



Connecticut Department of
 Energy & Environmental Protection
 Bureau of Air Management
 Engineering & Enforcement Division

<u>DEEP USE ONLY</u>	
Client No:	_____
Town No:	_____
Premises No:	_____
CADIS Tracking No:	_____

Asbestos Demolition/Renovation Notification

Part 1: Facility Information

Corporation Name					
Corporation Mailing Address					
Corporation City/Town		State		Zip Code	
Premise Name					
Premise Mailing Address					
Premise City/Town		State		Zip Code	
Contact Name				Contact Title	
Contact Telephone Number				Contact Email	
Title V Permit Number				Issue Date	
Type of Notification	<input type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled				
Type of Operation	<input type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Fire Training <input type="checkbox"/> Ordered Demolition (<i>Complete Part 5</i>) <input type="checkbox"/> Emergency Demolition/Renovation (<i>Complete Part 6</i>)				
Is Asbestos Present?	<input type="checkbox"/> Yes, asbestos <i>is</i> present in the building/facility. <input type="checkbox"/> No, asbestos <i>is not</i> present in the building/facility.				

Part 2: Certifications

I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that any false statement made in the submitted information may be punishable as a criminal offense under section 22a-175 of the Connecticut General Statutes, under section 53-157b of the Connecticut General Statutes, and in accordance with any applicable statute.

I certify that the signature of the registrant, permittee, or duly authorized representative, being submitted herewith complies with Section 22a-174-2a(a) of the Regulations of Connecticut State Agencies."

Signature		Date	
Name		Title	

Part 3: Building Information

Building Name				
Location of Demo/Reno in Building				
Building Size (SqFt)		No. of Floors		Age of Building (Yrs)
Present Use of Building			Prior Use of Building	

Part 4: Type and Amount of Asbestos Materials to be Removed

	RACM to be Removed	Category I Non-Friable Asbestos Material to be Removed	Category II Non-Friable Asbestos Material to be Removed
Pipes (LnFt)			
Surface Area (SqFt)			
Facility Components (CuFt)			

Provide a brief description of the procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM.

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Provide a brief description of planned demolition or renovation work to be performed and method(s) to be employed, including demolition or renovation techniques and description of affected facility components.

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Provide a brief description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures.

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Scheduled Dates of Demolition or Renovation	From		To	
Dates of Asbestos Removal	From		To	

Part 5: Ordered Demolition

Name of Agency Ordering Demolition			
Date of Demolition Order		Date Ordered to Begin Demolition	
Copy of Demolition Order Attached?	<input type="checkbox"/> Yes, copy of Demolition Order <i>is</i> attached. <input type="checkbox"/> No, copy of Demolition Order <i>is not</i> attached.		

Part 6: Emergency Demolition/Renovation

Date of Emergency		Time of Emergency	
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Provide a description of the emergency (sudden unexpected event).

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Provide a description of how the emergency event caused unsafe conditions, or would cause equipment damage or an unreasonable financial burden.

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Provide a description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.

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Part 7: Removal Contractor(s)

Contractor 1 Name					
Mailing Address					
City/Town		State		Zip Code	
Contact Name				Contact Title	
Contact Telephone Number				Contact Email	

Part 7: Removal Contractor(s) Cont.

Contractor 2 Name					
Mailing Address					
City/Town		State		Zip Code	
Contact Name				Contact Title	
Contact Telephone Number				Contact Email	

Part 8: Waste Transporter(s)

Transporter 1 Name					
Mailing Address					
City/Town		State		Zip Code	
Contact Name				Contact Title	
Contact Telephone Number				Contact Email	
Transporter 2 Name					
Mailing Address					
City/Town		State		Zip Code	
Contact Name				Contact Title	
Contact Telephone Number				Contact Email	

Part 9: Waste Disposal Site(s)

Disposal Site 1 Name					
Mailing Address					
City/Town		State		Zip Code	
Contact Name				Contact Title	
Contact Telephone Number				Contact Email	
Disposal Site 2 Name					
Mailing Address					
City/Town		State		Zip Code	
Contact Name				Contact Title	
Contact Telephone Number				Contact Email	