



# ASBESTOS NOTIFICATION OF DEMOLITION AND RENOVATION

North Dakota Department of Health  
 Division of Air Quality  
 SFN 17987 (2/13)

## I. Type of Notification

**THIS NOTICE MUST BE SUBMITTED 10 WORKING DAYS BEFORE BEGINNING THE ACTIVITY**

<input type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Cancelled	Date:
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## II. Type of Operation

## III. Is Asbestos Present?

<input type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Ordered Demolition <input type="checkbox"/> Emergency Renovation	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>IV. Dates of Asbestos Removal (MM-DD-YY)</b> Start: _____ Stop: _____	<b>V. Dates of Demolition or Renovation (MM-DD-YY)</b> Start: _____ Stop: _____
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## VI. Facility Information (identify owner and operator, if applicable)

Owner Name			
Owner Address	City	State	Zip Code
Contact Person	Email	Telephone Number	
Operator (if different than owner)			
Operator Address	City	State	Zip Code
Contact Person	Email	Telephone Number	

## VII. Facility Description (include building name, number and floor or room number)

Building Name				
Building Address	City	State	Zip Code	County
Site Location (floor or room number(s))				
Building Size (Sq. Ft.)	Number of Floors		Age of Building/Year Built	
Present Use	Prior Use			

## VIII. Asbestos Contractor (If applicable, please enter Demolition or Renovation Contractor information on page 2)

Contractor Name			ND License Number
Contractor Address	City	State	Zip Code
Contact Person	Telephone Number		

## IX. Asbestos Inspector or Project Monitoring Firm (if applicable)

Firm Name			ND License Number
Firm Address	City	State	Zip Code
Name of Inspector or Onsite Hygienist	Telephone Number		

## X. Approximate Amount of Asbestos, Including:

	Regulated Asbestos-Containing Material (RACM) to be Removed	Nonfriable Asbestos-Containing Material to be Removed		Nonfriable Asbestos-Containing Material not to be Removed	
		Category I	Category II	Category I	Category II
Pipe (Linear Ft.)					
Surface Area (Sq. Ft.)					
Volume from Facility Component(s) (Cu. Ft.)					

**XI. Testing Procedure for Determining Asbestos and Type of Asbestos Material(s)**

<input type="checkbox"/> PLM <input type="checkbox"/> TEM <input type="checkbox"/> Other:	Type of Asbestos-Containing Material(s)
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**XII. Description of Work Practices and Engineering Controls to Prevent Asbestos Emissions (check all that apply)**

<input type="checkbox"/> Adequately Wet Materials	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Seal in Leaktight Containers	<input type="checkbox"/> Encapsulate
<input type="checkbox"/> Negative Air Containment	<input type="checkbox"/> Seal in Leaktight Wrapping	<input type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Other:

**XIII. Description of Planned Demolition or Renovation Work (backhoe, bulldozer, hand removal, etc.)**

	Will the Facility or Facility Debris be Burned? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, you must contact your local Health Unit or the Air Quality Division at 701.328.5188, to complete an Open Burn Variance Application: <b>SFN 8509</b> .
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**XIV. Demolition or Renovation Contractor**

Firm Name		Secretary of State License Number	
Firm Address	City	State	Zip Code
Contact Person		Telephone Number	

**XV. Waste Transporter**

Name		Waste Hauler Permit Number	
Address	City	State	Zip Code
Contact Person		Telephone Number	

**XVI. Waste Disposal Site**

Name	Permit Number	Telephone Number	
Address	City	State	Zip Code
Will the waste be disposed of at a site other than a Landfill approved for asbestos? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must contact the Waste Management Division at 701.328.5166 to complete an Inert Waste Disposal Variance Application: <b>SFN 50278</b>			

**XVII. If Demolition was Ordered by Government Agency, Identify the Agency and Attach a Copy of the Order**

Name	Title	Telephone Number
Authority/Agency		Date of Order (MM/DD/YY)

**XVIII. If Emergency Renovation, Please Complete this Section**

Date of Emergency (MM/DD/YY)	Hour of Emergency
Description of the emergency or sudden event:	
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:	

**XIX. Description of Procedures to be Followed in the Event of an Unexpected Asbestos Fiber Release**

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**XX. General Comments**

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**XXI. I certify to the best of my knowledge that the above information is true and correct. I further certify that all asbestos abatement work on this project will be performed by individuals certified in accordance with the North Dakota Air Pollution Control Rules 33-15-13.**

Signature of Owner/Operator

Affiliation

Date

Return form to:    **North Dakota Department of Health  
Division of Air Quality, 2<sup>nd</sup> Floor  
918 East Divide Avenue  
Bismarck, ND 58501-1947**

Telephone:    701.328.5188 or    Fax:    701.328.5185 (If faxing, original copy must be mailed with valid signature)

**INSTRUCTIONS FOR COMPLETING THE  
ASBESTOS DEMOLITION AND RENOVATION NOTIFICATION FORM**

**GENERAL INFORMATION**

The Asbestos NESHAP, Section 33-15-13-02 of the North Dakota Air Pollution Control Rules, requires written notification of demolition or renovation activities in facilities under Subsection 02.6. In most cases, a facility includes all types of structures except single family homes and apartment buildings having no more than four units. The enclosed form must be used to fulfill this requirement. Only complete notification forms will be accepted.

The notification should be typewritten or neatly printed and postmarked or delivered no later than ten working days prior to the beginning of either the asbestos removal activity (Section IV) or demolition activity (in Section V) whichever is applicable.

