

NOTIFICATION OF ASBESTOS DEMOLITION OR RENOVATION

Operator Project #	Postmark	Date Received	Notification #			
I. Type of Notification (O-Original, R-Revised, C-Cancelled)						
II. Facility Information (Identify Owner, Removal Contractor, Operator)						
Owner Name:						
Address:						
City:		State:	Zip			
Contact:		Telephone: ()				
Removal Contractor:						
Address:						
City:		State	Zip			
Contact:		Telephone: ()				
Other Operator (if Different From Owner)						
Address:						
City:		State:	Zip:			
Contact:		Telephone: ()				
III. Type of Operation (D-Demo., O-Ordered Demo., R-Renov., E-Emer. Renov.)						
IV. Is Asbestos Present? (Yes/No)						
V. Facility Description (include Building Name, Number and Floor or Room Number)						
Building Name:						
Address						
City:		State	Zip:			
Site Location						
Building Site Total Sq. Ft.:		# of Floors:	Age in Years:			
Present Use:		Prior Use:				
VI. Procedure and Analytical Method Used to Detect the Presence of Asbestos Material						
VII. Approximate Amount of Asbestos in Work Area Including						
1. Regulated ACM to be Removed	RACM To Be Removed	Nonfriable Asbestos Material				Units of Measurement
2. Category I ACM Not Removed		Not to be Removed		To be Removed		
3. Category II ACM Not Removed		Cat I	Cat II	Cat I	Cat II	
Pipes						LnFt Ln m
Surface Area						SqFt Sq m
Vol. RACM Off Facility Components						CuFT Cu m
VIII. Scheduled Dates for Asbestos Removal		Start:		Complete:		
Scheduled Dates of Preparation		Start:		Complete:		
Days of Week: (circle) ALL Sun Mon Tue Wed Thu Fri Sat				Hours of Day:		
IX. Scheduled Dates for Demo./Renovation		Start:		Complete:		
X. Description of Planned Demolition or Renovation Work, 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:						

NOTIFICATION OF ASBESTOS DEMOLITION OR RENOVATION, (Cont'd)

XII. Waste Transporter #1		
Name:		
Address:		
City:		
Contact Person:		
Waste Transporter #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Telephone:
XIII. Waste Disposal Site		
Name:		
Location:		
City:	State:	
Telephone:		
XIV. If Demolition Ordered by a Government Agency, Please Identify 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 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 this Regulation (40 CFR Part 61, Subpart M) will be on-site during the demolition or renovation and evidence that required training has been accomplished by this person will be available for inspection during normal business hours. (REQUIRED AFTER NOVEMBER 20, 2000)		
_____	_____	
(Signature of Owner/Operator)	(Date)	
XVIII. I certify that the above information is Correct.		
_____	_____	
(Signature of Owner/Operator)	(Date)	

Submit completed form by U. S. Postal Service / Commercial Delivery Service or Hand Deliver to:

**Department of Environment and Conservation
 Division of Air Pollution Control
 9th Floor, L & C Annex
 401 Church Street
 Nashville, Tennessee 37243-1531
 (615) 532-0554**