

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
ASBESTOS NESHAP NOTIFICATION FOR RENOVATION AND DEMOLITION ACTIVITIES
 National Emission Standards for Hazardous Air Pollutants (NESHAP)

1. TYPE OF NOTIFICATION: Original Revision 1 Revision 2 Revision 3 Revision 4 Revision 5 Revision 6 Revision _____ Cancel

2a. FACILITY OWNER INFORMATION

Name of Company or Individual: _____
 Address: _____
 City/Community: _____ State: _____ Zip: _____
 Contact Person: _____ Contact No.: _____ Email: _____

2b. ASBESTOS REMOVAL CONTRACTOR/OPERATOR:

Address: _____
 City: _____ State: _____ Zip: _____
 Contact Person: _____ Contact No.: _____ Email: _____

2c. DEMOLITION CONTRACTOR/OPERATOR:

Address: _____
 City: _____ State: _____ Zip: _____
 Contact Person: _____ Contact No.: _____ Email: _____

3. TYPE OF OPERATION: Renovation Emergency Renovation Demolition Ordered Demolition Annual Non-scheduled Operations

4. PROVIDE DATE OF THOROUGH INSPECTION OF FACILITY, OR AFFECTED PART BY AN AHERA (Asbestos Hazard Emergency Response Act) CERTIFIED BUILDING INSPECTOR DATE: _____

5. FACILITY DESCRIPTION (Attach site location map for multiple structures at one street address or installation)

Building Name: _____ Area/Location of Activities: (building # - floor # - units - equipment - identifying features) _____
 Street Address: _____ City: _____ Zip: _____ County: _____

6. PROCEDURE, INCLUDING ANALYTICAL METHOD, EMPLOYED TO DETECT THE PRESENCE OF RACM AND CATEGORY I AND CATEGORY II NONFRIABLE ACM. Polarized Light Microscopy-PLM Point Counting Assumed Other _____
 Arizona Department of Health Services Registration # _____
 NVLAP Laboratory Name _____ Number of Samples _____ Date Analyzed _____

7. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: *NOTE: Update notice as necessary including when the amount of asbestos affected changes by a least 20%	Amount of RACM to be Removed or Generated	Amount of Nonfriable ACM to be removed		Amount of Nonfriable ACM not to be removed during demo	
		CAT I	CAT II	CAT I	CAT II
On Facility Components; Pipes (Linear Feet)					
On Facility Components; Surface Area (Square Feet)					
Off Facility Components; Volume (Cubic Feet)					

8. DATES FOR ASBESTOS REMOVAL Start Date: _____ Completion Date: _____ Days of Operations: M T W TH F SA SU
 Hours of Operations: _____

9. DATES FOR DEMOLITION Start Date: _____ Completion Date: _____ Days of Operations: M T W TH F SA SU
 Hours of Operations: _____

MAIL / DELIVER TO: ADEQ - Asbestos NESHAP Program 1110 West Washington Street Phoenix, Arizona 85007 (602) 771-2333	THIS AREA FOR NESHAP REGULATORY AGENCY USE ONLY	
	U.S. Postal Service Postmark Date: _____	Commercial / Hand Delivery Date: _____

10. DESCRIPTION OF PLANNED DEMOLITION/RENOVATION WORK: (Check all that apply)

Thermal System Insulation
 Ceiling Texture/Tiles
 Duct/Seam Tape
 Regulated Drywall System
 Asbestos-Containing Roof Removal
 Asbestos Cement Pipe
 Asbestos Cement Shingles
 VAT/Mastic
 Asbestos Cement Siding
 ≥5580 sq ft w/rotating blade cut
 Other, please specify: _____

REMOVAL METHODS:
 Hand/Non-Mechanical Tools
 Mechanical/Power Tools
 Mastic Solvents
 Other: _____

11. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT ASBESTOS EMISSIONS: (Check all that apply)

Adequately Wet
 Full Containment
 Critical Barriers
 Negative Air Machines
 Glove-Bag
 Leak-Tight Wrap
 6-mil Bags
 Mini-containment
 Decontamination Unit with Hot/Cold Water and Soap for OSHA Class I work
 Other: _____

