# INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
# NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

*State From 44593 (R2 / 8-99)*

I. TYPE OF NOTIFICATION (check one): Original _____ Revised *_____ Canceled _____ Courtesy _____

* Must include copy of notification which is being revised

II. FACILITY INFORMATION (identify owner, removal contractor, demolition contractor, inspector, and project designer)

Owner:_____

Address:_____

City:_____ State:_____ Zip:_____

Contact:_____ Telephone #:_____

Removal Contractor:_____

Address:_____

City:_____ State:_____ Zip: _____

Contact:_____ Phone:_____

IN License #:_____ Expiration:_____

Demolition Contractor:_____

Address:_____

City:_____ State:_____ Zip:_____

Contact:_____ Phone:_____

Inspector:_____

Address:_____

City:_____ State:_____ Zip:_____

IN License #:_____ Expiration:_____

Phone:_____

(Required for asbestos projects at schools K – 12)

Project Designer:_____

Address:_____

City:_____ State:_____ Zip:_____

IN License #:_____ Expiration:_____

Phone:_____

III. TYPE OF OPERATION (check one) Renovation: _____ Emergency Renovation: _____

Intentional Burning: _____ Demolition: _____ Ordered Demolition: _____

IV. IS ASBESTOS PRESENT? (check one) YES: _____ NO: _____

V. PROCEDURES, INCLUDING ANALYTICAL METHODS, IF APPROPRIATE. USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIAL

_____

VI. APPROXIMATE AMOUNT OF ASBESTOS (Including Regulated ACM, Category I non-friable Category II non-friable ACM)

| | Regulated ACM to be removed | Non-friable Asbestos Material To be removed | | Non-friable Asbestos Material Not to be removed before demolition | |
|---|---|---|---|---|---|
| | | Category I | Category II | Category I | Category II |
| Pipes (LnFt) | | | | | |
| Surface Area (SqFt) | | | | | |
| Total Volume (CuFt) on/off Components | | | | | |

VII. SCHEDULED DATES OF ASBESTOS STRIPPING/REMOVAL: Start:_____ End:_____

VIII. SCHEDULED DATES OF RENOVATION: Start:_____ End:_____ DEMOLITION: Start:_____ End:_____

IX. FACILITY DESCRIPTION (Including building name, floor, and room number)

Building Name:_____

Street Address:_____

City:_____ State:_____ County:_____

Location of removal within building:_____

Building Size (SqFt):_____ # of Floors:_____ Age:_____

Present Use:_____ Prior use:_____

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIALS REMOVED

_____

_____

_____

_____

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE SITE; INCLUDING ASBESTOS STRIPPING, REMOVAL AND WASTE HANDLING PROCEDURES TO PREVENT NON-FRIABLE ASBESTOS MATERIAL FROM BECOMING FRIABLE IN THE COURSE OF THE PROJECT:

_____

_____

_____

XII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED POWDER:

_____

_____

_____

XIII. WASTE TRANSPORTER

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Contact:_____ Phone:_____

XIV. WASTE DISPOSAL SITE

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Contact:_____ Phone:_____

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW AND ATTACH A COPY OF THE ORDER TO THIS FORM. IF THE FACILITY IS NOT INSPECTED PRIOR TO DEMOLITION, THE DEBRIS MUST BE KEPT ADEQUATELY WET. THE DEBRIS MUST THEN BE INSPECTED AFTER DEMOLITION OR ASSUME ALL DEBRIS TO BE CONTAMINATED WITH RACM AND DISPOSED OF APPROPRIATELY TO COMPLY WITH 326 IAC 14-10-1(b).

Name:_____ Title:_____ Date ordered to begin:_____

Authority:_____ Date of Order:_____

XVI. FOR EMERGENCY RENOVATIONS: Date and time of emergency:_____

Description of sudden, unexpected event:_____

_____

Explanation of how the event caused unsafe conditions or would cause equipment damage: _____

_____

XVII. I HEREBY CERTIFY THAT THE INFORMATION IN THIS NOTIFICATION IS CORRECT AND THAT I WILL ONLY USE INDIANA LICENSED WORKERS AND PROJECT SUPERVISORS, TO IMPLEMENT THIS ASBESTOS PROJECT, WHICH HAVE BEEN TRAINED IN 326IAC 14-10; 40 CFR PART 61, SUBPART M; AND, IF APPLICABLE, INDIANAPOLIS AIR POLLUTION CONTROL BOARD REGULATION 14. THE TRAINED INDIVIDUAL(S) ALONG WITH EVIDENCE THAT THE REQUIRED TRAINING WAS ACCOMPLISHED SHALL BE AVAILABLE AT THE JOB SITE DURING ACTUAL WORKING HOURS.

_____ _____

Owner/operator (signature) date

_____ _____

Owner/operator (printed) affiliation

********** OFFICE USE ONLY **********

| POSTMARK: | RECEIVED: | REVIEWED BY: | DEFICIENCIES: |
|---|---|---|---|