

# U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #				
<b>I. Type of Notification</b> (check one): <input type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled							
<b>II. Facility Description</b> Building Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ County: _____ Site Location : _____ Building Size (square feet): _____ # of Floors: _____ Age in Years: _____ Present Use: _____ Prior Use: _____							
<b>III. Type of Operation</b> (check one): <input type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
<b>IV. Is Asbestos Present?</b> (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>V. Facility Information</b> <b>Owner Name:</b> _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (____) _____ Fax: _____ <b>Removal Contractor Name:</b> _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (____) _____ Fax: _____ <b>Other Operator (demolition/general):</b> _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (____) _____ Fax: _____							
<b>VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:</b>							
<b>VII. Approximate Amount of Asbestos Materials:</b>							
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)							
Surface Area (square feet)							
Facility Components (cubic feet)							
<b>VIII. Scheduled Dates Demolition or Renovation:</b> Start: _____ Complete: _____							
<b>IX. Dates for Asbestos Removal (MM/DD/YY)</b> Start: _____ Complete: _____							
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:							

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<b>X.</b>	<b>Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:</b>
<b>XI.</b>	<b>Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:</b>
<b>XII.</b>	<p><b>Waste Transporter #1</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Contact: _____ Telephone: (    ) _____</p> <p><b>Waste Transporter #2</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Contact: _____ Telephone: (    ) _____</p>
<b>XIII.</b>	<p><b>Waste Disposal</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Contact: _____ Telephone: (    ) _____</p>
<b>XIV.</b>	<p><b>Emergency Demolition</b> (complete Item XIV only if this project is an Emergency Demo.)</p> <ol style="list-style-type: none"> <li>1. Attach a copy of the Order to this notice.</li> <li>2. Name of Authority Issuing Order: _____ Title: _____</li> <li>3. Authority of Order (Citation of Code): _____</li> <li>4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin _____</li> </ol>
<b>XV.</b>	<p><b>Emergency Renovation</b> (Attach separate sheet with the following information if project is Emergency Renovation.)</p> <ol style="list-style-type: none"> <li>1. Date and Hour of the Emergency:</li> <li>2. Description of the Sudden, Unexpected Event:</li> <li>3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.</li> </ol>
<b>XVI.</b>	<b>Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.</b>
<b>XVII.</b>	<p><b>I certify that an individual trained in the provisions of NESHAP (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 during normal business hours.</b></p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Owner/Operator                      Date                      Type or Print Name and Title</p>
<b>XVIII.</b>	<p><b>I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.</b></p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Owner/Operator                      Date                      Type or Print Name and Title</p>