12a. ASBESTOS WASTE TRANSPORTER #1:

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Contact No.: _____ Email: _____

12b. ASBESTOS WASTE TRANSPORTER #2:

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Contact No.: _____ Email: _____

13. ASBESTOS WASTE DISPOSAL SITE:

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Contact No.: _____ Email: _____

14. FOR ORDERED DEMOLITIONS (40 CFR 61, §61.145(A)(3), ATTACH A COPY OF THE AGENCY'S ORDERED DEMOLITION LETTER

Name: _____ Title: _____

State or Local Government Agency: _____ Authority: _____

Date of Order (MM/DD/YY): _____ Date Demolition Ordered to Begin (MM/DD/YY): _____

15. FOR EMERGENCY RENOVATIONS (40 CFR 61, §61.145(a)(4)(iv))

Date and Hour of Emergency (MM/DD/YY - HH:MM): _____

Description of the Sudden, Unexpected Event: _____

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: _____

16. In the event that unexpected RACM is found or discovered or CATEGORY I or CATEGORY II NONFRIABLE ACM becomes crumbled, pulverized, or reduced to powder the following procedures will be followed: Stop Work, Notify Owner, Revise Notification, Follow 40 CFR 61, §61.145(c) Procedures with an AHERA Certified Contractor/Supervisor on-site.

17. I CERTIFY THAT AT LEAST ONE AHERA CERTIFIED CONTRACTOR/SUPERVISOR WILL SUPERVISE THE STRIPPING AND REMOVAL OF RACM DESCRIBED IN THIS NOTIFICATION AND THAT THE TRAINING CERTIFICATE WILL BE POSTED OR READILY AVAILABLE **ON-SITE**.

 (Print Name: Owner/Operator) (Title) (Signature of Owner/Operator) (Date)

18. CERTIFICATION OF INSPECTION BY AN AHERA CERTIFIED ASBESTOS BUILDING INSPECTOR (All areas of Arizona):

 (Print Name of Inspector) (Training Provider) (AHERA Certificate Number) (Expiration Date)

19. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Company Name: _____

 (Print Name: Owner/Operator) (Title) (Signature of Owner/Operator) (Date)

Instructions for Completing the NESHAP Notification Form

As per Title 40 Code of Federal Regulations Part 61, Subpart M, Asbestos NESHAP Section 61.145(b)(4), the notification form will not be considered complete without this information. The following information is required to be included on notifications submitted, prior to the start of the renovation and/or demolition activity.

- Line 1 Indicate Original or Revised Notification
- Line 2a Facility Owner Information: provide name, address, and telephone number
- Line 2b Asbestos Removal Contractor/Operator: provide name address, and telephone number
- Line 2c Demolition Contractor/Operator: provide name, address, and telephone number
- Line 3 Type of Operation: type of planned work
- Line 4 Date of asbestos inspection.
- Line 5 Facility Description: provide size (square feet), number of floors, age, present and prior use, location, street address; and if appropriate, building number or name, floor number, and room number
- Line 6 Procedure(s), including analytical method(s) employed to detect the presence of Regulated Asbestos Containing Material (RACM), Category I and Category II nonfriable ACM.
- Line 7 List amount of Regulated Asbestos Containing Material (RACM) to be removed or generated.
List amounts of Category I and Category II nonfriable ACM that will not be removed before demolition.
- Line 8 Start and Completion dates for Asbestos Removal/Renovation
**NOTE: Start date is defined when asbestos containing material(s) are being removed or disturbed.*
- Line 9 Start and Completion dates for Demolition
**NOTE: Start date of demolition is defined when the wrecking or taking out of any load-bearing structural support member of a facility together with any related handling operations or the intentional burning of a facility begins.*
- Line 10 Description of Demolition and/or Renovation Work
- Line 11 Description of Work Practices/Engineering Controls to be used to prevent asbestos emissions to the outside air.
- Line 12(a)(b) Waste Transporter(s): provide name, address, and telephone number
- Line 13 Waste Disposal Site: provide name and location of where generated asbestos containing material will be deposited.
- Line 14 Ordered Demolitions: **NOTE: attach copy of the demolition order with the notification*
- Line 15 Emergency Renovations: **NOTE: provide all information requested on notification form*
- Line 16 Description of procedures to be followed in the event that unexpected RACM is found or Category I or Category II nonfriable ACM becomes crumbled, pulverized, or reduce to powder.
- Line 17 Signature verifying that at least one on-site trained representative is present at the facility site where the stripping and removal of regulated asbestos containing material is occurring at all times during that stripping and removal. **NOTE: the on-site trained representative is equivalent to the 40-hour AHERA Contractor/Supervisor training*
- Line 18 Provide the name and certification of individual(s) that completed the thorough asbestos survey on the affected facility, or if material is assumed to contain asbestos, write "assumed".
- Line 19 Print Name. Title. Signature. Date. Company Name. (Certifying that the information provided is correct)

