

## NOTIFICATION OF DEMOLITION AND RENOVATION

OPERATOR PROJECT #		POSTMARK		DATE RECEIVED		NOTIFICATION #	
<b>I. TYPE OF NOTIFICATION</b>		O=ORIGINAL	R=REVISED	C=CANCELLED		WPR NOTICE?	
<b>II. FACILITY INFORMATION (IDENTIFY OWNER / REMOVAL CONTRACTOR / AND OTHER OPERATOR)</b>							
OWNER NAME:							
ADDRESS:							
CITY:				STATE:		ZIP:	
CONTACT:					PHONE:		
REMOVAL CONTRACTOR:							
ADDRESS:							
CITY:				STATE:		ZIP:	
CONTACT:					PHONE:		
OTHER OPERATOR:							
ADDRESS:							
CITY:				STATE:		ZIP:	
CONTACT:					PHONE:		
<b>III. TYPE OF OPERATION:</b>							
D=DEMO		O=ORDERED DEMO		R=RENOVATION		E=EMER RENOVATION	
<b>VI. IS ASBESTOS PRESENT? (YES or NO)</b>							
<b>V. FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room number)</b>							
BLDG NAME:							
ADDRESS:							
CITY:				STATE:		ZIP:	
SITE LOCATION:							
BLDG SIZE:			# OF FLOORS			AGE IN YEARS:	
PRESENT USE:				PRIOR USE:			
<b>VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b>							
<b>VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:</b> 1. Regulated ACM to be removed 2. Category I ACH not removed 3. Category II ACM not removed		RACM TO BE REMOVED	NONFRIABLE ASBESTOS MATERIAL NOT TO BE REMOVED		INDICATE UNIT OF MEASUREMENT BELOW:		
			CAT I	CAT II			
PIPES					LnFt:	Ln m:	
SURFACE AREA					SqFt:	Sq m:	
VOL RACM OFF FACILITY COMPONENT					CuFt:	Cu m:	
<b>VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) START: COMPLETE:</b>							
<b>IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) START: COMPLETE:</b>							

## NOTIFICATION OF DEMOLITION AND RENOVATION *(continued)*

<b>X: DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK AND MTHOD(S) TO BE USED:</b>			
<b>XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO VBE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:</b>			
<b>XII. WASTE TRANSPORTER #1</b>			
Name:			
Address:			
City:	State:	Zip:	
Contact Person:		Phone:	
<b>WASTE TRANSPORTER #2</b>			
Name:			
Address:			
City:	State:	Zip:	
Contact Person:		Phone:	
<b>XIII. WASTE DISPOSAL SITE</b>			
Name:			
Location:			
City:	State:	Zip:	
Phone:			
<b>XIV. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY AGENCY BELOW:</b>			
Name:		Title:	
Authority:			
Date of Order (MM/DD/YY)		Date Ordered to Begin (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 the event caused unsafe conditions or would case equipment damage or unreasonable financial burden:			
<b>XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, PR 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. (Required 1 year after promulgation)</b>			
Signature of Owner/Operator		Date	
<b>XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.</b>			
Signature of Owner/Operator		Date	