# **NOTIFICATION OF DEMOLITION AND RENOVATION**

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| 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:**  |

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| **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)** |  |