



**NESHAP NOTIFICATION FOR RENOVATION AND DEMOLITION ACTIVITIES
PINAL COUNTY, Arizona**

National Emission Standards for Hazardous Air Pollutants (NESHAP)
Pinal County Air Quality Control District

This Line For NESHAP Regulatory Agency Use Only:	U.S. Postmark Date: _____	Commercial Delivery Service Date: _____	Other Hand Delivery Date: _____	Notification #: _____
	Dust Permit # _____	Fee Paid \$ _____	Pymt Method _____	Ck # _____

1. Type of Notification: Original; Revision 1; Revision 2; Revision 3; Revision 4; Revision 5; Cancel

2a. Facility Owner Information

Name of Company/Individual: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone #: _____ Email: _____

2b. Asbestos Removal Contractor/Operator

Name of Company/Individual: _____ ROC # _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____ Email: _____

2c. Demolition Contractor/Operator

Name of Company/Individual: _____ ROC # _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____ Email: _____

3. Type of Operation: Renovation, Emergency Renovation, Demolition, Ordered Demolition, Annual Non-scheduled Operation

4. **PROVIDE DATE OF THOROUGH INSPECTION OF FACILITY, OR AFFECTED PART BY AN AHERA (Asbestos Hazardous Emergency Response Act) CERTIFIED BUILDING INSPECTOR** Date: _____

5. Facility Description (Attach site location map for multiple structures at one street address or installation)

Building Name: _____ Visible Signage: _____

Street Address: _____ Identifying Features: _____

City: _____ County: Pinal State: AZ Zip: _____

City/County Renovation Permit #: _____ City/County Demolition Permit #: _____

Building Size in Floor Area (Sq. Ft.) _____ Number of Floors Affected: _____ Age of Facility: _____

If Residential, Number of Dwelling Units: _____ Present Use: _____ Prior Use: _____

6. PROCEDURE, INCLUDING ANALYTICAL METHOD, EMPLOYED TO DETECT THE PRESENCE OF RACM AND CATEGORY I AND CATEGORY II NONFRIABLE ACM

Polarized Light Microscopy [PLM]; Point Counting; Assumed; Other _____

NVLAP Laboratory Name _____ Number of Samples _____ Date Analyzed _____

7. Approximate Amount of Asbestos, including: *NOTE: Update Notice when amount of RACM changes at least 20%. RACM = Regulated Asbestos-Containing Material as defined in 40 CFR 61, Subpart M, Asbestos NESHAP § 61.141.	Amount of RACM to be Removed or Generated*	Amount of Nonfriable ACM			
		To Be Removed		Not To Be Removed during Demo	
		CAT I	CAT II	CAT I	CAT II
On Facility Components; Pipes (Linear Feet)	[]	[]	[]	[]	[]
On Facility Components; Surface Area (Square Feet)	[]	[]	[]	[]	[]
Off Facility Components; Volume (Cubic Feet)	[]	[]	[]	[]	[]

