



Maricopa County Air Quality Department
 3800 N. Central Ave., Suite 1400, Phoenix, AZ 85012
 Phone: 602-506-6010
 Asbestos@maricopa.gov



NESHAP NOTIFICATION FORM FOR DEMOLITION AND RENOVATION

Applications can be mailed or submitted in person to the Maricopa County Air Quality Department, 3800 N. Central Ave., Suite 1400, Phoenix, AZ 85012. Please note that email will be our primary means for routine communication with you, unless you do not have an email account. Please be sure that your email address is entered correctly.

THIS AREA FOR NESHAP REGULATORY AGENCY USE ONLY

U.S. Postmark Date: _____ Comm Del Serv Date: _____ Other Del Service Date: _____ Dust Permit # _____ Zone: _____
 Notification Number: **ASB** _____ Fee Paid: _____ Payment Method: _____ Check Number: _____

1. NOTIFICATION TYPE: Original Revision Number _____ Cancel

2. TYPE OF OPERATION: Renovation Emergency Renovation Demolition Ordered Demolition O&M

Note: When both Renovation and Demolition are noted on one application, check both boxes above and complete both sections 4 and 5 (below).

3. FACILITY OWNER INFORMATION

Name of Company/Individual: _____
 Address: _____ City/Town: _____ State: _____ Zip: _____
 Owner/Rep Name: _____ Phone: _____ E-mail: _____

Note: If only Renovation is to be conducted, then complete only section 4; if only Demolition is to be conducted, then complete only section 5.

4. ASBESTOS REMOVAL CONTRACTOR/OPERATOR

Name of Company/Individual: _____ ROC # _____
 Address: _____ City/Town: _____ State: _____ Zip: _____
 Contact Name: _____ Phone: _____ E-mail: _____

5. DEMOLITION CONTRACTOR/OPERATOR

Name of Company/Individual: _____ ROC # _____
 Address: _____ City/Town: _____ State: _____ Zip: _____
 Contact Name: _____ Phone: _____ E-mail: _____

6. DATE OF INSPECTION OF FACILITY OR AFFECTED PART BY AHERA CERTIFIED BUILDING INSPECTOR:

7. FACILITY DESCRIPTION:

Address: _____ City/Town: _____ State: _____ Zip: _____
 County: _____ Parcel Number: _____ Township/Range/Section T _____ R _____ S _____
 Nearest Major Intersection: _____
 Building Size (Floor Area Sq Ft): _____ Number of Floors Affected: _____ Age of Facility (Years): _____
 Present Use: _____ Prior Use: _____

8. PROCEDURE, INCLUDING ANALYTICAL METHODS, EMPLOYED TO DETECT THE PRESENCE OF RACM AND CATEGORY I AND CATEGORY II NONFRIABLE ACM

Polarized Light Microscopy (PLM) Other: _____
 NVLAP Laboratory Name: _____ Number of Samples: _____ Date Analyzed: _____

9. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:	Amount of RACM to be Removed or Generated*	Amount of Nonfriable ACM			
		To Be Removed		Not To Be Removed	
		CAT I	CAT II	CAT I	CAT II
ON FACILITY COMPONENTS: Pipes (Linear Feet)					
ON FACILITY COMPONENTS: Surface Area (Square Ft.)					
ON FACILITY COMPONENTS: Volume (Cubic Feet)					

RACM = Regulated Asbestos-Containing Material as Defined in 40 CFR 61, Subpart M, § 61.141

* NOTE: Update notice when amount changes ≥ 20%

10. DESCRIPTION OF PLANNED DEMOLITION/RENOVATION WORK TOTAL DEMO PARTIAL DEMO

TSI Ceiling Texture Duct/Seam Tape Asbestos-Containing Roof Material
 A/C Pipe A/C Siding/Shingles VAT/Mastic > 5580 sq ft w/ rotating blade cut
 Other (Please Specify): _____

REMOVAL METHODS: Hand/Non-Mechanical Tools Mechanical/Power Tools Mastic Solvents



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11. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT ASBESTOS EMISSIONS

