



ASBESTOS NOTIFICATION OF DEMOLITION AND RENOVATION

| | |
|---------------------|--------------|
| DNR use only | |
| Con 10-15 | |
| Cty. #: | Date: |

This notice must be postmarked at least ten (10) working days before beginning the activity.
All applicable information must be included.

1. Type of Notification

Original Revised Cancelled Courtesy Annual

2. Type of Operation

Abatement Abatement & Demolition Demolition Emergency Renovation Ordered Demolition

3. Is Asbestos Present?

Yes No – Abatement has already occurred No – Asbestos found is under NESHAP limits

4. Scheduled Dates asbestos removal (MM/DD/YY) Start: _____ Stop: _____

5. Scheduled Dates Demo/Renovation (MM/DD/YY) Start: _____ Stop: _____

6. Facility Description (Include building name, number and floor or room number.)

Building Name: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Site Location (floor or room number(s)): _____

Building Size: _____ No of floors: _____ Year Constructed: _____

Present Use: _____ Prior Use: _____

7. Facility Information (Identify owner, and operator)

Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____

Operator (if different from owner): _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____

8. Asbestos Abatement Contractor (if applicable)

Contractor Name: _____ IA Permit Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____

9. Demolition Contractor (if applicable)

(if ordered demolition)

Contractor Name: _____ IA Permit Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____

10. Asbestos Inspector (required unless an Ordered Demolition or Emergency Renovation)

Name of Inspector: _____ IA License Number: _____

Date Inspected _____ Phone: _____

| 11a. Approximate Amount of Asbestos (for Abatement purposes only) | Regulated Asbestos-Containing Material (RACM) to be Removed | Non-friable Asbestos-Containing Material Not To Be Removed (Category I and II) |
|---|---|--|
| Total Surface Area (Sq. Ft.) (Also see 11b.) | | |
| Facility Component(s) (Cu. Ft.) | | |
| Pipes (Linear Ft.) | | |

11b. Quantity in Sq. Ft. the Total Surface Area of RACM to be removed from 11a (check all that apply)

Do not include Pipes or Facility Components

- Floor Materials _____
 Ceiling Materials _____
 Roofing Materials _____
 Interior Wall Systems _____
 Spray-on Materials _____
 Asbestos Cement Board _____
 Window Glaze/Caulk _____
 Other: _____

12. Procedure, including analytical method, if appropriate, used to detect the presence of asbestos materials.

- Polarized Light Microscopy (PLM)
 Other: _____

13. Description of work practices and engineering controls to be used to prevent asbestos emissions

(check all that apply)

- Adequately Wet Materials
 Glove Bag
 Seal in Leak Tight Containers
 Encapsulate
 Negative Air Containment
 Seal in Leak Tight Wrapping
 Mini-enclosure
 Lined Containers
 Other: _____

14. Description of planned demolition or renovation work (check all that apply)

- Backhoe
 Bulldozer
 Hand Removal
 Implosion
 Other: _____

15. Waste Transporter #1

Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Contact: _____ **Phone:** _____

Waste Transporter #2 (if applicable)

Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Contact: _____ **Phone:** _____

16. Waste Disposal Site #1

Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____

Waste Disposal Site #2 (if applicable)

Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____

17. If Demolition Ordered by a Government Agency, Identify the Agency and Attach a Copy of the Order

Name of Responsible Official: _____

Title: _____ Phone: _____

Authority: _____

Date of Order (MM/DD/YY): _____

18. If Emergency Renovation, Please Complete this Section

Date Emergency (MM/DD/YY): _____ Time of Emergency: _____

Description of the emergency of sudden event: _____

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

19. Description of procedures to be followed if there is an unexpected asbestos fiber release:

STOP WORK AND CALL A CERTIFIED ASBESTOS CONTRACTOR AND THE DNR I agree

20. **Certification** (required if asbestos is present)

I certify that an individual trained in the provisions of regulation 40 CFR Part 61, Subpart M (Asbestos NESHAP) will be onsite during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.

Name (Print) Title Date

Signature of Owner/Operator Company/Organization

21. **I certify to the best of my knowledge that the above information is true and correct**

Name (Print) Title Date

Signature of Owner/Operator Company/Organization

MAIL TO: Iowa DNR- Air Quality
7900 Hickman Rd Ste. 1
Windsor Heights, IA 50324
515-725-9500

INSTRUCTIONS
ASBESTOS NOTIFICATION OF DEMOLITION AND RENOVATION FORM

GENERAL INFORMATION

The Asbestos NESHAP, 40 CFR 61.145 and 567 IAC 23.1(3), requires written notification of demolition or renovation activities in facilities. In most cases, a facility includes all types of structures except single family homes and apartment buildings having no more than four units. The enclosed form must be used to fulfill this requirement. Only complete notification forms will be accepted.

The notification should be typewritten or neatly printed and postmarked or delivered no later than ten days prior to the beginning of either the asbestos removal activity (Section IV) or demolition activity (in Section V) whichever is applicable.

