NFGS–02220

For Office Use Only
Record No.

State of Hawaii
DEPARTMENT OF HEALTH

NOTIFICATION OF DEMOLITION AND RENOVATION

Ref: Title 40 CFR 61
National Emission Standards for Hazardous Air Pollutants
Asbestos NESHAP Revision; Final Rule, November 20, 1990

MAIL ORIGINAL #1 TO:
CLEAN AIR BRANCH
State Dept. of Health
P.O. Box 3378
Honolulu, HI 96801-9984
Phone: (808) 586-4200

COPY #2 TO:
Asbestos Notification EPA
NESHAP Region IX
75 Hawthorne St., A-3-3
San Francisco, CA 94105
Phone: (415) 744-1253

COPY #3:
Contractor's Copy

OFFICE USE ONLY: Operator Project # _____ Postmark Date _____ Date Received _____

Notification/Record # _____ Date Entered/Initials _____

I. **NOTIFICATION TYPE:** **O** - Original ***R** - Revised **C** - Cancelled: _____
*If **R** (Revision), please complete Sections III and V in full as shown on your original and make changes **only where applicable** on this form.

II. **OPERATIONS:** **D** - Demo **O** - Ordered Demo **R** - Renovation **E** - Emer. Renovation: _____

III. **FACILITY INFORMATION:** (Owner, Removal Contractor, Other Operator)

A. **OWNER NAME:** _____
Address _____ City _____
State _____ Zip _____ Contact _____ Telephone (____) _____

B. **REMOVAL CONTRACTOR:** _____
Address _____ City _____
State _____ Zip _____ Contact _____ Telephone (____) _____

C. **OTHER OPERATOR:** _____
Address _____ City _____
State _____ Zip _____ Contact _____ Telephone (____) _____

IV. **IS ASBESTOS PRESENT?** (YES/NO) _____

V. **FACILITY DESCRIPTION:** (Including building name, number, floor and/or room number)
Building Name: _____
Address _____
City _____ State _____ County _____
Site Location: _____
Building Size: (Sq. ft.) _____ (No. 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 To Be Removed		Indicated Unit of Measurement Below	
		CAT I	CAT II	Unit	
Pipes				LnFt:	Ln m:
Surface Area				SqFt:	Sq m:
Vol RACM off Facility Component				CuFt:	Cu m:

Nature of materials: (e.g. VAT, roofing, etc.) _____

VIII. **SCHEDULED DATES ASBESTOS REMOVAL:** (MM/DD/YY) Start: ____/____/____ Complete ____/____/____

IX. **SCHEDULED DATES DEMO/RENOVATION:** (MM/DD/YY) Start: ____/____/____ Complete ____/____/____

NOTIFICATION OF DEMOLITION AND RENOVATION, Continued

X. **DESCRIPTION OF PLANNED DEMOLITION/RENOVATION WORK & METHOD(S) TO BE USED:**

_____

_____

_____

XI. **DESCRIPTION OF WORK PRACTICE AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION/RENOVATION SITE:**

_____

_____

_____

XII. **PROJECT SUPERVISOR:** Name _____

Certification #: _____ Course Provider: _____

XIII. **WASTE TRANSPORTER: #1**

Name _____

Address _____ City _____ State _____ Zip _____

Contact Person: _____ Telephone (____) _____

WASTE TRANSPORTER: #2

Name _____

Address _____ City _____ State _____ Zip _____

Contact Person: _____ Telephone (____) _____

XIV. **WASTE DISPOSAL SITE:**

Name _____

Location _____ City _____ State _____ Zip _____

Telephone (____) _____

XV. **IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:**

Name _____ Title _____

Authority: _____

Date of Order (MM/DD/YY): ____/____/____ Date Ordered to Begin (MM/DD/YY): ____/____/____

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 AN INDIVIDUAL TRAINED IN THE PROVISION 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*

XVII. **I CERTIFY THAT ALL INFORMATION PROVIDED IS CORRECT.**

_____ _____

Signature of Owner/Operator *Date*

XIX. **FOR EMERGENCY RENOVATIONS:** Date & 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:

_____

_____

_____

OFFICIAL USE ONLY:

BY: _____ TITLE: _____ DATE APPROVED/DISAPPROVED: _____