

Operator Project #	Postmark	Date Received	Received By	Notification #
I. TYPE OF NOTIFICATION (O = Original, R = Revised, C = Canceled, and F = Courtesy):				
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
Owner Name:				
Address:				
City:		State:		Zip:
Owner Contact:				
Removal Contractor:				
Address:				
City:		State:		Zip:
Removal Contact:				
Other Operator:				
Address:				
City:		State:		Zip:
Operator Contact:				
III. TYPE OF OPERATION (D = Demolition, O = Ordered Demolition, R = Renovation, & E = Emergency Renovation):				
IV. IS ASBESTOS PRESENT? (Yes/No):				
V. FACILITY DESCRIPTION (Include building name, number and floor or room number )				
Bldg. Name:				
Address:				
City:		State:	NM	Zip:
				County:
				Bernalillo
Site Location:				
Building Size:		# of Floors:		Age in Years:
Future Use:		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:			Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below			
	RACM To Be Removed	ACM To Be Removed	Cat I	Cat II			Ln Ft:	Ln M:
Pipes								
Surface Area							Sq Ft:	Sq M:
Vol RACM Off Facility Component							Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY)			Start:		Complete			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY)			Start:		Complete			
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 AND/OR RENOVATION SITE:								
XII. WASTE TRANSPORTER #1								
Contractor:								
Address:								
City:		State:		Zip:				
Contact:								
WASTE TRANSPORTER #2								
Contractor:								
Address:								
City:		State:		Zip:				
Contact:								

<b>XIII. WASTE DISPOSAL SITE</b>					
Name:					
Contact:					
Location:					
City:		State:		Zip:	
Telephone:		Landfill Office		Main Office	
<b>XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>					
Name:					
Authority:					
Date of Order (MM/DD/YY):					
<b>XV. FOR EMERGENCY RENOVATIONS</b>					
Date and Hour of Emergency (MM/DD/YY):					
Description of the Sudden, Unexpected Event:					
Explanation of how event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:					
<b>XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER.</b>					
<b>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.</b>					
_____				_____	
Signature of Owner/Operator				Date	
<b>XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.</b>					
_____				_____	
Signature of Owner/Operator				Date	