



Minnesota Pollution Control Agency

520 Lafayette Road North
St. Paul, MN 55155-4194

Notification of Asbestos-Related Work

Solid Waste Program

Doc Type: Asbestos & Demolition/Amendments



- Type of notification: [] Original [] Amended # [] Project cancellation [] Residential [] Nonresidential and/or Regulated

Submit a copy of this notice to the Minnesota Pollution Control Agency (MPCA) at:

Industrial Division Asbestos Program
Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, MN 55155-4194

E-mail to: asbestos.demolition.pca@state.mn.us
Fax to: 651-297-1438

Postmarked or delivered at least ten (10) working days before Regulated Asbestos-Containing Material (RACM) disturbance for all projects.

For questions call: 651-296-6300 or 1-800-657-3864

Submit a copy of this notice, permit fee, and cost verification to Minnesota Department of Health (MDH) at:

Asbestos Unit
Minnesota Department of Health
P.O. Box 64497
St. Paul, MN 55164-0497

Received at least five (5) calendar days before the start of a project.

For questions call: 651-201-4620

Asbestos Abatement Contractor

License number:
Name:
Address:
City, State, Zip:
Phone number:
Contact name:
Phone number:

Air Monitoring Consultant/Laboratory

License number:
Name:
Address:
City, State, Zip:
Phone number:
Contact name:
Phone number:

Building Information

Building name:
Address/Location:
City, State, Zip:
County:
Phone number:
Age of bldg (yrs):
Size of bldg (sq ft):
Number of floors, including basement level(s):
Present use of bldg:
Prior use of bldg:

Building Owner

Name:
Address:
City, State, Zip:
Phone number:
Contact name:
Phone number:

[] Air sample analysis only

- 1. Type of project (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(s) of RACM to be abated:

friable nonfriable
Linear feet on pipes
Square feet on facility components (e.g., tanks, boilers, ceilings, air ducts, and flooring)
Cubic feet off facility components if linear footage or square footage cannot be determined

3. Asbestos abatement activity dates (mm/dd/yyyy):

- a. Precleaning work area to final visual inspection dates: 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 MDH 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 and 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(s): _____

10. MDH 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 include air monitoring costs? Yes No
Is this a "Time and Materials" project? Yes No

Certification

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

Print name: _____ Title: _____
Signature: _____ Date: _____