



**ST. LOUIS COUNTY  
AIR POLLUTION CONTROL PROGRAM  
ASBESTOS PROJECT NOTIFICATION**

- ORIGINAL       REVISION  
 EMERGENCY       CANCELLATION

Greater than or equal to 160 square feet or 260 linear feet of friable asbestos-containing material.  
 Less than 160 square feet or 260 linear feet of friable asbestos containing material.  
 NOTE: A non-refundable permit as required by St. Louis County Air Pollution Control Code Section 612.260 (9) must be submitted for any asbestos abatement project involving 10 square feet (SF) or more or 16 linear feet (LF) or more of friable asbestos-containing material, and for planned renovation projects as defined in U.S. EPA Regulation 40 CFR 61 Subpart M. Fee schedule: <1,000 SF or <1,500 LF = \$100.00; >=1,000 SF and <5,000 SF or >=1,500 LF and <5,500 LF = \$150.00; >=5,000 SF or >=5,500 LF = \$200.00.  
 Make checks payable to: St. Louis County Air Pollution Control Program

**PART A AUTHENTICATION**

1. ASBESTOS CONTRACTOR

2. ASBESTOS CONTRACTOR ADDRESS      CITY      STATE      ZIP      TELEPHONE NUMBER

3. MISSOURI REGISTRATION NUMBER      REGISTRATION EXPIRATION DATE

4a. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF FEDERAL REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE PROJECT AND PROOF THAT THIS PERSON HAS COMPLETED THE REQUIRED TRAINING WILL BE AVAILABLE FOR INSPECTION BY THE DEPARTMENT.

4b. BY MY SIGNATURE, I ATTEST THAT ALL ASBESTOS ABATEMENT PROCEDURES SHALL BE PERFORMED IN COMPLIANCE WITH ALL APPLICABLE STATE AND FEDERAL REGULATIONS AND THE ASBESTOS CONTROL MEASURES PRACTICED ON THIS PROJECT WILL COMPLY WITH ST. LOUIS COUNTY AIR POLLUTION CONTROL CODE AND THE STANDARDS FOR WORKER PROTECTION ESTABLISHED BY OSHA IN 29 CFR 1926.1101 AND 1910.1001.

4c. I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND UNDERSTANDING, THE INFORMATION PROVIDED IN THIS NOTIFICATION IS TRUE AND CORRECT.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME AND TITLE \_\_\_\_\_

**PART B ADDITIONAL INFORMATION**

1. IF AN UNSAFE STRUCTURE IS BEING DEMOLISHED UNDER ORDER OF A STATE OR LOCAL GOVERNMENTAL AGENCY. GIVE NAME, TITLE, AND AUTHORITY OF INDIVIDUAL WHO ORDERED THE DEMOLITION. INCLUDE COPY OF SIGNED ORDER.

NAME      TITLE      AUTHORITY OF INDIVIDUAL      TELEPHONE NUMBER

2. IF A WAIVER OF ANY PORTION OF ST. LOUIS COUNTY AIR POLLUTION CONTROL CODE SECTION 612.530 IS REQUESTED, INDICATE THE WAIVER DESIRED AND THE JUSTIFICATION FOR SUCH A WAIVER. IDENTIFY ITEM NUMBER. USE SUPPLEMENTAL SHEET TO DESCRIBE PROPOSED ALTERNATIVE WORK PRACTICE.

WAIVER      JUSTIFICATION

3. NAME OF AIR SAMPLING PROFESSIONAL PERFORMING CLEARANCE AIR MONITORING FOR THIS PROJECT.

ADDRESS      CITY      STATE      ZIP      TELEPHONE NUMBER

**PART C PROJECT DESCRIPTION**

1. COUNTY WHERE PROJECT IS TO BE PERFORMED  
St. Louis County

2. PROJECT NAME OR NOTIFICATION NUMBER

3. CONTRACTOR'S ON-SITE SUPERVISOR

4. PROJECT SITE TELEPHONE NUMBER

5. PROJECT SITE ADDRESS      CITY      STATE      ZIP

6. OWNER NAME      OWNER CONTACT PERSON      TELEPHONE NUMBER

7. OWNER ADDRESS

**PART C PROJECT DESCRIPTION (CONTINUED)**

8. PROJECT TYPE  
 REPAIR       RENOVATION       OPERATIONS AND MAINTENANCE       REMOVAL       ENCLOSURE  
 DEMOLITION       DISMANTLING       ENCAPSULATION