**INSTRUCTIONS**

- I. Type of Notification: Check "Original" if the notification is a first time or original notification, "Revised" if the notification is a revision of a prior notification, or "Canceled" if the activity has been canceled. On the right side enter the date that the notification is being submitted.
  
- II. Type of Operation: Check as appropriate for facility demolition, for facility renovation, for ordered demolitions, or for emergency renovations.
  
- III. Is Asbestos Present? Answer "Yes" or "No."
  
- IV. Scheduled Dates of Asbestos Removal (MM-DD-YY): Enter scheduled dates (month/day/year) for asbestos removal work. Asbestos removal work includes any activity, including site preparation, which may break up, dislodge or disturb asbestos material.
  
- V. Scheduled Dates of Demolition/Renovation (MM-DD-YY): Enter scheduled dates (month/day/year) for beginning and ending the planned demolition or renovation project.
  
- VI. Facility Information: Enter the names, addresses, contact persons and telephone numbers of the following:
 

Owner: Legal owner of the site at which asbestos is being removed or demolition planned.

Operator: Demolition contractor, general contractor, or any other person who leases, operates, controls or supervises the site.

If known, the name of the site supervisor should be entered as the contact person for the notification. If additional parties share responsibility for the site, demolition activity, renovation or ACM removal, include complete information (including name, address, contact person and telephone number) on additional sheets submitted with the form.
  
- VII. Facility Description: Provide the following information on the areas being renovated or demolished:
 

Building Address:	Physical location of site.
Building Size:	The building size in square feet.
Number of Floors:	Enter the number of floors including basement, if applicable.
Year Facility was Built or Age:	Enter approximate age of the facility.

Present Use/Prior Use: Describe the primary use of the facility or enter the following codes: H -- Hospital; S -- School; P -- Public Building; O -- Office; I -- Industrial; U -- University or College; C -- Commercial; or R -- Residence.
  
- VIII. Asbestos Contractor: Name and address of contractor hired to remove asbestos.
  
- IX. Asbestos Inspector or Project Monitor: The firm who conducted the asbestos inspection prior to demolition/renovation, or the monitoring firm hired to oversee project, collect air samples, etc. (not to include the project designer).

- X. Approximate Amount of Asbestos Including: (1) Regulated ACM to be removed (including nonfriable ACM to be sanded, ground or abraded); (2) Category I and Category II nonfriable asbestos containing material (ACM) to be removed; and (3) Category I and Category II nonfriable asbestos containing material not to be removed. For both renovations and demolitions, enter the amount of RACM to be removed by entering a number in the appropriate box. If applicable, enter the amount of nonfriable ACM to be removed during a demolition or renovation, and/or enter the amount of nonfriable ACM not to be removed during a demolition or renovation.
- Category I nonfriable material includes packing, gaskets, resilient floor covering and asphalt roofing materials. Category II nonfriable material includes any material, excluding Category I materials, that when dry, cannot be crumbled, pulverized or reduced to powder by hand pressure, or mechanical forces expected to operate on the material during the demolition or renovation activity. All Category II materials must be removed prior to demolition.
- Complete the volume from facility component(s) if asbestos-containing materials have been removed from facility components and the volume is known.
- XI. Asbestos Testing Procedure and Type of Asbestos Materials Present: Check the appropriate box for the procedure that was used to determine asbestos content. Also, describe the kinds of asbestos-containing materials that are present.
- XII. Description of Work Practices and Engineering Controls to Prevent Asbestos Emissions: Check the appropriate box(s) for work practices that will be employed to prevent asbestos emissions.
- XIII. Description of Planned Demolition or Renovation Work: Include a brief description of the renovation/demolition technique(s) to be used. Also, indicate if the facility or facility debris will be burned.
- XIV. Demolition or Renovation Contractor: Name and address of contractor hired to perform demolition or renovation work.
- XV. Waste Transporter(s): Enter the name(s), addresses(s), contact person(s), telephone number(s), and the Waste Hauler Permit Number of the person(s) or company(ies), responsible for transporting ACM from the removal site to the waste disposal site. If the removal contractor or owner is the waste transporter, state "same as owner" or "same as removal contractor." If multiple parties are responsible include complete information on an additional sheet and submit with this form.
- XVI. Waste Disposal Site: Identify the waste disposal site, including the complete name, location, and telephone number of the facility. If ACM is to be disposed of at more than one site, provide complete information on an additional sheet submitted with the form. Permit number(s) must be included. If the waste will not be disposed of at a landfill approved for asbestos, then an Inert Waste Disposal Variance Application must be completed and approved by the Department.
- XVII. If Demolition Ordered by a Government Agency, Please Identify the Agency below: Provide the name of the responsible official, title and agency, authority under which the order was issued and the date of the order. A copy of the order from the government agency must be attached to this form.
- XVIII. Emergency Renovation Information: Provide the date and time of the emergency, a description of the event and a description of unsafe conditions, equipment damage or financial burden resulting from the event. The information should be detailed enough to evaluate whether a renovation falls within the emergency exemption.
- XIX. Description of Procedures to be Followed in the Event that Unexpected Asbestos Fiber Release: Provide adequate information to demonstrate that appropriate actions have been considered and can be implemented to control asbestos emissions adequately, including at a minimum, conformance with applicable work practice standards. Attach an additional sheet of paper if needed and submit with this form.
- XX. General Comments: as necessary. Attach an additional sheet of paper if needed and submit with this form.
- XXI. Verification and Certification: Certify the accuracy and completeness of the information provided and the intent to comply with the North Dakota Air Pollution Control Rules by signing, dating and listing affiliation if applicable.