

# ASBESTOS NESHAP NOTIFICATION FOR RENOVATION AND DEMOLITION ACTIVITIES

National Emission Standards for Hazardous Air Pollutants (NESHAP)

1. TYPE OF NOTIFICATION: <input type="checkbox"/> Original <input type="checkbox"/> Revision 1 <input type="checkbox"/> Revision 2 <input type="checkbox"/> Revision 3 <input type="checkbox"/> Revision 4 <input type="checkbox"/> Revision 5 <input type="checkbox"/> Revision 6   Revision _____ <input type="checkbox"/> Cancel						
<b>2a. FACILITY OWNER INFORMATION</b>						
Name of Company or Individual:						
Address:						
City/Community:				State:	Zip:	
Contact Person:		Contact No.:		Email:		
<b>2b. ASBESTOS REMOVAL CONTRACTOR/OPERATOR:</b>						
Address:						
City:				State:	Zip:	
Contact Person:		Contact No.:		Email:		
<b>2c. DEMOLITION CONTRACTOR/OPERATOR:</b>						
Address:						
City:				State:	Zip:	
Contact Person:		Contact No.:		Email:		
3. TYPE OF OPERATION: <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Ordered Demolition <input type="checkbox"/> Annual Non-scheduled Operations						
4. PROVIDE DATE OF THOROUGH INSPECTION OF FACILITY, OR AFFECTED PART BY AN AHERA (Asbestos Hazard Emergency Response Act) CERTIFIED BUILDING INSPECTOR				DATE:		
5. FACILITY DESCRIPTION (Attach site location map for multiple structures at one street address or installation)						
Building Name:			Area/Location of Activities: (building # - floor # - units - equipment - identifying features)			
Street Address:			City:	Zip:	County:	
6. PROCEDURE, INCLUDING ANALYTICAL METHOD, EMPLOYED TO DETECT THE PRESENCE OF RACM AND CATEGORY I AND CATEGORY II NONFRIABLE ACM. <input type="checkbox"/> Polarized Light Microscopy-PLM <input type="checkbox"/> Point Counting <input type="checkbox"/> Assumed <input type="checkbox"/> Other _____						
Arizona Department of Health Services Registration # _____						
NVLAP Laboratory Name _____ Number of Samples _____ Date Analyzed _____						
7. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: *NOTE: Update notice as necessary including when the amount of asbestos affected changes by a least 20%	Amount of RACM to be Removed or Generated	Amount of Nonfriable ACM to be removed		Amount of Nonfriable ACM not to be removed during demo		
		CAT I	CAT II	CAT I	CAT II	
	On Facility Components; Pipes (Linear Feet)					
	On Facility Components; Surface Area (Square Feet)					
Off Facility Components; Volume (Cubic Feet)						
8. DATES FOR ASBESTOS REMOVAL				Days of Operations: M T W TH F SA SU		
Start Date:		Completion Date:		Hours of Operations:		
9. DATES FOR DEMOLITION				Days of Operations: M T W TH F SA SU		
Start Date:		Completion Date:		Hours of Operations:		
MAIL / DELIVER TO:  ADEQ - Asbestos NESHAP Program 1110 West Washington Street Phoenix, Arizona 85007 (602) 771-2333		<b>THIS AREA FOR NESHAP REGULATORY AGENCY USE ONLY</b>				
		U.S. Postal Service Postmark Date:		Commercial / Hand Delivery Date:		

10. DESCRIPTION OF PLANNED DEMOLITION/RENOVATION WORK: (Check all that apply)

Thermal System Insulation   
 Ceiling Texture/Tiles   
 Duct/Seam Tape   
 Regulated Drywall System   
 Asbestos-Containing Roof Removal  
 Asbestos Cement Pipe   
 Asbestos Cement Shingles   
 VAT/Mastic   
 Asbestos Cement Siding   
 ≥5580 sq ft w/rotating blade cut  
Other, please specify: \_\_\_\_\_

REMOVAL METHODS:   
 Hand/Non-Mechanical Tools   
 Mechanical/Power Tools   
 Mastic Solvents  
Other: \_\_\_\_\_

11. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT ASBESTOS EMISSIONS: (Check all that apply)

