



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

**FIRE TRAINING DEMOLITION NOTIFICATION**

I. Type of Notification:       Original (O)       Revised (R)       Canceled (C)

II. Fire Department Information:

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

III. Structure Owner Information:

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

IV. Structure Information:

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

V. Was the structure inspected for asbestos-containing materials?       Yes       No

Is asbestos present?       Yes       No      Quantity of asbestos: \_\_\_\_\_ lbs.

Asbestos removal contractor (if applicable): \_\_\_\_\_

Scheduled dates of asbestos removal:      \_\_\_\_ / \_\_\_\_ / \_\_\_\_      to      \_\_\_\_ / \_\_\_\_ / \_\_\_\_

VI. Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material:

VII. Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition site:

VIII. Description of the procedures to be followed in the event that unexpected asbestos is found:

IX. Location of ash and burnt debris disposal: \_\_\_\_\_

\* Ash and burnt debris must be disposed of in a permitted municipal solid waste landfill.

X. Proposed fire training dates:    /    /           to    /    /             
Alternate fire training dates:    /    /           to    /    /           

XI. Was a permit obtained from the State Fire Marshal?    Yes    No

\* To conduct a lawful fire training exercise, a permit must be obtained from the State Fire Marshal prior to the training.

XII. I certify that the above information is correct and that the above referenced fire training will be conducted in accordance with all State and Federal Regulations

\_\_\_\_\_  
Signature of Owner/Operator

  /    /    \_\_\_\_\_  
Date

**SUBMIT TO:** Lincoln-Lancaster County Health Department  
Air Quality Program  
3131 O Street  
Lincoln, NE 68510  
ph: (402) 441-8040  
fax: (402) 441-3890

**\* - Please read fire training policies and guidelines.**