



ASBESTOS PROJECT INSPECTION REPORT

Project Address 300 NW 11 ST, MIAMI, FL

Project Description _____ APIS # _____

Date 4/4/11 Demolition Renovation Date put in APIS ___/___/___

Non-NESHAP: Affidavit Roofing Complaint Other COURTESY

Contractor _____

Site Survey by _____ None Done _____

Site Supervisor _____

Inspector ELI CONTRALUZ District # _____ Office Code _____ County # DADE

Renovation Project Compliance Checklist (Rule 62-257.350 F.A.C.)

	Yes	No	NA
1. Was abatement of RACM in progress?			
2. Were warning signs visible?			
3. Were visible emissions to the outside air observed?			
4. Was the wet method for abatement observed?			
5. Was the glove bag method being used?			
6. Was only Category I material involved?			
7. Was only Category II material involved?			
8. Was loadout of waste material observed?			
9. Was waste in labeled leak tight container?			
10. Was the wetness of the waste considered adequate?			
11. Was the waste storage area marked during loadout?			
12. Was on-site supervisor current training certificate posted? (optional)			
13. Were samples obtained for analysis?			
14. Were pictures taken at the site?			

Additional Site Information: 9" UFT HAD BEEN REMOVED. WALK-THRU CONDUCTED OF BASEMENT. NO OTHER SUSPECT MATERIALS OBSERVED.

Demolition Project Compliance Checklist (Rule 62-257.350 F.A.C.)

1. Was Category I and/or II in building?			
2. Was demolition in progress?			
3. Was suspected RACM observed in the building?			
4. Were samples taken?			
5. Were pictures taken?			

Additional Site Information: _____



**Florida Department of
Environmental Protection
Division of Air Resource Management**



Miami-Dade DERM
Air Quality Management Division
701 N.W. 1st Court, 2nd Floor
Miami, Florida 33136

NOTICE OF DEMOLITION OR ASBESTOS RENOVATION

TYPE OF NOTICE (CHECK ONE ONLY): ORIGINAL REVISED CANCELLATION COURTESY
 TYPE OF PROJECT (CHECK ONE ONLY): DEMOLITION RENOVATION ROOFING
 IF DEMOLITION, IS IT AN ORDERED DEMOLITION? YES NO
 IF RENOVATION:
 IS IT AN EMERGENCY RENOVATION OPERATION? YES NO File # _____
 IS IT A PLANNED RENOVATION OPERATION? YES NO Process # _____

I. **Facility Name** Force Church
 Address 300 N.W. 1st Street
 City Miami State FL Zip 33136 County _____
 Site _____ Consultant/Inspecting Site DYNATECH Engineering
 Building Size 4900 (Square Feet) # of Floors 2 Building Age in Years 45+
 Prior Use: School/College/University Residence Small Business Other Church
 Present Use: School/College/University Residence Small Business Other Abandoned

II. **Facility Owner** City of Miami Phone (305) 753-1148
 Address 46 NW 5th Street
 City Miami State FL Zip 33122

III. **Contractor's Name** DECO Environmental Engineering Inc. Phone (954) 485-8800
 Address 2052 N.W. 31st Ave.
 City Fort Lauderdale State FL Zip 33311
 Is the contractor exempt from licensure under section 469.002(4), F.S.? YES NO

IV. **Scheduled Dates:** (Notice must be postmarked 10 working days before the project start date)
 Asbestos Removal (mm/dd/yy) Start: 3/28/11 Finish: 4/1/11 Demo/Renovation (mm/dd/yy) Start: _____ Finish: _____

V. **Description** of planned demolition or renovation work to be performed and methods to be employed, including demolition or renovation techniques to be used and description of affected facility components. _____

Procedures to be Used (Check All That Apply):

<input checked="" type="checkbox"/> Strip and Removal	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Bulldozer	<input type="checkbox"/> Wrecking Ball
<input checked="" type="checkbox"/> Wet Method	<input type="checkbox"/> Dry Method	<input type="checkbox"/> Explode	<input type="checkbox"/> Burn Down
OTHER: _____			

VI. **Procedures for Unexpected RACM:** _____

VII. **Asbestos Waste Transporter:** Name Vermeer Construction Phone (863) 284-0958
 Address P.O. Box 90034
 City Lakeland State FL Zip 33804

VIII. **Waste Disposal Site:** Name Angelos Landfill
 Address 4111 Enterprise Road
 City Dade City State FL Zip 33525

IX. **RACM or ACM:** Procedure, including analytical methods, employed to detect the presence of RACM and Category I and II nonfriable ACM.

