

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	THIS AREA FOR NESHAP REGULATORY AGENCY USE ONLY	
	U.S. Postal Service Postmark Date: _____	Commercial / Hand Delivery Date: _____

