

**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 \_\_\_\_\_

**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