# STATE OF ARIZONA

## ASBESTOS NESHAP
## NOTIFICATION FORMS
## RENOVATION AND DEMOLITION ACTIVITIES

Arizona Department of Environmental Quality
Air Quality Compliance Section
Asbestos NESHAP Program
1110 West Washington Street
Phoenix, Arizona 85007
Telephone: (602) 771-2333 or (602) 771-4553
Fax: (602) 771-2299
Toll free in-State: (800)-234-5677 x2333 or x4553
www.adeq.az.us/enviro/air/complain/asbestos/index.html

Updated 2/1/2010; Arizona DEQ/AQD Asbestos NESHAP Program

# NESHAP NOTIFICATION FOR RENOVATION AND DEMOLITION ACTIVITIES
## GRAHAM County, Arizona - Revised January 2010
National Emission Standards for Hazardous Air Pollutants (NESHAP)

| THIS LINE FOR NESHAP REGULATORY AGENCY USE | U.S. Postal Service Postmark Date: | Commercial Delivery Service Delivery Date: | Other Hand Delivery Date: | ACTS#: |
|---|---|---|---|---|

1. TYPE OF NOTIFICATION: ( ) Original; ( ) Revision 1; ( ) Revision 2; ( ) Revision 3; ( ) Revision 4; ( ) Revision 5; ( ) Cancel

**2a. FACILITY OWNER INFORMATION**

| | | | |
|---|---|---|---|
| Name of Company or Individual: | | | |
| Address: | | | |
| City/Community: | | State: | Zip: |
| Contact Person: | Telephone: | Fax: | |

**2b. ASBESTOS REMOVAL CONTRACTOR/OPERATOR:**

| | | | |
|---|---|---|---|
| Address: | | | |
| City: | | State: | Zip: |
| Contact Person: | Telephone: | Fax: | |

**2c. DEMOLITION CONTRACTOR/OPERATOR:**

| | | | |
|---|---|---|---|
| Address: | | | |
| City: | | State: | Zip: |
| Contact Person: | Telephone: | Fax: | |

3. TYPE OF OPERATION: ( ) Renovation, ( ) Emergency Renovation, ( ) Demolition, ( ) Ordered Demolition, ( ) Annual Non-scheduled Operations

| | |
|---|---|
| 4. ***PROVIDE DATE OF THOROUGH INSPECTION OF FACILITY, OR AFFECTED PART BY AN AHERA (Asbestos Hazard Emergency Response Act) CERTIFIED BUILDING INSPECTOR*** | ***DATE:*** |

**5. FACILITY DESCRIPTION** (Attach site location map for multiple structures at one street address or installation)

| | | | |
|---|---|---|---|
| Building Name: | Visible Signage: | | |
| Street Address: | Identifying Features: | | |
| City: | County: GRAHAM | State: AZ | Zip: |
| City/County Renovation Permit#: | City/County Demolition Permit#: | | |
| Building Size in Floor Area (Sq. Ft.) | Number of Floors Affected: | Age of Facility: | |
| If Residential, Number of Dwelling Units: | Present Use: | Prior Use: | |

6. PROCEDURE, INCLUDING ANALYTICAL METHOD, EMPLOYED TO DETECT THE PRESENCE OF RACM AND CATEGORY I AND CATEGORY II NONFRIABLE ACM. ( ) Polarized Light Microscopy-PLM ; ( ) Point Counting; ( ) Assumed; ( ) Other _____

NVLAP Laboratory Name_____ Number of Samples _____ Date Analyzed

| 7. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: *NOTE: Update notice when amount of RACM changes at least 20% RACM = Regulated Asbestos-Containing Material as defined in 40 CFR 61, Subpart M, Asbestos NESHAP §61.141 | Amount of RACM to be Removed or Generated* | Amount of Nonfriable ACM to be removed | | Amount of Nonfriable ACM not to be removed during demo | |
|---|---|---|---|---|---|
| | | CAT I | CAT II | CAT I | CAT II |
| On Facility Components; Pipes (Linear Feet) | | | | | |
| On Facility Components; Surface Area (Square Feet) | | | | | |
| Off Facility Components; Volume (Cubic Feet) | | | | | |

