



SHELBY COUNTY HEALTH DEPARTMENT: POLLUTION CONTROL SECTION-ASBESTOS NESHAP PROGRAM

NOTIFICATION OF ASBESTOS DEMOLITION OR RENOVATION

| | | | |
|--------------------------------|---------------|---------------|----------------|
| Notification Link/Association# | Postmark Date | Date Received | Notification # |
|--------------------------------|---------------|---------------|----------------|

I. Type of Notification: **Original,** **R-Revised,** **C-Cancelled**

II. Facility Information (Owner, Operator, or Contractor)

Owner Name:

Address:

| | | |
|-------|--------|------|
| City: | State: | Zip: |
|-------|--------|------|

Contact Person: _____ Telephone: () _____

Email Address: _____

General Contractor, Consultant, or Other:

Address:

| | | |
|-------|--------|------|
| City: | State: | Zip: |
|-------|--------|------|

Contact Person: _____ Telephone: () _____

Email Address: _____

Asbestos Removal Contractor:

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Telephone: () _____

Email Address: _____

Demolition/Renovator Contractor:

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Telephone: () _____

Email Address: _____

III. Type of Operation: *Demolition, Ordered Demolition, Renovation, Emergency Renovation*

IV. Facility Description (Include Building Name, Number and Floor or Room Number)

Building Name or Know As:

Address: _____ City: _____ State: _____ Zip: _____

Site Location: _____

| | | |
|------------------------------|--------------|------------------|
| Building Site Total Sq. Ft.: | # of Floors: | Age of Building: |
|------------------------------|--------------|------------------|

Present Use: _____ Prior Use: _____

ASBESTOS INSPECTION SURVEY IS DUE PRIOR TO START OF ACTIVITY

V. Procedure and Analytical Method Used to Detect the Presence of Asbestos Material

VI. Asbestos Present? YES / NO **Asbestos Survey Attached?** YES / NO Date: / /

VII. Approximate Amount of Asbestos in Work Area Including

| 1. Regulated ACM to be Removed | RACM To Be Removed | Non-friable Asbestos Material | | | | Units of Measurement | |
|-------------------------------------|--------------------|-------------------------------|--------|---------------|--------|----------------------|------|
| | | Not To Be Removed | | To Be Removed | | | |
| | | Cat I | Cat II | Cat I | Cat II | Ln ft. | Ln m |
| 2. Category I ACM Not Removed | | | | | | | |
| 3. Category | | | | | | | |
| Pipes | | | | | | | |
| Surface Area | | | | | | | |
| Volume RACM Off Facility Components | | | | | | | |

Scheduled Dates for Preparation Start: _____ Complete: _____

VIII. Scheduled Dates for Asbestos Removal **Start:** _____ **Complete:** _____

Work Schedule: (Circle) ALL SUN MON TUE WED THUR FRI SAT **Hours of Day:** _____

IX. Scheduled Dates for Demolition/Renovator **Start:** _____ **Complete:** _____

X. Description of planned demolition or renovation work, method(s) to be used:

| | | | |
|----------------------------|---------------|-----------------------|---------------------|
| FOR OFFICE USE ONLY | Check # | Check Amount \$ | Date Rcd: / / |
| | Money Order # | Money Order Amount \$ | Date Rcd: / / |

NOTIFICATION OF ASBESTOS DEMOLITION OR RENOVATION (Cont'd)

XI. Description of work practices and engineering controls to be used to prevent emissions of Asbestos at the demolition and renovation site:

XII. Waste Disposal Site

Name: _____

City: _____ State: _____ Zip: _____

Telephone: _____

XIII. Waste Transportation

Waste Transporter #1 Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Telephone: () _____

Waste Transporter #2 Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Telephone: () _____

XIV. If Demolition Ordered by Government Agency, Please Identify Below:

Name: _____ Title: _____

Authority: _____

Date of Order (mm/dd/yy): _____ Date Ordered to Begin (mm/dd/yy) _____

XV. For Emergency Renovations:

Date and Hour of Emergency (mm/dd/yy): _____

Description of the Sudden, Unexpected Event: _____

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: _____

XVI. Description of procedures to be followed in the event asbestos is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder.

XVII. I certify that an individual trained in the provisions of this Regulation (40 CFR Part 61, Subpart M) will be on-site during the demolition or renovation and evidence that required training has been accomplished by this person will be available for inspection during normal business hours. (REQUIRED AFTER NOVEMBER 20, 2000)

_____ (Signature of Owner/Operator) _____ (Date)

XVIII. I certify that the above information is correct.

_____ (Signature of Owner/Operator) _____ (Date)

ORIGINAL NOTIFICATION MUST BE SUBMITTED 10 WORKING DAYS PRIOR TO ANY ACTIVITY.
Submit completed form and \$130.00 notification fee by U.S. Postal Service / or hand deliver to:
Shelby County Health Department: Pollution Control Section-Asbestos NESHAP Program
1075 Mullins Station Road, Room W224
Memphis, TN 38134
(901) 222-8270
Asbestos.NESHAP@shelbycountyttn.gov