



NOTIFICATION OF DEMOLITION AND RENOVATION

Date Received						
I. Type of Notification (O=Original R=Revised C=Canceled)						
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)						
Owner Name:						
Address:						
City:			State:		Zip:	
Contact:				Tel:		
Removal Contractor:						
Address:						
City:			State:		Zip:	
Contact:				Tel:		
Other Operator:						
Address:						
City:			State:		Zip:	
Contact:				Tel:		
III. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)						
IV. IS ASBESTOS PRESENT? (Yes/No)						
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)						
Bldg. Name:						
Address:						
City:			State:		County:	
Site Location:						
Building Size:		# of Floors:		Age (in years):		
Present Use:		Prior Use:				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:						
VII. NAME OF ACCREDITED INSPECTOR WHO PERFORMED INSPECTION AND SAMPLING, OKLAHOMA DOL LICENSE NUMBER:						
VIII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM To Be Removed	Non-friable Asbestos Material To Be Removed		Indicate Unit of Measurement Below	
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed			Category I	Category II	UNIT	
Pipes				LnFt:	Ln M:	
Surface Area				SqFt:	Sq M:	
Vol. RACM Off Facility Component				CuFt:	Cu M:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:				Complete:		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				Complete:		

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:			
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:			
XIII. WASTE TRANSPORTER #1		Name:	
Address:			
City:		State:	Zip:
Contact Person:			Tel:
WASTE TRANSPORTER #2		Name:	
Address:			
City:		State:	Zip:
Contact Person:			Tel:
XIV. WASTE DISPOSAL SITE		Name:	
Address:			
City:		State:	Zip:
Tel:			
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:			
Name:		Title:	
Authority:			
Date of Order (MM/DD/YYYY):		Date Ordered to Begin (MM/DD/YYYY):	
XVI. FOR EMERGENCY RENOVATIONS:			
Date and Hour of Emergency (MM/DD/YY):			
Description of the sudden unexpected event:			
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:			
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:			
XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE 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.			
(Signature of Owner/Operator)		(Print Name)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:			
(Signature of Owner/Operator)		(Print Name)	(Date)