INSTRUCTIONS

1. Type of Notification: Check "Original" if the notification is a first time or original notification, "Revised" if the notification is a revision of a prior notification, or "Canceled" if the activity has been canceled. Check "Courtesy" if you would like to make DNR aware of a non-regulated project. Check "Annual" for projects in accordance with 40 CFR Part 61, Subpart M 61.145(a)(4)(iii).
2. Type of Operation: Check as appropriate for facility demolition, ordered demolitions, emergency renovations, or if the notification is being submitted for an asbestos abatement project.
3. Is Asbestos Present? Answer "Yes," "No – Abatement has already occurred," or "No – Asbestos found is under NESHAP limits."
4. Scheduled Dates of Asbestos Removal (MM-DD-YY): Enter scheduled dates (month/day/year) for asbestos removal work. Asbestos removal work includes any activity, including site preparation, which may break up, dislodge or disturb asbestos material.
5. Scheduled Dates of Demolition/Renovation (MM-DD-YY): Enter scheduled dates (month/day/year) for beginning and ending the planned demolition or renovation project.
6. Facility Description: Provide the following information on the areas being renovated or demolished:

| | |
|--------------------------------------|--|
| Building Address: | Physical location of site |
| Site Location (floor or room number) | Enter specific location |
| Building Size: | The building size in square feet. |
| No. of Floors: | Enter the number of floors including basement, if applicable. |
| Year Constructed: | Enter year the facility was originally constructed. |
| Present Use/Prior Use: | Describe the primary use of the facility or enter the following codes: AC – Apartment Complex, B – Boat/Ship, BR – Bridge, CH – Church, C – Commercial, F – Fire Damaged, G – Government, H – Hospital, I – Industrial, M – Miscellaneous, MG – Manufacturing, N – Nursing Home, O – Office, P – Public Building, R – Residence, S – School, U – University/College, V – Vacant |

7. Facility Information: Enter the names, addresses, contact persons and telephone numbers of the following:

Owner: Legal owner of the site at which asbestos is being removed or demolition planned.

Operator: General contractor, or any other person who leases, operates, controls or supervises the site.

If known, the name of the site supervisor should be entered as the contact person for the notification. If additional parties share responsibility for the site, demolition activity, renovation or ACM removal, include complete information (including name, address, contact person and telephone number) on additional sheets submitted with the form.

8. Asbestos Abatement Contractor: If notification is being submitted for asbestos removal enter the name of contractor hired to remove asbestos, contractor permit number, address, contact, and phone number.
9. Demolition Contractor: If notification is being submitted for demolition or renovation enter the name of contractor hired, permit number, address, contact, and phone number.
10. Asbestos Inspector: Enter the individual who conducted the asbestos inspection prior to demolition/renovation, the inspector license number, date inspected and telephone number.
11. a) Approximate Amount of Asbestos Including: (1) Regulated ACM to be removed (including nonfriable ACM to be sanded, ground or abraded); and (2) Category I and Category II nonfriable asbestos containing material not to be removed. For both renovations and demolitions, enter the amount of RACM to be removed by entering a number in the appropriate box. If applicable, enter the amount of nonfriable ACM not to be removed during a demolition or renovation.

Category I nonfriable material includes packing, gaskets, resilient floor covering and asphalt roofing materials. Category II nonfriable material includes any material, excluding Category I materials, that when dry, cannot be crumbled, pulverized or reduced to powder by hand pressure, or mechanical forces expected to operate on the material during the demolition or renovation activity. All Category II materials must be removed prior to demolition.

Complete the volume from facility component(s) if asbestos-containing materials have been removed from facility components and the volume is known.

b) Quantify in Sq. Ft. the Total Surface Area of RACM to be removed from 11a. Check the type of RACM to be removed and enter the square feet for each material. (Total 11b square feet should equal 11a square feet of RACM to be removed. **Facility Components and Pipes are not included in 11b.**

12. Asbestos Testing Procedure: Check the appropriate box for the procedure that was used to determine asbestos content.
13. Description of Work Practices and Engineering Controls to Prevent Asbestos Emissions: Check the appropriate box(s) for work practices that will be employed to prevent asbestos emissions.
14. Description of Planned Demolition or Renovation Work: Check the appropriate box(s) that describe the renovation/demolition technique(s) to be used.
15. Waste Transporter(s): Enter the name(s), addresses(s), contact person(s) and telephone number(s) of the person(s) or company(ies) responsible for transporting ACM from the removal site to the waste disposal site. If the removal contractor or owner is the waste transporter, state "same as owner" or "same as removal contractor."
16. Waste Disposal Site: Identify the waste disposal site, including the complete name, location, and telephone number of the facility. If ACM is to be disposed of at more than one site, provide complete information on an additional sheet submitted with the form.
17. If Demolition Ordered by a Government Agency, Please Identify the Agency below: Provide the name of the responsible official, title and agency, authority under which the order was issued and the date of the order. A copy of the order from the government agency must be attached to this form.
18. Emergency Renovation Information: Provide the date and time of the emergency, a description of the event and a description of unsafe conditions, equipment damage or financial burden resulting from the event. The information should be detailed enough to evaluate whether a renovation falls within the emergency exemption.
19. Description of Procedures to be Followed in the Event that Unexpected Asbestos Fiber Release: Provide adequate information to demonstrate that appropriate actions have been considered and can be implemented to control asbestos emissions adequately, including at a minimum, conformance with applicable work practice standards. Attach an additional sheet of paper if needed and submit with this form.
20. Certification: This is required if asbestos is present, i.e. abatements and ordered demolitions. Include signature, date, printed name, title, and company to certify that training provisions required by the asbestos NESHAP regulation will be followed.
21. Information provided in notification is true and correct: This is required for all notifications. Include signature, date, printed name, title, and company to certify the information provided is true and correct to the best of your knowledge.