

# ASBESTOS NESHAP NOTIFICATION OF DEMOLITION AND RENOVATION FORM

For office use only: <b>POSTMARK</b>		<b>DATE RECEIVED</b>		<b>NOTIFICATION #</b>		
<b>I. TYPE OF NOTIFICATION:</b> O - ORIGINAL    C - CANCELLED    R - REVISION    IF REVISION, WRITE REVISION # :						
<b>II. FACILITY INFORMATION (Identify Owner, Removal Contractor, and Other Operator)</b>						
Owner name:						
Address:						
City:		County:	State:	ZIP:		
Contact:				Telephone:		
Asbestos Removal Contractor:						
Address:						
City:			State:	Zip:		
Contact:			Telephone:		Title:	
Demolition Contractor or General Contractor:						
Address:						
City:			State:	Zip:		
Contact:			Telephone:		Title:	
<b>III. TYPE OF OPERATION:</b> D - DEMO    O - ORDERED DEMO    R - RENOVATION    E - EMERGENCY RENOVATION						
<b>IV. IS ASBESTOS PRESENT?</b> YES or NO		Which Asbestos Material(s) will be Removed?				
<b>V. FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)</b>						
Facility/Building Name:						
Address:				Major Cross Street:		
City:		County:	State:	Zip:		
Site Location:						
Building Size:		Number of floors:		Age in years:		
Present Use:		Prior Use:				
<b>VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b>						
<b>VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:</b>  1. REGULATED ACM TO BE REMOVED 2. CATEGORY I ACM NOT REMOVED 3. CATEGORY II ACM NOT REMOVED		<b>RACM TO BE REMOVED</b>	<b>NONFRIABLE ASBESTOS MATERIAL TO BE REMOVED</b>		<b>NONFRIABLE ASBESTOS MATERIAL NOT TO BE BEREMOVED</b>	
			CAT I	CAT II	CAT I	CAT II
Pipes: (Linear Feet )						
Surface Area (Square Feet )						
Volume RACM Off Facility Component (Cubic Feet)						
<b>VIII. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY)</b>			<b>Start Date:</b>		<b>Complete Date:</b>	
<b>IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY)</b>			<b>Start Date:</b>		<b>Complete Date:</b>	
Weekdays Work Hours: _____			Weekend Work Hours: _____			

**X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED (i.e.: are you using mechanical equipment to remove asbestos?):**

**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:**

**Name:**

**Address:**

**City:**

**State:**

**Zip:**

**Contact Person:**

**Telephone:**

**XIII. WASTE DISPOSAL SITE:**

**Name:**

**Address:**

**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)