Adequately Wet   
 Full Containment   
 Critical Barriers   
 Negative Air Machines  
 Glove-Bag   
 Leak-Tight Wrap   
 6-mil Bags   
 Mini-containment  
 Decontamination Unit with Hot/Cold Water and Soap for OSHA Class I work   
Other: \_\_\_\_\_

12a. ASBESTOS WASTE TRANSPORTER #1:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact No.: \_\_\_\_\_ Email: \_\_\_\_\_

12b. ASBESTOS WASTE TRANSPORTER #2:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact No.: \_\_\_\_\_ Email: \_\_\_\_\_

13. ASBESTOS WASTE DISPOSAL SITE:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact No.: \_\_\_\_\_ Email: \_\_\_\_\_

14. FOR ORDERED DEMOLITIONS (40 CFR 61, §61.145(A)(3), ATTACH A COPY OF THE AGENCY'S ORDERED DEMOLITION LETTER

Name: \_\_\_\_\_ Title: \_\_\_\_\_

State or Local Government Agency: \_\_\_\_\_ Authority: \_\_\_\_\_

Date of Order (MM/DD/YY): \_\_\_\_\_ Date Demolition Ordered to Begin (MM/DD/YY): \_\_\_\_\_

15. FOR EMERGENCY RENOVATIONS (40 CFR 61, §61.145(a)(4)(iv))

Date and Hour of Emergency (MM/DD/YY - HH:MM): \_\_\_\_\_

Description of the Sudden, Unexpected Event: \_\_\_\_\_

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

16. In the event that unexpected RACM is found or discovered or CATEGORY I or CATEGORY II NONFRIABLE ACM becomes crumbled, pulverized, or reduced to powder the following procedures will be followed: Stop Work, Notify Owner, Revise Notification, Follow 40 CFR 61, §61.145(c) Procedures with an AHERA Certified Contractor/Supervisor on-site.

17. I CERTIFY THAT AT LEAST ONE AHERA CERTIFIED CONTRACTOR/SUPERVISOR WILL SUPERVISE THE STRIPPING AND REMOVAL OF RACM DESCRIBED IN THIS NOTIFICATION AND THAT THE TRAINING CERTIFICATE WILL BE POSTED OR READILY AVAILABLE **ON-SITE**.

\_\_\_\_\_ (Print Name: Owner/Operator)    \_\_\_\_\_ (Title)    \_\_\_\_\_ (Signature of Owner/Operator)    \_\_\_\_\_ (Date)

18. CERTIFICATION OF INSPECTION BY AN AHERA CERTIFIED ASBESTOS BUILDING INSPECTOR (All areas of Arizona):

\_\_\_\_\_ (Print Name of Inspector)    \_\_\_\_\_ (Training Provider)    \_\_\_\_\_ (AHERA Certificate Number)    \_\_\_\_\_ (Expiration Date)

19. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: \_\_\_\_\_ Company Name: \_\_\_\_\_

\_\_\_\_\_ (Print Name: Owner/Operator)    \_\_\_\_\_ (Title)    \_\_\_\_\_ (Signature of Owner/Operator)    \_\_\_\_\_ (Date)

## Instructions for Completing the NESHAP Notification Form

As per Title 40 Code of Federal Regulations Part 61, Subpart M, Asbestos NESHAP Section 61.145(b)(4), the notification form will not be considered complete without this information. The following information is required to be included on notifications submitted, prior to the start of the renovation and/or demolition activity.

