

NOTIFICATION OF DEMOLITION OR RENOVATION

DNREC USE, ONLY

I.FACILITY INFORMATION (Identify Owner, Removal Contractor, and Certified Professional Service Firm)

OWNER

Address

City

County

State

Zip

Contact

Telephone

REMOVAL CONTRACTOR

Address

City

County

State

Zip

Site Contact (Supervisor on-site)

Telephone

CERTIFIED PROFESSIONAL SERVICE FIRM

Address

City

County

State

Zip

Site Contact

Telephone

II. TYPE OF NOTIFICATION? ("O" = "Original" --- "R" = "Revised")

III. TYPE OF OPERATION? ("D" = "Demolition" --- "R" = "Renovation")

IV. IS ASBESTOS PRESENT? ("Y" = "YES" --- "N" = "NO")

V.FACILITY DESCRIPTION (Include Building Name, number and floor, or room number)

Building Name

Address #1

Address #2

City

County

State

Zip

Site Location

Building Size: Sq. Meters

Sq. Feet

Number of Floors

Age in Years

Present Use

Prior Use

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL
 (Note: all demolition jobs must have a Survey performed by a Certified Professional Service Firm to ensure that there are no Asbestos-Containing Materials ("ACM") present) (Definition: Asbestos-Containing Materials ("ACM"): containing > 1% asbestos)

VII. APPROXIMATE AMOUNT OF REGULATED ASBESTOS-CONTAINING MATERIAL ("RACM") TO BE REMOVED, AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED
 (Specify the amount of asbestos below):

**NON-FRIABLE ASBESTOS MATERIAL
NOT TO BE REMOVED**

**RACM
TO BE REMOVED**

CATEGORY I

CATEGORY II

PIPES: Linear Feet

SURFACE AREA: Square Feet

Cubic Feet

Volume of RACM, off-Facility Components:

Cubic Meters

Volume of RACM, off-Facility Components:

VIII. SCHEDULED DATES OF ASBESTOS REMOVAL/DEMOLITION/RENOVATION?

Start

Finish

IX. SCHEDULED WORKING HOURS (SHIFT HOURS) (A.M./P.M./etc.)

Start

Finish

NOTIFICATION OF DEMOLITION OR RENOVATION.....(continued)**X.DESCRPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(s) TO BE USED****XI. DESCRIPTION OF ENGINEERING CONTROLS AND WORK PRACTICES TO BE USED TO CONTROL EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE****XII. WASTE TRANSPORTER #1**

Address

City

County

State

Zip

Contact

Telephone

WASTE TRANSPORTER #2

Address

City

County

State

Zip

Site Contact

Telephone

XIII. WASTE DISPOSAL SITE

EPA Certification Number

Address

City

County

State

Zip

Site Contact

Telephone

XIV. IF THE DEMOLITION WAS 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)

XV. FOR EMERGENCY RENOVATIONS:

DATE and HOUR of Emergency: (MM/DD/YY)

(HH:MM)

Description of SUDDEN, UNEXPECTED EVENT

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND, OR THAT PREVIOUSLY NON-FRIABLE 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 THAT EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (Required one (1) year after promulgation).

*(Signature of Owner/Operator)**(Date)***XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT***(Signature of Owner/Operator)**(Date)*