



DES

DEPARTMENT OF ENVIRONMENT AND SUSTAINABILITY



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For DAQ Use Only

Asbestos Fees Apply

Project #: _____ Invoice #: _____

NESHAP Notification of Asbestos Abatement Form

Type of Notification: Original Cancellation Revision (specify revision #): _____ Courtesy Notification

Summary of Revisions

Section 1 - Facility Information

Owner's Name: _____ Owner's Title: _____ Company/Organization: _____

Number: _____ Direction: _____ Street: _____ Street Type: _____ Suite: _____ PO Box: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Office Phone: _____ Cell: _____ Fax: _____

Owner's Representative

Representative's Name: _____ Representative's Title: _____ Company/Organization: _____

Email Address: _____ Office Phone: _____ Cell: _____ Fax: _____

Section 2 - Removal Contractor Information

Company/Organization: _____ Representative's Name: _____ Representative's Title: _____

Number: _____ Direction: _____ Street: _____ Street Type: _____ Suite: _____ PO Box: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Office Phone: _____ Cell: _____ Fax: _____

Section 3 - Other Operator/Consultant Information

Company/Organization: _____ Name: _____ Title: _____

Number: _____ Direction: _____ Street: _____ Street Type: _____ Suite: _____ PO Box: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Office Phone: _____ Cell: _____ Fax: _____

Section 4 - Operation Summary

Type of Operation (Check All That Apply):	<input type="checkbox"/> Demolition	<input type="checkbox"/> Renovation	<input type="checkbox"/> Emergency Renovation	<input type="checkbox"/> Ordered Demolition	<input type="checkbox"/> Planned, Non-scheduled Renovation (PNR)	PNR Year:
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Section 5 - Description of Asbestos Containing Material (ACM) and Nature

Description:
Location of Asbestos Within Structure:

Section 6 - Facility/Structure Description

Facility Name/Description:					
Facility/Structure Location					
Number:	Direction:	Street:		Street Type:	Suite:
City:	State:			NV	Zip:
Building Age (Years):	Total Floor Space (Square feet):	Total Number of Floors:	Present Use:	Prior Use:	

Section 7 - Procedure Used to Detect Presence of ACM

Procedure:

Section 8 - Approximate Asbestos Amounts

Unit of Measure	RACM to be Removed:	Amount of ACM to be Removed		Amount of ACM to Remain	
		Non-friable Category I:	Non-friable Category II:	Non-friable Category I:	Non-friable Category II:
Pipe (Linear Ft.)					
Surface (Sq. Ft.)					
Volume (Cu. Ft.)					

Notice Requirements:

If the amount of RACM changes by 20%, this notice must be revised.
For two (2) or more structures, detail types and amounts of ACM must be documented separately and attached to this notice.

Section 9 - Asbestos Abatement/Removal Schedule

Abatement/Removal Schedule (MM/DD/YYYY)			Abatement Hours of Operation (HH:MM AM/PM)		
Start Date:	End Date:	Start Time:	End Time:		

Section 10 - Work Practices & Engineering Controls to Prevent Emissions

Check All That Apply		List Machines:
<input type="checkbox"/> Full Containment	<input type="checkbox"/> Critical Barriers	
<input type="checkbox"/> 3 Stage Decontamination	<input type="checkbox"/> Glove Bag	
<input type="checkbox"/> Maintain Adequately Wet	<input type="checkbox"/> Amended Water	
<input type="checkbox"/> Hand Removal of Non-friable ACM	<input type="checkbox"/> Mechanical Removal of ACM	
<input type="checkbox"/> Negative Air Pressure (List Number of Machines):		

Description of other work practices:

Section 11 - Waste Transport Information

Company/Organization:		Representative's Name:		Representative's Title:	
Number:	Direction:	Street:	Street Type:	Suite:	PO Box:
City:		State:	Zip:		
Email Address:		Office Phone:	Cell:	Fax:	

Section 12 - Waste Disposal Site Information

Company/Organization:		Representative's Name:		Representative's Title:	
Number:	Direction:	Street:	Street Type:	Suite:	PO Box:
City:		State:	Zip:		
Email Address:		Office Phone:	Cell:	Fax:	

Section 13 - If Demolition Ordered by a Government Agency; Identify Below & Attach Order

Organization:		Representative's Name:		Representative's Title:	
Number:	Direction:	Street:	Street Type:	Suite:	PO Box:
City:		State:	Zip:		
Email Address:		Office Phone:	Cell:	Fax:	

Section 14 - Emergency Renovation

Attach letter from the authorizing agency for the emergency work.	Date (MM/DD/YYYY) & Time (HH:MM AM/PM) of Emergency				
	Date:		Time:		
Description of sudden unexpected event:					
Description of how the event caused the unsafe condition(s):					

Section 15 - Unexpected Asbestos Procedures

Description of procedures to be followed in the event that unexpected asbestos is found or previously non-friable asbestos material becomes crumbled, pulverized or reduced to powder:

Section 16 - Asbestos Training

Will an individual trained on the provisions of the regulation (40 CFR Part 61 Subpart M) be on site during this project and is this training documented? Yes No

Certification

I hereby certify that to the best of my knowledge and understanding, the information provided is true, accurate and complete.

Name:	Title:	Company/Organization:		
Email Address:		Office Phone:	Cell:	Fax:
Signature			Certification Date	