Amount of RACM or ACM*
 _____ square feet surfacing material
 _____ linear feet pipe
 _____ cubic feet of RACM off facility components
 _____ square feet cementitious material
3,432 square feet resilient flooring
 _____ square feet asphalt roofing

*Identify and describe surfacing material and other materials as applicable
78 sqft acoustical on duct insulation - ACM waste on 5 walls

I certify that the above information is correct and that an individual trained in the provisions of this regulation (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 for inspection during normal business hours.
Angel Luis Magalot
 (Print Name of Owner/Operator)
Angel Luis Magalot
 (Signature of Owner/Operator) 3/21/11 (Date) 954-485-8800 (Contact phone #)

DERM USE ONLY Postmark/Date Received ID #



**Florida Department of
Environmental Protection
Division of Air Resource Management**



Miami-Dade DFRM
Air Quality Measurement Division
701 N.W. 1st Court, 2nd Floor
Miami, Florida 33120

NOTICE OF DEMOLITION OR ASBESTOS RENOVATION

TYPE OF NOTICE (CHECK ONE ONLY): ORIGINAL
TYPE OF PROJECT (CHECK ONE ONLY): DEMOLITION
IF DEMOLITION, IS IT AN ORDERED DEMOLITION?
IF RENOVATION:
IS IT AN EMERGENCY RENOVATION OPERATION?
IS IT A PLANNED RENOVATION OPERATION?

RECEIVED
APR 04 2011
Air Quality
Management Division

RENOVATION
 NO
 YES
 NO
 YES
File #
Process #: 2011 0322 1154 4600

I. Facility Name Force Church
Address 300 N.W. 11th Street
City Miami State FL Zip 33136
Building size 4900 (Square Feet) # of Floors 2 Building Age in Years 45+
Present Use: School/College/University Residence Small Business Other Church
 School/College/University Residence Small Business Other Abandoned

II. Facility Owner City of Miami Phone: 305 253 1148
Address 41 NN 5th Street
City Miami State FL Zip 33122

III. Contractor's Name DECO Environmental Engineering Inc. Phone: (554) 485-8800
Address 6032 D.W. 31st Ave.
City Fort Lauderdale State FL Zip 33311
Is the contractor exempt from licensure under section 469.002(4), F.S.? YES NO

IV. Scheduled Dates: (Notice must be postmarked 11 working days before the project start date)
Asbestos Removal (immediately) Start 3/28/11 Finish 4/11/11 Demo/Renovator (immediately) Start _____ Finish _____

V. Description of planned demolition or renovation work, including methods to be employed, including demolition or renovation techniques to be used and description of affected facility components.

Procedures to be Used (Check All That Apply):

<input checked="" type="checkbox"/> Strip and Removal	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Bulldozer	<input type="checkbox"/> Wrecking Ball
<input checked="" type="checkbox"/> Wet Method	<input type="checkbox"/> Dry Method	<input type="checkbox"/> Explode	<input type="checkbox"/> Burn Down

OTHER:

VI. Procedures for Unexpected RACM:
VII. Asbestos Waste Transporter: Name Verceal Construction Phone: 903-284-0958
Address P.O. Box 90034
City Lakeland State FL Zip 33804

VIII. Waste Disposal Site: Name Angels landfill
Address 4111 Enterprise Road
City Dade City State FL Zip 33525

IX. RACM or ACM: Procedure involving analytical methods employed to detect the presence of RACM and Category I and II non-fibrous ACM.

Amount of RACM or ACM:

_____ square feet surfacing material
_____ linear feet pipe
_____ cubic feet of RACM off facility components
_____ square feet cementitious material
3,432 square feet roof-surfacing
_____ square feet asphalt roofing

Identify and describe surfacing materials and other materials as applicable

780ft acoustical on duct insulation - ACM waste on sinks

I certify that the above information is correct, and that an individual trained in the provisions of this regulation (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 for inspection during normal business hours.

Angel Luis Magalet
(Print Name of Owner/Operator)

Angel Luis Magalet
(Signature of Owner/Operator)

3/21/11
Date

954-485-8800
(Contact phone #)

DERM USE ONLY

Postmark/Date Received

ID #



Florida Department of Environmental Protection
Division of Air Resource Management



Miami-Dade DERM
Air Quality Management Division
701 N.W. 1st Court, 2nd Floor
Miami, Florida 33136

NOTICE OF DEMOLITION OR ASBESTOS RENOVATION

RECEIVED
COURTESY

MAR 23 2011

- TYPE OF NOTICE (CHECK ONE ONLY): ORIGINAL, REVISED, CANCELLATION
TYPE OF PROJECT (CHECK ONE ONLY): DEMOLITION, RENOVATION, ROOFING
IF DEMOLITION, IS IT AN ORDERED DEMOLITION? YES, NO
IF RENOVATION: IS IT AN EMERGENCY RENOVATION OPERATION? YES, NO
IS IT A PLANNED RENOVATION OPERATION? YES, NO

File # Air Quality
Process # Management Division

- I. Facility Name: Forence Church
Address: 300 D.W. 1st STREET
City: Miami State: FL Zip: 33136
Building Size: 4900 (Square Feet) # of Floors: 2 Building Age in Years: 45
II. Facility Owner: City of Miami
Address: 46 NN 5th Street
City: Miami State: FL Zip: 33122
III. Contractor's Name: DECO Environmental Engineering Inc
Address: 2052 D.W. 31st AVE.
City: Fort Lauderdale State: FL Zip: 33311

- IV. Scheduled Dates: Asbestos Removal (mm/dd/yy) Start: 3/23/11 Finish: 4/1/11
V. Description of planned demolition or renovation work to be performed and methods to be employed, including demolition or renovation techniques to be used and description of affected facility components.

