

For Office Use Only
TAHPA
NESHAP
TDH
Validation
YES
NO

TEXAS DEPARTMENT OF HEALTH



DEMOLITION / RENOVATION
NOTIFICATION FORM

NOTE: CIRCLE ITEMS THAT ARE AMENDED

T D H

NOTIFICATION# _____

1) Abatement Contractor: _____ TDH License Number: _____
Address : _____ City: _____ State: _____ Zip: _____
Office Phone Number: () _____ Job Site Phone Number: _____
Site Supervisor: _____ TDH License Number: _____
Site Supervisor: _____ TDH License Number: _____
Trained On-Site NESHAP Individual: _____ Certification Date: _____

Demolition Contractor: _____ Office Phone Number: () _____
Address: _____ City: _____ State: _____ Zip: _____

2) Project Consultant or Operator: _____ TDH License Number: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Office Phone Number: () _____

3) Facility Owner: _____
Attention: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Owner Phone Number: () _____

****Note: The invoice for the notification fee will be sent to the owner of the building and the billing address for the invoice will be obtained from the information that is provided in this section.**

4) Description or Facility Name: _____
Physical Address: _____ County: _____ City: _____ Zip: _____
Facility Phone Number: () _____ Facility Contact Person: _____
Description of Area/Room Number: _____
Prior Use: _____ Future Use: _____
Age of Building/Facility: _____ Size: _____ Number of Floors: _____ School (K - 12): ☐YES ☐NO

5) Type of Work: ☐Demolition ☐Renovation (Abatement) ☐Annual Consolidated
Work will be during: ☐Day ☐Evening ☐Night ☐Phased Project
Description of work schedule: _____

6) Is this a Public Building? ☐YES ☐NO Federal Facility? ☐YES ☐NO Industrial Site? ☐YES ☐NO
NESHAP-Only Facility? ☐YES ☐NO Is Building/Facility Occupied? ☐YES ☐NO

7) Notification Type CHECK ONLY ONE
☐Original (10 Working Days) ☐Cancellation ☐Amendment ☐Emergency/Ordered
If this is an amendment, which amendment number is this?__ (Enclose copy of original and/or last amendment)
If an emergency, who did you talk with at TDH? _____ Emergency#: _____
Date and Hour of Emergency (HH/MM/DD/YY): _____
Description of the sudden, unexpected event and explanation of how the event caused unsafe conditions or Would cause equipment damage (computers, machinery, etc _____

8) Description of procedures to be followed in the event that unexpected asbestos is found or previously non-friable asbestos material becomes crumbled, pulverized, or reduced to powder: _____

9) Was an Asbestos survey performed? ☐YES ☐NO Date: ____ / ____ / ____ TDH Inspector License No: _____
Analytical Method: ☐PLM ☐TEM ☐Assumed TDH Laboratory License No: _____
(For TAHPA (public building) projects: an assumption must be made by a TDH Licensed Inspector)

10) Description of planned demolition or renovation work, type of material, and method(s) to be used: _____

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation: _____

12) ALL applicable items in the following table must be completed: **IF NO ASBESTOS PRESENT CHECK HERE** ☐

Asbestos-Containing Building Material Type	Approximate amount of Asbestos		Check unit of measurement					
	Pipes	Surface Area	Ln Ft	Ln M	SQ Ft	SQ M	Cu Ft	Cu M
RACM to be removed								
RACM NOT removed								
Interior Category I non-friable removed								
Exterior Category I non-friable removed								
Category I non-friable NOT removed								
Interior Category II non-friable removed								
Exterior Category II non-friable removed								
Category II non-friable NOT removed								
RACM Off-Facility Component								

13) Waste Transporter Name: _____ TDH License Number: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Person: _____ Phone Number: () _____

14) Waste Disposal Site Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Telephone: () _____ TNRCC Permit Number: _____

15) For structurally unsound facilities, attach a copy of demolition order and identify Governmental Official below:
 Name: _____ Registration No: _____
 Title: _____
 Date of order (MM/DD/YY) ____ / ____ / ____ Date order to begin (MM/DD/YY) ____ / ____ / ____

16) Scheduled Dates of Asbestos Abatement (MM/DD/YY) Start: ____ / ____ / ____ Complete: ____ / ____ / ____

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: ____ / ____ / ____ Complete: ____ / ____ / ____

**** Note: If the start date on this notification can not be met, the TDH Regional or Local Program office *Must* be contacted by phone prior to the start date. Failure to do so is a violation in accordance to TACHPA, Section 295.61.**

I hereby certify that all information I have provided is correct, complete, and true to the best of my knowledge. I acknowledge that I am responsible for all aspects of the notification form, including, but not limiting, content and submission dates. The maximum penalty is \$10,000 per day per violation.

 (Signature of Building Owner/ Operator
 or Delegated Consultant/Contractor)

 (Printed Name)

 (Date)

 (Telephone)

 (Fax Number)

MAIL TO:

ASBESTOS NOTIFICATION SECTION
 TOXIC SUBSTANCES CONTROL DIVISION
 TEXAS DEPARTMENT OF HEALTH
 PO BOX 143538
 AUSTIN, TX 78714-3538
 PH: 512-834-6600, 1-800-572-5548

Faxes are not accepted

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Form APB#5, dated 07/29/02. Replaces TDH form dated 07/13/01. For assistance in completing form, call 1-800-572-5548