

Operator Project #	Postmark	Date Received	Notification #	
I. TYPE OF NOTIFICATION (O=Original R=Revised C=Canceled)				
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME:				
Address:				
City:	State:	Zip:		
Contact:		Tel:		
REMOVAL CONTRACTOR:				
Address:				
City:	State:	Zip:		
Contact:		Tel:		
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:		Tel:		
III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=Emer. Renovation):				
IV. IS ASBESTOS PRESENT? (Yes/No)				
V. FACILITY DESCRIPTION (Include building name, number, and floor or room number)				
Bldg Name:				
Address:				
City:	State:	Zip:		
Site Location:				
Building Size:	# of Floors:	Age in Years:		
Present Use:		Prior Use:		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING				
1. Regulated ACM to be removed 2. Category I ACM NOT removed 3. Category II ACM NOT removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Cat I	Cat II	Unit
Pipes				LnFt: Ln m:
Surface Area				SqFt: Sq m:
Vol RACM off Facility Component				CuFt: Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:			Complete:	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			Complete:	
X. DESCRIPTION OF DEMOLATION OF RENOVATION WORK, AND METHOD(S) TO BE USED				

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		
XII. WASTE TRANSPORTER #1		
Name:		
Address:		
City:	State:	Zip:
Contact:		Tel:
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact:		Tel:
XIII. WASTE DISPOSAL SITE		
Name:		
Location:		
City:	State:	Zip:
Telephone:		
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY)	Date Ordered to Begin (MM/DD/YY)	
XV. FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (MM/DD/YY)		
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 AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE 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 (Required 1 year after Promulgation)		
----- (Signature of Owner/Operator)		----- (Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT		
----- (Signature of Owner/Operator)		----- (Date)