

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY (EGLE) AIR QUALITY DIVISION
 NESHP, 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 (NESHP) [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>5/19/2011</u>	<u>5/27/2011</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>M T W T F</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: Demolition Contractor

Mailing Address: 123 Front Street

City/State/Zip: Anywhere, MI 99999

E-mail: demolition@demo.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 NESHP regulations for definition of "Ordered Demolition.") A copy of the official Order must accompany this notification.

Gov't Agency Ordering Demo: Anywhere Building Dept

Name/Title of Person Signing Order: _____

Tom Johnson Anywhere City Building Inspector

Date of Order: 5/18/2011 Date Ordered to Begin: 5/19/2011

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.
<u>Entire</u>	<u>structure to be</u>	<u>removed as</u>	<u>asbestos</u>	<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)

