

MISSOURI DEPARTMENT OF NATURAL RESOURCES  
AIR POLLUTION CONTROL PROGRAM

**ASBESTOS NESHAP NOTIFICATION OF DEMOLITION AND RENOVATION**

**GENERAL INSTRUCTIONS**

1. First time notices = "Original." Amended projects = "Revision." Notice of cancellation = "Cancelled."
2. In the event that no asbestos removal was necessary, indicate "N/A" for asbestos removal contractor.
3. Indicate the type of project.
4. Mark the "YES" box if asbestos is present. In the next box, indicate what types of asbestos materials are present. Mark the "NO" box if no asbestos is present.
5. Failure to complete this section will result in an unapproved project. Include building uses, sizes, and age. If you do not know the exact information, give your best estimate.
6. All regulated structures must be inspected by a certified asbestos inspector prior to renovation or demolition. Typically "Certified asbestos inspector, with sample analysis by PLM." If other methods were used, explain.
7. All asbestos materials present in the building must be included here. Enter amounts (in ft<sup>2</sup>, linear feet, or ft<sup>3</sup>) of material to be removed or left in the building. For example, in the column "Nonfriable asbestos material to be removed," under sub-column "CAT II" (on the "surface area" line) you might enter "5,200" and "transite" under the number. The inspection report, which must be attached to the notification, should reflect this information.
8. This line must be completed. Never enter a date that is not at least ten working days beyond your postmark date, unless granted a waiver by the department. **Missouri law requires notification to be submitted at least 10 working days in advance of the project start date.**
9. Enter the dates on which abatement will occur or has occurred.
10. Give a brief description of your demolition/renovation plans including the scope of work to be performed and the methods used to perform the work. Use an additional page if necessary.
11. Describe how any asbestos containing materials involved will be removed prior to demolition/renovation. If asbestos containing materials will be left in the building, then indicate precautions used to prevent material from being made friable. If all asbestos has been removed, "N/A."
12. Identify Waste Transporter.
13. Identify Waste Disposal Site.
14. Complete this section only for ordered demolitions. Submit the order with the notification. For all others, "N/A."
15. Complete this section only for emergency renovation projects. For all other renovations, indicate "N/A."
16. Indicate what will be done in the event that friable asbestos or suspect materials are unexpectedly encountered.
17. For regulated asbestos abatement or demolition of an unsafe or damaged structure when a prior inspection has not been conducted, a person trained in the requirements of 40 CFR Part 61, Subpart M must be on site to supervise the asbestos abatement. In the event that no asbestos is present or has already been removed, "N/A."
18. Always sign and date this line. This form may be signed by the project owner or operator. The project approval letter will be mailed to the person who signs the notification form.

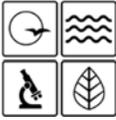
**NOTE: For all regulated demolition and renovation projects, always include a complete copy of your asbestos inspection report with the notification form.**

Send completed forms to:

Missouri Department of Natural Resources  
APCP, Asbestos  
PO Box 176  
Jefferson City, MO 65102

If using priority mail, send to:

Missouri Department of Natural Resources  
APCP, Asbestos  
1101 Riverside Drive  
Jefferson City, MO 65102



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**ASBESTOS NESHAP NOTIFICATION OF DEMOLITION AND RENOVATION**

OPERATOR PROJECT NO.	POSTMARK	DATE RECEIVED	NOTIFICATION NUMBER			
<b>1. TYPE OF NOTIFICATION</b>						
<input type="checkbox"/> O – ORIGINAL <input type="checkbox"/> C – CANCELLED <input type="checkbox"/> R – REVISION, WRITE REVISION NUMBER _____						
<b>2. FACILITY INFORMATION (IDENTIFY OWNER, REMOVAL CONTRACTOR, AND OTHER OPERATOR)</b>						
OWNER NAME		ADDRESS				
CITY	STATE	ZIP CODE	EMAIL			
CONTACT	TITLE		TELEPHONE NUMBER WITH AREA CODE			
ASBESTOS REMOVAL CONTRACTOR		ADDRESS				
CITY	STATE	ZIP CODE	EMAIL			
CONTACT	TITLE		TELEPHONE NUMBER WITH AREA CODE			
DEMOLITION CONTRACTOR		ADDRESS				
CITY	STATE	ZIP CODE	EMAIL			
CONTACT	TITLE		TELEPHONE NUMBER WITH AREA CODE			
<b>3. TYPE OF OPERATION</b>						
<input type="checkbox"/> D - DEMO <input type="checkbox"/> O – ORDERED DEMO <input type="checkbox"/> R – RENOVATION <input type="checkbox"/> E – EMERGENCY RENOVATION						
<b>4. IS ASBESTOS PRESENT</b>						
<input type="checkbox"/> YES <input type="checkbox"/> NO		LIST TYPE OF ASBESTOS MATERIAL(S) TO BE REMOVED				
<b>5. FACILITY DESCRIPTION (INCLUDE BUILDING NAME, NUMBER AND FLOOR OR ROOM NUMBER)</b>						
BUILDING NAME						
ADDRESS						
CITY	COUNTY	STATE	ZIP CODE			
SITE LOCATION						
BUILDING SIZE	NUMBER OF FLOORS	AGE IN YEARS				
PRESENT USE		PRIOR USE				
<b>6. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL. INCLUDE A COPY OF THE ASBESTOS INSPECTION.</b>						
<b>7. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:</b>		<b>NONFRIABLE ASBESTOS MATERIAL TO BE REMOVED</b>		<b>NONFRIABLE ASBESTOS MATERIAL NOT TO BE REMOVED</b>		
1. REGULATED ACM (RACM)		RACM TO BE REMOVED	NONFRIABLE ASBESTOS MATERIAL TO BE REMOVED		NONFRIABLE ASBESTOS MATERIAL NOT TO BE REMOVED	
2. CATEGORY I ACM			CAT I	CAT II	CAT I	CAT II
3. CATEGORY II ACM						
PIPES (LINEAR FEET)						
SURFACE AREA (SQUARE FEET)						
VOL. RACM OFF FACILITY COMPONENT (CUBIC FEET)						

<b>8. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY)</b>			
START:		COMPLETE:	
<b>9. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY)</b>			
START:		COMPLETE:	WEEKDAYS WORK HOURS
			WEEKEND WORK HOURS
<b>10. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED</b>			
<b>11. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE.</b>			
<b>12. WASTE TRANSPORTER</b>			
NAME		ADDRESS	
CITY		STATE	ZIP CODE
CONTACT PERSON		TELEPHONE NUMBER WITH AREA CODE	
<b>13. WASTE DISPOSAL SITE</b>			
NAME			
LOCATION			
CITY		STATE	ZIP CODE
TELEPHONE NUMBER WITH AREA CODE			
<b>14. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW</b>			
NAME		TITLE	
AUTHORITY			
DATE OF ORDER (MM/DD/YY) INCLUDE A COPY OF THE ORDER.		DATE ORDERED TO BEGIN (MM/DD/YY)	
<b>15. FOR EMERGENCY RENOVATIONS</b>			
A. DATE AND HOUR OF EMERGENCY (MM/DD/YY)			
B. DESCRIPTION OF THE SUDDEN, UNEXPECTED EVENT			
C. EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN			
<b>16. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER.</b>			
<b>17. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (REQUIRED 1 YEAR AFTER PROMULGATION).</b>			
SIGNATURE OF OWNER/OPERATOR			DATE
<b>18. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.</b>			
SIGNATURE OF OWNER/OPERATOR			DATE