



BENTON CLEAN AIR AGENCY

NOTIFICATION OF DEMOLITION AND RENOVATION

FEE RECEIVED	POSTMARK	DATE RECEIVED
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I. TYPE OF NOTIFICATION (circle one): Original Revised Cancelled Annual

II. OWNER NAME: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____ Cell Phone: _____

ABATEMENT CONTRACTOR: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____ Cell Phone: _____

OTHER OPERATOR: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____ Cell Phone: _____

III. TYPE OF OPERATION: Demolition Renovation Emergency Renovation† House Move

IV. IS ASBESTOS PRESENT? Yes No

V. FACILITY DESCRIPTION (Include building name, number & floor/room number):
Building Name: _____
Address: _____ City: _____ State: _____ County: _____
Site Location of Asbestos (basement piping, main floor ceiling, exterior siding, etc.): _____

Building Size: _____ # of Floors: _____ Age in Years: _____
Present Use: _____ Prior Use: _____

VI. ASBESTOS SURVEY CONDUCTED? (Yes/No) BY WHOM? _____ PHONE _____
DATE CONDUCTED _____ LOCATION OF SURVEY REPORT _____
DESCRIPTION OF THE PROCEDURE (INCLUDING ANALYTICAL METHODS) EMPLOYED TO DETECT THE PRESENCE OF ASBESTOS MATERIALS _____

VII.

Approximate Amount of Asbestos Present, Including:	Amount of RACM To Be Removed	Amount of Nonfriable Asbestos Material Not To Be Removed	
		Category I	Category II
Pipes (Ln.Ft.)			
Surface Area (Sq.Ft.)			
RACM Off Facility Component (Sq.Ft.)			

VIII. SCHEDULED DATES ASBESTOS REMOVAL: Start: _____ Complete: _____
SCHEDULED WORK WEEK: _____ SCHEDULED WORK HOURS: _____

IX. SCHEDULED DATES DEMOLITION OR RENOVATION: Start: _____ Complete: _____

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK & METHODS TO BE USED: _____

XI. DESCRIPTION OF WORK PRACTICES & ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: (Use additional paper if needed)

XII. WASTE TRANSPORTER: _____
 Address: _____ City: _____ State _____ Zip: _____
 Contact: _____ Telephone: _____

XIII. WASTE DISPOSAL SITE: _____
 Location: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:
 (COPY OF ORDER MUST BE ATTACHED)
 Agency: _____
 Date of Order (Mo/Da/Yr): _____ Date Ordered to Begin (Mo/Da/Yr): _____

XV. FOR EMERGENCY RENOVATION: Date & Hour of the Emergency (Mo/Da/Yr): _____
 Description of the Sudden, Unexpected Event: _____

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: _____

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: _____

XVII. I CERTIFY THAT WORKERS AND SUPERVISORS CONDUCTING ASBESTOS WORK ARE TRAINED IN ACCORDANCE WITH THE PROVISIONS OF 40 CFR, PART 61, SUBPART M, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED WILL BE AVAILABLE ON SITE FOR INSPECTION DURING NORMAL WORKING HOURS. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

XVIII. _____
 (Signature - Owner/Operator) Date _____

NOTIFICATION FEE SCHEDULE

OPERATION CATEGORY	ADVANCED NOTIFICATION PERIOD REQUIRED	FEE
All Demolition Projects	10 Working days	\$25
Residential Asbestos Project	10 Working days	\$25
Asbestos Project: 10 to 259 lf or 48 to 159 sf	10 Working days	\$150
Asbestos Project: 260 to 999 lf or 160 to 4,999 sf	10 Working days	\$300
Asbestos Project: 1,000 to 9,999 lf or 5,000 to 49,999 sf	10 Working days	\$600
Asbestos Project: more than 10,000 lf or more than 50000 sf	10 Working days	\$1800
Annual Notification	10 Working days	\$1800
OTHER CHARGES - ADD TO QUANTITY BASED FEE		
Revision #	Prior Notification	Res. \$30/Others \$60
Emergency Renovation or Demolition	Prior Notification	Res. \$60/Others – Additional Initial Fee
All Approved Alternate Methods	10 Working days	Res. \$60/Others – Additional Initial Fee

BCAA Signature of Review _____ Date _____