

State of Hawaii  
DEPARTMENT OF HEALTH

For Office Use Only  
Record No.

# NOTIFICATION OF DEMOLITION AND RENOVATION

Ref: Title 40 CFR 61  
National Emission Standards for Hazardous Air Pollutants  
Asbestos NESHAP Revision: Final Rule, November 20, 1990

**MAIL ORIGINAL #1 TO:**  
**CLEAN AIR BRANCH**  
State Dept. of Health  
P.O. Box 3378  
Honolulu, HI 96801-9984  
Phone: (808) 586-4200

**COPY #2 TO:**  
**Asbestos Notification EPA**  
NESHAP Region IX  
75 Hawthorne St., A-3-3  
San Francisco, CA 94105  
Phone: (415) 744-1253

**COPY #3:**  
**Contractor's Copy**

**OFFICE USE ONLY:** Operator Project # \_\_\_\_\_ Postmark Date \_\_\_\_\_ Date Received \_\_\_\_\_

Notification/Record # \_\_\_\_\_ Date Entered/Initials \_\_\_\_\_

**I. NOTIFICATION TYPE:** O - Original \*R - Revised C - Cancelled: \_\_\_\_\_  
\*If R (Revision), please complete Sections III and V in full as shown on your original and make changes **only where applicable** on this form.

**II. OPERATIONS:** D - Demo O - Ordered Demo R - Renovation E - Emer. Renovation: \_\_\_\_\_

**III. FACILITY INFORMATION: (Owner, Removal Contractor, Other Operator)**

- A. OWNER NAME:** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Contact \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_
- B. REMOVAL CONTRACTOR:** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Contact \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_
- C. OTHER OPERATOR:** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Contact \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

**IV. IS ASBESTOS PRESENT? (YES/NO)** \_\_\_\_\_

**V. FACILITY DESCRIPTION: (Including building name, number, floor and/or room number)**

Building Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_  
Site Location: \_\_\_\_\_  
Building Size: (Sq. ft.) \_\_\_\_\_ (No. of Floors) \_\_\_\_\_ Age in Years: \_\_\_\_\_  
Present Use: \_\_\_\_\_ Prior Use: \_\_\_\_\_

**VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:**

**VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:**

1. Regulated ACM to be removed
2. Category I ACM not removed
3. Category II ACM not removed

	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicated Unit of Measurement Below	
		CAT I	CAT II	Unit	
Pipes				Ln Ft:	Ln m:
Surface Area				Sq Ft:	Sq m:
Vol RACM off Facility Component				Cu Ft:	Cu m:

Nature of materials: (e.g. VAT, roofing, etc.) \_\_\_\_\_

**VIII. SCHEDULED DATES ASBESTOS REMOVAL:** (MM/DD/YY) Start: \_\_\_\_/\_\_\_\_/\_\_\_\_ Complete \_\_\_\_/\_\_\_\_/\_\_\_\_

**IX. SCHEDULED DATES DEMO/RENOVATION:** (MM/DD/YY) Start: \_\_\_\_/\_\_\_\_/\_\_\_\_ Complete \_\_\_\_/\_\_\_\_/\_\_\_\_

### NOTIFICATION OF DEMOLITION AND RENOVATION, Continued

**X. DESCRIPTION OF PLANNED DEMOLITION/RENOVATION WORK & METHOD(S) TO BE USED:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**XI. DESCRIPTION OF WORK PRACTICE AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION/RENOVATION SITE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**XII. PROJECT SUPERVISOR: Name** \_\_\_\_\_  
Certification #: \_\_\_\_\_ Course Provider: \_\_\_\_\_

**XIII. WASTE TRANSPORTER: #1**  
Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

**WASTE TRANSPORTER: #2**  
Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

**XIV. WASTE DISPOSAL SITE:**  
Name \_\_\_\_\_  
Location \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_

**XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:**  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Authority: \_\_\_\_\_  
Date of Order (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Ordered to Begin (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

**XVI. 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.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISION 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).**

\_\_\_\_\_  
*Signature of Owner/Operator* \_\_\_\_\_  
*Date*

**XVII. I CERTIFY THAT ALL INFORMATION PROVIDED IS CORRECT.**

\_\_\_\_\_  
*Signature of Owner/Operator* \_\_\_\_\_  
*Date*

**XIX. FOR EMERGENCY RENOVATIONS: Date & Hour of Emergency (MM/DD/YY):** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Description of the sudden, unexpected event: \_\_\_\_\_

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICIAL USE ONLY:**

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE APPROVED/DISAPPROVED: \_\_\_\_\_