9. DESCRIBE PROCEDURE USED FOR THE DETECTION OF RACM INCLUDING ANALYTICAL METHOD EMPLOYED IF APPROPRIATE.

**10. DESCRIPTION AND QUANTITY OF FRIABLE ASBESTOS MATERIALS TO BE DISTURBED. (REPORT ONLY DEBRIS IN CUBIC FEET.)**

MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
<b>TOTAL FRIABLE ACM</b>		SQUARE FEET	CUBIC FEET

**NOTE** If project is NESHAPS size attach laboratory sample analysis for all friable asbestos materials to be disturbed. Per St. Louis County Air Pollution Control Code Section 612.530, OSHA Material Safety Data Sheet, OMB #1218-0072, may be substituted if it lists percent asbestos content.

**11. QUANTITY OF MATERIAL WHICH WILL BE ABOVE 150°F. WHEN DISTURBED. A WAIVER MUST BE REQUESTED AND WORK PRACTICES SUBMITTED FOR WORK OF THIS NATURE.**

MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET

**12. DESCRIPTION AND QUANTITY OF NON-FRIABLE ASBESTOS MATERIALS TO BE DISTURBED**

MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET

**NOTE** If chemical mastic removers are to be used to remove floor covering mastics, attach Material Safety Data Sheet for the remover to be used.

13a. DESCRIBE ABATEMENT WORK INCLUDING LOCATION IN BUILDING. PLANNED DEMOLITION/RENOVATION, AND METHODS TO BE USED.

13b. DESCRIBE WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSION OF ASBESTOS.

13c. DESCRIBE THE CONTINGENCY PLAN IF UNEXPECTED RACM IS DISCOVERED

14. APPROXIMATE AGE OF STRUCTURE	15. PRESENT USE OF STRUCTURE	16. FORMER USE OF STRUCTURE IF KNOWN
----------------------------------	------------------------------	--------------------------------------

**PART D PROJECT SCHEDULE**

No phase of the project may begin during the 10 working day notification review period without explicit waiver from the department.

	START DATE	COMPLETE DATE	TIME
1. Preparation Phase			
2. Abatement Phase			
3. Daily Work Schedule	START TIME	QUIT TIME	LUNCH BREAK

4. DAYS OF WEEK WORK WILL TAKE PLACE

**PART E DISPOSAL**

1. NAME OF WASTE HAULER IF OTHER THAN ASBESTOS CONTRACTOR

ADDRESS

2. NAME OF DISPOSAL SITE

ADDRESS

PHONE

**PART F SUPPLEMENTAL INFORMATION**

PROJECT SITE

NOTIFICATION DATE

PART NUMBER

ITEM NUMBER



ST. LOUIS COUNTY DEPARTMENT OF HEALTH  
AIR POLLUTION CONTROL PROGRAM  
**ASBESTOS POST-NOTIFICATION FORM**

ST. LOUIS COUNTY  
NOTIFICATION NO.

**GENERAL INSTRUCTIONS**

Asbestos abatement projects of a magnitude of ten (10) square feet, sixteen (16) linear feet or greater are required to submit post-notification to the department within sixty (60) days of the completion date submitted on your initial notification or application form to the department. This post-notification shall include a signed and dated receipt of the asbestos disposal slip(s) as well as the final clean air results. These documents as well as the completed post-notification form shall be mailed to the following address:

St. Louis County Department of Health  
Air Pollution Control Program (Asbestos)  
111 S. Meramec Avenue  
Clayton, MO 63105

**PART A ASBESTOS PROJECT INFORMATION**

1. NAME OF CONTRACTOR

2. CONTRACTOR CONTACT PERSON

3. BUILDING/STRUCTURE OWNER NAME

STREET ADDRESS

CITY	STATE	ZIP
------	-------	-----

4. START DATE OF PROJECT	COMPLETION DATE OF PROJECT
--------------------------	----------------------------

**PART B AIR SAMPLING AND LABORATORY INFORMATION**

NAME OF ANALYTIC LABORATORY UTILIZED FOR FINAL AIR RESULTS

STREET ADDRESS

CITY	STATE	ZIP
------	-------	-----

TELEPHONE	CONTACT PERSON
-----------	----------------

**NOTE**    **INCLUDE A COPY OF THE FINAL CLEARANCE AIR RESULTS.**