

# Demolition Permit Information Packet



## Asbestos Demolition/Renovation Notification Form General Information

The asbestos NESHAP, 40 CFR Part 61, Subpart M, requires written notification of demolition or renovation operations under Section 61.145. This form may be used to fulfill this requirement. Only complete notification forms are acceptable. Incomplete notification forms may result in enforcement action.

The notification should be typewritten and postmarked or delivered no later than ten (10) days prior to the beginning of the asbestos removal activity (dates specified in Section VIII) or demolition (dates specified in Section IX).

Submit completed form to:

In Chelan, Douglas, Kittitas, Klickitat and Okanogan Counties:	In Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Oreille, Stevens, Walla Walla and Whitman Counties:
Air Quality Program Department of Ecology, Central Regional Office 15 West Yakima Avenue, Suite 200 Yakima, WA 98902-3401	Air Quality Program Department of Ecology, Eastern Regional Office 4601 North Monroe Street Spokane, WA 99205-1295

### Instructions for Completing the Form

- I. **Type of notification:** Enter "O" if the notification is a first time or original notification, "R" if the notification is a revision of a prior notification, or "C" if the activity has been cancelled.
- II. **Facility Information:** Enter the names, addresses, contact person and telephone numbers for the following:
  - Owner: The legal owner of the site at which the asbestos is being removed or demolition is planned.
  - Contractor: The contractor hired to remove the asbestos.
  - Other Operator: Demolition contractor, general contractor, or any other person who leases, operates, controls or supervises the site.
- III. **Type of Operation:** Enter "D" for facility demolition, "R" for facility renovation, "O" for ordered demolitions, or "E" for emergency renovations.
- IV. **Is Asbestos Present?** Answer "Yes" or "No," regardless of the amount or type of asbestos.
- V. **Facility Description:** Provide detailed information on the areas being renovated or demolished. If applicable, provide the floor numbers and room numbers where renovations are being conducted.
  - Site location: Provide information needed to locate the site if the street address is inadequate.
  - Building size: Provide in square meters or square feet.
  - No. of floors: Enter the number of floors including the basement or ground level floors.
  - Age in years: Enter the approximate age of the facility.
  - Present use/Prior use: Describe the primary use of the facility or enter the following codes:  
H - Hospital, S - School; P - Public building; O - Office; I - Industrial; U - University or college; B - Ship;  
C - Commercial; or R - Residence.
- VI. **Asbestos Detection Procedure:** Describe the methods and procedures used to determine whether ACM is present at the site, including a description of the analytical methods employed.
- VII. **Approximate Amount of Asbestos, Including:** (1) Regulated ACM to be removed, including nonfriable ACM to be sanded, ground or abraded; (2) Category I ACM not removed; and (3) Category II ACM not removed.

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*If you need this document in another format, please call Tami Dahlgren at (360) 407-6880. If you are a person with a speech or hearing disability, call 711 or 1-800 833-6388 for TTY.*

For both removals and demolitions, enter the amount of RACM to be removed by entering a number in the appropriate box and an "X" for the unit. For demolitions only, enter the amount of Category I and II nonfriable asbestos not to be removed in the appropriate boxes.

Category I nonfriable material includes packing, gaskets, resilient floor covering and asphalt roofing materials containing more than one percent asbestos. Category II nonfriable material includes any material, excluding Category I products, containing more than one percent asbestos, which when dry, cannot be crumbled, pulverized or reduced to powder.

Scheduled Dates of Asbestos Removal (MM/DD/YY): Enter the dates for asbestos removal work. This includes any activity, including site preparation that may break up, dislodge or disturb asbestos material.

IX. Scheduled Dates of Demo/Renovation (MM/DD/YY): Enter the dates for beginning and ending the planned demolition or renovation.

X. Description of Planned Demolition or Renovation Work and Method(s) to be Used: Describe the demolition and renovation techniques to be used and a description of the areas and types of facility components that will be affected by this work.

XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the site: Describe the work practices and engineering controls selected to ensure compliance with the requirements of the regulations, including both asbestos removal and waste-handling emission control procedures.

Waste Transporter(s): Enter the names, addresses, contact persons and telephone numbers of the person or company responsible for transporting ACM from the removal site to the waste disposal site. If the removal contractor or property owner is the waste transporter, state "same as owner" or "same as removal contractor." If additional parties are responsible, include complete information on an additional sheet submitted with the form.

