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| This form must be submitted at least 10 working days (Monday through Friday) before the start of the project. |
| **1. Type of notification:** | [ ]  Original [ ]  Revision [ ]  Cancellation [ ]  Courtesy  |
| **2. Facility information:** |
| Owner name |
| Street | City, State, Zip |
| Contact | Telephone | Email |
| **3. Asbestos removal contractor:** |
| Name |
| Street | City, State, Zip |
| Contact | Telephone | Email |
| **4. Other contractor/operator:** |
| Name |
| Street | City, State, Zip |
| Contact | Telephone | Email |
| **5. Type of operation:** | [ ]  Demolition [ ]  Renovation [ ]  Ordered demolition [ ]  Emergency renovation |
| **6. Is asbestos present?** (Please provide a copy of the inspection) | [ ]  Yes [ ]  No |
| **7. Facility description:** |
| Building name |
| Street | City, State, Zip |
| Site location |
| Building size (square feet) | Number of floors | Age in years |
| Present use | Prior use |
| **8. Procedure and analytical method used to detect the presence of asbestos material:** (Identify any consultant or inspector involved in building inspection) |
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| **9. Approximate amount of asbestos materials:** |
|  | RACM to be removed | Nonfriable asbestos materials |
| To be removed | NOT to be removed |
| Category I | Category II | Category I | Category II |
| Pipes (linear feet) |  |  |  |  |  |
| Surface area (square feet) |  |  |  |  |  |
| Facility components (cubic feet) |  |  |  |  |  |
| **10. Scheduled dates for asbestos removal:** | Start | Complete |
| Days of week: | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Hours of operation: |  |  |  |  |  |  |  |
| **11. Scheduled dates for demolition or renovation:** | Start | Complete |
| **12. Description of planned demolition or renovation activities:** |
|  |
| **13. Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition or renovation site:** |
|  |
| **14. Waste transporter:** |
| Name |
| Street | City, State, Zip |
| Contact | Telephone | Email |
| **15. Waste disposal site:** |
| Name |
| Street | City, State, Zip |
| Contact | Telephone | Email |

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| **16. For an ordered demolition:** (Attach a copy of the government issued order) |
| Name of authority issuing order | Title |
| Date of order | Date ordered to begin |
| **17. For emergency renovations:** |
| Date and hour of the emergency |
| Description of the sudden, unexpected event |
| Explanation of how the event caused unsafe conditions, equipment damage, and/or an unreasonable financial burden |
| **18. Description of the procedures to be followed in the event that unexpected RACM is found and explain how nonfriable asbestos materials will be removed without rendering it friable (Crumbled, pulverized, or reduced to powder):** |
|  |
| **19. I Certify that an individual trained in accordance with 40 CFR Part 61, Subpart M will be on-site during the stripping and removal described by this notification and evidence that the required training has been completed by this person will be available for inspection.** |
| Printed Name of owner or operator |
| Signature of owner or operator | Date |
| **20. I certify that the above information is correct.** |
| Printed Name of owner or operator |
| Signature of owner or operator | Date |