

# NESHAP NOTIFICATION FOR RENOVATION AND DEMOLITION ACTIVITIES

## GILA County, Arizona - Revised 01/30/03 National Emission Standards for Hazardous Air Pollutants (NESHAP)

THIS LINE FOR NESHAP REGULATORY AGENCY USE	U.S. Postal Service Postmark Date:	Commercial Delivery Service Delivery Date:	Other Hand Delivery Date:	ACTS#:		
1. TYPE OF NOTIFICATION: ( ) Original; ( ) Revision 1; ( ) Revision 2; ( ) Revision 3; ( ) Revision 4; ( ) Revision 5; ( ) Cancel						
<b>2a. FACILITY OWNER INFORMATION</b>						
Name of Company or Individual:						
Address:						
City/Community:			State:	Zip:		
Contact Person:		Telephone:	Fax:			
<b>2b. ASBESTOS REMOVAL CONTRACTOR/OPERATOR:</b>						
Address:						
City:			State:	Zip:		
Contact Person:		Telephone:	Fax:			
<b>2c. DEMOLITION CONTRACTOR/OPERATOR:</b>						
Address:						
City:			State:	Zip:		
Contact Person:		Telephone:	Fax:			
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:		Visible Signage:				
Street Address:		Identifying Features:				
City:	County: Gila	State: AZ	Zip:			
City/County Renovation Permit#:		City/County Demolition Permit#:				
Building Size in Floor Area (Sq. Ft.)		Number of Floors Affected:	Age of Facility:			
If Residential, Number of Dwelling Units:		Present Use:	Prior Use:			
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 _____						
NVLAP Laboratory Name _____ Number of Samples _____ Date Analyzed ____/____/____						
7. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: *NOTE: Update notice when amount of RACM changes at least 20%. RACM = Regulated Asbestos-Containing Material as defined in 40 CFR 61, Subpart M, Asbestos NESHAP §61.141		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			
9. DATES FOR DEMOLITION Start Date: _____ Completion Date*: _____			Hours of Operations: _____			
Mail/Deliver to:	Copy of Notification to:	Copy of Notification to Renovation/Demolition Permitting Agency where Affected Facility is Located:				
Tracy Neal Asbestos Coordinator Arizona DEQ/AOD 1110 W. Washington Phoenix, AZ 85007 602-771-2333	ADOSH Attn: Jesus Maeda 800 W. Washington Phoenix, AZ 85007 602-542-5795	Town of Hayden Building Permits Attn: Marcia Garcia PO Box B Hayden, AZ 85235 520-356-7801	City of Globe Planning & Zoning Attn: Joe Carrillo 150 N Pine Street Globe, AZ 85501 928-425-7146 x19	Town of Miami Public Works John Encizo 500 Sullivan St. Miami, 85539 928-473-2221	Town of Payson Community Development Attn: John Cadd 303 N Beeline Hwy Payson, AZ 85541 928-474-5242 x263	Town of Winkelman Town Clerk Attn: Sylvia Kerlock PO Box 386 Winkelman, AZ 85292 520-356-7854

10. DESCRIPTION OF PLANNED DEMOLITION/RENOVATION WORK:  
 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     $\geq 5580$  sq ft w/rotating blade cut  
 Other, please specify: \_\_\_\_\_  
 REMOVAL METHODS:  Hand/Non-Mechanical Tools    Mechanical/Power Tools    Mastic Solvents    Blast Trac™ Machine  
 Other, please specify: \_\_\_\_\_

11. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT ASBESTOS EMISSIONS:  
 Adequately Wet    Full Containment    Critical Barriers    Negative Air Machines, No. \_\_\_\_ of units to be used  
 Glove-Bag    Leak-Tight Wrap    6-mil Bags    Mini-containment  
 Decontamination Unit with Hot/Cold Water and Soap for OSHA Class I work    Other, Describe \_\_\_\_\_

12a. ASBESTOS WASTE TRANSPORTER #1:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: _____	State: _____	Zip: _____
Contact Person: _____	Telephone: _____	Fax: _____

12b. ASBESTOS WASTE TRANSPORTER #2:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: _____	State: _____	Zip: _____
Contact Person: _____	Telephone: _____	Fax: _____

13. ASBESTOS WASTE DISPOSAL SITE:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: _____	State: _____	Zip: _____
Contact Person: _____	Telephone: _____	Fax: _____

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. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED RACM IS FOUND OR CATEGORY II NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop Work    Notify Owner    Revise Notification    Follow 40 CFR 61, §61.145(c) Procedures    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: \_\_\_\_\_ Rev. Date \_\_\_\_\_

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