

# NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH



MICHIGAN DEPT. OF ENVIRONMENTAL QUALITY (MDEQ)  
 AIR QUALITY DIVISION, NESHAP, 40 CFR Part 61, Subpart M,  
 (\$27,500 penalty per day per violation for failure to comply)



MICHIGAN DEPARTMENT OF ENERGY, LABOR AND  
 ECONOMIC GROWTH (DELEG), ASBESTOS PROGRAM,  
 P.A. 135 OF 1986, AS AMENDED, Section 220 (1-4) or (8)

### MDEQ/DELEG USE ONLY

Postmark Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Rec'd Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Ok  Send Def Ltr. Date of Def Ltr. \_\_\_\_/\_\_\_\_/\_\_\_\_

FOLLOW UP \_\_\_\_/\_\_\_\_/\_\_\_\_ Spoke w/ \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Notification No. \_\_\_\_\_ Trans No. \_\_\_\_\_

### Calculate DELEG Asbestos Project Fee: (1% Project Fee)

Total Project Cost: \_\_\_\_\_ x 0.01 = \_\_\_\_\_

Type of Contractor: \_\_\_\_\_ License No.: \_\_\_\_\_

Licensing Authority: \_\_\_\_\_

### 1. NOTIFICATION:

Date of Notification: \_\_\_\_\_

Date of Revision(s): \_\_\_\_\_

Notification Type:  Original  Revised  Canceled  Annual

**Mark appropriate boxes: (both NESHAP and DELEG may apply):**

**NESHAP (MDEQ) [260 In. ft./160 sq. ft. or more is threshold]**

Planned Renovation – 10 **working** days notice

Emergency Renovation

Scheduled Demolition – 10 **working** days notice

Intentional Burn – 10 **working** days notice

Ordered Demolition

**DELEG [Will not accept annual notifications]**

Demo, Reno, Encap. (>10 In. ft./15 sq. ft.) 10 **calendar** days notice

Emergency Renovation/Encapsulation

### 2. PROJECT SCHEDULE:

**START DATE**

**END DATE**

\* Renovation \_\_\_\_\_

+Asb. Removal \_\_\_\_\_

+Demolition: \_\_\_\_\_

Encapsulation: \_\_\_\_\_

**Work Schedule:** Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

**Days of the Week**

**Work Hours**

Asb. Removal: \_\_\_\_\_

Demolition: \_\_\_\_\_

Encapsulation: \_\_\_\_\_

\* Includes setup, build enclosure, asbestos removal, demobilizing, etc.

+Include **only** those dates you are conducting asbestos removal/demo.

Check here if this is a multi-phased project, attach a schedule showing the start/end date of each phase.

### 3. ABATEMENT CONTRACTOR:

Internal Project #: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### 4. DEMOLITION CONTRACTOR:

Internal Project #: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### 5. FACILITY OWNER: ("Facility" includes Bridges)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### 6. FACILITY DESCRIPTION:

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: \_\_\_\_\_

### 7. DISPOSAL SITE:

Name: \_\_\_\_\_

Location Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### 8. WASTE TRANSPORTER 1:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### WASTE TRANSPORTER 2:

### 9. ORDERED DEMOLITIONS: (See NESHAP regulations for definition of "Ordered Demolition.") A copy of the official Order must accompany this notification.

Gov't Agency Ordering Demo: \_\_\_\_\_

Name/Title of Person Signing Order: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Order: \_\_\_\_\_ Date Ordered to Begin: \_\_\_\_\_

### 10. IS ASBESTOS PRESENT?

Yes  No

To be removed prior to demolition

**Estimate the amount of asbestos:** Include RACM (Regulated Asbestos Containing Material) to be removed, encapsulated, etc. Also include the amount and type (floor tile, roofing, etc.) of non-friable Category I and/or Category II ACM that **will not** be removed prior to demolition. (**NOTE:** In a demolition, cementitious ACM **cannot** remain in a structure, as it is likely to become regulated in the demolition/handling process. It **must** be removed prior to demolition.)

RACM to be Removed

RACM to be Encapsulated

Non-friable ACM **not** removed prior to demo.

Category I

Category II

Units of Measure

				<input type="checkbox"/> Ln. Ft.	<input type="checkbox"/> Ln. M.
				<input type="checkbox"/> Sq. Ft.	<input type="checkbox"/> Sq. M.
				<input type="checkbox"/> Cu. Ft.*	<input type="checkbox"/> Cu.M.*

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

(continued on reverse side)

