



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 # |
|--------------------|----------|---------------|----------------|

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:

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.

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|--|
| 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 CRUMBLED, 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