

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 ASBESTOS PRESENT?

2. FACILITY INFORMATION

OWNER NAME: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

CONTACT: _____ PHONE NUMBER: _____

EMAIL: _____

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: _____

EMAIL: _____

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