

## NOTIFICATION OF DEMOLITION AND RENOVATION

|   |                    |  |                |                                    |
|---|--------------------|--|----------------|------------------------------------|
| Operator Project #  | Postmark           | Date Received                                  | Notification # |                                    |
| 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:<br>1. Regulated ACM to be removed<br>2. Category I ACM not removed<br>3. Category II ACM not removed | RACM to be removed | Nonfriable Asbestos Material not to be removed |                | Indicate Unit of Measurement Below |
|   |                    | Category I                                     | Category II    | Unit                               |
| Pipes   |                    |  |                | LnFt: LnM:                         |
| Surface area  |                    |  |                | SqFt: Sq. M:                       |
| Vol RACM Off Facility Component   |                    |  |                | CuFt: Cu M:                        |
| VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY)   |                    | Start:   | Complete:      |                                    |
| IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY)  |                    | Start:   | Complete:      |                                    |