Asbestos Demolition and Renovation Activities NESHAP Notification Process

Purpose of Program

To protect public health from exposure to regulated asbestos-containing material (RACM) during National Emission Standards for Hazardous Air Pollutants (NESHAP) facility renovation and/or demolition activities, asbestos removal, transport and disposal, and closely monitoring those activities for proper notification and asbestos emissions control. Asbestos is a known human carcinogen and is known to cause other respiratory diseases.

What are the requirements?

Prior to the commencement of demolition or a renovation activity of a regulated facility an Asbestos Hazard Emergency Response Act (AHERA) certified building inspector must thoroughly inspect the facility or part of the facility where the demolition or renovation operation will occur for the presence of asbestos, including Category I and Category II non-friable asbestos-containing materials.

Notification Time Frame

An original notification is required to be submitted to the agency 10 working days (counting Monday through Friday) prior to the start of a renovation activity involving the removal or disturbance of threshold amounts of regulated asbestos containing materials. Threshold amounts being:

- 260 linear feet or more on pipes
- 160 square feet or more on other facility components
- 35 cubic feet or more off facility components

A Notification is required to be submitted for all demolition activities, even when no asbestos is present.

Notification Fees

There are no fees associated with the notification process.

What is considered a Renovation Activity?

A renovation means altering a facility or one or more facility components in any way, including the stripping or removal of RACM from a facility component. Operations in which load-supporting structural members are wrecked or taken out are demolitions.

What is considered a Demolition Activity?

A demolition means the wrecking or taking out of any load-supporting structural member of a facility together with any related handling operations or the intentional burning of any facility.

What is considered a regulated facility?

A facility is any institutional, commercial, public, industrial or residential structure, installation, or building (including any structure, installation, or building containing condominiums or individual dwelling units operated as a residential cooperative, but excluding residential building having four or fewer dwelling units); any ship; and any active or inactive waste disposal site. For purposes of this definition, any building, structure, or installation that contains a loft used as a dwelling unit is not considered a residential structure, installation, or building. Any structure, installation or building that was previously subject to this subpart is not excluded, regardless of its current use or function. Including facility components; any part of a facility including equipment.

What Facilities are exempted?

A single residential home or structure containing one to four dwelling units. (unless classified as an installation; meaning any building or structure or any group of buildings or structures at a single demolition or renovation site that are under the control of the same owner or operator or owner or operator under common control).

ADEQ Asbestos NESHAP Program Contact

Arizona Department of Environmental Quality – Air Quality Compliance Section
Asbestos NESHAP Program
1110 W. Washington Street, Phoenix, Arizona 85007
(602) 771-2333 Fax (602) 771-2299 Toll free: (800)-234-5677 Ext. 771-2333

Work completed on Arizona Tribal Lands is regulated by EPA Region IX Asbestos NESHAP Program: (415) 972-4182

Statutory Citations

Title 40, Code of Federal Regulations, Part 61, Subpart M, Asbestos NESHAP; Arizona Revised Statutes § 49-421 et. seq. and § 49-471 et. seq.; Arizona Administrative Code R-18-2-1101.