

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, & ENERGY (EGLE) AIR QUALITY DIVISION
NESHAP, 40 CFR Part 61, Subpart M



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

EGLE/LEO 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 LEO 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 EGLE and LEO may apply):
EGLE (NESHAP) [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
LEO (MIOSHA) [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:	WASTE TRANSPORTER 2:
Name: _____	_____
Address: _____	_____
City/State/Zip: _____	_____
Phone: _____	_____

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.		Units of Measure	
		Category I	Category II		
_____	_____	_____	_____	<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).

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH (continued)

11. PROJECT DESCRIPTION: Complete **A) for Renovation** (asbestos removal/encapsulation) and/or **B) for Demolition**:

A) RENOVATION: Mark all surfaces/types of RACM to be removed:

- Piping Fittings Boiler(s) Tanks(s)
 Beam(s) Duct(s) Tunnel(s) Ceiling Tile(s)
 Mag Block Other (describe) _____

Encapsulation (for LEO): Mark surfaces/types to be encapsulated:

- Piping Fittings Boiler(s) Tank(s)
 Beam(s) Duct(s) Tunnel(s) Ceiling Tile(s)
 Other (describe) _____

Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.): _____

B) DEMOLITION: 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: _____

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal, and until proper disposal: _____

13. UNEXPECTED ASBESTOS: 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: _____

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: **A)** 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.): _____

B) Name, address, and phone number of the company performing asbestos survey: _____

C) Name, accreditation number of the inspector, and date of inspection: _____

15. EMERGENCY RENOVATIONS: Date/time of emergency: _____ Describe the sudden, unexpected event: _____

Explain how the event caused unsafe conditions, and/or would cause equipment damage and/or an unreasonable financial burden: _____

16. 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.

Signature of Owner or Abatement Contractor Date

Signature of Owner or Demolition Contractor Date

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by LEO)
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.

Signature of Building Owner or Lessee Date

Signature of Asbestos Abatement Contractor Representative Date

NOTE: It is not mandatory that a signed copy be sent to LEO 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.

18. I certify that the above information is correct:

Printed Name of Owner/Operator Date

Signature of Owner/Operator Date

MAILING ADDRESSES/PHONE NUMBERS: (See Item 1 to determine which agency requirements/regulations are applicable to your project.)

For **Public Act 135 of 1986, as amended, Section 220 (1-4) or (8)**, mail to address below. For more info visit:
<http://www.michigan.gov/asbestos>

MIOSHA Asbestos Program
 LEO, CSHD
 P.O. Box 30671
 Lansing, MI 48909-8171

517.284.7699 (office), 517.284.7700 (fax)

For **NESHAP Demolitions/Renovations, 40 CFR, Part 61, Subpart M**, please use the e-submittal process. For more information visit <http://www.michigan.gov/air>, under Air Links click on Asbestos NESHAP Program.

NESHAP Asbestos Program
 EGLE, AQD
 P.O. Box 30260
 Lansing, MI 48909-7760

517.899.2182 (Office)