

WEST VIRGINIA



NOTIFICATION OF ASBESTOS ABATEMENT, DEMOLITION, OR RENOVATION

Date:

OFFICE USE ONLY	
DAQ USE ONLY	DHHR USE ONLY
Date Rec'd:	Check No:
Postmark Date:	Paid By:
Notification No:	Amount: \$

Type of Notification:	
Original <input type="checkbox"/>	Revision <input type="checkbox"/> (Highlight Changes)
Cancellation <input type="checkbox"/>	
Type of Operation:	
Demolition <input type="checkbox"/>	Ordered Demolition <input type="checkbox"/>
Renovation <input type="checkbox"/>	Emergency Renovation <input type="checkbox"/>
Facility Owner:	
Name:	
Address:	
City:	State:
Contact Person:	Zip Code:
	Phone:
Facility Description:	
Name:	Latitude: ____ . ____
Address:	Longitude: - ____ . ____
County:	City:
Building Size (Sq. Ft.):	Location Within Facility:
Present Use:	Number of Floors:
	Prior Use:
	Age (Yrs):
Asbestos Contractor:	
Name:	
Address:	
City:	State:
Contact Person:	Asbestos Contractor License #:
	Zip Code:
	Phone:
Other Contractor:	
Name:	
Address:	
City:	State:
Contact Person:	Contractor's License #:
	Zip Code:
	Phone:
Building Inspection:	
Inspection Date:	
Asbestos Inspection By:	WV License #:
Lab:	Analysis By:
Procedure Used to Detect Presence of Asbestos:	
Is Asbestos Present at 1% or Greater:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Project Designer:	WV License #:
Air Monitor:	WV License #:
Schedule:	
Asbestos Removal:	Start Date:
Project Work Hours:	Completion Date:
Demo/Renovation:	Work Days: M Tu W Th F Sa Su (Circle)
Project Work Hours:	Completion Date:
	Work Days: M Tu W Th F Sa Su (Circle)

Emergency Renovation:

Date & Hour of Sudden Unexpected Event: ___ / ___ / ___ : ___ AM PM

Attach a description of the sudden, unexpected event and how this results in an unsafe condition, would cause equipment damage or an unreasonable financial burden.

Demolition Ordered by Government Agency:

Agency:

Name:

Date of Order: ___ / ___ / ___ (Copy of order must be attached.)

Title:

Date Order to Begin: ___ / ___ / ___

Types of ACM:

Asbestos Containing Material To Be Removed:

Types(s):

Pipes:	Ln. Ft.:	%Asbestos:
Area:	Sq. Ft. .:	%Asbestos:
Other:	Cu. Ft. .:	%Asbestos:

Cat. I & II Nonfriable ACM Not To Be Removed:

Types(s):

Pipes:	Ln. Ft.:	%Asbestos:
Area:	Sq. Ft. .:	%Asbestos:
Other:	Cu. Ft. .:	%Asbestos:

Description of planned demolition or renovation work and method(s) to be used:

Description of procedures to be used to comply with NESHAP (40CFR61 Subpart M):

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

Asbestos Waste Transporter:

Name:

ID #:

Address:

City:

State:

Zip Code:

Contact Person:

Phone:

Asbestos Waste Disposal Site:

Name:

ID #:

Address:

City:

State:

Zip Code:

Contact Person:

Phone:

Non-Asbestos Waste Transporter:

Name:

ID #:

Address:

City:

State:

Zip Code:

Contact Person:

Phone:

Non-Asbestos Waste Disposal Site:

Name:

ID #:

Address:

City:

State:

Zip Code:

Contact Person:

Phone:

Certification:

I certify that an individual trained in the provisions of 40 CFR 61, Subpart M will be on site during the demolition or renovation and evidence that the required training has been accomplished by the person will be available for inspection during normal business hours. I further certify that the information contained in the notification is correct.

Signature of Owner/Operator:

Date: ___ / ___ / ___

Name and Title (Print or Type):