



**Notification of Intention to Demolish or Renovate
 Structure(s) or Equipment Having Asbestos-Containing Material**

I. Type of Notification: Original Revised Cancelled

II. Facility Information:

Owner Name _____

Address _____

City _____ State _____ Zip _____

Contact _____ Phone _____

Removal Contractor _____ Certification # _____

Address _____

City _____ State _____ Zip _____

Contact _____ Phone _____

General Contractor _____

Address _____

City _____ State _____ Zip _____

Contact _____ Phone _____

III. Type of Operation: Demolition Renovation Emergency Renovation Asbestos Abatement

IV. ASBESTOS REMOVAL/DEMOLITION WORK PRACTICES: (Check all that apply)

- Containment Remove Intact Negative Pressure Bulldozer/Loader/Track Hoe
 Wet Methods Mechanical Chipping Implode Strip & Removal
 Component Removal Glove Bag

V. Facility Description:

Building name _____

Address _____

City _____ State _____ Zip _____

Site Location _____

Building Size _____ # of Floors _____ Age in Years _____

Present Use _____ Prior Use _____

VI. Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material:

VII. Approximate amount of Asbestos, 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 removed		Indicate Unit of Measurement below	
		CAT I	CAT II	Unit	
Pipes _____				Ln Ft: _____	Ln m: _____
Surface Area _____				Sq Ft: _____	Sq m: _____
Vol RACM off Fac component _____				Cu Ft: _____	Cu m: _____
Other (Specify) _____					
Other (Specify) _____					

VIII. Scheduled dates for Asbestos removal (mm/dd/yy) Start: _____ Complete: _____

Days of week (circle) All Sun Mon Tue Wed Thu Fri Sat Hours of day: _____

IX. Scheduled demolition/renovation dates (mm/dd/yy) Start: _____ Complete: _____

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(s)

1

Name _____

Address _____

City _____ State _____ Zip _____

Contact _____ Phone _____

2

Name _____

Address _____

City _____ State _____ Zip _____

Contact _____ Phone _____

XIII. Waste Disposal Site

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ State ID # _____

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 procedures to be followed in the event that unexpected asbestos is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder. _____

XVII. I certify that the above information is correct:

Signature of owner/operator _____ Date _____

Submit completed form by U.S. Postal Service/Commercial Delivery Service or Hand Delivery to:

Asbestos Abatement Coordinator
Jefferson County Department of Health
Air and Radiation Protection Division
P.O.Box 2648
Birmingham, AL 35202

Project notifications subject to the NESHAP for Asbestos must be accompanied by the appropriate NESHAP Notification Review fee.