

ASHEVILLE-BUNCOMBE AIR QUALITY AGENCY
30 VALLEY STREET, ASHEVILLE, NC 28801
828/250-6777

NOTIFICATION OF DEMOLITION AND OR ASBESTOS RENOVATION

POSTMARK _____ DATE RECEIVED _____ NOTIFICATION NUMBER _____

1. **TYPE:** NESHAP ASBESTOS REMOVAL NON-NESHAP ASBESTOS REMOVAL NESHAP DEMOLITION
NON-NESHAP DEMOLITION ORDERED DEMOLITION EMERGENCY ASBESTOS PRESENT?

2. FACILITY INFORMATION

OWNER NAME: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

CONTACT: _____ PHONE NUMBER: _____

EMAIL: _____

3. FACILITY LOCATION (INCL. BUILDING NAME, FLOOR, ROOM #, ETC, IF APPLICABLE)

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

BLDG. SIZE _____ SQ. FT. # FLOORS: _____ AGE: _____ WORK LOCATION: _____

CONTACT: _____ PHONE NUMBER: _____

PRESENT USE: _____ PRIOR USE: _____

4. CONTRACTOR ASBESTOS REMOVAL PARTIAL DEMOLITION TOTAL DEMOLITION

COMPANY NAME: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

CONTACT: _____ PHONE NUMBER: _____

EMAIL: _____

5. OTHER CONTRACTOR ASBESTOS REMOVAL PARTIAL DEMOLITION TOTAL DEMOLITION

COMPANY NAME: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

CONTACT: _____ PHONE NUMBER: _____

6. WAS AN ASBESTOS INSPECTION PERFORMED ON THE FACILITY? YES / NO **REPORT ATTACHED?** YES / NO

IF YES, NAME OF INSPECTOR AND NCHHCB ACCREDITATION NUMBER _____

7. ASBESTOS MATERIALS IN FACILITY: TYPE, AMOUNT, FRIABILITY, REMOVAL

A. FLOOR TILE / LINOLEUM AMNT: _____ SQ. FT. FRIABLE? YES / NO REMOVE? YES / NO

B. ROOFING AMNT: _____ SQ. FT. FRIABLE? YES / NO REMOVE? YES / NO

C. TRANSITE (SIDING / ROOFING) AMNT: _____ SQ. FT. FRIABLE? YES / NO REMOVE? YES / NO

D. PIPE INSULATION (TSI) AMNT: _____ LN. FT. FRIABLE? YES / NO REMOVE? YES / NO

E. BOILER INSULATION (TSI) AMNT: _____ SQ. FT. FRIABLE? YES / NO REMOVE? YES / NO

F. DUCT INSULATION / DUCT TAPE AMNT: _____ SQ. FT. FRIABLE? YES / NO REMOVE? YES / NO

G. PLASTER / SHEETROCK / JOINTS AMNT: _____ SQ. FT. FRIABLE? YES / NO REMOVE? YES / NO

H. OTHER _____ AMNT: _____ SQ. FT. FRIABLE? YES / NO REMOVE? YES / NO

I. OTHER _____ AMNT: _____ SQ. FT. FRIABLE? YES / NO REMOVE? YES / NO

8. SCHEDULED DATES ASBESTOS REMOVAL, (MM/DD/YY): START _____ COMPLETE _____

9. SCHEDULED DATES FOR DEMOLITION, (MM/DD/YY): START _____ COMPLETE _____

10. ASBESTOS REMOVAL / DEMOLITION WORK PRACTICES (CHECK ALL THAT APPLY)

- A. CONTAINMENT
- B. () NEGATIVE AIR
- C. () CRITICAL BARRIERS, NO NEG. AIR
- D. () WET METHODS
- E. () OTHER _____
- F. () GLOVE BAG
- G. () STRIP AND REMOVE
- H. () HEAT MACHINE (FLOOR TILE ONLY)
- I. () REMOVE INTACT W/ FACILITY COMPONENT
- J. () OTHER _____
- K. () STRUCTURAL DEMOLITION BY HAND
- L. DEMOLITION BY HEAVY EQUIPMENT
- M. DEMOLITION BY FIRE DEPT. LIVE BURN TRAINING
- N. () OTHER _____

11. WASTE TRANSPORTER

NAME: _____

ADDRESS: _____ CITY/STATE _____ ZIP _____

CONTACT: _____ PHONE NUMBER _____

12. WASTE TRANSPORTER 2

NAME: _____

ADDRESS: _____ CITY/STATE _____ ZIP _____

CONTACT: _____ PHONE NUMBER _____

13. WASTE DISPOSAL SITE

NAME: _____

ADDRESS: _____ CITY/STATE _____ ZIP _____

CONTACT: _____ PHONE NUMBER _____

14. WASTE DISPOSAL SITE 2

NAME: _____

ADDRESS: _____ CITY/STATE _____ ZIP _____

CONTACT: _____ PHONE NUMBER _____

15. IF ORDERED DEMOLITION, IDENTIFY GOVERNMENT AGENCY

NAME: _____ CONTACT _____

ADDRESS: _____ PHONE NUMBER _____

DATE OF ORDER (MM/DD/YY) _____ DATE ORDERED TO BEGIN (MM/DD/YY) _____

16. FOR EMERGENCY DEMOLITION / ASBESTOS REMOVAL:

DESCRIPTION OF EVENT _____

DATE AND HOUR OF EVENT _____

17. FOR RACM REMOVAL, I CERTIFY THAT AN INDIVIDUAL TRAINED IN ACCORDANCE WITH 40 CFR PART 61 WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN COMPLETED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING WORKING HOURS.

SIGNED: _____ DATE: _____

18. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND I AM RESPONSIBLE FOR FOLLOWING ALL APPLICABLE FEDERAL, STATE, AND LOCAL DEMOLITION AND ASBESTOS REMOVAL REGULATIONS AND THAT DUST IS REQUIRED TO BE MINIMIZED TO ENSURE THAT NO DUST LEAVES THE PROPERTY BOUNDARY PER AB AIR QUALITY CODE CHAPTER 4.0540(c). IN THE EVENT THAT PREVIOUSLY NON-FRIABLE ASBESTOS CONTAINING MATERIAL IS RENDERED FRIABLE, OR UNFORSEEN FRIABLE ASBESTOS MATERIAL IS DISCOVERED DURING DEMOLITION, I WILL STOP WORK AND CONTACT AB AIR QUALITY. ANY AND ALL MODIFICATIONS TO THIS NOTIFICATION SHALL BE MADE IN WRITING TO AB AIR QUALITY.

SIGNED: _____ DATE: _____

 AB AIR QUALITY DATE: _____