8. DATES FOR ASBESTOS REMOVAL Start Date: Completion Date*: Days of Operations: M T W TH F SA SU

9. DATES FOR DEMOLITION Start Date: Completion Date*: Hours of Operations:

| Mail/Deliver to: | Copy of Notification to: | Copy of Notification to Renovation/Demolition Permitting Agency where Affected Facility is Located: | | |
|---|---|---|---|---|
| Arizona DEQ/AQD<br>Attn: Asbestos Coordinator<br>1110 W. Washington<br>Phoenix, AZ 85007<br>602-771-2333 | ADOSH<br>Attn: Supervisor of Industrial Hygiene<br>800 W. Washington<br>Phoenix, AZ 85007<br>602-542-5795 | Town of Pima<br>Director of Public Works<br>PO Box 426<br>Pima, AZ 85543<br>928-485-2611 | City of Safford<br>Building Department<br>Attn: Building Official<br>PO Box 272<br>Safford, AZ 85548<br>928-432-4140 | Town of Thatcher<br>Planning & Zoning<br>Attn: Building Official<br>PO Box 670<br>Thatcher, AZ 85552<br>928-428-2290 option 3 |

10. DESCRIPTION OF PLANNED DEMOLITION/RENOVATION WORK:
( ) Thermal System Insulation ( ) Ceiling Texture/Tiles ( ) Duct/Seam Tape ( ) Regulated Drywall System ( ) Asbestos-Containing Roof Removal ≥5580 sq ft w/rotating blade cut
( ) Asbestos Cement Pipe ( ) Asbestos Cement Shingles ( ) VAT/Mastic ( ) Asbestos Cement Siding
Other, please specify:_____
REMOVAL METHODS: ( ) Hand/Non-Mechanical Tools ( ) Mechanical/Power Tools ( ) Mastic Solvents ( ) Blast Trac™ Machine
Other, please specify:_____

11. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT ASBESTOS EMISSIONS:
( ) Adequately Wet ( ) Full Containment ( ) Critical Barriers ( ) Negative Air Machines, No. ____ of units to be used
( ) Glove-Bag ( ) Leak-Tight Wrap ( ) 6-mil Bags ( ) Mini-containment
( ) Decontamination Unit with Hot/Cold Water and Soap for OSHA Class I work ( ) Other, Describe_____

12a. ASBESTOS WASTE TRANSPORTER #1:

| | | | |
|---|---|---|---|
| Company Name: | | | |
| Address: | | | |
| City: | | State: | Zip: |
| Contact Person: | Telephone: | Fax: | |

12b. ASBESTOS WASTE TRANSPORTER #2:

| | | | |
|---|---|---|---|
| Company Name: | | | |
| Address: | | | |
| City: | | State: | Zip: |
| Contact Person: | Telephone: | Fax: | |

13. ASBESTOS WASTE DISPOSAL SITE:

| | | | |
|---|---|---|---|
| Company Name: | | | |
| Address: | | | |
| City: | | State: | Zip: |
| Contact Person: | Telephone: | Fax: | |

14. FOR ORDERED DEMOLITIONS (40 CFR 61, §61.145(A)(3), ATTACH A COPY OF THE AGENCY'S ORDERED DEMOLITION LETTER

| | |
|---|---|
| Name: | Title: |
| State or Local Government Agency: | Authority: |
| Date of Order (MM/DD/YY): | Date Demolition Ordered to Begin (MM/DD/YY): |

15. FOR EMERGENCY RENOVATIONS (40 CFR 61, §61.145(a)(4)(iv))

Date and Hour of Emergency (MM/DD/YY - HH:MM):

