

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
(MDEQ) AIR QUALITY DIVISION
NESHAP, 40 CFR Part 61, Subpart M



MICHIGAN DEPARTMENT OF LICENSING AND
REGULATORY AFFAIRS (LARA), ASBESTOS PROGRAM,
P.A. 135 OF 1986, AS AMENDED, Section 220 (1-4) or (8)

DEQ/LARA USE ONLY

Postmark Date ____/____/____ Rec'd Date ____/____/____
 Emergency Date ____/____/____ Valid No. _____
 OK Send Def Ltr. Date of Def Ltr. ____/____/____
 FOLLOW UP ____/____/____ Spoke w/ _____
 Comments: _____

 Notification No. _____ Trans No. _____

Calculate LARA Asbestos Project Fee: (1% Project Fee)

Total Project Cost: _____ x 0.01 = _____
 Type of Contractor: _____ License No.: _____
 Licensing Authority: _____

1. NOTIFICATION:

Date of Notification: 5/18/2011
 Date of Revision(s): _____
 Notification Type: Original Revised Canceled Annual

Mark appropriate boxes: (both DEQ and LARA may apply):

DEQ (NESHAP) [260 ln. 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

LARA (MIOSHA) [Will not accept annual notifications]

- Demo, Reno, Encap. (>10 ln. ft./15 sq. ft.) 10 calendar days notice
- Emergency Renovation/Encapsulation

2. PROJECT SCHEDULE:

	START DATE	END DATE
* Renovation	_____	_____
+Asb. Removal	<u>6/1/2011</u>	<u>6/7/2011</u>
+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:	<u>M T W T F</u>	<u>8AM to 5 PM</u>
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: Asbestos Contractor
 Mailing Address: 123 Front Street
 City/State/Zip: Anywhere, MI 99999
 E-mail: asbestos@asb.com
 Contact: John Smith Phone: (517) 123-4567

4. DEMOLITION CONTRACTOR: Internal Project #: _____
 Name: _____
 Mailing Address: _____
 City/State/Zip: _____
 E-mail: _____
 Contact: _____ Phone: _____

5. FACILITY OWNER: ("Facility" includes Bridges)
 Name: Mike Jones
 Mailing Address: 789 Main Street
 City/State/Zip: Anywhere, MI 99999
 E-mail: jones@owner.com
 Contact: Mike Jones Phone: (517) 321-7654

6. FACILITY DESCRIPTION:
 Facility Name: Mike's Store
 Location Address/Description: 456 10th Ave
 _____ If Apt. # of units: _____
 City/Twp. Anywhere State: MI Zip Code: 99999
 County: Ingham Nearest Crossroad: Cross Street
 Size: (sq. ft.) 5000 No. of Floors: 2 Floor No.: 1
 Age: 1945 Present Use: vacant warehouse Prior Use: same
 Specific Location(s) in Facility: office and breakrooms

7. DISPOSAL SITE:
 Name: Landfill
 Location Address: 987 Country Drive
 City/State/Zip: Somewhere, MI 88888

8. WASTE TRANSPORTER 1:	WASTE TRANSPORTER 2:
Name: <u>X Trucking</u>	_____
Address: <u>654 1st Street</u>	_____
City/State/Zip: <u>Somewhere, MI 88888</u>	_____
Phone: <u>(517) 987-6543</u>	_____

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 <u>not</u> removed prior to demo.		Units of Measure	
		Category I	Category II	Ln. Ft.	Ln. M.
<u>285</u>				<input checked="" type="checkbox"/> Ln. Ft.	<input type="checkbox"/> Ln. M.
<u>200</u>				<input checked="" 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)

