

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY (EGLE) 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)

EGLE/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 EGLE and LARA 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

LARA (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:	<u>6/4/2011</u>	<u>6/4/2011</u>
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:	<u>Sat</u>	<u>8AM to 5 PM</u>
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: Fire Department

Mailing Address: 123 Front Street

City/State/Zip: Anywhere, MI 99999

E-mail: anywherefd@fd.com

Contact: John Smith Phone: (517) 123-4567

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.: _____

Age: 1945 Present Use: vacant warehouse Prior Use: same

Specific Location(s) in Facility: entire structure

7. DISPOSAL SITE:

Name: Landfill

Location Address: 987 Country Drive

City/State/Zip: Somewhere, MI 88888

8. WASTE TRANSPORTER 1:

Name: X Trucking

Address: 654 1st Street

City/State/Zip: Somewhere, MI 88888

Phone: (517) 987-6543

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 <u>not</u> removed prior to demo.		Units of Measure	
			Category I	Category II		
15					<input checked="" type="checkbox"/> Ln. Ft.	<input type="checkbox"/> Ln. M.
30					<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)

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 LARA): 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: Complete demolition of building using fire training exercise.

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal, and until proper disposal: Water spray application will be used as a part of the fire training.

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: Stop work, wet material, contact EGLE and abatement contractor, revise notification.

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.): Visual inspection and PLM analysis of sampled materials.

B) Name, address, and phone number of company performing asbestos survey: Asb Inspection, 654 Sample Ave, Nowhere, MI 77777 (517) 543-9876

C) Name, accreditation number of inspector, and date of inspection: Bill Miller A24765

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 LARA)

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 LARA 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:

John Smith 5/18/2011
 Printed Name of Owner/Operator Date

John Smith 5/18/2011
 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
 LARA, CSHD
 P.O. Box 30671
 Lansing, MI 48909-8171

517.322.1320 (office), 517.322.1713 (fax)

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 <http://www.michigan.gov/deg> click on Air, then Asbestos NESHAP Program.

All Counties (except Wayne County)

NESHAP Asbestos Program
 EGLE, AQD
 P.O. Box 30260
 Lansing, MI 48909-7760
 517.241.7463 (Office)
 517.373.7064 (Revision Line)

Wayne County Only

NESHAP Asbestos Program
 Detroit Field Office, EGLE, AQD
 Cadillac Place, Suite 2-300
 3058 West Grand Boulevard
 Detroit, MI 48202
 313.456.4686