

# **ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM**

## **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.
- IX Scheduled Dates of Demolition / Renovation (MM/DD/YY):** Enter scheduled dates (month/day/year) for demolition and/or renovation work.
- 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.

***Once the form is filled-out and signed:***

Mail original to:

Demo/Reno Notifications  
U.S. EPA, Region 1  
5 Post Office Square, Suite 100 (OES05-4)  
Boston, MA 02109-3912

Mail a copy (along with the pre-demolition asbestos inspection report) to:

Vermont Department of Health  
Asbestos and Lead Regulatory Program  
108 Cherry Street, P.O. Box 70  
Burlington, VT 05402

***The notification must be submitted at least 10 business days in advance of the demolition!***