- Adequately Wet Full Containment Critical Barriers/Negative Air Glove-Bag Leak-Tight Wrap
 6-Mil Bags Other (Please Specify): _____

12. SCHEDULED DATES FOR ASBESTOS REMOVAL Start Date: _____ Completion Date: _____
 Days Worked (Check All That Apply): M T W Th F Sa Su
 Day Shift Hours Start: _____ Stop: _____ Evening Shift Hours Start: _____ Stop: _____

13. SCHEDULED DATES FOR DEMOLITION Start Date: _____ Completion Date: _____
 Days Worked (Check All That Apply): M T W Th F Sa Su
 Day Shift Hours Start: _____ Stop: _____ Eve Shift Hours Start: _____ Stop: _____

14. ASBESTOS WASTE TRANSPORTER #1
 Name of Company: _____
 Address: _____ City/Town: _____ State: _____ Zip: _____
 Contact Name: _____ Phone: _____ E-mail: _____

15. ASBESTOS WASTE TRANSPORTER #2
 Name of Company: _____
 Address: _____ City/Town: _____ State: _____ Zip: _____
 Contact Name: _____ Phone: _____ E-mail: _____

16. ASBESTOS WASTE DISPOSAL SITE
 Name of Company: _____
 Address: _____ City/Town: _____ State: _____ Zip: _____
 Contact Name: _____ Phone: _____ E-mail: _____

17. FOR ORDERED DEMOLITIONS (40 CFR 61, §61.145(a)(3)), ATTACH A COPY OF THE AGENCY'S ORDERED DEMOLITION LETTER
 Name: _____ Title: _____
 State or Local Gov't Agency: _____ Authority: _____
 Date of Order: _____ Date Demolition Order to Begin: _____

18. FOR EMERGENCY RENOVATIONS (40 CFR 61, §61.145(a)(4)(iv)) When did the emergency occur? Date: _____ Time: _____
 Description of Sudden, Unexpected Event: _____
 Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: _____

19. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED RACM IS FOUND OR CATEGORY II NONFRIABLE ACM BECOMES CRUMPLED, PULVERIZED, OR REDUCED TO POWDER:
 Stop Work Notify Owner Revise Notification Follow 40 CFR 61, §61.145(c) Procedures

20. I CERTIFY THAT AT LEAST ONE AHERA CERTIFIED CONTRACTOR/SUPERVISOR WILL SUPERVISE THE STRIPPING AND REMOVAL OF RACM AND THAT THE TRAINING CERTIFICATE WILL BE POSTED ON-SITE.
 _____ (Print Name of Owner/Operator) _____ (Title) _____ (Signature of Owner/Operator) _____ (Date)

21. CERTIFICATION OF INSPECTION BY AN AHERA CERTIFIED ASBESTOS BUILDING INSPECTOR
 _____ (Print Name of Inspector) _____ (Training Provider) _____ (AHERA Certificate Number) _____ (Expiration Date)

22. I CERTIFY THAT ALL THE ABOVE INFORMATION IS CORRECT:
 _____ (Print Name of Owner/Operator) _____ (Title) _____ (Signature of Owner/Operator) _____ (Date)

Fee required for RACM removal at or above: 260 Linear Feet, 160 Square Feet, or 35 Cubic Feet. Demolition fee required for all NESHAP facilities. See [Fee Schedule](#) under Rule 280, Section 312 and 313.2. One single family residence is exempt, two or more are regulated. References: Title 40, Code of Federal Register, Part 61, Subpart M, Asbestos NESHAP §61.145(b). Arizona Revised Statutes, Title 49, §§49-421 & 471 et. Seq., and Arizona Administrative Code, Title 18, Chapter 2, Air Pollution Control, Article II, §R18-2-1101. Maricopa County Air Pollution Control Regulations, Rule 370, §301.8

Maricopa County Air Quality NESHAP Coordinator: 602-859-1928, [Asbestos Resource Page](#)

Send a Copy of Notification to: AZ Division of Occupational Safety & Health, 800 W. Washington St. Phoenix, AZ 85007 (602) 542-5795