**NOTIFICATION OF DEMOLITION AND RENOVATION**

<table>
<thead>
<tr>
<th>Operator Project #</th>
<th>Postmark</th>
<th>Date Received</th>
<th>Notification #</th>
</tr>
</thead>
</table>

I. Type of notification (O=Original, R=Revised, C=Cancelled):

II. FACILITY INFORMATION (Identify owner, removal contractor and other operators):

**OWNER NAME:**
- Address:
  - City: 
  - State: 
  - Zip: 
  - Contact: 
  - Tel:

**REMOVAL CONTRACTOR:**
- Address:
  - City: 
  - State: 
  - Zip: 
  - Contact: 
  - Tel:

**OTHER OPERATOR:**
- Address:
  - City: 
  - State: 
  - Zip: 
  - Contact: 
  - Tel:

III. TYPE OF OPERATION (D=Demo, R=Renovation, E=Emer. Renovation)

IV. IS ASBESTOS PRESENT? (yes/no)

V. FACILITY DESCRIPTION (Include building name, number and floor or room number)

**Bldg. name:**
- Address:
  - City: 
  - State: 
  - County: 
  - Site Location: 
  - Bldg. size: 
  - No. 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**

<table>
<thead>
<tr>
<th>Nonfriable Asbestos Material not to be removed</th>
<th>Indicate Unit of Measurement Below</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category I</td>
<td>Category II</td>
</tr>
<tr>
<td>Unit</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pipes</th>
<th>LnFt:</th>
<th>LnM:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surface area</td>
<td>SqFt:</td>
<td>Sq. M:</td>
</tr>
<tr>
<td>Vol RACM Off Facility Component</td>
<td>CuFt:</td>
<td>Cu M:</td>
</tr>
</tbody>
</table>

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY)

<table>
<thead>
<tr>
<th>Start:</th>
<th>Complete:</th>
</tr>
</thead>
</table>

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY)

| Start: | Complete: |