

Western North Carolina Regional Air Quality Agency

All information pertinent to the removal, renovation and/or demolition must be completed by the building owner/operator or authorized agent and submitted with the applicable permit fee to:

Western North Carolina Regional Air Quality Agency
30 Valley Street
Asheville, NC 28801

1. **TYPE OF NOTIFICATION:** Indicate the type of notification, i.e., Original, Revised, Cancelled, Emergency.
2. **FACILITY INFORMATION:** Enter the name of the owner of the facility, the owner's mailing address including box number, street, city, state, zip code, contact name and telephone number. If asbestos containing materials (ACM) are to be removed, complete the name of the removal contractor, the contractor's mailing address including box number, street, city, state, zip code, contact name and telephone number. Where demolition of the facility immediately follows the removal of ACM, complete the demolition contractor's name, mailing address including box number, street, city, state, zip code, contact name and telephone number.
3. **TYPE OF OPERATIONS:** Indicate the type of operation, i.e., Demolition, Renovation, Ordered Demolition or Emergency Renovation.
4. **IS ASBESTOS PRESENT:** Indicate whether asbestos is present, Yes or No.
5. **FACILITY DESCRIPTION:** Complete the building name for the facility to be renovated or demolished, the physical address including street number, street name, city, state, and county. Site location should include the building number, floor number, and room number(s). Complete building size in square feet, number of floors in the building, the age of the building, and its present and prior use.
6. **PROCEDURE:** Explain procedures used, including analytical method, to detect the presence of ACM. Enter the name of the accredited inspector conducting the survey and his/her NC accreditation number. Copy of the survey shall be attached.
7. **APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:** Estimate the approximate amount of Regulated Asbestos Containing Material (RACM) to be removed from pipes, surface area, and or volume off of facility components. Enter the approximate estimated amount of Nonfriable Asbestos NOT to be removed, Category I or Category II. Enter the approximate amount of Nonfriable Asbestos removed, Category I or Category II. Indicate the unit of measurement used, LF, Linear Feet, LM Linear Meters; SF Square Feet, SM Square Meters; CF Cubic Feet, CM Cubic Meters.
8. **SCHEDULED DATES ASBESTOS REMOVAL:** Asbestos removal start date and complete date. Removal includes any activity, such as site preparation that would break up, dislodge, or similarly disturb ACM in a demolition and/or renovation.
9. **SCHEDULED DATES DEMOLITION:** Complete the demolition start and complete date.
10. **DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:** Describe facility components being renovated or demolished and construction techniques to be used (i.e., remove insulation from pipes and boiler then demolish with wrecking ball).

11. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSION OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Describe work practices this includes asbestos removal and waste handling emission control measures.
12. WASTE TRANSPORTER #1: Complete the name, mailing address, including city, state, zip code, contact person and telephone number of the waste transporter contracted to transport the waste to an approved landfill.
13. WASTE DISPOSAL SITE: Complete the name and location of the waste disposal site where the asbestos containing waste will be disposed including the street, route, or highway of the waste facility, city, state, zip code, contact name and telephone number.
14. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: Complete the name, title, authority and date ordered to begin if the facility is being demolished under an order of a state or local government agency (Attach order).
15. FOR EMERGENCY RENOVATIONS: Complete the date and hour of the emergency occurred. Describe the sudden, unexpected event resulting in emergency. Explain how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden. List the names of the accreditation number of the North Carolina accredited personnel involved in the emergency project. An extra sheet with this information may be attached, if needed.
16. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED POWDER: Describe those procedures to be followed in the event that unexpected asbestos is found (i.e., stop work and notify the Western North Carolina Regional Air Quality Agency (828) 250-6777).
17. CERTIFICATION OF TRAINING: Signature of owner/operator certifying that an individual trained in the provision of 40 CFR, Part 61, Subpart M will be on site, along with evidence that he/she has received the required training, during the demolition or renovation.
18. CERTIFICATION OF ACCURACY: Signature of owner/operator certifying the accuracy of the information submitted in the permit application notification and that North Carolina accredited personnel are being used on the project.

**WESTERN NORTH CAROLINA REGIONAL AIR QUALITY AGENCY
30 VALLEY STREET. ASHEVILLE, NC 28801
828/250-6777**

NOTIFICATION OF DEMOLITION AND OR ASBESTOS RENOVATION

POSTMARK _____ DATE RECEIVED _____ NOTIFICATION NUMBER _____

1. **TYPE:** () NESHAP ASBESTOS REMOVAL () NON-NESHAP ASBESTOS REMOVAL () NESHAP DEMOLITION
() NON-NESHAP DEMOLITION () ORDERED DEMOLITION () EMERGENCY (Y)/(N) IS ASBESTOS PRESENT?

