**Asbestos Demolition/Renovation Notification Form**

Air Resources Division/Compliance Bureau

Asbestos Management and Control Program

**RSA/Rule**: RSA 141-E:4, I and II and Env-A 1800

**See *Instructions for Completing the Asbestos Demolition/Renovation Notification Form***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **TYPE OF NOTIFICATION** (Check One) | | | | | | | | | | | | | | | |
| New Notification | | | Revised Notification | | | Corrected Notification | | | | | Cancelled Project Notification | | | | |
|  | | | | | | | | | | | | | | | |
| 1. **PROJECT TYPE** (Check All That Apply) | | | | | | | | Fee Enclosed: $ | | | | | | | |
| Demolition | | Renovation | | Transport & Disposal - date: | | | | | | For Official Use, Do not write in this box | | | | | |
| \*Emergency Asbestos Abatement - Unexpected event date: | | | | | | | | | |
| \**For emergency projects, describe the sudden, unexpected event, and why immediate action is needed due to public health, safety, or economic hardship on a supplemental page. Attach any government order requiring the work.* | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 1. **FACILITY INFORMATION** | | | | | | | | | | | | | | | |
| Facility Name | | | | | | | | | | | | | | | |
| Street Address | | | | | | | Town/City | | | | | | State | | ZIP Code |
| Year Constructed | | | | | Size (ft2) | | | | | | | Number of Floors | | | |
| Current Use | | | | | | | Prior Use | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 1. **INSPECTION FOR ASBESTOS-CONTAINING MATERIAL AND WORK DETAILS** | | | | | | | | | | | | | | |
| Asbestos Abatement Supervisor to Perform Abatement: | | | | | | | | | | | | | Cert #: AS | |
| Asbestos Inspection Conducted by:       Date: | | | | | | | | | | | | | | |
| Type of inspection (Check all that apply):  Visual  Analytical Testing; or  No ACM Present | | | | | | | | | | | | | | |
| **Asbestos Abatement** | | **Demolition** | | | | **Weekly Work Schedule** | | | | | | | | |
| Start Date: | | Start Date: | | | | Days of Work: | | | | | | | | |
| End Date: | | End Date: | | | | Time of Day of Work:       to | | | | | | | | |
| **ACM Present/ Transport & Disposal** | | | | **ACM to be Abated** | | | | **List Types of Asbestos and Location in Facility** | | | | | | |
| **Friable** | **Non-Friable** | | | **Friable** | **Non-Friable** | | |  | | | | | | |
| ft | ft | | | ft | ft | | |  | | | | | | |
| ft2 | ft2 | | | ft2 | ft2 | | |  | | | | | | |
| ft3 | ft3 | | | ft3 | ft3 | | |  | | | | | | |
| ***Briefly describe work practices to be employed. Attach additional pages if needed.*** | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **PROPERTY OWNER INFORMATION** | | | | | | | |
| Owner’s Name | | | | | | | |
| Owner’s Mailing Address | | | | Town/City | | State | ZIP Code |
| Owner Contact (If this is the owner, list the name of owner) | | | | | | | |
| Contact’s Phone | | Email (Optional) | | | | | |
|  | | | | | | | |
| 1. **ASBESTOS ABATEMENT CONTRACTOR INFORMATION** | | | | | | | |
| Company Name | | | | | | | |
| Company Mailing Address | | | | Town/City | | State | ZIP Code |
| Company Contact | | | | Phone | | Email (Optional) | |
|  | | | | | | | |
| 1. **DEMOLITION CONTRACTOR INFORMATION** | | | | | | | |
| Company Name | | | | | | | |
| Company Mailing Address | | | | Town/City | | State | ZIP Code |
| Company Contact | | | | Phone | | Email (Optional) | |
|  | | | | | | | |
| 1. **ASBESTOS-CONTAINING MATERIAL WASTE TRANSPORTER** | | | | | | | |
| Transporter Name | Transporter Contact Name | | | | | Phone Number | |
| Mailing Address | | | Town/City | | | State | ZIP Code |
|  | | | | | | | |
| 1. **FINAL WASTE DISPOSAL FACILITY** | | | | | | | |
| Facility Name | | | | | Phone Number | | |
| Street Address | | | Town/City | | | State | ZIP Code |
|  | | | | | | | |
| 1. **I Certify That the Above Information Is Correct** | | | | | | | |
| Signature | | | | Print Name | | | |
| Title | | | | Date | | | |