



Notification of Asbestos Related Work

Type of Notification: [] Original [] Amended # [] Project Cancellation [] Residential [] Nonresidential

Asbestos Abatement Contractor: Lic. #

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

Building Owner:

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 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.

Attach a signed copy of the bid acceptance document or other cost verification document.

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 bonafide representative of the abatement contractor or building owner and have authority to enter into agreements for my employer.

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 North St. Paul, MN 55155-4194 <i>Postmarked or delivered at least 10 working days (Mon.-Fri.) before RACM disturbance for all projects.</i></p> <p>For questions call: 651-296-6300 or 1-800-657-3864</p>	<p>Send a copy of this notice, permit fee and cost verification to: Asbestos Unit Minnesota Department of Health P.O. Box 64975 St. Paul, MN 55164-0975 <i>Received at least 5 calendar days before the start of a project..</i></p> <p>For questions call: 651-201-5000</p> <p style="text-align: right;">Revised 9/05</p>
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