

## NESHAP NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #:	Postmark Date:	Date Received:	Notification #:	
<b>1. Type of Notification:</b> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled <input type="checkbox"/>				
<b>2. Facility Information</b>				
<b>Owner Name:</b>				
Address:				
City:	State:	Zip Code:		
Contact Person:			Phone #:	
<b>Removal Contractor:</b>				
Address:				
City:	State:	Zip Code:		
Contact Person:			Phone #:	
<b>Other Operator:</b>				
Address:				
City:	State:	Zip Code:		
Contact Person:			Phone #:	
<b>3. Type of Operation:</b> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/>				
<b>4. Is Asbestos Present?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>5. Facility Description</b>				
Building Name:				
Address:		City:		
County:	State:	Zip Code:		
Site Location:				
Building Size:		# of Floors:	Age in Years:	
Present Use:			Prior Use:	
<b>6. Procedure, including analytical method, if appropriate, used to detect the presence of asbestos materials:</b>				
<b>7. Approximate amount of asbestos, including:</b> 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	RACM to be Removed	Non-Friable Asbestos Material not to be Removed		Indicate Unit of Measurement Below
		Cat I	Cat II	Unit
Pipes:				Ln. Ft.            Ln. M.
Surface Area:				Sq. Ft.            Sq. M.
Vol RACM Off Facility Component:				Cu. Ft.            Cu. M.
<b>8. Scheduled Asbestos Removal Dates</b>		Start:	Finish:	
<b>9. Scheduled Demolition/Renovation Dates</b>		Start:	Finish:	
<b>10. Description of planned demolition or renovation work, and method(s) to be used:</b>				

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**11. Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition or renovation site:**

**12. Waste Transporter 1**

Name:  
 Address:  
 City: State: Zip Code:  
 Contact: Phone #:

**Waste Transporter 2**

Name:  
 Address:  
 City: State: Zip Code:  
 Contact: Phone #:

**13. Waste Disposal Site**

Name:  
 Location:  
 City: State: Zip Code:  
 Phone #:

**14. If demolition is ordered by a government agency, please identify below.**

Name: Title:  
 Authority:  
 Date of Order: Date Ordered to Start:

**15. For Emergency Renovations**

Date and Hour of Emergency:  
 Description of the sudden, unexpected event:

Explanation of how the event caused unsafe conditions, would cause equipment damage, or an unreasonable financial burden:

**16. Description of procedures to be followed in the event that unexpected asbestos is found, or previously non-friable asbestos materials become crumbled, pulverized, or reduced to powder:**

**17. I certify that an individual trained in the provisions of the Regulation (40 CFR Part 61, Subpart M) will be on site during the demolition or renovation activity, and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours. (Required one-year after promulgation)**

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 Signature of Owner/Operator Printed Name Date

**18. I certify that all of the information provided on this form is correct:**

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 Signature of Owner/Operator Printed Name Date