

NOTIFICATION OF DEMOLITION OR RENOVATION				DNREC USE, ONLY
1. FACILITY INFORMATION (<i>Identify Owner, Removal Contractor, and Certified Professional Service Firm</i>)				
Owner				
Address				
City	County	State	Zip	
Contact		Telephone		
REMOVAL CONTRACTOR				
Address				
City	County	State	Zip	
Site Contact (<i>Supervisor on-site</i>)		Telephone		
CERTIFIED PROFESSIONAL SERVICE FIRM				
Address				
City	County	State	Zip	
Site Contact		Telephone		
II. TYPE OF NOTIFICATION? ("O" = "Original" --- "R" = "Revised")				
III. TYPE OF OPERATION? ("D" = "Demolition" --- "R" = "Renovation")				
IV. IS ASBESTOS PRESENT? ("Y" = "YES" --- "N" = "NO")				
V. FACILITY DESCRIPTION (<i>Include Building Name, number and floor, or room number</i>)				
Building Name				
Address #1				
Address #2				
City	County	State	Zip	
Site Location				
Building Size: Sq. Meters		Sq. Feet	Number of Floors	Age in Years
Present Use		Prior Use		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Note: all demolition jobs must have a Survey performed by a Certified Professional Service Firm to ensure that there are no Asbestos-Containing Materials ("ACM") present) (<i>Definition: Asbestos-Containing Materials ("ACM"): containing > 1% asbestos</i>)				
VII. APPROXIMATE AMOUNT OF REGULATED ASBESTOS-CONTAINING MATERIAL ("RACM") TO BE REMOVED, AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED (Specify the amount of asbestos below):				
VII. APPROXIMATE AMOUNT OF REGULATED ASBESTOS-CONTAINING MATERIAL ("RACM") TO BE REMOVED, AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED (Specify the amount of asbestos below):			NON-FRIABLE ASBESTOS MATERIAL NOT TO BE REMOVED	
			RACM TO BE REMOVED	CATEGORY I
PIPES: Linear Feet				
PIPES: Linear Meters				
SURFACE AREA: Square Feet				
SURFACE AREA: Square Meters				
Volume of RACM, off-Facility Components: Cubic Feet				
Volume of RACM, off-Facility Components: Cubic Meters				
VIII.	SCHEDULED DATES OF ASBESTOS REMOVAL/DEMOLITION/RENOVATION?		Start	Finish
IX.	SCHEDULED WORKING HOURS (SHIFT HOURS) (A.M./P.M./etc.)		Start	Finish

NOTIFICATION OF DEMOLITION OR RENOVATION.....(continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(s) TO BE USED

XI. DESCRIPTION OF ENGINEERING CONTROLS AND WORK PRACTICES TO BE USED TO CONTROL EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE

XII. WASTE TRANSPORTER #1
 Address
 City County State Zip
 Contact Telephone

WASTE TRANSPORTER #2
 Address
 City County State Zip
 Contact Telephone

XII. WASTE DISPOSAL SITE EPA Certification Number
 Address
 City County State Zip
Contact Telephone

XIV. IF THE DEMOLITION WAS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:
 Name Title
 Authority
 Date of Order (MM/DD/YY) Date Ordered to Begin (MM/DD/YY)

XV. FOR EMERGENCY RENOVATIONS:
 DATE and HOUR of Emergency: (MM/DD/YY) (HH:MM)
 Description of SUDDEN, UNEXPECTED EVENT
 Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND, OR THAT PREVIOUSLY NON FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED OR REDUCED TO POWDER

XVII. I CERTIFY THAT AN INDIVIDUAL, TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR, PART 61, SUBPART M WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION, AND THAT EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (Required one (1) year after promulgation).
 (Signature of Owner/Operator) (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT
 (Signature of Owner/Operator) (Date)