

## ASBESTOS NESHAP NOTIFICATION OF DEMOLITION AND RENOVATION

OPERATOR PROJECT #	POSTMARK	DATE RECEIVED	NOTIFICATION #		
I. TYPE OF NOTIFICATION ( O - ORIGINAL C- CANCELLED ) (R - REVISION -- WRITE REVISION #) _____					
II. FACILITY INFORMATION (IDENTIFY OWNER, REMOVAL CONTRACTOR, AND OTHER OPERATOR)					
OWNER NAME:					
ADDRESS:					
CITY:	County:	State:	ZIP:		
CONTACT:			Telephone:		
ASBESTOS REMOVAL CONTRACTOR:					
ADDRESS:					
CITY:		State:	Zip:		
CONTACT:		Telephone:	Title:		
DEMOLITION CONTRACTOR:					
ADDRESS:					
CITY:		State:	ZIP		
CONTACT:		Telephone:	Title:		
III. TYPE OF OPERATION: (D-DEMO O-ORDERED DEMO R-RENOVATION E-EMERGENCY RENOVATION):					
IV. IS ASBESTOS PRESENT? ( YES / NO )	List Type of Asbestos Material (s) to be Removed:				
V. FACILITY DESCRIPTION (INCLUDE BUILDING NAME, NUMBER AND FLOOR OR ROOM NUMBER)					
BUDG NAME:					
ADDRESS:					
CITY:	County:	State:	ZIP:		
SITE LOCATION:					
BUILDING SIZE:	Number of floors:	Age in years:			
PRESENT USE:	PRIOR USE:				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: 1. REGULATED ACM TO BE REMOVED 2. CATEGORY I ACM NOT REMOVED 3. CATEGORY II ACM NOT REMOVED	RACM TO BE REMOVED	NONFRIABLE ASBESTOS MATERIAL TO BE REMOVED		NONFRIABLE ASBESTOS MATERIAL NOT TO BE REMOVED	
		CAT I	CAT II	CAT I	CAT II
PIPES: (Linear Feet)					
SURFACE AREA (Square Feet)					
VOL. RACM OFF FACILITY COMPONENT (Cubic Feet)					
VIII. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: _____ Complete: _____					
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: _____ Complete: _____					
Weekdays Work Hours:		Weekend Work Hours:			

**X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:**

**XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE.**

**XII. WASTE TRANSPORTER #1**

**ADDRESS:**

**CITY:**

**STATE**

**ZIP**

**CONTACT PERSON:**

**TELEPHONE:**

**XIII. WASTE DISPOSAL SITE:**

**NAME:**

**LOCATION:**

**CITY:**

**STATE**

**ZIP**

**TELEPHONE:**

**XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:**

**NAME:**

**TITLE:**

**AUTHORITY:**

**DATE OF ORDER (MM/DD/YY)**

**DATE ORDERED TO BEGIN: (MM/DD/YY)**

**XV. FOR EMERGENCY RENOVATIONS**

**a) DATE AND HOUR OF EMERGENCY: (MM/DD/YY)**

**b) DESCRIPTION OF THE SUDDEN, UNEXPECTED EVENT:**

**c) EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN:**

**XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.**

**XVII. I CERTIFY 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 ( REQUIRED 1 YEAR AFTER PROMULGATION)**

\_\_\_\_\_  
(SIGNATURE OF OWNER/OPERATOR)

\_\_\_\_\_  
(DATE)

**XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.**

\_\_\_\_\_  
(SIGNATURE OF OWNER/OPERATOR)

\_\_\_\_\_  
(DATE)