

Notification of Asbestos Related Work



Type of Notification: Original Amended # _____
 Project Cancellation Residential Nonresidential
 Large Project Series of small projects Maintenance

Asbestos Abatement Contractor – Lic #

Name _____
 Address _____
 City, State, Zip _____
 Contact Person _____
 Phone Number(s) _____

Air Monitoring Consultant/Laboratory – Lic #

Name _____
 Address _____

 City, State, Zip _____
 Contact person _____
 Phone Number(s) _____

air sample analysis only

Building Owner

Name _____
 Address _____
 City, State, Zip _____
 Contact person _____
 Phone Number(s) _____

Building Information

Building Name _____
 Address/Location _____
 City, State, Zip _____
 County _____
 Phone Number(s) _____
 Size of Bldg. (sq. ft.) _____ Age of Bldg. (years) _____
 Number of Floors Including Basement Level(s) _____
 Present Use of Bldg _____
 Prior Use of Bldg _____

1. Type of Project (check all that apply):

- Renovation Demolition Encapsulation Permanent Enclosure
 Emergency (#7 must be completed to validate an Emergency)
 Using MDH Demolition Abatement Rules Minn. R. 4620.3585

2. Amount(s) of RACM (Regulated Asbestos Containing Material) to be Abated

friable nonfriable

_____ _____ Linear feet on pipes
 _____ _____ Square feet on facility components (e.g. tanks, boilers, ceilings, ceiling tiles, flooring)
 _____ _____ Cubic feet off facility components if linear footage or square footage cannot be determined

3. Asbestos Abatement Activity Dates

- a. Precleaning Work Area to Final Visual Inspection Start _____ End _____
 b. Dates When RACM will be Disturbed Start _____ End _____
 c. Workshifts, time and days (e.g. 7 AM to 3 PM Mon.-Fri.) _____

4. Building Inspection: * Prior to a renovation or demolition, all buildings must be inspected by an EPA accredited inspector.

- a. Company and/or individual that conducted the building inspection _____
 b. Procedure, including analytic method, used to determine the presence of RACM _____

5. Description & Location of RACM to be abated (including floor # and room #)

6. Describe in detail the following procedures SPECIFIC TO THIS SITE: (use a separate sheet if necessary)

- a. Asbestos abatement emissions control procedures _____
- b. Waste handling emission control procedures _____
- c. Description of procedures to be followed in the event that unexpected RACM is found or Cat. II nonfriable ACM becomes crumbled, pulverized, or reduced to a powder _____
- d. Description of work practice, including specific abatement procedures and techniques to be used _____

7. For Emergency Renovation/Demolition Abatement Projects: Telephone MDH and MPCA for guidance on this option

- a. Date and hour of emergency _____
- b. Description of the sudden and unexpected event _____
- c. Explanation of how the event caused unsafe conditions or would cause equipment damage _____

8. Waste Transporter(s) Information

Transporter Name _____
Transporter Contact _____
Transporter Address _____
City, State, Zip _____
Phone Number _____

9. Waste Disposal Information

Landfill Name _____
Owner/Operator _____
Address/Location _____
City, State, Zip _____
Phone Number _____

10. Permit fee: (Check the one that applies)

- \$35 permit fee**
For all residential projects with less than 260 linear and 160 square feet but more than 10 linear and 6 square feet of RACM.
- 1% permit fee** Total Cost of Project \$ _____
For all projects, residential and nonresidential, with more than 260 linear or 160 square feet of RACM.

Does this 1% permit fee includes air monitoring costs? **yes** **no**
Is this a "Time and Materials" project? **yes** **no**

I certify that an individual trained in the provisions of Federal Regulations 40 CFR Part 61, Subpart M (a Minnesota Site Supervisor) will be on-site during the asbestos abatement project. I certify that the above information is correct and I am a bona fide representative of the abatement contractor.

Signature of Contractor/Owner _____ Date _____

<p>Send a copy of this notice to: Asbestos Coordinator Minnesota Pollution Control Agency Metro Districts – Regular Facilities Section 520 Lafayette Road N St. Paul, MN 55155-4194</p> <p>Postmarked or delivered at least 10 working days (Mon.-Fri.) before RACM disturbance for all projects.</p> <p>For questions call: 651-296-6300 or 1-800-657-3864</p>	<p>Send a copy of this notice and permit fee to: Asbestos Unit Minnesota Department of Health PO Box 64497 St. Paul, MN 55164-0497</p> <p>Received at least 5 calendar days before the start of a project.</p> <p>For questions call: 651-201-4620</p>
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