

# NESHAP NOTIFICATION FOR RENOVATION AND DEMOLITION ACTIVITIES

## GREENLEE 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: Greenlee	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/AQD 1110 W. Washington Phoenix, AZ 85007 602-771-2333	ADOSH Attn: Jesus Maeda 800 W. Washington Phoenix, AZ 85007 602-542-5795	Town of Clifton Town Manager Attn: Tonya Williams PO Box 1415 Clifton, AZ 85533 928-865-4146	Town of Duncan Town Manager Attn: David Newlin PO Box 916 Duncan, AZ 85534 928-359-2791	Community of Morenci Phelps Dodge Morenci Attn: Brian Musser 4521 US Hwy 191 Morenci, AZ 85540 928-865-6484		

