



I. Type of Notification **THIS NOTICE MUST BE SUBMITTED 10 DAYS BEFORE BEGINNING THE ACTIVITY**

<input type="checkbox"/> Original	<input type="checkbox"/> Revised	<input type="checkbox"/> Cancelled	Date:
-----------------------------------	----------------------------------	------------------------------------	-------

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
-------------------------------------	-------------------------------------	---	---	------------------------------	-----------------------------

IV. Dates of Asbestos Removal (MM-DD-YY)	V. Dates of Demolition or Renovation (MM-DD-YY)
Start: Stop:	Start: Stop:

VI. Facility Information (identify owner and operator, if applicable)

Owner Name			
Owner Address	City	State	Zip Code
Contact Person	Telephone Number		
Operator (if different than owner)			
Operator Address	City	State	Zip Code
Contact Person	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 or Year Built	
Present Use	Prior Use			

VIII. Asbestos Contractor or Demolition Contractor

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
Surface Area (Sq. Ft.)					
Volume from Facility Component(s) (Cu.Ft.)					
Pipe (Linear Ft.)					

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

<input type="checkbox"/> PLM <input type="checkbox"/> Other: <input type="checkbox"/> TEM	Type of Asbestos-Containing Material(s)
--	---

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: SFN 8509
--	--

XIV. Waste Transporter

Name			
Address	City	State	Zip Code
Contact Person		Telephone Number	

XV. Waste Disposal Site

Name	Permit Number	Telephone Number	
Address	City	State	Zip Code

XVI. 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)	

XVII. 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:	

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

--

XIX. General Comments

--

XX. 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

Date

Return form to: North Dakota Department of Health
 Division of Air Quality
 918 E. Divide Ave., 2nd Floor
 Bismarck, ND 58501-1947

Telephone: 701.328.5188
Fax: 701.328.5185 (If faxing, original copy must be mailed)

- 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. Waste Transporter(s): Enter the name(s), address(es), contact person(s) and telephone number(s) 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.
- XV. 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.
- XVI. 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.
- XVII. 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.
- XVIII. 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.
- XIX. General Comments: as necessary. Attach an additional sheet of paper if needed and submit with this form.
- XX. 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 and dating the notification form.