



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

NOTIFICATION ASBESTOS APPLICATION/REMOVAL

() DEMOLITION () RENOVATION

NOTIFICATION REQUIREMENTS

Postmarked or delivered to the Air Quality Management Division at the address indicated below no later than **10 working days prior to beginning the asbestos removal activity** (dates specified in NESHAP Regulations Section VIII) or the demolition (dates specified in Section IX).

FEES

NOTE: The project notification form is incomplete until the Division receives the project notification fee.

- \$ 162 Non-NESHAP Demolition**

- \$ 333** for each project greater than 260 but less than 520 linear feet or 160 square feet but less than 320 square feet.

- \$ 735** for each project greater than 520 but less than 1000 linear feet or 320 square feet but less than 1000 square feet.

- \$ 1,812** for each project greater than 1000 linear feet or 1000 square feet..

NOTE: In accordance with 40 CFR Part 61, Subpart M, 61.145(a)(4), facilities must confirm the applicability of the notifiable limits based on the cumulative total of materials abated during the calendar year. For confirmation of the cumulative total amount of materials abated in a year at a specific facility, please contact the Air Quality Management Division at (775) 784-7200.

Check or money order made payable to:

Air Quality Management Division
Washoe County Health District
PO BOX 11130, RENO, NV 89520-0027
1001 East Ninth Street #B171, Reno NV 89512
(775) 784-7200 • FAX (775) 784-7225
www.ourcleanair.com

GENERAL INFORMATION

The Asbestos NESHAP, 40 CFR Part 61, Subpart M, requires written notification of demolition or renovation operations under Section 61.145. This form may be used to fulfill this requirement. Only complete notification forms are acceptable. Incomplete notification may result in enforcement action.

INSTRUCTIONS

- 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.
- Facility Information: Enter the names, addresses, contact persons and telephone numbers for 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 the site, demolition activity, renovations or asbestos containing material (ACM) removal, include complete information (including name, address, contact person and telephone number) on additional sheets submitted with the form.
- Type of Operation: Enter "D" for facility demolition, "R" for facility renovation, "O" for ordered demolitions or "E" for emergency renovations.
- Is Asbestos Present? Answer "Yes" or "No" regardless of the amount or type of asbestos.
- 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.
 - Number Of Floors - Enter the number of floors 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.
- 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.
- Approximate Amount of Asbestos: (1) Regulated ACM to be removed (including non-friable ACM to be sanded, ground or abraded); (2) Non-Friable ACM not to be removed (Category I and Category II)
 - For both removals and demolitions, enter the amount of regulated asbestos containing materials (RACM) to be removed by entering a number in the appropriate box. Enter the amount of Category I and II non-friable asbestos not to be removed in the appropriate boxes.
 - Category I non-friable material includes packing, gaskets, resilient floor covering and asphalt roofing materials containing more than one percent asbestos. Category II non-friable 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 (for example, vinyl floor tile).
- 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.

9. Scheduled Dates of Demolition/Renovation (MM/DD/YY): Enter scheduled dates (month/day/year) for beginning and ending the planned demolition or renovation.
10. Description 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 that will be affected by this work.
11. 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.
12. 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.
13. 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.
14. 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 demolition.
15. 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.
16. Description of Procedures to be Followed in the Event that Unexpected Asbestos is Found or Previously Non-friable Asbestos Material becomes Crumbled, Pulverized or Reduced to Powder: 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.
17. 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 supervisor has completed the training must be available for inspection during normal business hours.
18. 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 supervisor has completed the training must be available for inspection during normal business hours.
19. Certification of AHERA (Asbestos Hazard Emergency Response Act) Training. Please certify that a person trained in AHERA procedures will supervise the demolition or renovation at the designated school facility. Evidence that the training has been completed must be available for inspection during normal business hours.
20. Verification: Please certify the accuracy and completeness of the information provided by signing and dating the notification form.

**EPA NESHAP
Notification OF DEMOLITION AND RENOVATION**

FILL IN ALL NUMBERED BLANKS

Operator Project #	Postmark	Date Received	Notification Permit #		
1. TYPE OF NOTIFICATION (O=Original R= Revised C=Canceled)					
2. FACILITY INFORMATION (Identify Owner, Removal Contractor, and Other Operator)					
OWNER NAME:					
Address:					
City:	State:	Zip:			
Contact Person:			Tel:		
REMOVAL CONTRACTOR:					
Address:					
City:	State:	Zip:			
Contact Person:			Tel:		
OTHER OPERATOR/CONSULTANT:					
Address:					
City:	State:	Zip:			
Contact Person:			Tel:		
3. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=Emergency Renovation)					
4. IS ASBESTOS PRESENT? (Yes/No)					
5. Facility Description (Include Building Name, Number, and Floor or Room Number)					
Building Name:					
Address:					
City:	State: NV	County: WASHOE	Zip Code:		
<u>On-Site</u> Location:					
Building Size:	# of Floors:	Age in Years:			
Present Use:	Prior Use:				
6. PROCEDURE INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ACM:					
7. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:					
1. Regulated ACM to be removed.	Amount of RACM To Be Removed	Amount of Nonfriable ACM Not To Be Removed		Amount of Nonfriable ACM To Be Removed	
2. Category I ACM Not Removed.		Cat I	Cat II	Cat I	Cat II
3. Category II ACM Not Removed.					
*** Note material being removed to the right of measurement ***					
Pipes (Linear Ft.)					
Surface Area (Square Ft.)					
Vol RACM off facility Component (Cubic Ft.)					
8. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: _____ Completed: _____					
Days Worked (circle) M T W TH F *Sat *Sun Day Shift hours: _____ * Evening Shift Hours: _____					
*Non-Standard Working Hours - additional \$103.00 per hour for AQM inspection					
9. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: _____ Completed: _____					

10. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHODS TO BE USED:			
11. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:			
12. WASTE TRANSPORTER #1			
Name:			
Address:			
City:	State:	Zip:	
Contact Person:		Telephone:	
WASTE TRANSPORTER #2			
Name:			
Address:			
City:	State:	Zip:	
Contact Person:		Telephone:	
13. WASTE DISPOSAL SITE			
Name:			
Location:			
City:	State:	Zip:	
Telephone:			
14. IF DEMOLITION 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):	
15. 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 would cause equipment damage or an unreasonable financial burden:			
16. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:			
17. 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.			
_____	_____	_____	_____
(Print Name: Owner/Operator)	(Title)	(Signature of Owner/Operator)	(Date)
18. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT			
_____	_____	_____	_____
(Print Name: Owner/Operator)	(Affiliation)	(AHERA Certificate Number)	(Expiration Date)
19. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT			
_____	_____	_____	_____
(Print Name: Owner/Operator)	(Title)	(Signature of Owner/Operator)	(Date)