Description of the Sudden, Unexpected Event:

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

16. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED RACM IS FOUND OR CATEGORY I or CATEGORY II NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

( ) Stop Work ( ) Notify Owner ( ) Revise Notification ( ) Follow 40 CFR 61, §61.145(c) Procedures ( ) AHERA Certified Contractor/Supervisor on-site

17. I CERTIFY THAT AT LEAST ONE AHERA CERTIFIED CONTRACTOR/SUPERVISOR WILL SUPERVISE THE STRIPPING AND REMOVAL OF RACM DESCRIBED IN THIS NOTIFICATION AND THAT THE TRAINING CERTIFICATE WILL BE POSTED OR READILY AVAILABLE **ON-SITE**.

(Print Name: Owner/Operator) (Title) (Signature of Owner/Operator) (Date)

18. CERTIFICATION OF INSPECTION BY AN AHERA CERTIFIED ASBESTOS BUILDING INSPECTOR (All areas of Arizona):

(Print Name of Inspector) (Training Provider) (AHERA Certificate Number) (Expiration Date)

19. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Company Name:_____ Rev. Date _____

(Print Name: Owner/Operator) (Title) (Signature of Owner/Operator) (Date)

References: Title 40, Code of Federal Regulations, Part 61, Subpart M, Asbestos NESHAP §61.145(b): Arizona Revised Statutes. Title 49 §§49-421 & 471 et. seq.: and Arizona Administrative Code. Title 18, Chapter 2, Air Pollution Control, Article II. §R18-2-1101.
For more information, contact the Asbestos NESHAP Coordinator in Arizona at (800) 234-5677 x2333.

# Instructions for Completing the NESHAP Notification Form

As per Title 40 Code of Federal Regulations Part 61, Subpart M, Asbestos NESHAP Section 61.145(b)(4), the notification form will not be considered complete without this information. The following information is required to be included on notifications submitted, prior to the start of the renovation and/or demolition activity.

| | | |
|---|---|---|
| Line 1 | Indicate Original or Revised Notification | |
| Line 2a | Facility Owner Information: provide name, address, and telephone number | |
| Line 2b | Asbestos Removal Contractor/Operator: provide name address, and telephone number | |
| Line 2c | Demolition Contractor/Operator: provide name, address, and telephone number | |
| Line 3 | Type of Operation: | type of planned work |
| Line 5 | Facility Description: | provide size (square feet), number of floors, age, present and prior use, location, street address; and if appropriate, building number or name, floor number, and room number |
| Line 6 | Procedure(s), including analytical method(s) employed to detect the presence of Regulated Asbestos Containing Material (RACM), Category I and Category II nonfriable ACM. | |
| Line 7 | List amount of Regulated Asbestos Containing Material (RACM) to be removed or generated. | |
| | List amounts of Category I and Category II nonfriable ACM that will not be removed before demolition. | |
| Line 8 | Start and Completion dates for Asbestos Removal/Renovation<br>**NOTE: Start date is defined when asbestos containing material(s) are being removed or disturbed.* | |
| Line 9 | Start and Completion dates for Demolition<br>**NOTE: Start date of demolition is defined when the wrecking or taking out of any load-bearing structural support member of a facility together with any related handling operations or the intentional burning of a facility begins.* | |
| Line 10 | Description of Demolition and/or Renovation Work | |
| Line 11 | Description of Work Practices/Engineering Controls to be used to prevent asbestos emissions to the outside air. | |
| Line 12(a)(b) | Waste Transporter(s): | provide name, address, and telephone number |
| Line 13 | Waste Disposal Site: | provide name and location of where generated asbestos containing material will be deposited. |
| Line 14 | Ordered Demolitions: | **NOTE: attach copy of the demolition order with the notification* |
| Line 15 | Emergency Renovations: | **NOTE: provide all information requested on notification form* |
| Line 16 | Description of procedures to be followed in the event that unexpected RACM is found or Category I or Category II nonfriable ACM becomes crumbled, pulverized, or reduce to powder. | |
| Line 17 | Signature verifying that at least one on-site trained representative is present at the facility site where the stripping and removal of regulated asbestos containing material is occurring at all times during that stripping and removal. | *NOTE: the on-site trained representative is equivalent to the 40-hour AHERA Contractor/Supervisor training |
| Line 18 | Provide the name and certification of individual(s) that completed the thorough asbestos survey on the affected facility, or if material is assumed to contain asbestos, write "assumed". | |

