

EPA NOTIFICATION OF DEMOLITION OR RENOVATION

OFFICE USE ONLY: DATE RECEIVED: _____ JOB / PERMIT / ID NUMBER _____

I. FACILITY INFORMATION:

OWNER: _____ PHONE NUMBER: (____) _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

FACILITY REPRESENTATIVE: _____ PHONE: (____) _____

ASBESTOS ABATEMENT CONTRACTOR: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

REPRESENTATIVE: _____ PHONE: (____) _____

PAGER: (____) _____ MOBILE PHONE: (____) _____

AIR MONITORING FIRM OR OTHER OPERATOR: _____

(Demolition Contractor)

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

REPRESENTATIVE: _____ PHONE: (____) _____

II. TYPE OF NOTIFICATION: (O = ORIGINAL) OR (R = REVISED) _____

III. TYPE OF OPERATION: (D = DEMOLITION) (R = RENOVATION) (ER = EMERGENCY RENOVATION): _____

IV. IS ASBESTOS CONTAINING MATERIAL (ACM) PRESENT? YES _____ NO _____ DON'T KNOW _____

V. FACILITY / BUILDING DESCRIPTION (BE SPECIFIC AND DETAILED AS TO NAME, # FLOORS, EXACT ACM LOCATION, ROOM NUMBERS, ETC.)

FACILITY: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____

WHERE IS ACM LOCATED? _____

BUILDING SIZE: SQ. FT.: _____ AGE: _____ YRS. # FLOORS: _____

PRESENT USE: _____ PREVIOUS USE: _____

VI. PROCEDURES USED TO DETERMINE PRESENCE OF ACM INCLUDING ANALYTICAL METHODS :

NAME OF EPA ACCREDITED INSPECTOR WHO PERFORMED INSPECTION AND SAMPLING INCLUDING AFFILIATION AND OKLAHOMA DOL LICENSE NUMBER:

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VII. AMOUNTS OF REGULATED ASBESTOS CONTAINING MATERIAL (RACM) TO BE REMOVED; ALSO AMOUNTS OF CATEGORY I OR II MATERIALS WHICH WILL / WILL NOT BE REMOVED (circle one):

PIPES - LINEAR FEET: _____; SURFACING AREA - SQUARE FEET: _____; OFF FACILITY COMPONENT-
CUBIC FEET: _____; CATEGORY I - SQ. FT.: _____; CATEGORY II - SQ. / LIN. FT.: _____

VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: START: _____ FINISH: _____

IX. SCHEDULED DATES OF DEMO / RENO: START: _____ FINISH: _____

X. DESCRIPTION OF THE PLANNED ASBESTOS REMOVAL TECHNIQUES TO BE EMPLOYED (e.g. gross removal, glove bagging, manual scrape, etc.)

XI. DESCRIPTION OF THE CONTROLS AND WORK PRACTICES TO BE USED TO PREVENT ASBESTOS FIBER EMISSIONS (e.g. full containment with negative pressure, adequate wetting):

XII. LICENSED ASBESTOS WASTE TRANSPORTER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

REPRESENTATIVE: _____ PHONE: (____) _____

XIII. STATE PERMITTED ASBESTOS WASTE DISPOSAL SITE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

REPRESENTATIVE: _____ PHONE: (____) _____

XIV. IS DEMOLITION ORDERED BY A GOVERNMENT AGENCY? YES: _____ NO: _____

NAME OF AGENCY: _____ REPRESENTATIVE: _____

DATE OF ORDER: _____ DATE DEMOLITION IS TO START: _____

XV. IS THIS RENOVATION REQUIRED DUE TO AN EMERGENCY? YES: _____ NO: _____

DATE OF EMERGENCY: _____ HOUR OF DAY EMERGENCY OCCURRED: _____

DESCRIPTION OF THE SUDDEN, UNEXPECTED EVENT CAUSING THE EMERGENCY: _____

EXPLANATION OF HOW THIS CAUSED: 1) UNSAFE CONDITIONS; 2) SERIOUS DISRUPTION OF NORMAL BUILDING OPERATIONS; AND/OR 3) IMPOSES AN UNREASONABLE FINANCIAL BURDEN? (be specific and detailed):

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XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES FRIABLE (crumbled, pulverized, abraded, or reduced to powder, etc.):

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR, PART 61, SUBPART M - NESHAP) WILL BE ON SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE OF HIS/HER TRAINING AND CERTIFICATION / LICENSING WILL BE AVAILABLE (OR BE POSTED) FOR INSPECTION DURING BUSINESS HOURS:

SIGNATURE OF OWNER / OPERATOR: _____ **DATE:** _____

PRINTED NAME: _____

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE:

SIGNATURE OF OWNER / OPERATOR: _____ **DATE:** _____

PRINTED NAME: _____

DEFINITION: OWNER OR OPERATOR: Any person who owns, leases, operates, controls, or supervises the facility being demolished or renovated or any person who owns, leases, operates, controls, or supervises the demolition or renovation, or both.

ADDITIONAL COMMENTS: _____

**EPA NESHAP AUTHORITY: OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY
Air Quality Div., 707 N. Robinson, P.O. Box 1677
Oklahoma City, OK 73101-1677
or
Tulsa Regional Office, 3105 E. Skelly Drive, Suite 215,
Tulsa, OK 74105**

NOTE: (Please submit your Notification to the DEQ office closest to your job site)