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: Origin	al □Revision 1 □R	evision 2	Revision 3	Revision 4	□Revision 5	Revisio	on 6 F	Revision	□Cancel	
2a. FACILITY OWNER INFORMATION										
Name of Company or Individual:										
Address:										
City/Community:	State			Zip:						
Contact Person: Contact N			lo.: Email:							
2b. ASBESTOS REMOVAL CONTRACT	OR/OPERATOR:									
Address:										
City:			State:		Zip:					
Contact Person: Contact N			0.:	Email:	Email:					
2c. DEMOLITION CONTRACTOR/OPER	RATOR:									
Address:										
City:					State:		Zip:			
Contact Person: Contact			0.:	Email:						
3. TYPE OF OPERATION:	ration	Renovation	Demolitio	n 🗆 (Ordered Demoli	ion 🗆	Annual	Non-sched	uled Operations	
4. PROVIDE DATE OF THOROUGH INSPECTION OF FACILITY, OR AFFECTED PART BY AN AHERA (Asbestos Hazard Emergency Response Act) CERTIFIED BUILDING INSPECTOR										
5. FACILITY DESCRIPTION (Attach s	ite location map for multipl	e structures a	at one street add	ress or insta	allation)					
Building Name: Area/Location of Activities: (building # - floor # - units - equipment - identifying feature								ifying features)		
Street Address:			City:		Zip:			County:	Apache	
6. PROCEDURE, INCLUDING ANALYTI NONFRIABLE ACM. Dolariz	CAL METHOD, EMPLOYE ed Light Microscopy-PLM			NCE OF RA Assumed		GORYIAN		GORY II		
NVLAP Laboratory Name			Number of Samples		Date Analyzed _		Amount of Nonfriable ACM			
7. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: *NOTE: Update notice as necessary including when the amount of asbestos affected changes by a least 20%			or Generated		to be removed			not to be removed during de		
				CAT I	CA	AT II C		CAT I CAT II		
On Facility Components; Pipes (Linear	Feet)									
On Facility Components; Surface Area										
Off Facility Components; Volume (Cub										
						Days of O	peration	s: M T W	TH F SA SU	
8. DATES FOR ASBESTOS REMOVAL	Completion Date		Hours of (Operatior	ns:					
9. DATES FOR DEMOLITION					Days of Operations: M T W TH F			TH F SA SU		
Start Date: Completion										
MAIL / DELIVER TO: ADEQ - Asbestos NESHAP Program	THIS AREA FOR NESHAP REGULATORY AGENCY USE ONLY									
1110 West Washington Street Phoenix, Arizona 85007	U.S. Postal Service Postmark Date: C				Commercial /	Commercial / Hand Delivery Date:				
(602) 771-2333 or (602) 771-4553										

10. DESCRIPTION OF PLANNED D Thermal System Insulation Asbestos Cement Pipe Other, please specify:	EMOLITION/RENOVATION	Duct/Seam Tape			sbestos-Containing Roof Removal ≥5580 sq ft w/rotating blade cut					
REMOVAL METHODS: Other:	Hand/Non-Mechanical	Tools Mechanical/Power Tools	s 🗆 Ma	stic Solvents						
. ,	I Containment	□ Critical Barriers □ Nega □ 6-mil Bags □ Mini-	tive Air Mac containment	hines	: (Check all that apply)					
12a. ASBESTOS WASTE TRANSPO	ORTER #1:									
Company Name:										
Address:										
City:	ity:				Zip:					
Contact Person:	ntact Person: Contact No.:			Email:						
12b. ASBESTOS WASTE TRANSPORTER #2:										
Company Name:										
Address:										
City:	Dity:				Zip:					
Contact Person:	Contact Person: Co			Email:						
13. ASBESTOS WASTE DISPOSAL SITE:										
Company Name:										
Address:										
City:			State:	Zip:						
Contact Person:	Contact No.:			Email:						
14. FOR ORDERED DEMOLITIONS	6 (40 CFR 61, §61.145(A)(3)	, ATTACH A COPY OF THE AGEN	CY'S ORDE	RED DEMOLITION LE	TTER					
Name: Title:										
State or Local Government Agency:				Authority:						
Date of Order (MM/DD/YY):			Date Dem	emolition Ordered to Begin (MM/DD/YY):						
15. FOR EMERGENCY RENOVATIONS (40 CFR 61, §61.145(a)(4)(iv))										
Date and Hour of Emergency (MM	1/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 RAG reduced to powder the following p with an AHERA Certified Contrac	procedures will be followed:	r CATEGORY I or CATEGORY II N Stop Work, Notify Owner, Revise N			•					
17. I CERTIFY THAT AT LEAST ON DESCRIBED IN THIS NOTIFICA		ITRACTOR/SUPERVISOR WILL SU INING CERTIFICATE WILL BE POS								
(Print Name: Owner/Operator)	(Tit		•	Owner/Operator)	(Date)					
18. CERTIFICATION OF INSPECTION	ON BY AN AHERA CERTIFI	IED ASBESTOS BUILDING INSPEC	CTOR (All an	eas of Arizona):						
(Print Name of Inspector)	(Print Name of Inspector) (Training Provider)			ificate Number)	(Expiration Date)					
19. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Company Name:										
(Print Name: Owner/Operator)	(Ti	tle) (3	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.

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