



PINAL COUNTY  
Wide open opportunity

## 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 #:
1. Type of Notification: <input type="checkbox"/> Original; <input type="checkbox"/> Revision 1; <input type="checkbox"/> Revision 2; <input type="checkbox"/> Revision 3; <input type="checkbox"/> Revision 4; <input type="checkbox"/> Revision 5; <input type="checkbox"/> Cancel				
<b>2a. Facility Owner Information</b>				
Name of Company/Individual: <input style="width: 90%;" type="text"/>				
Address: <input style="width: 90%;" type="text"/>				
City: <input style="width: 30%;" type="text"/>	State: <input style="width: 20%;" type="text"/>	Zip: <input style="width: 30%;" type="text"/>		
Contact Person: <input style="width: 30%;" type="text"/>	Telephone: <input style="width: 20%;" type="text"/>	Fax: <input style="width: 30%;" type="text"/>		
<b>2b. Asbestos Removal Contractor/Operator:</b> <input style="width: 90%;" type="text"/>				
Address: <input style="width: 90%;" type="text"/>				
City: <input style="width: 30%;" type="text"/>	State: <input style="width: 20%;" type="text"/>	Zip: <input style="width: 30%;" type="text"/>		
Contact Person: <input style="width: 30%;" type="text"/>	Telephone: <input style="width: 20%;" type="text"/>	Fax: <input style="width: 30%;" type="text"/>		
<b>2c. Demolition Contractor/Operator:</b> <input style="width: 90%;" type="text"/>				
Name of Company or Individual: <input style="width: 90%;" type="text"/>				
Address: <input style="width: 90%;" type="text"/>				
City: <input style="width: 30%;" type="text"/>	State: <input style="width: 20%;" type="text"/>	Zip: <input style="width: 30%;" type="text"/>		
Contact Person: <input style="width: 30%;" type="text"/>	Telephone: <input style="width: 20%;" type="text"/>	Fax: <input style="width: 30%;" type="text"/>		
3. Type of Operation: <input type="checkbox"/> Renovation, <input type="checkbox"/> Emergency Renovation, <input type="checkbox"/> Demolition, <input type="checkbox"/> Ordered Demolition, <input type="checkbox"/> Annual Non-scheduled Operation				
4. <b>PROVIDE DATE OF THOROUGH INSPECTION OF FACILITY, OR AFFECTED PART BY AN AHERA (Asbestos Hazardous Emergency Response Act) CERTIFIED BUILDING INSPECTOR</b>				Date: <input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/>
5. Facility Description (Attach site location map for multiple structures at one street address or installation)				
Building Name: <input style="width: 80%;" type="text"/>		Visible Signage: <input style="width: 90%;" type="text"/>		
Street Address: <input style="width: 80%;" type="text"/>		Identifying Features: <input style="width: 90%;" type="text"/>		
City: <input style="width: 30%;" type="text"/>	County: Pinal	State: AZ	Zip: <input style="width: 30%;" type="text"/>	
City/County Renovation Permit #: <input style="width: 80%;" type="text"/>		City/County Demolition Permit #: <input style="width: 90%;" type="text"/>		
Building Size in Floor Area (Sq. Ft.): <input style="width: 30%;" type="text"/>	Number of Floors Affected: <input style="width: 20%;" type="text"/>	Age of Facility: <input style="width: 30%;" type="text"/>		
If Residential, Number of Dwelling Units: <input style="width: 30%;" type="text"/>	Present Use: <input style="width: 30%;" type="text"/>	Prior Use: <input style="width: 30%;" type="text"/>		

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)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
On Facility Components; Surface Area (Square Feet)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Off Facility Components; Volume (Cubic Feet)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. DATES FOR ASBESTOS REMOVAL Start Date: / /  Completion Date\*: / /

Days of Operation:  M  T  W  TH  F  S  SU

9. DATES FOR DEMOLITION Start Date: / /  Completion Date\*: / /

Hours of operation:

10. DESCRIPTION OF PLANNED DEMOLITION/RENOVATION WORK:

Thermal System Insulation  Ceiling Texture/Tiles  Duct/Seam Tape  Regulated Drywall System  Asbestos-Containing Roof Removal

Asbestos Cement Pipe  Asbestos Cement Shingles  VAT/Mastic  Asbestos Cement Siding ≥5580 sq ft w/rotating blade cut

Other, Please specify:

REMOVAL METHODS:  Hand/Non-Mechanical Tools  Mechanical/Power Tools  Mastic Solvents  Blast Trac™ Machine

Other, please specify:

11. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT ASBESTOS EMISSIONS:

Adequately Wet  Full Containment  Critical Barriers  Negative Air Machines, No.  of units to be used

Glove-Bag  Leak-Tight Wrap  6-mil Bags  Mini-containment

Decontamination Unit with Hot/Cold Water and Soap for OSHA Class I work  Other, Describe

12a. ASBESTOS WASTE TRANSPORTER #1

Company Name:

Address:

City:  State:  Zip:

Contact Person:  Telephone:  Fax:

12b. ASBESTOS WASTE TRANSPORTER #2

Company Name:

Address:

City:  State:  Zip:

Contact Person:  Telephone:  Fax:

**13. ASBESTOS WASTE DISPOSAL SITE:**

Company Name:

Address:

City:  State:  Zip:

Contact Person:  Telephone:  Fax:

**14. FOR ORDERED DEMOLITIONS (40 CFR 61, §61.145(A)(3), ATTACH A COPY OF THE AGENCY'S ORDERED DEMOLITION LETTER**

Name:  Title:

State or Local Government Agency:  Authority:

Date of Order (MM/DD/YY): / /  Date Demolition Ordered to Begin (MM/DD/YY): / /

**15. FOR EMERGENCY RENOVATIONS (40 CFR 61, §61.145(a)(4)(iv))**

Date and Hour of Emergency (MM/DD/YY – HH:MM): / /  ---- :

Description of the Sudden, Unexpected Event:

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

**16. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED RACM IS FOUND OR CATEGORY II NONFRIABLE ACM BECOMES CRUMBLLED, 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

<p><b>Mail/Deliver to:</b>                  Pinal County AQCD                  Attn: Joshua Dezeeuw                  Asbestos NESHAP Coordinator                  P.O. Box 987/31 N Pinal St Bldg F                  Florence, AZ 85132                  (520) 866-6960</p>	<p><b>Copy of Notification to:</b>                  ADOSH                  800 W. Washington St                  Phoenix, AZ 85007                  (602) 542-5797</p>	<p><b>Regional Asbestos Landfills in Pinal County</b></p> <table border="0"> <tr> <td>Cactus Waste Landfill Hwy 79 &amp; Deep Wells Ranch Rd Florence 85132 (480) 797-0140</td> <td>Apache Junction Landfill 4050 Tomahawk Rd Apache Junction 85119 (480) 982-7003</td> </tr> </table>	Cactus Waste Landfill Hwy 79 & Deep Wells Ranch Rd Florence 85132 (480) 797-0140	Apache Junction Landfill 4050 Tomahawk Rd Apache Junction 85119 (480) 982-7003	<p><b>Notification Fee:</b>  <b>\$100.00</b></p>
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