

NESHAP NOTIFICATION FOR RENOVATION AND DEMOLITION ACTIVITIES

MOHAVE 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						
2a. FACILITY OWNER INFORMATION						
Name of Company or Individual:						
Address:						
City/Community:			State:	Zip:		
Contact Person:		Telephone:	Fax:			
2b. ASBESTOS REMOVAL CONTRACTOR/OPERATOR:						
Address:						
City:			State:	Zip:		
Contact Person:		Telephone:	Fax:			
2c. DEMOLITION CONTRACTOR/OPERATOR:						
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: Mohave	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	Bullhead City Building Official Attn: Daniel Jackson 1255 Marine Blvd Bullhead City 86442 928-763-0124	City of Kingman Building Dept. Attn: George Lutz 310 N 4 th Street Kingman 86401 928-753-8123	Lake Havasu City Community Development Attn: David Kinney 2330 McCulloch Blvd Lake Havasu City, AZ 86403 928-453-4149 x4352	Colorado City Building Dept. Attn: David Darger PO Box 70 Colorado City, AZ 86021 928-875-2153	

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 ≥ 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 CRUMBLLED, 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)