Procedures to be Used (Check All That Apply):
Table with 4 columns: Strip and Removal, Wet Method, Glove Bag, Dry Method, Bulldozer, Explode, Wrecking Ball, Burn Down.

- VI. Procedures for Unexpected RACM:
VII. Asbestos Waste Transporter: Name: Lerner Construction
VIII. Waste Disposal Site: Name: Angeles Landfill
IX. RACM or ACM: Procedure, including analytical methods, employed to detect the presence of RACM and Category I and II nonfriable ACM.

Amount of RACM or ACM*
square feet surfacing material
linear feet pipe
cubic feet of RACM off facility components
square feet cementitious material
square feet resilient flooring
square feet asphalt roofing
*Identify and describe surfacing materials and other materials as applicable:
78 sqft ACM waste on dirt road - ACM waste on 5 jobs

I certify that the above information is correct and that an individual trained in the provisions of this regulation (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 for inspection during normal business hours.
Angel Luis Magalot
(Print Name of Owner/Operator)
Angel Luis Magalot
(Signature of Owner/Operator)
3/23/11
(Date)
954-485-8800
(Contact phone #)



PAID

R-25F-206

Florida Department of Environmental Protection
Division of Air Resource Management

MIAMI-DADE COUNTY
Miami-Dade DERM
Area Mobile Sources Section
701 N.W. 1st Court, 8th Floor
Miami, Florida 33136

NOTICE OF ASBESTOS RENOVATION OR DEMOLITION

TYPE OF NOTICE (CHECK ONE ONLY): [X] ORIGINAL [] REVISED [] CANCELLATION [] COURTESY
TYPE OF PROJECT (CHECK ONE ONLY): [] DEMOLITION [] RENOVATION [X] ROOFING
IF DEMOLITION, IS IT AN ORDERED DEMOLITION? [] YES [] NO
IF DEMOLITION, WAS IT AN ORDERED DEMOLITION? [] YES [] NO
IF RENOVATION:
IS IT AN EMERGENCY RENOVATION OPERATION? [] YES [] NO
IS IT A PLANNED RENOVATION OPERATION? [] YES [] NO
File #
Process

I. Facility Name: The House of God Nazene
Address: 300 NW 11st - 10
City: Miami State: FL Zip: FL County:
Site: Consultant Inspecting Site:
Building Size: 3059 (Square Feet) # of Floors: 2 Age in Years:
Prior Use: School/College/University Residence Small Business Other
Present Use: School/College/University Residence Small Business Other

II. Facility Owner
Address: 5608 NW 192 LA
City: State: FL Zip: 33055
Phone ()

III. Contractor's Name: BRADLEY ROOFING
Address: 3067 NW 54st
City: Miami State: FL Zip: 33142
Phone: (305) 634-1245
Florida License No. Is the contractor exempt from licensure under section 469.004(7), F.S.? [] YES [] NO

IV. Scheduled Dates:
Asbestos Removal (mm/dd/yy) Start: 5/24/08 Finish: 5/30/08
Demo/Renovation (mm/dd/yy) Start: Finish:

V. Procedures to be Used (Check All That Apply):
Table with columns: Strip and Removal, Wet Method, Glove Bag, *Dry Method, Bulldozer, Explode, Wrecking Ball, Burn Down

VI. Procedures for Unexpected RACM: * Stop RENOTEF.DE

VII. Asbestos Waste Transporter: Name: Contractor
Address:
City: State: Zip:

VIII. Waste Disposal Site: Name: SOUTH DADE LAND FILL
Address: SW 248 ST & 97 AVE
City: Miami State: FL Zip:
MIAMI-DADE D.E.R.M.
AIR QUALITY MANAGEMENT DIVISION

X. Amount of RACM or ACM
This is to certify that the required Notification(s) Regarding asbestos have been submitted in Compliance with applicable regulations.
Signed: [Signature] Date: 5-19-08
+ 3059 square feet asphalt roofing
AUM SUM POSITIVE

I certify that the above information is correct and that an individual trained in the provisions of this regulation (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 for inspection during normal business hours.
Name of Owner / Operator / PRINT: [Signature]
(Signature of Owner/Operator) (Date) (Contact phone #): 305-634-1245

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OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No.5939829

RECEIVED FROM (AR) THE HOUSE OF GOD

DATE 05 / 19 / 87
MONTH DAY YEAR

ADDRESS _____
STREET ADDRESS

CASH \$ 100.00

CITY STATE ZIP

CHECKS \$ _____

AMOUNT OF: 100 DOLLARS, AND 00 CENTS

TOTAL \$ 100.00

FOR PAYMENT OF: ASBESTOS

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: DEEM BY: JJ

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04