

ASBESTOS NESHAP NOTIFICATION OF DEMOLITION AND RENOVATION FORM

For office use only:	POSTMARK	DATE RECEIVED	NOTIFICATION #		
I. TYPE OF NOTIFICATION: O - ORIGINAL C - CANCELLED R - REVISION IF 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 or General 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 or NO		Which Asbestos Material(s) will be Removed?			
V. FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)					
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:				
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 BEREMOVED	
		CAT I	CAT II	CAT I	CAT II
Pipes: (Linear Feet)					
Surface Area (Square Feet)					
Volume RACM Off Facility Component (Cubic Feet)					
VIII. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY)		Start Date:	Complete Date:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY)		Start Date:	Complete Date:		
		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 CRUMBLLED, 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)