



Asbestos Notification of Demolition and Renovation

I. Type of notification (O=Original R=Revised C=Cancelled):								
II. Facility information (Identify owner, removal contractor, and other operator)								
Owner name:								
Address:								
City:		State:		Zip:				
Contact:				Phone #:				
Removal contractor:								
Address:								
City:		State:		Zip:				
Contact:				Phone #:				
Other operator:								
Address:								
City:		State:		Zip:				
Contact:				Phone #:				
III. Type of operation (D=Demolition O=Ordered Demolition R=Renovation E=Emergency Renovation):								
IV. Is asbestos present? (Yes/No):								
V. Facility description (Include building name, number and floor or room number)								
Bldg. Name:								
Address:								
City:		State:		County:				
Site Location:								
Building Size:		# of Floors:		Age in Years:				
Present Use:			Prior Use:					
VI. Procedure used to detect the presence of asbestos containing material (ACM), including analytical method if appropriate:								
VII. Approximate amount of asbestos present, including: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed			RACM To Be Removed		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
					Category I	Category II	UNIT	
Pipes					LnFt:		Ln M:	
Surface Area					SqFt:		Sq M:	
Vol RACM Off Facility Component					CuFt:		Cu M:	
VIII. Scheduled dates of asbestos removal (The start date must be at least ten (10) working days from this form's postmark date, unless: (1) this is a revision to a previous notification, (2) this is an emergency renovation, or (3) demolition was ordered by a state or local government agency because the facility is structurally unsound and in danger of imminent collapse.)								
Start date:			Completion date:					
IX. Scheduled dates of demolition/renovation (The start date must be at least ten (10) working days from this form's postmark date, unless: (1) this is a revision to a previous notification, (2) this is an emergency renovation, or (3) demolition was ordered by a state or local government agency because the facility is structurally unsound and in danger of imminent collapse.)								
Start date:			Completion date:					
For Agency Use Only à			Postmark Date:			Received Date:		

X. Describe the planned demolition or renovation work and the methods you will use:		
XI. Describe the work practices and engineering controls you will use to prevent emission of asbestos at the demolition or renovation site:		
XII. Waste transporter		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Phone #:
XIII. Waste disposal site		
Name:		
Location:		
City:	State:	Zip:
Tel:		
XIV. If demolition was ordered by a government agency, please identify the agency 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):		
Describe the sudden unexpected event:		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
XVI. Describe the procedures you will follow if unexpected asbestos is found; or if previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to power:		
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. Evidence that this person has had the required training will be available for inspection during normal business hours. I certify that the above information is correct.		
_____		_____
(Signature of Owner/Operator)		(Date)
In Chelan, Douglas, Kittitas, Klickitat and Okanogan counties, send the notification to: Air Quality Program Department of Ecology, Central Regional Office 15 West Yakima Avenue, Suite 200 Yakima, WA 98902-3401 Phone: (509) 575-2490 Fax: (509) 575-2809	In Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Oreille, Stevens, Walla Walla and Whitman counties, send the notification to: Air Quality Program Department of Ecology, Eastern Regional Office 4601 North Monroe Street Spokane, WA 99205-1295 Phone: (509) 329-3400 Fax: (509) 329-3529	In San Juan County, send the notification to: Air Quality Program Department of Ecology, Northwest Regional Office 3190 160 th Avenue SE Bellevue, WA 98008-5452 Phone: (425) 649-7000 Fax: (425) 649-7098
In any county not listed, contact your local air quality agency for assistance.		