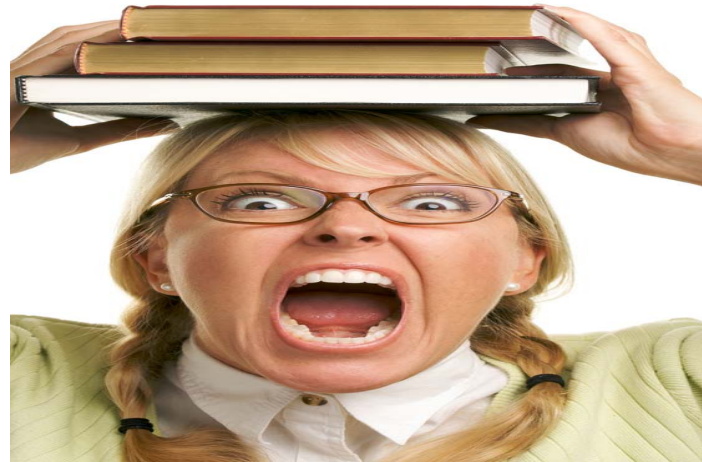




# **Michigan Asbestos Symposium for Trainers/Contractors NESHAP Notification Requirements**



Thomas Vincent, Asbestos NESHAP Inspector, DNRE, AQD  
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Michigan Department of Natural Resources and Environment

# Notification Form-Page 1

## NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH



MICHIGAN DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENT (DNRE) AIR QUALITY DIVISION  
 NESHAP, 40 CFR Part 61, Subpart M



MICHIGAN DEPARTMENT OF ENERGY, LABOR AND ECONOMIC GROWTH (DELEG), ASBESTOS PROGRAM  
 P.A. 135 OF 1988, AS AMENDED, Section 220 (1-4) or (8)

<b>DNRE/DELEG USE ONLY</b>		<b>3. ABATEMENT CONTRACTOR:</b> Internal Project #: _____ Name: _____ Mailing Address: _____ City/State/Zip: _____ E-mail: _____ Contact: _____ Phone: _____																															
Postmark Date ____/____/____ Rec'd Date ____/____/____ Emergency Date ____/____/____ Valid No. _____ OK to Send Def Ltr. Date of Def Ltr. ____/____/____ FOLLOW UP ____/____/____ Spoke w/ _____ Comments: _____ _____ _____ Notification No. _____ Trans No. _____		<b>4. DEMOLITION CONTRACTOR:</b> Internal Project #: _____ Name: _____ Mailing Address: _____ City/State/Zip: _____ E-mail: _____ Contact: _____ Phone: _____																															
Calculate DELEG Asbestos Project Fee: (1% Project Fee) Total Project Cost: _____ x 0.01 = _____ Type of Contractor: _____ License No.: _____ Licensing Authority: _____		<b>5. FACILITY OWNER:</b> ("Facility" includes Bridges) Name: _____ Mailing Address: _____ City/State/Zip: _____ E-mail: _____ Contact: _____ Phone: _____																															
<b>1. NOTIFICATION:</b> Date of Notification: _____ Date of Revision(s): _____ Notification Type: <input type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled <input type="checkbox"/> Annual Mark appropriate boxes: (both DNRE and DELEG may apply): DNRE (NESHAP) [260 In. ft./160 sq. ft. or more is threshold] <input type="checkbox"/> Planned Renovation – 10 <u>working</u> days notice <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Scheduled Demolition – 10 <u>working</u> days notice <input type="checkbox"/> Intentional Burn – 10 <u>working</u> days notice <input type="checkbox"/> Ordered Demolition DELEG (MIOSHA) [Will not accept annual notifications] <input type="checkbox"/> Demo, Reno, Encap. (>10 In. ft./15 sq. ft.) 10 <u>calendar</u> days notice <input type="checkbox"/> Emergency Renovation/Encapsulation		<b>6. FACILITY DESCRIPTION:</b> Facility Name: _____ Location Address/Description: _____ _____ If Apt. # of units: _____ City/Twp. _____ State _____ Zip Code: _____ County: _____ Nearest Crossroad: _____ Size: (sq. ft.) _____ No. of Floors: _____ Floor No.: _____ Age: _____ Present Use: _____ Prior Use: _____ Specific Location(s) in Facility: _____																															
<b>2. PROJECT SCHEDULE:</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%; text-align: center;">START DATE</th> <th style="width: 25%; text-align: center;">END DATE</th> </tr> </thead> <tbody> <tr> <td>* Renovation</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>+Asb. Removal</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>+Demolition:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Encapsulation:</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p><b>Work Schedule:</b> Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%; text-align: center;">Days of the Week</th> <th style="width: 25%; text-align: center;">Work Hours</th> </tr> </thead> <tbody> <tr> <td>Asb. Removal:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Demolition:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Encapsulation:</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>* Includes setup, build enclosure, asbestos removal, demobilizing, etc.                  +Include <u>only</u> those dates you are conducting asbestos removal/demo.  <input type="checkbox"/> Check here if this is a multi-phased project, attach a schedule showing the start/end date of each phase.             </p>			START DATE	END DATE	* Renovation	_____	_____	+Asb. Removal	_____	_____	+Demolition:	_____	_____	Encapsulation:	_____	_____		Days of the Week	Work Hours	Asb. Removal:	_____	_____	Demolition:	_____	_____	Encapsulation:	_____	_____	<b>7. DISPOSAL SITE:</b> Name: _____ Location Address: _____ City/State/Zip: _____				
	START DATE	END DATE																															
* Renovation	_____	_____																															
+Asb. Removal	_____	_____																															
+Demolition:	_____	_____																															
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Demolition:	_____	_____																															
Encapsulation:	_____	_____																															
<b>10. IS ASBESTOS PRESENT?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> To be removed prior to demolition <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">RACM to be Removed</th> <th style="width: 15%;">RACM to be Encapsulated</th> <th colspan="2" style="width: 40%;">Non-friable ACM <u>not</u> removed prior to demo.</th> <th colspan="2" style="width: 15%;">Units of Measure</th> </tr> <tr> <th></th> <th></th> <th style="width: 15%;">Category I</th> <th style="width: 25%;">Category II</th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </tbody> </table>		RACM to be Removed	RACM to be Encapsulated	Non-friable ACM <u>not</u> removed prior to demo.		Units of Measure				Category I	Category II																				
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		Category I	Category II																														

