

Notification of Asbestos Related Work

Instructions

NOTICE:

- Please send separate payments for lead and asbestos application fees.
- MDH cannot process payments that combine fees for lead and asbestos.
- MDH will return applications submitted with payments that combine fees for asbestos and lead.

Fill in the application in black or blue ink only.

MDH must receive this notice and the accompanying permit fee at least five calendar days before the project begins. This includes all air monitoring required by the rules including background sampling to establish an alternative indoor air standard.

MPCA must receive this notice at least ten working days (Mon-Fri) before the project begins.

No cash or personal checks accepted.

A service fee is charged for returned checks.

Fees are nonrefundable.

Send a copy of this notice to:

Minnesota Pollution Control Agency
Industrial Division – Asbestos Program
520 Lafayette Road N
St. Paul, MN 55155-4194
Email: asbestos.demolition.pca@state.mn.us
Fax: 651-297-1438
For questions call: 651-296-6300 or 1-800-657-3864

Send a copy of this notice and permit fee to:

Minnesota Department of Health
Asbestos Unit
PO Box 64497
St. Paul, MN 55164-0497
For questions call: 651-201-4620

Notification of Asbestos Related Work

Type of Notification

- Original Amended Cancellation

Type of Project

- Large Project Series of Small Projects Maintenance Project Small Residential Project

Project Information

Asbestos Abatement Contractor

License _____
 Name _____
 Address _____
 City, State, Zip _____
 Contact Person _____
 Phone Number _____

Building Owner

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

Air Monitoring Consultant/Laboratory

License _____
 Name _____
 Address _____
 City, State, Zip _____
 Contact Person _____
 Phone Number _____

Building Information

Name _____
 Address _____
 City, State, Zip _____
 County _____
 Contact Person _____
 Phone Number _____
 Building Size _____ Building Age _____
 Number of Floors _____
 Present Use _____
 Prior Use _____

- Air Sample Analysis Only

1. Project Description (check all that apply)

- Renovation Demolition Encapsulation Permanent Enclosure
 Emergency (#7 must be completed to validate an Emergency)
 MDH Demolition Abatement Rules – DEMOLITION BY DESTRUCTION TO THE GROUND Minn. R. 4620.3585

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

Friable	Nonfriable	
_____	_____	Linear feet on pipes
_____	_____	Square feet on facility components (tanks, boilers, ceilings, ducts, flooring, etc.)
_____	_____	Cubic feet off facility components if linear or square footage cannot be determined.

3. Asbestos-Related Work Dates

A. Precleaning the Work Area to Clearance Air Sampling Start Date _____ End Date _____

B. Dates when RACM will be disturbed Start Date _____ End Date _____

C. Work shifts, time and days (Example: 7AM to 3PM 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 analytical method, used to determine presence or RACM _____

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

6. Describe in detail the following procedures SPECIFIC TO THIS SITE

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 _____

C. Description of work practice, including abatement procedures to be used _____

7. Emergency Asbestos Abatement Projects

A. Date and hour of emergency _____

B. Description of the sudden and unexpected event _____

C. Explanation the unsafe conditions or equipment damage _____

8. Waste Transporter Information

Name _____

Contact _____

Address _____

City, State, Zip _____

Phone Number _____

9. Waste Disposal Information

Landfill Name _____

Owner/Operator _____

Address _____

City, State, Zip _____

Phone Number _____

10. MDH Permit Fee (Check the one that applies)

\$35 permit fee - For residential projects with > 10 linear/6 square feet but < 260 linear/160 square feet of RACM.

2% permit fee - For all projects with >260 linear, 160 square, or 35 cubic feet of RACM.

Total Cost of Project \$ _____

Air monitoring costs included? Yes No

"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 _____ Date _____