# Asbestos Demolition and Renovation Activities
# NESHAP Notification Process

***Purpose of Program***
To protect public health from exposure to regulated asbestos-containing material (RACM) during National Emission Standards for Hazardous Air Pollutants (NESHAP) facility renovation and/or demolition activities, asbestos removal, transport and disposal, and closely monitoring those activities for proper notification and asbestos emissions control. Asbestos is a known human carcinogen and is known to cause other respiratory diseases.

***What are the requirements?***
Prior to the commencement of demolition or a renovation activity of a regulated facility an Asbestos Hazard Emergency Response Act (AHERA) certified building inspector must thoroughly inspect the facility or part of the facility where the demolition or renovation operation will occur for the presence of asbestos, including Category I and Category II non-friable asbestos-containing materials.

***Notification Time Frame***
An original notification is required to be submitted to the agency 10 working days (counting Monday through Friday) prior to the start of a renovation activity involving the removal or disturbance of threshold amounts of regulated asbestos containing materials. Threshold amounts being:

- 260 linear feet or more on pipes
- 160 square feet or more on other facility components
- 35 cubic feet or more off facility components

A Notification is required to be submitted for all demolition activities, even when no asbestos is present.

***Notification Fees***
There are no fees associated with the notification process.

***What is considered a Renovation Activity?***
A renovation means altering a facility or one or more facility components in any way, including the stripping or removal of RACM from a facility component. Operations in which load-supporting structural members are wrecked or taken out are demolitions.

***What is considered a Demolition Activity?***
A demolition means the wrecking or taking out of any load-supporting structural member of a facility together with any related handling operations or the intentional burning of any facility.

***What is considered a regulated facility?***
A facility is any institutional, commercial, public, industrial or residential structure, installation, or building (including any structure, installation, or building containing condominiums or individual dwelling units operated as a residential cooperative, but excluding residential building having four or fewer dwelling units); any ship; and any active or inactive waste disposal site. For purposes of this definition, any building, structure, or installation that contains a loft used as a dwelling unit is not considered a residential structure, installation, or building. Any structure, installation or building that was previously subject to this subpart in not excluded, regardless of its current use or function. Including facility components; any part of a facility including equipment.

***What Facilities are exempted?***
A single residential home or structure containing one to four dwelling units. (unless classified as an installation; meaning any building or structure or any group of buildings or structures at a single demolition or renovation site that are under the control of the same owner or operator or owner or operator under common control).

***ADEQ Asbestos NESHAP Program Contact***
Arizona Department of Environmental Quality – Air Quality Compliance Section
Asbestos NESHAP Program
1110 W. Washington Street, Phoenix, Arizona 85007
(602) 771-2333 or (602) 771-4553 Fax (602) 771-2299 Toll free: (800)-234-5677 Ext. 771-2333 or 771-4553
www.azdeq.gov/environ/air/asbestos/index.html

Work completed on Arizona Tribal Lands is regulated by EPA Region IX Asbestos NESHAP Program: (415) 972-3989

***Statutory Citations***
Title 40, Code of Federal Regulations, Part 61, Subpart M, Asbestos NESHAP; Arizona Revised Statutes § 49-421 et. seq. and § 49-471 et. seq.; Arizona Administrative Code R-18-2-1101.