

WEST VIRGINIA



NOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION

Date:

Operator Project No:

OFFICE USE ONLY

Date Rec'd: Check No:
Postmark Date: Paid By:
Notification No: Amount: \$

Type of Notification:

Original [ ] Revision [ ] (Highlight Changes) Cancellation [ ]

Type of Operation:

Demolition [ ] Ordered Demolition [ ] Renovation [ ] Emergency Renovation [ ]

Facility Owner:

Name:
Address:
City: State: Zip Code:
Contact Person: Phone:

Facility Description:

Name:
Address: City:
County: Location Within Facility:
Building Size (Sq. Ft.): Number of Floors: Age (Yrs):
Present Use: Prior Use:

Asbestos Contractor:

Name: Asbestos Contractor License #:
Address:
City: State: Zip Code:
Contact Person: Phone:

Other Contractor:

Name: Contractor's License #:
Address:
City: State: Zip Code:
Contact Person: Phone:

Building Inspection:

Inspection Date:
Asbestos Inspection By: WV License #:
Lab: Analysis By:
Procedure Used to Detect Presence of Asbestos:
Is Asbestos Present at 1% or Greater: Yes [ ] No [ ]
Project Designer: WV License #:
Air Monitor: WV License #:

Schedule:

Asbestos Removal: Start Date: Completion Date:
Demo/Renovation: Start Date: Completion Date:
Project Work Hours: Work Days: M Tu W Th F Sa Su (Circle)

**Emergency Renovation:**

Date &amp; Hour of Sudden Unexpected Event: \_\_\_/\_\_\_/\_\_\_ \_\_\_:\_\_\_ AM PM

Attach a description of the sudden, unexpected event and how this results in an unsafe condition, would cause equipment damage or an unreasonable financial burden.

**Demolition Ordered by Government Agency:**

Agency:

Name:

Date of Order: \_\_\_/\_\_\_/\_\_\_

(Copy of order must be attached.)

Title:

Date Order to Begin: \_\_\_/\_\_\_/\_\_\_

**Types of ACM:**

Asbestos Containing Material To Be Removed:

Cat. I &amp; II Nonfriable ACM Not To Be Removed:

Type(s):

Pipes:	Ln. Ft:	% Asbestos:
Area:	Sq. Ft:	% Asbestos:
Other:	Cu. Ft:	% Asbestos:

Type(s):

Pipes:	Ln. Ft:	% Asbestos:
Area:	Sq. Ft:	% Asbestos:
Other:	Cu. Ft:	% Asbestos:

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

Description of procedures to be used to comply with NESHAP (40CFR61 Subpart M):

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

**Waste Transporter:**

Name:

Address:

City:

Contact Person:

ID #:

State:

Phone:

Zip Code:

**Waste Disposal Site:**

Name:

Address:

City:

Contact Person:

ID #:

State:

Phone:

Zip Code:

**Certification:**

I certify that an individual trained in the provisions of 40 CFR 61, Subpart M will be on site during the demolition or renovation and evidence that the required training has been accomplished by the person will be available for inspection during normal business hours. I further certify that the information contained in the notification is correct.

Signature of Owner/Operator:

Date: \_\_\_/\_\_\_/\_\_\_

Name and Title (Print or Type):