

**NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF PUBLIC HEALTH- ASBESTOS PROGRAM**

ASBESTOS PROJECT NOTIFICATION

General Instructions: All business entities proposing to engage in an asbestos project affecting three or more square feet or three or more linear feet of asbestos containing material (ACM) on or in a structure or equipment or any appurtenances thereto; must complete this form.

Business entities subject to licensure or waiver from licensure must sign the Verification in Part B.

Business entities not subject to licensure must sign the Verification in Part C.

Any project notification that is incomplete or provides inaccurate information will be deemed in violation of Title 178 NAC 22-005.

Provide a separate project notification for each building where an asbestos project is to be performed. Reproduce additional copies of this form as needed.

If the friable asbestos project of a licensed business entity is equal to (at) or greater than 160 sq. ft. or 260 ln. ft., or a combination of sq. and ln. ft. equal to (at) or greater than 160; enclose a \$200 Project Notification Fee as required by Title 178 NAC 22-009; payable by check or money order to the Nebraska Department of Health & Human Services (DHHS).

Please scan and email, fax, mail or hand-deliver the completed form and project notification fee (if applicable) to the following:

DHHS- Asbestos Program
PO Box 95026, 301 Centennial Mall S
Lincoln, Nebraska 68509-5026
Email: Shelley.Ball@nebraska.gov
Fax: 402-471-8833 Phone: 402-471-0549

THIS FORM MUST BE SUBMITTED AT LEAST TEN WORKING DAYS IN ADVANCE OF THE PROJECT START DATE AS SET FORTH IN TITLE 178 NAC 22-005 UNLESS THERE IS AN EMERGENCY OR A WAIVER REQUEST IS GRANTED BY THE DEPARTMENT.

Form 5 Instructions



DIVISION OF PUBLIC HEALTH- ASBESTOS PROGRAM

**ASBESTOS PROJECT NOTIFICATION
PART A- GENERAL INFORMATION**

1. Name of Business Entity: _____
Address: _____
City: _____ State/Zip: _____
Contact Person: _____ Phone: _____
Email/Web Address: _____ Fax: _____

2. Building Owner: _____
Address: _____
City: _____ State/Zip: _____
Contact Person: _____ Phone: _____

3. Project/Building Name: _____
Address: _____
City: _____ State/Zip _____

4. Abatement Description: Please list the quantity, material(s) and location(s) where asbestos-containing materials (ACM) are to be removed. Example: Removal of 100 sq. ft. of non-friable floor tile from Room #12, and 25 sq. ft. of ceiling plaster from the bathroom on the 2nd Floor of residence.

5. Project Start Date: _____ Project Finish Date: _____
Check the Scheduled Work Days: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.
Scheduled Work Hours: Start: _____ Finish: _____

6. Linear Feet (ln. ft.) of ACM to be removed: _____ ln.ft.
Square Feet (sq. ft.) of ACM to be removed: _____ sq. ft.
Total Project Size (combination of sq. and ln. ft. of ACM to be removed): _____

7. Is this an asbestos-related demolition project or part of an asbestos demolition project?
Yes or No

8. Licensed Abatement Contractors- If this is a demolition project and work practices other than those set out in Title 178 NAC 22-018 are used, please list them below:

**PART B- VERIFICATION FOR LICENSED OR
WAIVERED BUSINESS ENTITIES**

Note: The chief executive officer of the business entity must sign the following statement.
Submit the original to the Department.

I hereby verify that the information included in this notification and any supplemental information
attached to it is true and accurate to the best of my knowledge and understanding.

I further verify that I will comply with all work practices and worker protection requirements of
the Nebraska Asbestos Control Act and Department Regulations.

_____	_____
Date	Signature of Chief Executive Officer

	Print or Type Name

	Title

**PART C- VERIFICATION FOR BUSINESS ENTITIES
NOT SUBJECT TO LICENSURE**

Note: The chief executive officer of the business entity must sign the following statement.
Submit the original to the Department.

I hereby verify that the information included in this notification and any supplemental information
attached to it is true and accurate to the best of my knowledge and understanding.

_____	_____
Date	Signature of Chief Executive Officer

	Print or Type Name

	Title