

WESTERN NORTH CAROLINA REGIONAL AIR QUALITY AGENCY
49 MT. CARMEL RD. ASHEVILLE, NC 28806
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. IF ORDERED DEMOLITION, IDENTIFY GOVERNMENT AGENCY

NAME: _____ CONTACT _____

ADDRESS: _____ PHONE NUMBER _____

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

15. FOR EMERGENCY DEMOLITION / ASBESTOS REMOVAL:

DESCRIPTION OF EVENT _____

DATE AND HOUR OF EVENT _____

16. 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: _____

17. 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