**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY**

**ASBESTOS NESHAP NOTIFICATION FOR RENOVATION AND DEMOLITION ACTIVITIES**

National Emission Standards for Hazardous Air Pollutants (NESHAP)

|  |
| --- |
| 1. TYPE OF NOTIFICATION: [ ] Original [ ] Revision 1 [ ] Revision 2 [ ] Revision 3 [ ] Revision 4 [ ] Revision 5 [ ] Revision 6 Revision \_\_\_\_\_\_\_ [ ] Cancel |
| **2a. FACILITY OWNER INFORMATION** |
|  Name of Company or Individual: |
|  Address: |
|  City/Community: | State: | Zip: |
|  Contact Person: | Contact No.: | Email: |
| **2b. ASBESTOS REMOVAL CONTRACTOR/OPERATOR:** |
|  Address: |
|  City: | State: | Zip: |
|  Contact Person: | Contact No.: | Email: |
| **2c. DEMOLITION CONTRACTOR/OPERATOR:** |
|  Address: |
|  City: | State: | Zip: |
|  Contact Person: | Contact No.: | Email: |
| 3. TYPE OF OPERATION: [ ]  Renovation [ ]  Emergency Renovation [ ]  Demolition [ ]  Ordered Demolition [ ]  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: Apache** |
| 6. PROCEDURE, INCLUDING ANALYTICAL METHOD, EMPLOYED TO DETECT THE PRESENCE OF RACM AND CATEGORY I AND CATEGORY II  NONFRIABLE ACM. [ ]  Polarized Light Microscopy-PLM [ ]  Point Counting [ ]  Assumed [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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  Start Date: Completion Date: | Days of Operations: M T W TH F SA SUHours of Operations: |
| 9. DATES FOR DEMOLITION  Start Date: Completion Date:  | Days of Operations: M T W TH F SA SUHours of Operations: |
| **MAIL / DELIVER TO:****ADEQ - Asbestos NESHAP Program****1110 West Washington Street****Phoenix, Arizona 85007****(602) 771-2333 or (602) 771-4553** | **THIS AREA FOR NESHAP REGULATORY AGENCY USE ONLY** |
| **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) |

References: Title 40, Code of Federal Regulations, Part 61, Subpart M, Asbestos NESHAP §61.145(b): Arizona Revised Statutes. Title 49 §49-421 & 471 et. seq.: and Arizona Administrative Code. Title 18, Chapter 2, Air Pollution Control, Article II. §R18-2-1101.

For more information, contact the Asbestos NESHAP Program in Arizona at (800) 234-5677 x2333 x4553. Revised: January 2015: Page 2 of 2