# **NOTIFICATION OF DEMOLITION AND RENOVATION**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Operator Project # | Postmark | | | | Date Received | | | | Notification # | |
| **I. Type of Notification (O=Original R=Revised C=Canceled)** | | | | | | | | | | |
| **II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)** | | | | | | | | | | |
| **OWNER NAME:** | | | | | | | | | | |
| **Address:** | | | | | | | | | | |
| **City:** | | | **State:** | | | | **Zip:** | | | |
| **Contact:** | | | | | | | **Tel:** | | | |
| **REMOVAL CONTRACTOR:** | | | | | | | | | | |
| **Address:** | | | | | | | | | | |
| **City:** | | | **State:** | | | | **Zip:** | | | |
| **Contact:** | | | | | | | **Tel:** | | | |
| **OTHER OPERATOR:** | | | | | | | | | | |
| **Address:** | | | | | | | | | | |
| **City:** | | | **State:** | | | | **Zip:** | | | |
| **Contact:** | | | | | | | **Tel:** | | | |
| **III. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)** | | | | | | | | | | |
| **IV. IS ASBESTOS PRESENT? (Yes/No)** | | | | | | | | | | |
| **V. FACILITY DESCRIPTION (Include building name, number and floor or room number)** | | | | | | | | | | |
| **Bldg. Name:** | | | | | | | | | | |
| **Address:** | | | | | | | | | | |
| **City:** | | | **State:** | | | | **County:** | | | |
| **Site Location:** | | | | | | | | | | |
| **Building Size:** | | | **# 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:** | | **RACM**  **To Be**  **Removed** | | **Nonfriable**  **Asbestos**  **Material Not**  **To Be Removed** | | | | **Indicate Unit of**  **Measurement Below** | | |
| 1. **Regulated ACM to be Removed** 2. **Category I ACM Not Removed** 3. **Category II ACM Not Removed** | | **Category I** | | **Category II** | | **UNIT** | | |
| **Pipes** | |  | |  | |  | | **LnFt:** | | **Ln M:** |
| **Surface Area** | |  | |  | |  | | **SqFt:** | | **Sq M:** |
| **Vol RACM Off Facility Component** | |  | |  | |  | | **CuFt:** | | **Cu M:** |
| **VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:** | | | | | | | | **Complete:** | | |
| **IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:** | | | | | | | | **Complete:** | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 OR RENOVATION SITE:** | | | | | | | |
| **XII. WASTE TRANSPORTER #1** | | | | | | | |
| **Name:** | | | | | | | |
| **Address:** | | | | | | | |
| **City:** | | **State:** | | | **Zip:** | | |
| **Contact Person:** | | | | | **Tel:** | | |
| **WASTE TRANSPORTER #2** | | | | | | | |
| **Name:** | | | | | | | |
| **Address:** | | | | | | | |
| **City:** | | **State:** | | | **Zip:** | | |
| **Contact Person:** | | | | | **Tel:** | | |
| **XIII. WASTE DISPOSAL SITE** | | | | | | | |
| **Name:** | | | | | | | |
| **Address:** | | | | | | | |
| **City:** | | **State:** | | | **Zip:** | | |
| **Tel:** | | | | | | | |
| **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:** | | | | | | | |
| **Date and Hour of Emergency (MM/DD/YY):** | | | | | | | |
| **Description of the sudden unexpected event:** | | | | | | | |
| **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 ASTESTOS 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.** | | | | | | | |
|  | **(Signature of Owner/Operator)** | | |  | | **(Date)** |  |
| **XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:** | | | | | | | |
|  | **(Signature of Owner/Operator)** | | |  | | **(Date)** |  |