

NOTIFICATION OF DEMOLITION OR RENOVATION				DNREC USE, ONLY	
<b>1. FACILITY INFORMATION</b> ( <i>Identify Owner, Removal Contractor, and Certified Professional Service Firm</i> )					
Owner					
Address					
City		County		State	Zip
Contact			Telephone		
<b>REMOVAL CONTRACTOR</b>					
Address					
City		County		State	Zip
Site Contact ( <i>Supervisor on-site</i> )			Telephone		
<b>CERTIFIED PROFESSIONAL SERVICE FIRM</b>					
Address					
City		County		State	Zip
Site Contact			Telephone		
<b>II. TYPE OF NOTIFICATION?</b> ("O" = "Original" --- "R" = "Revised")					
<b>III. TYPE OF OPERATION?</b> ("D" = "Demolition" --- "R" = "Renovation")					
<b>IV. IS ASBESTOS PRESENT?</b> ("Y" = "YES" --- "N" = "NO")					
<b>V. FACILITY DESCRIPTION</b> ( <i>Include Building Name, number and floor, or room number</i> )					
Building Name					
Address #1					
Address #2					
City		County		State	Zip
Site Location					
Building Size: Sq. Meters			Sq. Feet	Number of Floors	Age in Years
Present Use			Prior Use		
<b>VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL</b> (Note: all demolition jobs must have a Survey performed by a Certified Professional Service Firm to ensure that there are no Asbestos-Containing Materials ("ACM") present) ( <i>Definition: Asbestos-Containing Materials ("ACM"): containing &gt; 1% asbestos</i> )					
<b>VII. APPROXIMATE AMOUNT OF REGULATED ASBESTOS-CONTAINING MATERIAL ("RACM") TO BE REMOVED, AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED</b> (Specify the amount of asbestos below):					
<b>VII. APPROXIMATE AMOUNT OF REGULATED ASBESTOS-CONTAINING MATERIAL ("RACM") TO BE REMOVED, AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED</b> (Specify the amount of asbestos below):				NON-FRIABLE ASBESTOS MATERIAL <b>NOT TO BE REMOVED</b>	
				RACM TO BE REMOVED	CATEGORY I
PIPES: Linear Feet					
PIPES: Linear Meters					
SURFACE AREA: <b>Square Feet</b>					
SURFACE AREA: Square Meters					
Volume of RACM, off-Facility <b>Components: Cubic Feet</b>					
Volume of RACM, off-Facility Components: Cubic Meters					
<b>VIII. SCHEDULED DATES OF ASBESTOS REMOVAL/DEMOLITION/RENOVATION?</b>				Start	Finish
<b>IX. SCHEDULED WORKING HOURS (SHIFT HOURS) (A.M./P.M./etc.)</b>				Start	Finish

**NOTIFICATION OF DEMOLITION OR RENOVATION.....(continued)**

**X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(s) TO BE USED**

**XI. DESCRIPTION OF ENGINEERING CONTROLS AND WORK PRACTICES TO BE USED TO CONTROL EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE**

**XII. WASTE TRANSPORTER #1**  
Address  
City County State Zip  
Contact Telephone

**WASTE TRANSPORTER #2**  
Address  
City County State Zip  
Contact Telephone

**XII. WASTE DISPOSAL SITE** EPA Certification Number  
Address  
City County State Zip  
**Contact Telephone**

**XIV. IF THE 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) (HH:MM)  
Description of SUDDEN, UNEXPECTED EVENT  
Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

**XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND, OR THAT PREVIOUSLY NON FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, 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 THAT EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (Required one (1) year after promulgation).**  
  
(Signature of Owner/Operator) (Date)

**XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT**  
  
(Signature of Owner/Operator) (Date)