

MEMORANDUM

TO: General Contractors/Building Owners/Architects

FROM: Asbestos & Lead Regulatory Program

DATE: March 2009

SUBJ: **Federal and State Regulations — Demolition & Renovation Activities**

1) State

Section 9.1 (A) and 9.1 (B) of the Vermont Regulations for Asbestos Control (VRAC) state the following:

A) “Prior to any demolition or renovation of a facility or portion of a facility, the facility owner shall determine, through an asbestos assessment, the presence of asbestos-containing materials. This assessment shall be conducted by a certified Asbestos Inspector. No person shall demolish or renovate a facility or portion of a facility without first obtaining confirmation from the facility owner that an asbestos assessment has been performed according to this section.

B) If the assessment indicates the presence of asbestos-containing materials and these materials will be disturbed due to the demolition or renovation, then they shall be removed according to the requirements of Sections 2.4.1, 2.4.2, 2.4.3, 2.5.1, Section 6, and the USEPA 40 CFR Part 61 prior to the demolition or renovation activities commencing. Private residences vacated for demolition are not exempt from these regulatory requirements.

The survey has to be specific only to areas in the facility where suspect asbestos-containing materials may be disturbed as a result of the renovation or demolition. Please call the Division of Environmental Health at 1-800-439-8550 if you have any further questions.

2) Federal

For some time now the EPA has required that they be notified of all renovation and demolition activities that fall under Section 61.145 of NESHAP (National Emission Standard for Hazardous Air Pollutants).

ASBESTOS DEMOLITION/RENOVATION

NOTIFICATION FORM

The Asbestos NESHAP, 40 CFR Part 61, Subpart M, requires written notification of demolition or renovation operations under Section 61.145. This form may be used to fulfill this requirement. Only complete notification forms are acceptable, incomplete forms may result in enforcement action.

The notification should be typewritten and postmarked or delivered no later than ten days prior to the beginning of the asbestos removal activity (dates specified in Section VIII) or demolition (dates specified in Section IX.) Please submit this form to:

U.S. EPA Region I
Demo/Reno Clerk (APC-2311)
JFK Federal Building
Boston, MA 02203

INSTRUCTIONS

- I Type of Notification:** Enter "O" if the notification is a first time or original notification, "R" if the notification is a revision of a prior notification, or "C" if the activity has been cancelled.
- II Facility Information:** Enter the names, addresses, contact persons and telephone numbers of the following: Owner: Legal owner of the site at which asbestos is being removed or demolition planned. Removal Contractor: Contractor hired to remove asbestos. Other Operator: Demolition contractor, general contractor, or any other person who leases, operates, controls or supervises the site. If known, the name of the site supervisor should be entered as the contact person for the notification. If additional parties share responsibility for this site, demolition activity, renovations or ACM removal, include complete information (including name, address, contact person and telephone number) on additional sheets submitted with the form.
- III Type of Operation:** Enter "D" for facility demolition, "R" for facility renovation, "O" for ordered demolitions, or "E" for emergency renovations.
- IV Is Asbestos Present?** Answer "Yes" or "No" regardless of the amount or type of asbestos.
- V Facility Description:** Provide detailed information on the areas being renovated or demolished. If applicable, provide the floor numbers and room numbers where renovations are to be conducted. Site Location: Provide information needed to locate site in the event that the address alone is inadequate. Building Size: Provide in square meters or square feet. No. of Floors: Enter the number of floor including basement or ground level floors. Age in Years: Enter approximate age of the facility. Present Use/Prior Use: Describe the primary use of the facility or enter the following codes: H - Hospital; S - School; P - Public Building; O - Office; I - Industrial; U - University or College; B - Ship; C - Commercial; or R - Residence.
- VI Asbestos Detection Procedure:** Describe methods and procedures used to determine whether ACM is present at the site, including a description of the analytical methods employed.

