

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH



MICHIGAN DEPT. OF ENVIRONMENTAL QUALITY (MDEQ)
AIR QUALITY DIVISION, NESHAP, 40 CFR Part 61, Subpart
M, (\$27,500 penalty per day per violation for failure to comply)



MICHIGAN DEPARTMENT OF LABOR AND ECONOMIC
GROWTH (MDLEG), ASBESTOS PROGRAM, P.A. 135 OF
1986, AS AMENDED, Section 220 (1-4) or (8)

MDEQ/MDLEG USE ONLY

Postmark Date ___/___/___ Rec'd Date ___/___/___

Ok Send Def Ltr. Date of Def Ltr. ___/___/___

FOLLOW UP ___/___/___ Spoke w/ _____

Comments: _____

Notification No. _____ Trans No. _____

Calculate MDLEG Asbestos Project Fee: (1% Project Fee)

Total Project Cost: _____ x 0.01 = _____

Type of Contractor: _____ License No.: _____

Licensing Authority: _____

1. NOTIFICATION:

Date of Notification: _____

Date of Revision(s): _____

Notification Type: Original Revised Canceled Annual

Mark appropriate boxes: (both NESHAP and MDLEG may apply):

NESHAP (MDEQ) [260 ln. ft./160 sq. ft. or more is threshold]

- Planned Renovation – 10 **working** days notice
- Emergency Renovation
- Scheduled Demolition – 10 **working** days notice
- Intentional Burn – 10 **working** days notice
- Ordered Demolition

MDLEG [Will not accept annual notifications]

- Demo, Reno, Encap. (>10 ln. ft./15 sq. ft.) 10 **calendar** days notice
- Emergency Renovation/Encapsulation

2. PROJECT SCHEDULE:

	START DATE	END DATE
* Renovation	_____	_____
+Asb. Removal	_____	_____
+Demolition:	_____	_____
Encapsulation:	_____	_____

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

	Days of the Week	Work Hours
Asb. Removal:	_____	_____
Demolition:	_____	_____
Encapsulation:	_____	_____

* Includes setup, build enclosure, asbestos removal, demobilizing, etc.
+Include **only** those dates you are conducting asbestos removal/demo.

Check here if this is a multi-phased project, attach a schedule showing the start/end date of each phase.

10. IS ASBESTOS PRESENT? Yes No

Estimate the amount of asbestos: Include RACM (Regulated Asbestos Containing Material) to be removed, encapsulated, etc. Also include the amount and type (floor tile, roofing, etc.) of non-friable Category I and/or Category II ACM that **will not** be removed prior to demolition. (**NOTE:** In a demolition, cementitious ACM **cannot** remain in a structure, as it is likely to become regulated in the demolition/handling process. It **must** be removed prior to demolition.)

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed prior to demo.		Units of Measure
		Category I	Category II	
				<input type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M.
				<input type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M.
				<input type="checkbox"/> Cu. Ft.* <input type="checkbox"/> Cu.M.*

*Volume (cubic ft./meters) should be used only if unable to measure by linear/square measure (example: asbestos has fallen off of surface).

3. ABATEMENT CONTRACTOR: Internal Project #: _____

Name: _____

Mailing Address: _____

City/State/Zip: _____

Contact: _____ Phone: _____

4. DEMOLITION CONTRACTOR: Internal Project #: _____

Name: _____

Mailing Address: _____

City/State/Zip: _____

Contact: _____ Phone: _____

5. FACILITY OWNER: ("Facility" includes Bridges)

Name: _____

Mailing Address: _____

City/State/Zip: _____

Contact: _____ Phone: _____

6. FACILITY DESCRIPTION:

Facility Name: _____

Location Address/Description: _____

_____ If Apt. # of units: _____

City/Twp. _____ State: _____ Zip Code: _____

County: _____ Nearest Crossroad: _____

Size: (sq. ft.) _____ No. of Floors: _____ Floor No.: _____

Age: _____ Present Use: _____ Prior Use: _____

Specific Location(s) in Facility: _____

7. DISPOSAL SITE:

Name: _____

Location Address: _____

City/State/Zip: _____

8. WASTE TRANSPORTER 1:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

WASTE TRANSPORTER 2:

9. ORDERED DEMOLITIONS: (See NESHAP regulations for definition of "Ordered Demolition.") A copy of the official Order must accompany this notification.

Gov't Agency Ordering Demo: _____

Name/Title of Person Signing Order: _____

Date of Order: _____ Date Ordered to Begin: _____

(continued on reverse side)

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH (continued)

11. PROJECT DESCRIPTION: Complete A) for Renovation (asbestos removal/encapsulation) and/or B) for Demolition:

A) RENOVATION: Mark all surfaces/types of RACM to be removed:

- ☐ Piping ☐ Fittings ☐ Boiler(s) ☐ Tanks(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Mag Block ☐ Other (describe)

Encapsulation (for MDLEG): Mark surfaces/types to be encapsulated:

- ☐ Piping ☐ Fittings ☐ Boiler(s) ☐ Tank(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Other (describe)

Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.):

B) DEMOLITION: Describe the method of demolition of facility, bridge, etc., and indicate if complete or partial. If partial, describe which part of facility bridge, etc., will be demolished:

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal, and until proper disposal:

13. UNEXPECTED ASBESTOS: Describe the steps you intend to follow in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated:

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: A) Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method of analysis. (The determination of the presence or absence of asbestos must be made prior to submitting a renovation/demolition notification.):

B) Name, address, and phone number of company performing asbestos survey:

C) Name, accreditation number of inspector, and date of inspection:

15. EMERGENCY RENOVATIONS: Date/time of emergency: Describe the sudden, unexpected event:

Explain how the event caused unsafe conditions, and/or would cause equipment damage and/or an unreasonable financial burden:

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during an ordered demolition. Evidence that this person has completed the required training will be available for inspection at the renovation or demolition site.

Signature of Owner or Abatement Contractor Date

Signature of Owner or Demolition Contractor Date

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by MDLEG) Per Section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

Signature of Building Owner or Lessee Date

Signature of Asbestos Abatement Contractor Representative Date

NOTE: It is not mandatory that a signed copy be sent to MDLEG unless requested. For affected projects, this section of the notification form must be completed, signed, and made part of your records before the project begins.

18. I certify that the above information is correct:

SIGNATURE OF OWNER/OPERATOR DATE

MAILING ADDRESSES/PHONE NUMBERS: (See Item 1 on reverse side to determine which regulations are applicable to your project.)

For Public Act 135 of 1986, as amended, Section 220 (1-4) or (8), mail to address below. For more info visit: http://www.michigan.gov/asbestos.

MDLEG-CSHD-ASBESTOS PROGRAM
P.O. Box 30671
Lansing, MI 48909-8171
517.322.1320 (office), 517.322.1713 (fax)

For NESHAP Demolitions/Renovations, 40 CFR, Part 61, Subpart M, mail notifications to the appropriate address below (by county of subject facility): For more info visit http://www.michigan.gov/deq click on Air, then Asbestos NESHAP Program.

All Counties (except Wayne County)

NESHAP Asbestos Program
MDEQ, AQD
P.O. Box 30260
Lansing, MI 48909-7760

517.373.7064

Wayne County Only

NESHAP Asbestos Program
Detroit Field Office, MDEQ, AQD
Cadillac Place, Suite 2-300
3058 West Grand Boulevard
Detroit, MI 48202

313.456.4686