

BENTON CLEAN AIR AGENCY

TYPE OF NOTIFICATION (circle one): Original Revised Cancelled Annual I. OWNER NAME: Mailing Address: City: State: Zip: Contact: Telephone: Cell Phone: Mailing Address: City: State: Zip: Contact: Telephone: Cell Phone: Mailing Address: City: State: Zip: Contact: Telephone: Cell Phone: Mailing Address: City: State: Zip: Contact: Telephone: Cell Phone: Mailing Address: City: State: Zip: Contact: Telephone: Cell Phone: Mailing Address: City: State: Zip: Contact: Telephone: Cell Phone: Mailing Address: City: State: Zip: Contact: Telephone: Cell Phone: Mailing Address: City: State: Zip: Contact: Telephone: Cell Phone: Mailing Address: City: State: Zip: Contact: Telephone: Cell Phone: Mailing Address: City: State: Zip: Contact: Telephone: Cell Phone: Mailing Address: Age in Years: State: County: State: County: State: County: Coun	FEE	RECEIVED	POSTMA	ARK			DATE RECEIVI	ED	
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II. TYPE OF OPERATION: Demolition Renovation Emergency Renovation House Move V. IS ASBESTOS PRESENT? Yes No V. FACILITY DESCRIPTION (Include building name, number & floor/room number): Building Name: Address: City: State: County: State: State: County: State: State: State: County:	Mail	ng Address:			City:		State	•	Zip:
V. IS ASBESTOS PRESENT? Yes No V. FACILITY DESCRIPTION (Include building name, number & floor/room number): Building Name: City:	Cont	act:		Tele	phone:		Cell F	hone:	-
W. FACILITY DESCRIPTION (Include building name, number & floor/room number): Building Name: Address:	III.	TYPE OF OPERATION:	Demolition	Renovation	Emerge	ency	Renovation	House	Move
Building Name: Address:	V. I	S ASBESTOS PRESENT?	Yes	No					
Building Size: # of Floors: Age in Years: Present Use: Prior Use: Prior Use: VI. ASBESTOS SURVEY CONDUCTED? (Yes/No) BY WHOM? PHONE LOCATION OF SURVEY REPORT DESCRIPTION OF THE PROCEDURE (INCLUDING ANALYTICAL METHODS) EMPLOYED TO DETECT THE PRESENCE OF ASBESTO MATERIALS VII. Approximate Amount of Asbestos Present, Including: Amount of RACM To Be Removed Pipes (Ln.Ft.) Surface Area (Sq.Ft.) RACM Off Facility Component (Sq.Ft.) VIII. SCHEDULED DATES ASBESTOS REMOVAL: Start: SCHEDULED WORK HOURS: X. SCHEDULED DATES DEMOLITION OR RENOVATION: Start: Complete: SCHEDULED DATES DEMOLITION OR RENOVATION: Start: Complete: Compl	V . 1	FACILITY DESCRIPTION (Includ	e building name,	number & flo	or/room n	umber):			
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	WASTE DISPOSAL SITE:			
	Location:			
	Location: State:	Zip:	Telephone:_	
	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLI (COPY OF ORDER MUST BE ATTACHED) Agency:			
	Agency: Date of Order (Mo/Da/Yr): Date of Order (Mo/Da/Yr):	Ordered to Beg	in (Mo/Da/Yr):	
I	FOR EMERGENCY RENOVATION: Date & Hour of the Emerg Description of the Sudden, Unexpected Event:	ency (Mo/Da/Y	r):	
	Explanation of how the event caused unsafe conditions of financial burden:	r would cause e	equipment damag	ge or an unreasonable
	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EN PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES (
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