

# NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #		
<b>I. Type of Notification (O=Original R=Revised C=Canceled)</b>					
<b>II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)</b>					
<b>OWNER NAME:</b>					
<b>Address:</b>					
<b>City:</b>	<b>State:</b>	<b>Zip:</b>			
<b>Contact:</b>		<b>Tel:</b>			
<b>REMOVAL CONTRACTOR:</b>					
<b>Address:</b>					
<b>City:</b>	<b>State:</b>	<b>Zip:</b>			
<b>Contact:</b>		<b>Tel:</b>			
<b>OTHER OPERATOR:</b>					
<b>Address:</b>					
<b>City:</b>	<b>State:</b>	<b>Zip:</b>			
<b>Contact:</b>		<b>Tel:</b>			
<b>III. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)</b>					
<b>IV. IS ASBESTOS PRESENT? (Yes/No)</b>					
<b>V. FACILITY DESCRIPTION (Include building name, number and floor or room number)</b>					
<b>Bldg. Name:</b>					
<b>Address:</b>					
<b>City:</b>	<b>State:</b>	<b>County:</b>			
<b>Site Location:</b>					
<b>Building Size:</b>	<b># of Floors:</b>	<b>Age in Years:</b>			
<b>Present Use:</b>		<b>Prior Use:</b>			
<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>					
<ol style="list-style-type: none"> <li>1. Regulated ACM to be Removed</li> <li>2. Category I ACM Not Removed</li> <li>3. Category II ACM Not Removed</li> </ol>	<b>RACM To Be Removed</b>	<b>Nonfriable Asbestos Material Not To Be Removed</b>		<b>Indicate Unit of Measurement Below</b>	
		Category I	Category II	UNIT	
Pipes				LnFt:	Ln M:
Surface Area				SqFt:	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:
<b>VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:</b>				<b>Complete:</b>	
<b>IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:</b>				<b>Complete:</b>	

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 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.**

\_\_\_\_\_  
(Signature of Owner/Operator)

\_\_\_\_\_  
(Date)

**XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

\_\_\_\_\_  
(Signature of Owner/Operator)

\_\_\_\_\_  
(Date)