

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Energy and Environment

Air Quality Division



NOTIFICATION OF DEMOLITION AND RENOVATION

To be filled out by DDOE

Operator Project #: Postmark Date: Date Received: Notification #:

Section I: Title of Notification

Notification Type: Original Revised* Cancelled Courtesy

** Highlight changes on Revised Notification*

Date of Notification:

Permit No.:

Section II: Facility Information *(Identify owner, removal contractor, and other operators)*

Owner Name: <input type="text"/>	Contact: <input type="text"/>
Address: <input type="text"/>	Phone #: <input type="text"/>
City: <input type="text"/> State: <input type="text"/> Zip Code: <input type="text"/>	Email: <input type="text"/>
Removal Contractor: <input type="text"/>	Contact #1: <input type="text"/>
Address: <input type="text"/>	Phone #: <input type="text"/>
City: <input type="text"/> State: <input type="text"/> Zip Code: <input type="text"/>	Email: <input type="text"/>
Contractor License #: <input type="text"/> Expiration Date: <input type="text"/>	
Other Operator: <input type="text"/>	Contact: <input type="text"/>
Address: <input type="text"/>	Phone #: <input type="text"/>
City: <input type="text"/> State: <input type="text"/> Zip Code: <input type="text"/>	Email: <input type="text"/>

Section III: Type of Operation

Ordered Demo Demo Renovation Emergency Renovation

NESHAP
 Non-NESHAP

Is Asbestos Present?

Yes No

Section IV: Facility Description *(Including building name, number and floor or room numbers)*

Building Description:

Address: Zip Code: Building Type:

Asbestos Removal Location (e.g., 1st floor, etc.):

Building Size: # of Floors: Building Age (Years):

Present Use: Prior Use:

Comments:

Section V: Procedure, Including Analytical Method if Appropriate, used to Detect the Presence of Asbestos Material

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Section VI: Description of Asbestos to be Removed

ACM to be Removed (e.g., floor tile, mastic, pipe insulation, etc.)	Amount to be Removed	Unit of Measure

Section VII: Project Dates

Schedule of Demo/Renovation:	Start Date	End Date	Scheduled of Asbestos Removal:	Start Date	End Date			
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>			
Hours of Operation for Asbestos Removal:	Mon	<input type="text"/>	Tue	<input type="text"/>	Wed	<input type="text"/>	Thu	<input type="text"/>
	Fri	<input type="text"/>	Sat	<input type="text"/>	Sun	<input type="text"/>		

Section VIII: Description of Work and Controls

Describe the abatement method used for each type of material listed in Section VI:

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Section IX: Waste Transportation Information

Waste Transporter #1:	<input type="text"/>	Contact:	<input type="text"/>
Address:	<input type="text"/>	Phone #:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>
Waste Transporter #2:	<input type="text"/>	Contact:	<input type="text"/>
Address:	<input type="text"/>	Phone #:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>
		Email:	<input type="text"/>

Section X: Waste Disposal Information

Waste Disposal Site:	<input type="text"/>	Contact:	<input type="text"/>
Address:	<input type="text"/>	Phone #:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>
		Email:	<input type="text"/>

If Abatement or Disposal Ordered by a Government Agency, Please Identify the Agency:

Name:	<input type="text"/>	Title:	<input type="text"/>
Authority:	<input type="text"/>		
Date of Order:	<input type="text"/>	Date Ordered to Begin:	<input type="text"/>

Section XI: Emergency Renovation/Demolition Information

Date of Emergency:	<input type="text"/>	Hour of Emergency:	<input type="text"/>
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Description of the sudden or unexpected event:

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

Section XII: Unexpected Asbestos

Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder.

Section XIII: Certification

I certify that an individual trained in the provisions 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)*

_____	_____
<i>Date</i>	<i>Signature of Owner/Operator</i>

I certify that the above information is correct.

_____	_____
<i>Date</i>	<i>Signature of Owner/Operator</i>

INSTRUCTIONS

Section I: Title of Notification

- Select the notification type: Original notification: Revised notification, Cancel a previously submitted notification, or a Courtesy notification (no requirements to submit a courtesy notification under federal or DC regulations).
- Enter the date that the notification is submitted, and a permit number if an existing permit exists.

Section II: Facility Information

- Enter a contact name, address, phone number and email for the building owner, removal contractor and other operator that may be relevant. For the removal contractor include a license number and a date of expiration for their license.

Section III: Type of Operation

- Indicate whether the job is an Ordered Demo, a Demo, a Renovation, or an Emergency Renovation
- Indicate if the job is a NESHAP or Non-NESHAP job, and if there is asbestos present.

Section IV: Facility Description

- Enter the address of the building(s) where the job will take place, and indicate what type of building it is (i.e., Commercial, Government, Hospital, Residential, School, or Other).
- Provide details on the facility description including the age, present and prior use of the building, the number of floors in which the project will take place, and any other comments needed to provide sufficient detail of the work area.

Section V: Procedure, Including Analytical Method, if Appropriate, used to Detect the Presence of Asbestos Material

- Indicate details on how the ACM will be detected and removed.

Section VI: Description of Asbestos to be Removed

- Indicate on each line a description of the types of ACM to be removed, and the quantities (in units of linear feet, square feet or cubic feet) to be removed.

Section VII: Project Dates

- Indicate the dates of the project and asbestos removal (start and end), as well as the normal times of operation for the project.

Section VIII: Description of Work and Controls

- Enter as much detail as possible on the project itself, and the methods to prevent the release of asbestos fibers.

Section IX: Waste Transportation Information

- Provide the name, address and contact information for the waste transportation contractors used for this project.

Section X: Waste Disposal Information

- Provide the name, address and contact information for the waste disposal facility used for this project. If the disposal was ordered by a Government agency, provide the name of the agency and contact information for the agency.

Section XI: Emergency Renovation/Demolition Information

- Provide the date, time and description of the emergency situation, and provide an explanation of how this situation will cause unsafe conditions, or would cause equipment damage or unreasonable financial burden.

Section XII: Unexpected Asbestos

- Describe procedures to be followed in the event that unexpected asbestos is found, or previously nonfriable ACM becomes crumbled, pulverized, or reduced to powder.

Revised Notifications

- Include the Permit Number, and highlight the changes on the Notification form to expedite the review process.
- If there is an increase in the quantity of material abated, include the additional fee with the submission of the revised notification.