- VII Approximate Amount of Asbestos Including:** (1) Regulated ACM to be removed (including nonfriable ACM to be sanded, ground or abraded); (2) Category 1 ACM not removed; and (3) Category II ACM not removed. For both removals and demolitions, enter the amount of RACM to be removed by entering a number in the appropriate box and an "X" for the unit. For demolitions only, enter the amount of Category I and II nonfriable asbestos not to be removed in the appropriate boxes. Category I nonfriable material includes packing, gaskets, resilient floor covering and asphalt roofing materials containing more than one percent asbestos. Category II nonfriable material includes any material, excluding Category I products, containing more than one percent asbestos, that when dry, cannot be crumbled, pulverized or reduced to powder.
- VIII Scheduled Dates of Asbestos Removal (MM/DD/YY):** Enter scheduled dates (month/day/year) for asbestos removal work. Asbestos removal work includes any activity, including site preparation, which may break up, dislodge or disturb asbestos material.
- X Demolition of Planned Demolition or Renovation Work, and Method(s) to be Used:** Include in this description the demolition and renovation techniques to be used and a description of the areas and types of facility components which will be affected by this work.
- XI Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition and Renovation Site:** Describe the work practices and engineering controls selected to ensure compliance with the requirements of the regulations, including both asbestos removal and waste-handling emission control procedures.
- XII Waste Transporter(s):** Enter the names, addresses, contact persons and telephone numbers of the persons or companies responsible for transporting ACM from the removal site to the waste disposal site. If the removal contractor or owner is the waste transporter, state "same as owner" or "same as removal contractor." If additional parties are responsible, include complete information on an additional sheet submitted with the form.
- XIII Waste Disposal Site:** Identify the waste disposal site, including the complete name, location and telephone number of the facility. If ACM is to be disposed of at more than one site, provide complete information on an additional sheet submitted with the form.
- XIV If Demolition is Ordered by a Government Agency, Please Identify the Agency below:** Provide the name of the responsible official, title and agency, authority under which the order was issued, the dates of the order and the dates of the ordered demolition.
- XV Emergency Renovation Information:** Provide the date and time of the emergency, a description of the event and a description of unsafe conditions, equipment damage or financial burden resulting from the event. The information should be detailed enough to evaluate whether a renovation falls within the emergency exception.
- XVI Description of Procedures to be Followed in the Event that Unexpected Asbestos is Found or Previously Nonfriable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Power:** Provide adequate information to demonstrate that appropriate actions have been considered and can be implemented to control asbestos emissions adequately, including at a minimum, conformance with applicable work practice standards.

- XVII Certification of Presence of Trained Supervisor:** One year after promulgation of the applicable regulation, the notifier must certify that a person trained in asbestos-removal procedures will supervise the demolition or renovation. The supervisor is responsible for the activity on-site. Evidence that the training has been completed by the supervisor must be available for inspection during normal business hours.
- XVIII Verification:** Please certify the accuracy and completeness of the information provided by signing and dating the notification form.

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #				
I. Type of Notification (check one): <input type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled							
II. Facility Description Building Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ County: _____ Site Location: _____ Building Size (square feet): _____ # of Floors: _____ Age in Years: _____ Present Use: _____ Prior Use: _____							
III. Type of Operation (check one): <input type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
IV. Is Asbestos Present? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No							
V. Facility Information Owner Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (____) _____ Fax: _____ Removal Contractor Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (____) _____ Fax: _____ Other Operator (demolition/general): _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (____) _____ Fax: _____							
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:							
VII. Approximate Amount of Asbestos Materials:							
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)							
Surface Area (square feet)							
Facility Components (cubic feet)							
VIII. Scheduled Dates Demolition or Renovation:		Start:	Complete:				
IX. Dates for Asbestos Removal (MM/DD/YY)		Start:	Complete:				
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:							

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:
XI.	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:
XII.	<p>Waste Transporter #1</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Contact: _____ Telephone: () _____</p> <p>Waste Transporter #2</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Contact: _____ Telephone: () _____</p>
XIII.	<p>Waste Disposal</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Contact: _____ Telephone: () _____</p>
XIV.	<p>Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)</p> <p>1. Attach a copy of the Order to this notice.</p> <p>2. Name of Authority Issuing Order: _____ Title: _____</p> <p>3. Authority of Order (Citation of Code): _____</p> <p>4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin _____</p>
XV.	<p>Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)</p> <p>1. Date and Hour of the Emergency:</p> <p>2. Description of the Sudden, Unexpected Event:</p> <p>3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.</p>
XVI.	Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.
XVII.	<p>I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on-site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.</p> <p>_____</p> <p align="center">Signature of Owner/Operator Date Type or Print Name and Title</p>
XVIII.	<p>I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.</p> <p>_____</p> <p align="center">Signature of Owner/Operator Date Type or Print Name and Title</p>