



ASBESTOS NESHAP NOTIFICATION OF DEMOLITION AND RENOVATION

OPERATOR PROJECT NO.	POSTMARK	DATE RECEIVED	NOTIFICATION NUMBER
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I. TYPE OF NOTIFICATION
 O - ORIGINAL C - CANCELLED R - REVISION, WRITE REVISION NUMBER _____

II. FACILITY INFORMATION (IDENTIFY OWNER, REMOVAL CONTRACTOR, AND OTHER OPERATOR)

OWNER NAME		ADDRESS	
CITY	COUNTY	STATE	ZIP CODE
CONTACT		TELEPHONE NUMBER	

ASBESTOS REMOVAL CONTRACTOR		ADDRESS	
CITY	COUNTY	STATE	ZIP CODE
CONTACT		TELEPHONE NUMBER	TITLE

DEMOLITION CONTRACTOR		ADDRESS	
CITY	COUNTY	STATE	ZIP CODE
CONTACT		TELEPHONE NUMBER	TITLE

III. TYPE OF OPERATION
 D - DEMO O - ORDERED DEMO R - RENOVATION E - EMERGENCY RENOVATION

IV. IS ASBESTOS PRESENT <input type="checkbox"/> YES <input type="checkbox"/> NO	LIST TYPE OF ASBESTOS MATERIAL(S) TO BE REMOVED
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V. FACILITY DESCRIPTION (INCLUDE BUILDING NAME, NUMBER AND FLOOR OR ROOM NUMBER)

BUILDING NAME			
ADDRESS			
CITY	COUNTY	STATE	ZIP CODE
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. INCLUDE A COPY OF THE ASBESTOS INSPECTION.

VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: 1. REGULATED ACM (RACM) 2. CATEGORY I ACM 3. CATEGORY II ACM	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)		WEEKDAYS WORK HOURS	WEEKEND WORK HOURS
START:		COMPLETE:	
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED			
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XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE.			
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XII. WASTE TRANSPORTER			
ADDRESS			
CITY		STATE	ZIP CODE
CONTACT PERSON		TELEPHONE NUMBER	
XIII. WASTE DISPOSAL SITE			
NAME			
LOCATION			
CITY		STATE	ZIP CODE
TELEPHONE NUMBER			
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW			
NAME		TITLE	
AUTHORITY			
DATE OF ORDER (MM/DD/YY) INCLUDE A COPY OF THE ORDER.		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 FOLLOWING 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