

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: _____

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: _____

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.)

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

RACM to be Removed	RACM to be Encapsulated	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).

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:

- checkboxes for 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:

- checkboxes for 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 company performing asbestos survey:

C) Name, accreditation number of 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 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:

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 LARA, 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

517.284.6777 (Office)