stephanie

Owner Address 2

State

IA

Contact Last Name

Van Behren

Zip Code

52337

Telephone Number

563-942-3340, Ext.

Operator (if different than owner)

Lansing Brothers Construction Co. Inc.

Operator Address 1

101 East 1st Street

City

Luxemburg

Contact First Name

Chad

Operator Address 2

PO Box 36

State

IA

Contact Last Name

Lansing

Zip Code

52056

Telephone Number

563-543-7360, Ext.

Asbestos Abatement Contractor (if applicable)

Contractor Name

IA Permit Number

Contractor Address 1

Contractor Address 2

City

State

Zip Code

Contact First Name

Contact Last Name

Telephone Number

Demolition Contractor (if applicable)

Contractor Name

IA Permit Number

Lansing Brothers Construction

3090

Contractor Address 1

Contractor Address 2

101 East 1st Street

PO Box 36

City

State

Zip Code

Luxemburg

IA

52056

Contact First Name

Contact Last Name

Telephone Number

Chad

Lansing

563-543-7360, Ext.

Asbestos Inspector (required unless an Ordered Demolition or Emergency Renovation)

Inspector First Name

Inspector Last Name

IA License Number

Date Inspected

Telephone Number

Approximate Amount of Asbestos (for Abatement purposes only)

Regulated Asbestos-Containing Material (RACM) to be Removed

Non-friable Asbestos-Containing Material not to be Removed (Category I and II)

Total Surface Area (Sq Ft)

Facility Component(s) (Cu Ft)

Pipe (Linear Ft)

In Sq Ft, quantify the Total Surface Area from above

Floor Materials

Ceiling Materials

Interior Wall Systems

Spray-On Materials

Roofing Materials

Asbestos Cement Board

Window Glaze/Caulk

Other

Procedure, including analytical method, if appropriate, used to detect the presence of asbestos materials

Test Method

Other

Description of Work Practices and Engineering Controls to Prevent Asbestos Emissions (check all that apply)

Adequately Wet Materials

Glove Bag

Seal in Leak-Tight Containers

Encapsulate

Negative Air Containment

Seal in Leak-Tight Wrapping

Mini-enclosure

Lined Dumpsters

Other

Description of Planned Demolition or Renovation Work (backhoe, bulldozer, hand removal, etc.)

Backhoe

Bulldozer

Hand Removal

Implosion

Skidloader

Other

Waste Transporter(s)

Name

Lansing Brothers Construction Co. Inc.

Address 1 101 East 1st Street	Address 2 PO Box 36	
City Luxemburg	State IA	Zip Code 52056
Contact First Name Chad	Contact Last Name Lansing	Telephone Number 563-543-7360, Ext.

Name		
Address 1	Address 2	
City	State	Zip Code
Contact First Name	Contact Last Name	Telephone Number

Waste Disposal Site(s)

Name Scott County Landfill		Telephone Number 563-381-1300
Address 1 11555 110th Avenue	Address 2	
City Davenport	State IA	Zip Code 52804

Name Millenium Waste Inc.		Telephone Number 309-787-2302
Address 1 3606 78th Ave W	Address 2	
City Rock Island	State IL	Zip Code 61201

If Demolition was Ordered by Government Agency, Identify the Agency and Attach a Copy of the Order

First Name of Responsible Official Stephanie	Last Name of Responsible Official Van Behren	Title City Clerk	Telephone Number 563-942-3340
Authority/Agency City of Stanwood		Date of Order (MM/DD/YYYY) 3/1/2023	

Attach a Copy of the Order

[View Attached Copy of the Order](#)

Attach a miscellaneous file

If Emergency Renovation, Please Complete this Section

Date of Emergency (MM/DD/YYYY)	Time of Emergency
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Description of the emergency or sudden event

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden

Description of Procedures to be Followed in the Event of an Unexpected Asbestos Fiber Release

STOP WORK AND CALL A CERTIFIED ASBESTOS CONTRACTOR AND THE IOWA DNR I agree

Certification (required if asbestos is present)

I certify that an individual trained in the provisions of regulation 40 CFR PART 61, SUBPART M (Asbestos NESHAP) will be onsite during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.

First Name	Last Name	Title
Chad	Lansing	Construction Engineer
Company/Organization		Date
Lansing Brothers Construction Co. Inc.		03/02/2023

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

First Name	Last Name	Title
Chad	Lansing	Construction Engineer
Company/Organization		Date
Lansing Brothers Construction Co. Inc.		03/02/2023