\*Volume (cubic ft./meters) should be used only if unable to measure by linear/square measure (example: asbestos has fallen off surface).  
 (continued on reverse side)

# Notification Form-Page 2

## NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH (continued)

<p><b>11. PROJECT DESCRIPTION:</b> Complete <b>A)</b> for Renovation (asbestos removal/encapsulation) and/or <b>B)</b> for Demolition:</p>			
<p><b>A) RENOVATION:</b> Mark all surfaces/types of RACM to be removed:</p> <p><input type="checkbox"/> Piping    <input type="checkbox"/> Fittings    <input type="checkbox"/> Boiler(s)    <input type="checkbox"/> Tanks(s)  <input type="checkbox"/> Beam(s)    <input type="checkbox"/> Duct(s)    <input type="checkbox"/> Tunnel(s)    <input type="checkbox"/> Ceiling Tile(s)  <input type="checkbox"/> Mag Block    <input type="checkbox"/> Other (describe) _____</p>	<p><b>Encapsulation (for DELEG):</b> Mark surfaces/types to be encapsulated:</p> <p><input type="checkbox"/> Piping    <input type="checkbox"/> Fittings    <input type="checkbox"/> Boiler(s)    <input type="checkbox"/> Tank(s)  <input type="checkbox"/> Beam(s)    <input type="checkbox"/> Duct(s)    <input type="checkbox"/> Tunnel(s)    <input type="checkbox"/> Ceiling Tile(s)  <input type="checkbox"/> Other (describe) _____</p>		
<p><b>Method of removal:</b> Describe <u>how</u> the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, out in sections and carefully lower, etc.): _____</p>			
<p><b>B) DEMOLITION:</b> Describe the method of demolition of facility, bridge, etc., and indicate if complete or partial. If partial, describe which part of facility bridge, etc., will be demolished: _____</p>			
<p><b>12. ENGINEERING CONTROLS:</b> Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal, and until proper disposal: _____</p>			
<p><b>13. UNEXPECTED ASBESTOS:</b> Describe the steps you intend to follow in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: _____</p>			
<p><b>14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS:</b> <b>A)</b> Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method of analysis. (The determination of the presence or absence of asbestos must be made prior to submitting a renovation/demolition notification.): _____</p> <p><b>B)</b> Name, address, and phone number of company performing asbestos survey: _____</p> <p><b>C)</b> Name, accreditation number of inspector, and date of inspection: _____</p>			
<p><b>15. EMERGENCY RENOVATIONS:</b> Date/time of emergency: _____ Describe the sudden, unexpected event: _____</p> <p>Explain how the event caused unsafe conditions, and/or would cause equipment damage and/or an unreasonable financial burden: _____</p>			
<p><b>16.</b> I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the threshold and/or during an ordered demolition. Evidence that this person has completed the required training will be available for inspection at the renovation or demolition site.</p> <p>Signature of Owner or Abatement Contractor _____ Date _____ Signature of Owner or Demolition Contractor _____ Date _____</p>			
<p><b>17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by DELEG)</b>  Per Section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.</p> <p>Signature of Building Owner or Lessee _____ Date _____ Signature of Asbestos Abatement Contractor Representative _____ Date _____</p> <p><b>NOTE:</b> It is not mandatory that a signed copy be sent to DELEG unless requested. For affected projects, this section of the notification form must be completed, signed, and made part of your records before the project begins.</p>			
<p><b>18. I certify that the above information is correct:</b></p> <p>Printed Name of Owner/Operator _____ Date _____ Signature of Owner/Operator _____ Date _____</p>			
<p><b>MAILING ADDRESSES/PHONE NUMBERS:</b> (See Item 1 to determine which agency requirements/regulations are applicable to your project.)</p>			
<p>For Public Act 135 of 1986, as amended, Section 220 (1-4) or (8), mail to address below. For more info visit: <a href="http://www.michigan.gov/asbestos">http://www.michigan.gov/asbestos</a></p> <p>MIOSHA Asbestos Program  DELEG, CSHD  P.O. Box 30671  Lansing, MI 48909-8171</p> <p>517.322.1320 (office), 517.322.1713 (fax)  EQP5661 (rev. 04/10)</p>	<p>For NESHAP Demolitions/Renovations, 40 CFR, Part 61, Subpart M, mail notifications to the appropriate address below (by county of subject facility): For more info visit <a href="http://www.michigan.gov/deg">http://www.michigan.gov/deg</a> click on Air, then Asbestos NESHAP Program.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p><b>All Counties (except Wayne County)</b></p> <p>NESHAP Asbestos Program  DNRE, AQD  P.O. Box 30260  Lansing, MI 48909-7760</p> <p>517.373.7064 (Revision Line)</p> </td> <td style="width: 50%; border: none;"> <p><b>Wayne County Only</b></p> <p>NESHAP Asbestos Program  Detroit Field Office, DNRE, AQD  Cadillac Place, Suite 2-300  3058 West Grand Boulevard  Detroit, MI 48202</p> <p>313.456.4656</p> </td> </tr> </table> <p>MIOSHA-CSH 142 (rev. 04/10)</p>	<p><b>All Counties (except Wayne County)</b></p> <p>NESHAP Asbestos Program  DNRE, AQD  P.O. Box 30260  Lansing, MI 48909-7760</p> <p>517.373.7064 (Revision Line)</p>	<p><b>Wayne County Only</b></p> <p>NESHAP Asbestos Program  Detroit Field Office, DNRE, AQD  Cadillac Place, Suite 2-300  3058 West Grand Boulevard  Detroit, MI 48202</p> <p>313.456.4656</p>
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## □ Notification Requirements



