



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 AIR POLLUTION CONTROL PROGRAM
ASBESTOS PROJECT NOTIFICATION

FOR OFFICE USE ONLY	
DATE RECEIVED	CHECK DATE
CHECK NUMBER	CHECK AMOUNT

PART A. NOTIFICATION INFORMATION

TYPE OF NOTIFICATION (CHECK ONE)
 Original Revision Cancellation

TYPE OF PROJECT NOTIFICATION
 160 square feet, 260 linear feet, 35 cubic feet or more of friable asbestos material involved*
 Less than 160 square feet, 260 linear feet, or 35 cubic feet of friable asbestos material involved
 Does this project involve structural renovation or demolition **

***Note:** A non-refundable review fee of \$100 must be submitted for any asbestos abatement project involving 160 square feet, 260 linear feet, 35 cubic feet, or more of friable asbestos-containing material, and for planned renovation projects as defined in U.S. EPA Regulation 40 CFR Part 61 Subpart M.

This notification does **not satisfy the requirement for demolition notification. Use form number 780-1923 for demolition notification.

Make checks payable to Missouri Air Pollution Control Program or the appropriate local agency.

If an unsafe structure is being demolished under the order of a state or local government agency, include a copy of the unsafe building declaration and complete the following:

NAME OF INDIVIDUAL ORDERING DEMOLITION	TITLE
AUTHORITY OF THE INDIVIDUAL	TELEPHONE NUMBER WITH AREA CODE

For emergency renovations complete the following:

DATE AND HOUR OF THE EMERGENCY
DESCRIPTION OF THE SUDDEN, UNEXPECTED EVENT
EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN

If a waiver of any requirement is requested, indicate the waiver desired and the justification for such a waiver. (use supplemental sheet if necessary)

WAIVER	JUSTIFICATION
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PART B. CONTRACTOR INFORMATION AND AUTHORIZATION

ASBESTOS ABATEMENT CONTRACTOR NAME	EMAIL	
CONTRACTOR ADDRESS		
CITY	STATE	ZIP CODE
MISSOURI REGISTRATION NUMBER	REGISTRATION EXPIRATION DATE	
ON-SITE SUPERVISOR AND CERTIFICATION NUMBER	CONTRACTOR TELEPHONE NUMBER WITH AREA CODE	

I certify that an individual trained in the provisions of federal regulation (40 CFR Part 61 Subpart M) will be on-site during the project and proof that this person has completed the required training will be available for inspection by the department.

By my signature, I attest that all asbestos abatement procedures shall be performed in compliance with all applicable state and federal regulations.

I hereby certify that, to the best of my knowledge and understanding, the information provided in this notification is true and correct.

SIGNATURE	DATE
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PRINTED NAME AND TITLE

**MISSOURI DEPARTMENT OF NATURAL RESOURCES
AIR POLLUTION CONTROL PROGRAM
ASBESTOS PROJECT NOTIFICATION**

Any person who intends to perform an asbestos abatement project subject to the regulations of the Missouri Department of Natural Resources must provide the information requested in this form to comply with the requirements of the Missouri Air Conservation Law, Chapter 643 RSMo and Missouri State Rule 10 CSR 10-6.241. Except as provided in 10 CSR 10-6.241, this form is to be completed and returned to the department not less than 10 working days before the intended start date of the project. This notification is for asbestos abatement activities only and does not satisfy the requirement for demolition notification required by 40 CFR Part 61, Subpart M.

Any notification specifying work practices in violation of the applicable regulations will be considered invalid, as will notifications that are incomplete or illegible.

Parts A, B, C, D, E, F, G, and H must be completed for each notification. Notifications lacking the required information will be returned for completion and the 10 working day review period specified in Missouri State Rule 10 CSR 10-6.241 will be recalculated according to the policy of the appropriate agency.

Attach consecutively numbered supplemental pages, as necessary, to provide the information required in this notification form. Each supplemental page must refer to the part number and item to which it pertains, and must identify the project site and notification date. Failure to provide this identifying information will render a notification incomplete.

Mail completed notification and fee to:

MISSOURI DEPARTMENT OF NATURAL RESOURCES
AIR POLLUTION CONTROL PROGRAM (ASBESTOS)
P.O. Box 176
Jefferson City, Missouri 65102-0176

NOTE: If the asbestos project is under the jurisdiction of the Kansas City Air Quality Section or St. Louis County Air Pollution Control Branch, send this notification directly to the appropriate agency.

PART C. PROJECT DESCRIPTION			
FACILITY PROJECT NAME			
ADDRESS			
PROJECT CITY	COUNTY	STATE	ZIP CODE
OWNER NAME			
OWNER ADDRESS	EMAIL		
OWNER CITY	STATE	ZIP CODE	
OWNER CONTACT	OWNER TELEPHONE NUMBER WITH AREA CODE		
BUILDING SIZE	NUMBER OF FLOORS	AGE IN YEARS	
PRESENT USE	PRIOR USE		

PART D. ASBESTOS MATERIALS TO BE DISTURBED			
1. Description and quantity of friable asbestos materials to be disturbed			
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
2. Description and quantity of non-friable asbestos materials to be disturbed			
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
3. Describe the procedure for the detection of asbestos containing materials including the analytical method employed. Include a copy of the asbestos inspection report.			

PART E. PROJECT SCHEDULE			
1. SITE PREPARATION PHASE	START DATE	COMPLETION DATE	TIME
2. ASBESTOS ABATEMENT PHASE	START DATE	COMPLETION DATE	TIME
3. DAILY WORK SCHEDULE	START TIME	QUIT TIME	LUNCH BREAK

PART F. OTHER MISSOURI CERTIFIED PERSONNEL INVOLVED WITH PROJECT				
DISCIPLINE	NAME	CERTIFICATE NUMBER	TELEPHONE NUMBER WITH AREA CODE	EMAIL
1. AIR SAMPLING PROFESSIONAL				
2. INSPECTOR				
3. MANAGEMENT PLANNER				
4. PROJECT DESIGNER				

PART G. PROJECT DESCRIPTION

1. Describe abatement work including location in building, planned demolition/renovation, and methods to be used

2. Describe work practices and engineering controls to be used to prevent emissions of asbestos

3. Describe the contingency plan if unexpected RACM is discovered

PART H. WASTE DISPOSAL

NAME OF WASTE TRANSPORTER

ADDRESS

CITY

STATE

ZIP CODE

CONTACT PERSON

TELEPHONE NUMBER WITH AREA CODE

WASTE DISPOSAL SITE

ADDRESS

CITY

STATE

ZIP CODE

CONTACT PERSON

TELEPHONE NUMBER WITH AREA CODE

PART I. SUPPLEMENTAL INFORMATION

PROJECT SITE	NOTIFICATION DATE
PART NUMBER	ITEM NUMBER