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%:

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

U.S. Postal Service Postmark Date: Commercial / Hand Delivery Date:
10. DESCRIPTION OF PLANNED DEMOLITION/RENOVATION WORK: (Check all that apply)
- Thermal System Insulation
- Coating Textures/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

REMOVAL METHODS:
- Hand/Non-Mechanical Tools
- Mechanical/Power Tools
- Mastic Solvents

Other, please specify:

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
- Gloves
- 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 III, §R18-2-1101.

For more information, contact the Asbestos NESHAP Program in Arizona at (800) 234-5677 x2333 x4553.