

**PIMA COUNTY DEPARTMENT OF ENVIRONMENTAL QUALITY  
150 W. CONGRESS STREET, 1<sup>ST</sup> FLOOR, TUCSON, AZ, 85701  
ASBESTOS NESHAP NOTIFICATION/PERMIT ACTIVITY APPLICATION  
FOR RENOVATION/DEMOLITION ACTIVITIES** Revised 6/3/03

National Emission Standards for Hazardous Air Pollutants (NESHAP)  
(Please note: there is a \$420.00 fee for **EACH** permit. Please fill out separate permits for renovation and demolition activities)

CHECK NUMBER: <small>(Top line reserved for PDEQ use)</small>	AMOUNT PAID:	U.S. POSTAL SERVICE POSTMARK DATE :	Commercial/Hand Delivery Date:	PERMIT # :	
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 ASBESTOS HAZARD EMERGENCY RESPONSE ACT (AHERA) 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: PIMA	State: AZ	Zip:		
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: <small>*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. RACM ≥ 260 linear feet on pipes; ≥ 160 square feet on other facility components; and/or ≥ 35 cubic feet off facility components requires NESHAP notification.</small>	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:		This permit is valid for not more than one year from date of issue.	
Pima County Dept. of Environmental Quality Attn: Erin Fairbank Asbestos NESHAP Coordinator 150 West Congress Street Tucson, AZ 85701 520-740-3360		ADOSH Attn: Jesus Maeda 800 W Washington St. Phoenix, AZ 85007 602-542-5795		_____ ASBESTOS NESHAP COORDINATOR OR REPRESENTATIVE	
				DATE OF ISSUE	PERMIT EFFECTIVE DATE