- Line 1 Indicate Original or Revised Notification
- Line 2a Facility Owner Information: provide name, address, and telephone number
- Line 2b Asbestos Removal Contractor/Operator: provide name address, and telephone number
- Line 2c Demolition Contractor/Operator: provide name, address, and telephone number
- Line 3 Type of Operation: type of planned work
- Line 4 Date of asbestos inspection.
- Line 5 Facility Description: provide size (square feet), number of floors, age, present and prior use, location, street address; and if appropriate, building number or name, floor number, and room number
- Line 6 Procedure(s), including analytical method(s) employed to detect the presence of Regulated Asbestos Containing Material (RACM), Category I and Category II nonfriable ACM.
- Line 7 List amount of Regulated Asbestos Containing Material (RACM) to be removed or generated.  
List amounts of Category I and Category II nonfriable ACM that will not be removed before demolition.
- Line 8 Start and Completion dates for Asbestos Removal/Renovation  
*\*NOTE: Start date is defined when asbestos containing material(s) are being removed or disturbed.*
- Line 9 Start and Completion dates for Demolition  
*\*NOTE: Start date of demolition is defined when the wrecking or taking out of any load-bearing structural support member of a facility together with any related handling operations or the intentional burning of a facility begins.*
- Line 10 Description of Demolition and/or Renovation Work
- Line 11 Description of Work Practices/Engineering Controls to be used to prevent asbestos emissions to the outside air.
- Line 12(a)(b) Waste Transporter(s): provide name, address, and telephone number
- Line 13 Waste Disposal Site: provide name and location of where generated asbestos containing material will be deposited.
- Line 14 Ordered Demolitions: *\*NOTE: attach copy of the demolition order with the notification*
- Line 15 Emergency Renovations: *\*NOTE: provide all information requested on notification form*
- Line 16 Description of procedures to be followed in the event that unexpected RACM is found or Category I or Category II nonfriable ACM becomes crumbled, pulverized, or reduce to powder.
- Line 17 Signature verifying that at least one on-site trained representative is present at the facility site where the stripping and removal of regulated asbestos containing material is occurring at all times during that stripping and removal. *\*NOTE: the on-site trained representative is equivalent to the 40-hour AHERA Contractor/Supervisor training*
- Line 18 Provide the name and certification of individual(s) that completed the thorough asbestos survey on the affected facility, or if material is assumed to contain asbestos, write "assumed".
- Line 19 Print Name. Title. Signature. Date. Company Name. (Certifying that the information provided is correct)

# Asbestos Demolition and Renovation Activities

## NESHAP Notification Process

### ***Purpose of Program***

To protect public health from exposure to regulated asbestos-containing material (RACM) during National Emission Standards for Hazardous Air Pollutants (NESHAP) facility renovation and/or demolition activities, asbestos removal, transport and disposal, and closely monitoring those activities for proper notification and asbestos emissions control. Asbestos is a known human carcinogen and is known to cause other respiratory diseases.

### ***What are the requirements?***

Prior to the commencement of demolition or a renovation activity of a regulated facility an Asbestos Hazard Emergency Response Act (AHERA) certified building inspector must thoroughly inspect the facility or part of the facility where the demolition or renovation operation will occur for the presence of asbestos, including Category I and Category II non-friable asbestos-containing materials.

### ***Notification Time Frame***

An original notification is required to be submitted to the agency 10 working days (counting Monday through Friday) prior to the start of a renovation activity involving the removal or disturbance of threshold amounts of regulated asbestos containing materials. Threshold amounts being:

- 260 linear feet or more on pipes
- 160 square feet or more on other facility components
- 35 cubic feet or more off facility components

A Notification is required to be submitted for all demolition activities, even when no asbestos is present.

### ***Notification Fees***

There are no fees associated with the notification process.

### ***What is considered a Renovation Activity?***

A renovation means altering a facility or one or more facility components in any way, including the stripping or removal of RACM from a facility component. Operations in which load-supporting structural members are wrecked or taken out are demolitions.

### ***What is considered a Demolition Activity?***

A demolition means the wrecking or taking out of any load-supporting structural member of a facility together with any related handling operations or the intentional burning of any facility.

### ***What is considered a regulated facility?***

A facility is any institutional, commercial, public, industrial or residential structure, installation, or building (including any structure, installation, or building containing condominiums or individual dwelling units operated as a residential cooperative, but excluding residential building having four or fewer dwelling units); any ship; and any active or inactive waste disposal site. For purposes of this definition, any building, structure, or installation that contains a loft used as a dwelling unit is not considered a residential structure, installation, or building. Any structure, installation or building that was previously subject to this subpart is not excluded, regardless of its current use or function. Including facility components; any part of a facility including equipment.

### ***What Facilities are exempted?***

A single residential home or structure containing one to four dwelling units. (unless classified as an installation; meaning any building or structure or any group of buildings or structures at a single demolition or renovation site that are under the control of the same owner or operator or owner or operator under common control).