

NOTIFICATION OF DEMOLITION AND RENOVATION

OPERATOR PROJECT #	POSTMARK	DATE RECEIVED	NOTIFICATION #	
I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled)		WPR Notice?		
II. FACILITY INFORMATION (Identify Owner, Removal Contractor, and Other Operator)				
OWNER NAME:				
ADDRESS:				
CITY:		STATE:	ZIP:	
CONTACT:			TELEPHONE:	
REMOVAL CONTRACTOR:				
ADDRESS:				
CITY:		STATE:	ZIP:	
CONTACT:			TELEPHONE:	
OTHER OPERATOR:				
ADDRESS:				
CITY:		STATE:	ZIP:	
CONTACT:			TELEPHONE:	
III. TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation)				
IV. IS ASBESTOS PRESENT? (Yes/No) Attach an accredited asbestos survey.				
V. FACILITY DESCRIPTION (include building name, number and floor or room number)				
BUILDING NAME:				
ADDRESS:				
CITY		STATE	COUNTY:	
SITE LOCATION				
BUILDING SIZE:		NUM OF FLOORS:	AGE IN YEARS:	
PRESENT USE:		PRIOR USE:		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
VII. APPROXIMATE AMOUNT OF		RACM TO BE REMOVED	NONFRIABLE ASBESTOS MATERIAL NOT TO BE REMOVED	INDICATE UNIT OF MEASUREMENT BELOW
1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed			CAT I	CAT II
PIPES				Ln Ft: Ln m:
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:

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS AND TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

XII. WASTE TRANSPORTER #1:

OWNER NAME:

ADDRESS:

CITY:

STATE:

ZIP:

CONTACT:

TELEPHONE:

WASTE TRANSPORTER #2:

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

CONTACT:

TELEPHONE:

XIII. WASTE DISPOSAL SITE:

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

CONTACT:

TEL:

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

NAME:

TITLE:

AUTHORITY:

DATE OF ORDER (MM/DD/YY):

DATE ORDERED TO BEGIN (MM/DD/YY):

ADDRESS:

XV. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY):

Description of the sudden, unexpected event:

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

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:

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).

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

(Signature of Owner/Operator)

(Date)