



NOTIFICATION OF DEMOLITION AND RENOVATION (Continued)

11. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, INCLUDING METHOD(S) TO BE USED:		
12. DESCRIPTION OF ASBESTOS MATERIALS:		
13. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AND /OR DUST AT THE DEMOLITION OR RENOVATION SITE:		
14. WASTE TRANSPORTER NAME:		
Address:		
City:	State:	Zip:
Contact Person:		
15. WASTE DISPOSAL SITE NAME:		
Location:		
City:	State:	Zip:
Telephone:		
16. FOR ORDERED DEMOLITIONS:		
Agency Name:		
Contact Name:	Title:	
Date of Order:	Date Ordered to Begin:	
17. FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency:		
Description of the Sudden, Unexpected Event:		
Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burden:		
18. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES FRIABLE:		
19. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
_____	_____	_____
(Print Name)	(Signature of Owner/Operator)	(Date)
20. 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 INVOLVING RACM AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS:		
_____	_____	_____
(Print Name)	(Signature of Owner/Operator)	(Date)