**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY**

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

National Emission Standards for Hazardous Air Pollutants (NESHAP)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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** | **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