



**HEALTH DEPARTMENT**  
 Air Quality Program, 2400 Troost, Suite 3000  
 Kansas City, Missouri 64108  
 (816) 513-6314 Fax: (816) 513-6290

**NOTIFICATION OF DEMOLITION AND RENOVATION**

Operator Project #	Postmark	Date Received	Notification #	
<b>I. TYPE OF NOTIFICATION</b> ("O"-original "R"-revised "C"-cancelled):				
<b>II. FACILITY INFORMATION</b> (identity owner, removal contractor, and other operator)				
OWNER NAME:				
Address:				
City:	State:	Zip:		
Contact:	Phone:			
<b>REMOVAL CONTRACTOR:</b>				
Address:				
City:	State:	Zip:		
Contact:	Phone:			
<b>OTHER OPERATOR:</b>				
Address:				
City:	State:	Zip:		
Contact:	Phone:			
<b>III. TYPE OF OPERATION</b> ("D"-demo "O"-ordered demo "R"-renovation "E"- emergency renovation):				
<b>IV. IS ASBESTOS PRESENT?</b> <input type="checkbox"/> yes <input type="checkbox"/> no				
<b>V. FACILITY DESCRIPTION</b> ( Include building name, number and floor or room number)				
Building name:				
Address:				
City:	State:	County:		
Site location:				
Building size:	# of floors	Age in Years:		
Present use:				
<b>VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIALS.</b>				
<b>VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:</b> 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM removed	RACM to be removed	Nonfriable asbestos material not to be removed		Indicate unit of measure below
		Cat 1	Cat II	Unit
Pipes			Ln. Foot:	Ln. M:
Surface Area			Sq. Foot:	Sq. M:
Vol RACM off facility component			Cu. Foot:	Cu. M:
<b>VIII. SCHEDULED DATES ASBESTOS REMOVAL</b> (MM/DD/YY)		Start:	Complete:	
<b>IX. SCHEDULED DATES DEMO/RENOVATION</b> (MM/DD/YY)		Start:	Complete:	

X. Description of planned demolition or renovation work, and method(s) to be used:

XI. Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition and renovation site:

**XII. WASTE TRANSPORTER #1**

Name:

Address:

City:

State:

Zip:

Contact person:

Telephone:

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact person:

Telephone:

**XIII: WASTE DISPOSAL SITE**

NAME:

LOCATION:

CITY:

State:

Zip:

TELEPHONE:

**XIV: IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE NOTIFY THE AGENCY BELOW:**

Name:

Title:

Authority:

Date of order: (MM/DD/YY)

Date ordered to begin: (MM/DD/YY)

**XV: FOR EMERGENCY RENOVATIONS:**

Date and hour of emergency (MM/DD/YY)

Description of the sudden, unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

**XVI:** Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder.

**XVII:** I certify that an individual trained in the provisions of this regulation (40 CFR, Part 61, Subpart M) will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours. (Required 1 year after promulgation)

\_\_\_\_\_  
*Signature of owner/operator*

\_\_\_\_\_  
*Date*

**XVIII:** I certify that above information is correct.

\_\_\_\_\_  
*Signature of owner/operator*

\_\_\_\_\_  
*Date*