



ST. LOUIS COUNTY
 DEPARTMENT OF HEALTH
 AIR POLLUTION CONTROL PROGRAM
ASBESTOS NESHAP NOTIFICATION OF DEMOLITION AND RENOVATION

OPERATOR PROJECT NO.	POSTMARK	DATE RECEIVED	NOTIFICATION NUMBER			
I. TYPE OF NOTIFICATION <input type="checkbox"/> O – ORIGINAL <input type="checkbox"/> C – CANCELLED <input type="checkbox"/> R – REVISION, WRITE REVISION NUMBER _____						
II. FACILITY INFORMATION (IDENTIFY OWNER, REMOVAL CONTRACTOR, AND OTHER OPERATOR)						
OWNER NAME		ADDRESS				
CITY	COUNTY	STATE	ZIP CODE			
CONTACT		TELEPHONE NUMBER				
ASBESTOS REMOVAL CONTRACTOR		ADDRESS				
CITY	COUNTY	STATE	ZIP CODE			
CONTACT		TELEPHONE NUMBER	TITLE			
DEMOLITION CONTRACTOR		ADDRESS				
CITY	COUNTY	STATE	ZIP CODE			
CONTACT		TELEPHONE NUMBER	TITLE			
III. TYPE OF OPERATION						
<input type="checkbox"/> D - DEMO <input type="checkbox"/> O – ORDERED DEMO <input type="checkbox"/> R – RENOVATION <input type="checkbox"/> E – EMERGENCY RENOVATION						
IV. IS ASBESTOS PRESENT		LIST TYPE OF ASBESTOS MATERIAL(S) TO BE REMOVED				
<input type="checkbox"/> YES <input type="checkbox"/> NO						
V. FACILITY DESCRIPTION (INCLUDE BUILDING NAME, NUMBER AND FLOOR OR ROOM NUMBER)						
BUILDING NAME						
ADDRESS						
CITY	COUNTY	STATE	ZIP CODE			
SITE LOCATION						
BUILDING SIZE		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. INCLUDE A COPY OF THE ASBESTOS INSPECTION.						

VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:						
1. REGULATED ACM (RACM) 2. CATEGORY I ACM 3. CATEGORY II ACM		RACM TO BE REMOVED	NONFRIABLE ASBESTOS MATERIAL TO BE REMOVED		NONFRIABLE ASBESTOS MATERIAL NOT TO BE REMOVED	
			CAT I	CAT II	CAT I	CAT II
PIPES (LINEAR FEET)						
SURFACE AREA (SQUARE FEET)						
VOL. RACM OFF FACILITY COMPONENT (CUBIC FEET)						

VIII. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY)		
START:		COMPLETE:
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY)		WEEKDAYS WORK HOURS
START:		COMPLETE:
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE.		
XII. WASTE TRANSPORTER		
ADDRESS		
CITY		STATE ZIP CODE
CONTACT PERSON		TELEPHONE NUMBER
XIII. WASTE DISPOSAL SITE		
NAME		
LOCATION		
CITY		STATE ZIP CODE
TELEPHONE NUMBER		
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW		
NAME		TITLE
AUTHORITY		
DATE OF ORDER (MM/DD/YY) INCLUDE A COPY OF THE ORDER.		DATE ORDERED TO BEGIN (MM/DD/YY)
XV. FOR EMERGENCY RENOVATIONS		
A. DATE AND HOUR OF EMERGENCY (MM/DD/YY)		
B. DESCRIPTION OF THE SUDDEN, UNEXPECTED EVENT		
C. EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN		
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 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 evidence that the required training has been accomplished by this person will be available for inspection during normal business hours (required 1 year after promulgation).		
SIGNATURE OF OWNER/OPERATOR		DATE
XVIII. I Certify that the above information is correct.		
SIGNATURE OF OWNER/OPERATOR		DATE