Waste Disposal Site: Identify the waste disposal site, including the complete name, location and telephone number of the facility. If the ACM is to be disposed of at more than one site, provide complete information on an additional sheet submitted with the form.

If Demolition is Ordered by a Government Agency, Please Identify the Agency Below: Provide the name of the responsible official, title and agency, authority under which the order was issued, the dates of the order and the dates of the ordered demolition.

Emergency Renovation Information: Provide the date and time of the emergency, a description of the event and a description of unsafe conditions, equipment damage or financial burden resulting from the event. The information should be detailed enough to evaluate whether a renovation falls within the emergency exemption.

Description of Procedures to be Followed in the Event that Unexpected Asbestos is Found or Previously Nonfriable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder: Provide adequate information to demonstrate that appropriate actions have been considered and can be implemented to control asbestos emissions adequately, including at a minimum, conformance with applicable work practice standards.

Certification of Presence of Trained Supervisor: The notifier must certify that a person trained in asbestos-removal procedures will supervise the demolition or renovation. The supervisor is responsible for the activity on site. Evidence that the training has been completed by the supervisor must be available for inspection during normal business hours.

Verification: Please certify the accuracy and completeness of the information by signing and dating the notification form.

40 CFR Part 61 Subpart M.

**NOTIFICATION OF DEMOLITION AND RENOVATION**

Operator Project #	Postmark	Date Revised	Notification
I. TYPE OF NOTIFICATION (O – Original R – Revised C – Canceled):			
II FACILITY INFORMATION			
OWNER NAME:			
Address:			
City:	State:	Zip:	
Contact:	Telephone:		
REMOVAL CONTRACTOR:			
Address:			
City:	State:	Zip:	
Contact:	Telephone:		
OTHER OPERATOR:			
Address:			
City:	State:	Zip:	
Contact:	Telephone:		
III. TYPE OF OPERATION (D – Demo O – Ordered Demo R – Renovation E – Emergency Renovation)			
IV. IS ASBESTOS PRESENT? (Yes / No)			
V FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Building Name:			
Address:			
City:	State:	Zip:	
Site Location			
Building Site:	# of Floors:	Age in years:	
Present Use:		Prior Use:	
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: 1. Regulated ACM to be removed 2. Category I AMC Not Removed 3. Category II ACM Not Removed		RACH To be Removed	Nonfriable Asbestos Material Not To Be Removed
		Cat I	Cat II
		Indicate Unit of Measurement Below	
Pipes		Ln Ft:	Ln m:
Surface Area		Sq. Ft:	Sq m:
Vol RACH Off Facility Component		Cu Ft:	Cu m:
VIII: SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY)		Start:	Complete:
IX: SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY)		Start:	Complete:

Continued on page two

Figure 3. Notification of Demolition and Renovation

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**NOTIFICATION OF DEMOLITION AND RENOVATION (continued)**


X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD (S) TO BE USED:		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		
XII. WASTE TRANSPORTER #1:		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Telephone:
WASTE TRANSPORTER #2:		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Telephone:
XIII. WASTE DISPOSAL SITE:		
Name:		
Location:		
City:	State:	Zip:
Telephone:		
XIV. IF DEMOLITION 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):		
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 PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE 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 EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)		
_____		_____
(Signature of Owner/Operator)		(Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
_____		_____
(Signature of Owner/Operator)		(Date)

Figure 3. Notification of Demolition and Renovation



**GREATER WENATCHEE REGIONAL  
LANDFILL AND RECYCLING FACILITY**

191 Webb Rd.  
PO Box 2963  
Wenatchee, WA 98807  
(509) 884-2802  
(509) 884-3724 Fax

Date: July 27, 2005  
Subject: Demolition Debris  
From: Ted Woodard   
Regarding: Disposal at Greater Wenatchee Regional Landfill

Effective August 1<sup>st</sup>, 2005 all loads containing demolition of houses or building structures, will be required to provide documentation that waste being disposed, does not contain asbestos containing material.

This documentation must contain name and address of generated waste, as well as the Company name and phone number verifying the waste. The company verifying this information must be licensed in the State of Washington as a company with asbestos abatement credentials.