

**Omaha Air Quality Control  
5600 South 10<sup>th</sup> Street  
Omaha NE 68107**

Phone #(402) 444-6015

**ASBESTOS NESHAP NOTIFICATION OF DEMOLITION AND RENOVATION**

**A 10 day (workday) wait is required after submitting this Notification before any work begins:**

OPERATOR PROJECT #	POSTMARK	DATE RECEIVED	NOTIFICATION #			
I. TYPE OF NOTIFICATION      (O – ORIGINAL   C- CANCELLED )      (R - REVISION -- WRITE REVISION #? )						
II. FACILITY INFORMATION (IDENTIFY OWNER, REMOVAL CONTRACTOR, AND DEMOLITION CONTRACTOR {IF APPROPRIATE})						
OWNER NAME:						
ADDRESS:						
CITY:		County:	State:	ZIP:		
CONTACT:				Telephone:		
ASBESTOS REMOVAL CONTRACTOR:						
ADDRESS:						
CITY:		State:		Zip:		
CONTACT:		Telephone:	Title:			
DEMOLITION CONTRACTOR:						
ADDRESS:						
CITY:		State:		ZIP		
CONTACT:		Telephone:	Title:			
III. TYPE OF OPERATION: (D-DEMO, O-ORDERED DEMO, R-RENOVATION, E-EMERGENCY RENOVATION):						
IV. IS ASBESTOS PRESENT?( YES / NO )		List Type of Asbestos Material (s) to be Removed:				
V. FACILITY DESCRIPTION (INCLUDE BUILDING NAME, NUMBER AND FLOOR OR ROOM NUMBER)						
BUILDING NAME:						
ADDRESS:						
CITY:		County:	State:	ZIP:		
SITE LOCATION:						
BUILDING SIZE:		Number of floors:	Age in years:			
PRESENT USE:		PRIOR USE:	FUTURE USE: <input type="checkbox"/> Single Family <input type="checkbox"/> Commercial			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:						
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:		(FRIABLE) RACM TO BE REMOVED	NONFRIABLE ASBESTOS MATERIAL TO BE REMOVED		NONFRIABLE ASBESTOS MATERIAL NOT TO BE REMOVED	
			CAT I	CAT II	CAT I	CAT II
1. REGULATED ACM TO BE REMOVED		Ft	Ft	Ft	Ft	Ft
2. CATEGORY I ACM NOT REMOVED						
3. CATEGORY II ACM NOT REMOVED						
PIPES: (Linear Feet )		Ft	Ft	Ft	Ft	Ft
SURFACE AREA: (Square Feet )		Ft <sup>2</sup>	Ft <sup>2</sup>	Ft <sup>2</sup>	Ft <sup>2</sup>	Ft <sup>2</sup>
VOL. RACM OFF FACILITY COMPONENT: (Cubic Feet )		Ft <sup>3</sup>	Ft <sup>3</sup>	Ft <sup>3</sup>	Ft <sup>3</sup>	Ft <sup>3</sup>

<b>VIII. SCHEDULED DATES ASBESTOS REMOVAL: (MM/DD/YY) Start:</b>		<b>Complete:</b>
<b>IX. SCHEDULED DATES DEMO / RENOVATION: (MM/DD/YY) Start:</b>		<b>Complete:</b>
Weekdays Work Hours: _____		Weekend Work Hours: _____
<b>X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b>		
<b>XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE.</b>		
<b>XII. WASTE TRANSPORTER #1</b>		
ADDRESS:		
CITY:	STATE	ZIP
CONTACT PERSON:	TELEPHONE:	
<b>XIII. WASTE DISPOSAL SITE:</b>		
NAME:		
LOCATION:		
CITY:	STATE	ZIP
TELEPHONE:		
<b>XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
NAME:	TITLE:	
AUTHORITY:		
DATE OF ORDER (MM/DD/YY)	DATE ORDERED TO BEGIN: (MM/DD/YY)	
<b>XV. FOR EMERGENCY RENOVATIONS</b>		
a) DATE AND HOUR OF EMERGENCY: (MM/DD/YY)		
b) DESCRIPTION OF THE SUDDEN, <u>UNEXPECTED</u> EVENT:		
c) EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN:		
<b>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.</b>		
<b>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)</b>		
_____ (SIGNATURE OF OWNER/OPERATOR)	_____ (DATE)	
<b>XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.</b>		
_____ (SIGNATURE OF OWNER/OPERATOR)	_____ (DATE)	