MISSOURI DEPARTMENT OF NATURAL RESOURCES
AIR POLLUTION CONTROL PROGRAM

ASBESTOS NESHAP NOTIFICATION OF DEMOLITION AND RENOVATION AMENDMENT

DEMOLITION PROJECT ID NUMBER (ASSIGNED TO ORIGINAL NOTIFICATION BY THE MISSOURI DEPARTMENT OF NATURAL RESOURCES)

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TYPE OF NOTIFICATION (CHECK ONE)

☐ CANCELLATION ☐ AMENDMENT-NUMBER (1, 2, 3, ETC.)

1. FACILITY INFORMATION (IDENTIFY OWNER AND OPERATOR)

1. OWNER NAME		EMAIL		
2. OWNER STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE NUMBER WITH AREA CODE
3. DEMOLITION CONTRACTOR NAME	CONTACT PERSON	EMAIL		
4. CONTRACTOR STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE NUMBER WITH AREA CODE

2. FACILITY DESCRIPTION (INCLUDE BUILDING NAME, NUMBER AND FLOOR OR ROOM NO.)

1. FACILITY SITE NAME				
2. FACILITY SITE ADDRESS	CITY	STATE	ZIP	TELEPHONE NUMBER WITH AREA CODE

3. AMENDMENT INFORMATION (ATTACH ANOTHER SHEET IF NECESSARY)

PROJECT INFORMATION AS NOTIFIED (OR LAST AMENDED) Example: Start Date - JAN. 1, 2009	**AMENDED TO** Example: Start Date - JAN. 2, 2009

4. SUPPLEMENTAL INFORMATION (AS NEEDED)

5. AUTHENTICATION

SIGNATURE OF COMPANY REPRESENTATIVE	TITLE
PRINTED OR TYPED NAME	DATE