Omaha Air Quality Control 5600 South 10th 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	POSTMARK	DATE REC	DATE RECEIVED		NOTIFICATION #				
	PROJECT # I. TYPE OF NOTIFICATION (ORIGINAL, CANCELED, or REVISION WRITE REVISION #)								
II. FACILITY INFORMATION (IDENTIFY OWNER, REMOVAL CONTRACTOR, AND OTHER OPERATOR)									
OWNER NAME:	·								
ADDRESS:									
ADDRESS.									
CITY:		County:	Sta	te:			ZIP:		
CONTACT:							Telephone:		
ASBESTOS REMOVAL CONTRACTOR:									
ADDRESS:									
CITY:			State:			Zip:			
CONTACT:		Telephon	Telephone:				Title:		
DEMOLITION CONT	DEMOLITION CONTRACTOR:								
ADDRESS:									
CITY:			State:				ZIP		
CONTACT: Telephone			e:				Title:		
III. TYPE OF OPERATION: (DEMO, ORDERED DEMO, RENOVATION, or EMERGENCY RENOVATION):									
IV. IS ASBESTOS PRESENT? List Type of Asbestos Material(s) to be Removed:									
□ YES □ NO									
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 floo	umber of floors:			Age in years:			
PRESENT USE:		PRIOR USE:			FUTURE USE: ☐ Single Family ☐ 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		
1. REGULATED ACM TO BE REMOVED 2. CATEGORY I ACM NOT REMOVED 3. CATEGORY II ACM NOT REMOVED					CAT I	CAT II	CAT I	CATII	
PIPES: (Linear Fe				Ft	Ft	Ft	Ft	Ft	
SURFACE AREA (Square Feet)				Ft ²	Ft ²	Ft ²	Ft ²	Ft ²	
VOL. RACM OFF FACILITY COMPONENT (Cubic Feet)				Ft³	Ft ³	Ft ³	Ft ³	Ft ³	

VIII. SCHEDULED DATES ASBESTOS REMOVAL: (MM/DD/	YY) Start:	Complete:						
IX. SCHEDULED DATES DEMO / RENOVATION: (MM/DD/	Complete:							
Weekdays Work Hours: Weekend Work Hours:								
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.								
WY WASTER TO A VODO DETEND #4								
XII. WASTE TRANSPORTER #1 ADDRESS:								
		T						
CITY:	STATE	ZIP						
CONTACT PERSON:	TELEPHONE:							
XIII. WASTE DISPOSAL SITE:	_L							
NAME:								
LOCATION:								
CITY:	STATE	ZIP						
TELEPHONE:								
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:								
NAME:	TITLE:							
AUTHORITY:								
ATE OF ORDER (MM/DD/YY) DATE ORDERED TO BEGIN: (MM/DD/YY)								
XV. FOR EMERGENCY RENOVATIONS								
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:								
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 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)							