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:

<table>
<thead>
<tr>
<th>Asbestos, Including:</th>
<th>RACM To Be Removed</th>
<th>Nonfibrous Asbestos Material Not To Be Removed</th>
<th>Indicated Unit of Measurement Below</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CAT I</td>
<td>CAT II</td>
<td>Unit</td>
</tr>
<tr>
<td>Pipes</td>
<td></td>
<td></td>
<td>LnFt: Ln:m:</td>
</tr>
<tr>
<td>Surface Area</td>
<td></td>
<td></td>
<td>SqFt: Sq:m:</td>
</tr>
<tr>
<td>VUI RACM off Facility Component</td>
<td></td>
<td></td>
<td>CuFt: Cu:m:</td>
</tr>
</tbody>
</table>

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(3) 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 _____________________________ Address _____________________________ City _____________________________ State ______ Zip ______
Telephone (_____) _____________________________

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:
Name _____________________________ Authority: _____________________________ Title _____________________________
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 CRUMBED, 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: _____________________________