**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***

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| 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.***       |

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| 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       |