



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						
2a. Facility Owner Information						
Name of Company/Individual: _____						
Address: _____						
City: _____		State: _____		Zip: _____		
Contact Person: _____		Telephone: _____		Fax: _____		
2b. Asbestos Removal Contractor/Operator: _____						
Address: _____						
City: _____		State: _____		Zip: _____		
Contact Person: _____		Telephone: _____		Fax: _____		
2c. Demolition Contractor/Operator: _____						
Name of Company or Individual: _____						
Address: _____						
City: _____		State: _____		Zip: _____		
Contact Person: _____		Telephone: _____		Fax: _____		
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. 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						
<input type="checkbox"/> Polarized Light Microscopy [PLM]; <input type="checkbox"/> Point Counting; <input type="checkbox"/> Assumed; <input type="checkbox"/> 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: ____/____/____ Completion Date*: ____/____/____			Days of Operations:			
9. DATES FOR DEMOLITION Start Date: ____/____/____ Completion Date*: ____/____/____			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SA <input type="checkbox"/> SU			
Mail/Deliver to: Pinal County AQCD Attn: Kale Walch 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						

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 Cement Pipe	<input type="checkbox"/> Asbestos Cement Shingles	<input type="checkbox"/> VAT/Mastic	<input type="checkbox"/> Asbestos Cement Siding
Other, Please specify: _____			
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: _____			
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. _____ 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 _____	
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:			
<input type="checkbox"/> Stop Work	<input type="checkbox"/> Notify Owner	<input type="checkbox"/> Revise Notification	<input type="checkbox"/> Follow 40 CFR 61, §61.145(c) Procedures
<input type="checkbox"/> 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)	(Title)	(Signature of Owner/Operator)	(Date)
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: April 2009			