2. FACILITY INFORMATION

OWNER NAME: _____

ADDRESS: _____ CITY/STATE _____ ZIP _____

CONTACT: _____ PHONE NUMBER _____

3. FACILITY LOCATION (INCL. BUILDING NAME, FLOOR, ROOM #, ETC, IF APPLICABLE)

ADDRESS: _____ CITY/STATE _____ ZIP _____

BLDG. SIZE _____ SQ. FT. # FLOORS: _____ AGE: _____ WORK LOCATION _____

CONTACT: _____ PHONE NUMBER _____

PRESENT USE: _____ PRIOR USE _____

4. CONTRACTOR () ASBESTOS REMOVAL () PARTIAL DEMOLITION () TOTAL DEMOLITION

COMPANY NAME: _____

ADDRESS: _____ CITY/STATE _____ ZIP _____

CONTACT: _____ PHONE NUMBER _____

5. OTHER CONTRACTOR () ASBESTOS REMOVAL () PARTIAL DEMOLITION () TOTAL DEMOLITION

COMPANY NAME: _____

ADDRESS: _____ CITY/STATE _____ ZIP _____

CONTACT: _____ PHONE NUMBER _____

6. WAS AN ASBESTOS INSPECTION PERFORMED ON THE FACILITY? YES / NO REPORT ATTACHED? YES / NO

IF YES, NAME OF INSPECTOR AND NCHHCB ACCREDITATION NUMBER _____

7. ASBESTOS MATERIALS IN FACILITY: TYPE, AMOUNT, FRIABILITY, REMOVAL

A. FLOOR TILE / LINOLEUM AMNT: _____ SQ. FT. FRIABLE? YES / NO REMOVE? YES / NO

B. ROOFING AMNT: _____ SQ. FT. FRIABLE? YES / NO REMOVE? YES / NO

C. TRANSITE (SIDING / ROOFING) AMNT: _____ SQ. FT. FRIABLE? YES / NO REMOVE? YES / NO

D. PIPE INSULATION (TSI) AMNT: _____ LN. FT. FRIABLE? YES / NO REMOVE? YES / NO

E. BOILER INSULATION (TSI) AMNT: _____ SQ. FT. FRIABLE? YES / NO REMOVE? YES / NO

F. DUCT INSULATION / DUCT TAPE AMNT: _____ SQ. FT. FRIABLE? YES / NO REMOVE? YES / NO

G. PLASTER / SHEETROCK / JOINTS AMNT: _____ SQ. FT. FRIABLE? YES / NO REMOVE? YES / NO

H. OTHER _____ AMNT: _____ SQ. FT. FRIABLE? YES / NO REMOVE? YES / NO

I. OTHER _____ AMNT: _____ SQ. FT. FRIABLE? YES / NO REMOVE? YES / NO

8. **SCHEDULED DATES ASBESTOS REMOVAL, (MM/DD/YY):** START _____ COMPLETE _____

9. **SCHEDULED DATES FOR DEMOLITION, (MM/DD/YY):** START _____ COMPLETE _____

10. ASBESTOS REMOVAL / DEMOLITION WORK PRACTICES (CHECK ALL THAT APPLY)

- A. () CONTAINMENT
- B. () NEGATIVE AIR
- C. () CRITICAL BARRIERS, NO NEG. AIR
- D. () WET METHODS
- E. () OTHER _____
- F. () GLOVE BAG
- G. () STRIP AND REMOVE
- H. () HEAT MACHINE (FLOOR TILE ONLY)
- I. () REMOVE INTACT W/ FACILITY COMPONENT
- J. () OTHER _____
- K. () STRUCTURAL DEMOLITION BY HAND
- L. () DEMOLITION BY HEAVY EQUIPMENT
- M. () DEMOLITION BY FIRE DEPT. LIVE BURN TRAINING
- N. () OTHER _____

11. WASTE TRANSPORTER

NAME: _____

ADDRESS: _____ CITY/STATE _____ ZIP _____

CONTACT: _____ PHONE NUMBER _____

12. WASTE TRANSPORTER 2

NAME: _____

ADDRESS: _____ CITY/STATE _____ ZIP _____

CONTACT: _____ PHONE NUMBER _____

13. WASTE DISPOSAL SITE

NAME: _____

ADDRESS: _____ CITY/STATE _____ ZIP _____

CONTACT: _____ PHONE NUMBER _____

14. WASTE DISPOSAL SITE 2

NAME: _____

ADDRESS: _____ CITY/STATE _____ ZIP _____

CONTACT: _____ PHONE NUMBER _____

15. IF ORDERED DEMOLITION, IDENTIFY GOVERNMENT AGENCY

NAME: _____ CONTACT _____

ADDRESS: _____ PHONE NUMBER _____

DATE OF ORDER (MM/DD/YY) _____ DATE ORDERED TO BEGIN (MM/DD/YY) _____

16. FOR EMERGENCY DEMOLITION / ASBESTOS REMOVAL:

DESCRIPTION OF EVENT _____

DATE AND HOUR OF EVENT _____

17. FOR RACM REMOVAL, I CERTIFY THAT AN INDIVIDUAL TRAINED IN ACCORDANCE WITH 40 CFR PART 61 WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN COMPLETED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING WORKING HOURS.

SIGNED: _____ DATE: _____

18. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT, AND THAT I AM RESPONSIBLE FOR FOLLOWING ALL APPLICABLE FEDERAL, STATE, AND LOCAL DEMOLITION AND ASBESTOS REMOVAL REGULATIONS. IN THE EVENT THAT PREVIOUSLY NON-FRIABLE ASBESTOS CONTAINING MATERIAL IS RENDERED FRIABLE, OR UNFORSEEN FRIABLE ASBESTOS MATERIAL IS DISCOVERED DURING DEMOLITION, I WILL STOP WORK AND CONTACT WNCRAQA. ANY AND ALL MODIFICATIONS TO THIS NOTIFICATION SHALL BE MADE IN WRITING TO WNCRAQA.

SIGNED: _____ DATE: _____

_____ DATE: _____

WNC REGIONAL AIR QUALITY AGENCY