--	--

8. DATES FOR ASBESTOS REMOVAL Start Date: <input style="width:30px;" type="text"/> / <input style="width:30px;" type="text"/> / <input style="width:30px;" type="text"/> Completion Date*: <input style="width:30px;" type="text"/> / <input style="width:30px;" type="text"/> / <input style="width:30px;" type="text"/>	Days of Operation: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> SU
9. DATES FOR DEMOLITION Start Date: <input style="width:30px;" type="text"/> / <input style="width:30px;" type="text"/> / <input style="width:30px;" type="text"/> Completion Date*: <input style="width:30px;" type="text"/> / <input style="width:30px;" type="text"/> / <input style="width:30px;" type="text"/>	Hours of operation: <input style="width:150px;" type="text"/>
10. DESCRIPTION OF PLANNED DEMOLITION/RENOVATION WORK:	
<input type="checkbox"/> Thermal System Insulation <input type="checkbox"/> Ceiling Texture/Tiles <input type="checkbox"/> Duct/Seam Tape <input type="checkbox"/> Regulated Drywall System <input type="checkbox"/> Asbestos-Containing Roof Removal <input type="checkbox"/> Asbestos Cement Pipe <input type="checkbox"/> Asbestos Cement Shingles <input type="checkbox"/> VAT/Mastic <input type="checkbox"/> Asbestos Cement Siding ≥5580 sq ft w/rotating blade cut Other, Please specify: <input style="width:700px;" type="text"/>	
REMOVAL METHODS: <input type="checkbox"/> Hand/Non-Mechanical Tools <input type="checkbox"/> Mechanical/Power Tools <input type="checkbox"/> Mastic Solvents <input type="checkbox"/> Blast Trac™ Machine Other, please specify: <input style="width:700px;" type="text"/>	
11. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT ASBESTOS EMISSIONS:	
<input type="checkbox"/> Adequately Wet <input type="checkbox"/> Full Containment <input type="checkbox"/> Critical Barriers <input type="checkbox"/> Negative Air Machines, No. <input style="width:40px;" type="text"/> of units to be used <input type="checkbox"/> Glove-Bag <input type="checkbox"/> Leak-Tight Wrap <input type="checkbox"/> 6-mil Bags <input type="checkbox"/> Mini-containment <input type="checkbox"/> Decontamination Unit with Hot/Cold Water and Soap for OSHA Class I work <input type="checkbox"/> Other, Describe <input style="width:200px;" type="text"/>	
12a. ASBESTOS WASTE TRANSPORTER #1	
Company Name: <input style="width:950px;" type="text"/>	
Address: <input style="width:950px;" type="text"/>	
City: <input style="width:250px;" type="text"/>	State: <input style="width:100px;" type="text"/>
Contact Person: <input style="width:250px;" type="text"/>	Phone: <input style="width:100px;" type="text"/>
12b. ASBESTOS WASTE TRANSPORTER #2	
Company Name: <input style="width:950px;" type="text"/>	
Address: <input style="width:950px;" type="text"/>	
City: <input style="width:250px;" type="text"/>	State: <input style="width:100px;" type="text"/>
Contact Person: <input style="width:250px;" type="text"/>	Phone: <input style="width:100px;" type="text"/>
13. ASBESTOS WASTE DISPOSAL SITE:	
Company Name: <input style="width:950px;" type="text"/>	
Address: <input style="width:950px;" type="text"/>	
City: <input style="width:250px;" type="text"/>	State: <input style="width:100px;" type="text"/>
Contact Person: <input style="width:250px;" type="text"/>	Phone: <input style="width:100px;" type="text"/>
14. FOR ORDERED DEMOLITIONS (40 CFR 61, §61.145(A)(3), ATTACH A COPY OF THE AGENCY'S ORDERED DEMOLITION LETTER	
Name: <input style="width:550px;" type="text"/>	Title: <input style="width:250px;" type="text"/>
State or Local Government Agency: <input style="width:550px;" type="text"/>	Authority: <input style="width:250px;" type="text"/>
Date of Order (MM/DD/YY): <input style="width:30px;" type="text"/> / <input style="width:30px;" type="text"/> / <input style="width:30px;" type="text"/>	Date Demolition Ordered to Begin (MM/DD/YY): <input style="width:30px;" type="text"/> / <input style="width:30px;" type="text"/> / <input style="width:30px;" type="text"/>
15. FOR EMERGENCY RENOVATIONS (40 CFR 61, §61.145(a)(4)(iv))	
Date and Hour of Emergency (MM/DD/YY – HH:MM): <input style="width:30px;" type="text"/> / <input style="width:30px;" type="text"/> / <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> : <input style="width:30px;" type="text"/>	
Description of the Sudden, Unexpected Event:	
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:	
<input style="width:950px; height:20px;" type="text"/> <input style="width:950px; height:20px;" type="text"/>	

16. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED RACM IS FOUND OR CATEGORY II NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop Work
 Notify Owner
 Revise Notification
 Follow 40 CFR 61, §61.145(c) Procedures
 AHERA Certified
 Contractor/Supervisor On-Site

17. I certify that at least one AHERA certified contractor/supervisor will supervise the stripping and removal of RACM described in this notification and that the training certificate will be posted or readily available on-site.

Print Name: Owner/Operator Title Signature of Owner/Operator Date

18. CERTIFICATION OF INSPECTION BY AN AHERA CERTIFIED ASBESTOS BUILDING INSPECTOR (All areas of Arizona):

Print Name of Inspector Training Provider AHERA Certificate Number Expiration Date

19. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Company Name: Rev. Date:

Print Name: Owner/Operator Signature of Owner/Operator Date

Title

Mail/Deliver to: Pinal County AQCD Attn: Craig Grismore Asbestos NESHAP Coordinator P.O. Box 987/31 N Pinal St Bldg F Florence, AZ 85132 (520) 866-6960	Copy of Notification to: ADOSH 800 W. Washington St Phoenix, AZ 85007 (602) 542-5797	Regional Asbestos Landfills in Pinal County Cactus Waste Landfill Apache Junction Landfill Hwy 79 & Deep 4050 Tomahawk Rd Wells Ranch Rd Apache Junction 85119 Florence 85132 (480) 982-7003 (480) 797-0140	Notification Fee: \$100.00
--	---	---	--------------------------------------

References: Title 40, Code of Federal Regulations, Part 61, Subpart M, Asbestos NESHAP § 61.145(b). Pinal County Air Quality Control District Code of Regulations 7-1-030 & 7-1-060
Revised: July 2017