



Lincoln-Lancaster County Health Department

Lincoln-Lancaster County Health Department
Environmental Public Health Division – Air Quality
Program 3131 O Street, Lincoln, NE 68510

NESHAP NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #
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I. TYPE OF NOTIFICATION: Original (O) Revised (R) Canceled (C)

II. FACILITY INFORMATION: (identify owner, removal contractor, and other operator)

Owner Name:			
Street Address:			
City:		State:	ZIP:
Contact:			Tel:
Removal Contractor:			
Street Address:			
City:		State:	ZIP:
Contact:			Tel:
Other Operator:			
Street Address:			
City:		State:	ZIP:
Contact:			Tel:

III. TYPE OF OPERATION: Demo(D) Ordered Demo(O) Renovation(R) Emer. Renovation(E)

IV. IS ASBESTOS PRESENT? Yes No

V. FACILITY DESCRIPTION:

Building Name:			
Street Address:			
City:		State:	ZIP:
Site Location:			
Building Size:		# of Floors:	Age in Years:
Present Use:		Prior Use:	

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

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VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:

1. Regulated ACM to be removed 2. Category I ACM NOT removed 3. Category II ACM NOT removed	RACM to be Removed	Non-friable Asbestos Material Not to be removed		Indicate Unit of Measurement Below	
		Cat I	Cat II	Unit	
Pipes				LnFt:	Ln m:
Surface Area				SqFt:	Sq m:
Volume RACM off Facility Component				CuFt:	Cu m:

VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: _____ / _____ / _____ to _____ / _____ / _____

IX. SCHEDULED DATES OF DEMO/RENOVATION: _____ / _____ / _____ to _____ / _____ / _____

X. DESCRIPTION OF DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

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XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

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XII. WASTE TRANSPORTER INFORMATION:

Waste Transporter #1 Name:		
Street Address:		
City:	State:	ZIP:
Contact:		Tel:
Waste Transporter #2 Name:		
Street Address:		
City:	State:	ZIP:
Contact:		Tel:

XIII. WASTE DISPOSAL SITE INFORMATION

Name:		
Street Address:		
City:	State:	ZIP:
Contact:		Tel:

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:	Title:
Authority:	
Date of Order: / /	Date Ordered to Begin: / /

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency: / / @ : a.m. p.m.

Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVI. DESCRIPTION OF THE PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED OR REDUCED TO POWDER.

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XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (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 FOR INSPECTION DURING NORMAL BUSINESS HOURS (Required 1 year after Promulgation)

Signature of Owner/Operator

_____/_____/_____
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

Signature of Owner/Operator

_____/_____/_____
Date