

**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 SU Hours of Operations: \_\_\_\_\_

9. DATES FOR DEMOLITION Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_ Days of Operations: M T W TH F SA SU Hours of Operations: \_\_\_\_\_

MAIL / DELIVER TO: ADEQ - Asbestos NESHAP Program 1110 West Washington Street Phoenix, Arizona 85007 (602) 771-2333 or (602) 771-4553	<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   
  Asbestos-Containing Roof Removal  
 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)