

NESHAP NOTIFICATION FOR RENOVATION AND DEMOLITION ACTIVITIES

NAVAJO 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: Navajo		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	City of Holbrook Community Service Attn: Ray Hudgens PO Box 970 Holbrook, Az 86025 928-534-6654	City of Show Low Building Dept. Attn: Dave Potts 200 W Cooley Show Low, 85901 928-532-4050	Town of Snowflake Drew Ellerman 81 W 1 st South Snowflake, 85937 928-536-7103	City of Winslow Building Official Attn: Ray Wargo 21 Williamson Avenue Winslow, AZ 86047 928-289-1302	Pinetop-Lakeside Building Dept. Attn: Ed Baker 1360 Neils Hansen Ln Kingman AZ 86401 928-753-8123

10. DESCRIPTION OF PLANNED DEMOLITION/RENOVATION WORK: <input type="checkbox"/> Thermal System Insulation <input type="checkbox"/> Ceiling Texture/Tiles <input type="checkbox"/> Duct/Seam Tape <input type="checkbox"/> Regulated Drywall System <input type="checkbox"/> Asbestos-Containing Roof Removal <input type="checkbox"/> Asbestos Cement Pipe <input type="checkbox"/> Asbestos Cement Shingles <input type="checkbox"/> VAT/Mastic <input type="checkbox"/> Asbestos Cement Siding <input type="checkbox"/> ≥5580 sq ft w/rotating blade cut Other, please specify: _____ REMOVAL METHODS: <input type="checkbox"/> Hand/Non-Mechanical Tools <input type="checkbox"/> Mechanical/Power Tools <input type="checkbox"/> Mastic Solvents <input type="checkbox"/> Blast Trac™ Machine Other, please specify: _____			
11. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT ASBESTOS EMISSIONS: <input type="checkbox"/> Adequately Wet <input type="checkbox"/> Full Containment <input type="checkbox"/> Critical Barriers <input type="checkbox"/> Negative Air Machines, No. ____ of units to be used <input type="checkbox"/> Glove-Bag <input type="checkbox"/> Leak-Tight Wrap <input type="checkbox"/> 6-mil Bags <input type="checkbox"/> Mini-containment <input type="checkbox"/> Decontamination Unit with Hot/Cold Water and Soap for OSHA Class I work <input type="checkbox"/> 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: <input type="checkbox"/> Stop Work <input type="checkbox"/> Notify Owner <input type="checkbox"/> Revise Notification <input type="checkbox"/> Follow 40 CFR 61, §61.145(c) Procedures <input type="checkbox"/> 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)

References: Title 40, Code of Federal Regulations, Part 61, Subpart M, Asbestos NESHAP §61.145(b); Arizona Revised Statutes, Title 49 §§49-421 & 471 et. seq.; and Arizona Administrative Code, Title 18, Chapter 2, Air Pollution Control, Article II. §R18-2-1101. For more information, contact the Asbestos NESHAP Coordinator in Arizona at (800) 234-5677 x2333. Revised: 06/30/02: Page 2 of 2