**A 10 working day notification is required to be postmarked or hand-delivered prior to a subject renovation or demolition.**

**Working day means Monday through Friday and includes holidays that fall on any of the days Monday through Friday**

# Applicability - Regulated Facility



**Any institutional, commercial, public, industrial, or residential structure, or installation.  
Includes residential buildings having more than 4 dwelling units.  
Can include residences that are defined as an installation.**



## **☐ Revising a Notification with a New Start Date for Work Covered by the NESHAPs**



**Notify the DNRE by telephone as soon as possible before the original start date and provide the DNRE with written notice of the new start date as soon as possible before, and no later than, the original start date.**

# Installation Definition



**Installation means any building or structure or any group of buildings or structures at a single demolition or renovation site that are under the control of the same owner or operator (or owner or operator under common control).**

# Applicable Work



## **Renovation-**

**Altering a facility or facility component in any way, including stripping or removal of RACM from a facility component.**

## **Demolition-**

**Wrecking or taking out of any load-supporting structural member of a facility together with any related handling operations or the intentional burning of any facility.**



## Item 2-Project Schedule

- Actual start and end dates
- Phone call if dates are revised
- If multi-phased project, attach a schedule with dates of each phase

# Renovation Applicability



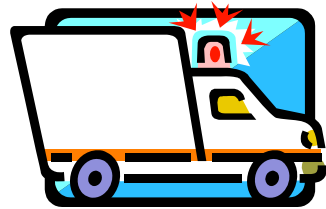
**Applicable asbestos removal projects must be at least 160 s. f., 260 l. f. or 35 c. f. to be subject to the NESHAP notification procedure.**

# Demolition Applicability



**Demolition may involve the removal of a load supporting member without the demolition of an entire facility.**

# Notification for Ordered Demolition or Emergency Renovation



**Emergency**

As early as possible before, but not later than,  
the following working day.

# Ordered Demolition-Item 9



**Demolition of a facility under an order of a State or local governmental agency, issued because the facility is structurally unsound and in danger of imminent collapse.**

**Order must be attached to the notification.**



# Intentional Burning



**A ten working day notification is required prior to demolition by intentional burning. Fire training by fire departments must adhere to the notification procedure if the training involves a demolition by burning.**

# Item 10-Is Asbestos Present?



- Linear feet or meters-Only on pipes
- Square feet or meters
- Cubic Feet or meters
  
- Debris is measured in cubic feet/meters since it has volume.

# Item 14 – Procedure to detect the presence of asbestos



**Please complete the section providing all the required information**



# **Phone Numbers-Asbestos Program**

***Karen Kajiya-Mills-Technical Programs Unit Supervisor  
– 517-335-4586***

***Kim Dohm, Notifications, Lansing - 517-241-7463***

***Robert Christmas -517-335-4639  
[Contact for projects in the Lower Peninsula]***

***Jong Yu, Lansing – 517-373-7059***

***Keshav Singh, Lansing – 517-335-4644***

***Joel Asher -906-346-8502  
[Contact for projects in the Upper Peninsula]***

***Thomas Vincent -313-456-4686  
[Contact for projects in Wayne County and SE Lower Michigan]***



Q & A

# Thank You

