PINAL COUNTY
WIDE OPEN OPPORTUNITY

NESHAP NOTIFICATION FOR RENOVATION AND DEMOLITION ACTIVITIES
PINAL COUNTY, Arizona
National Emission Standards for Hazardous Air Pollutants (NESHAP)
Pinal County Air Quality Control District

This Line For NESHAP Regulatory Agency Use Only:	U.S. Postmark Date:_____	Commercial Delivery Service Date:_____	Other Hand Delivery Date:_____	Notification #: _____
	Dust Permit #_____	Fee Paid $_____	Pymt Method _____	Ck #_____

1. Type of Notification: ☐ Original; ☐ Revision 1; ☐ Revision 2; ☐ Revision 3; ☐ Revision 4; ☐ Revision 5; ☐ Cancel

2a. Facility Owner Information

Name of Company/Individual:		
Address:		
City:	State:	Zip:
Contact Person:	Phone #:	Email:

2b. Asbestos Removal Contractor/Operator

Name of Company/Individual:		ROC #
Address:		
City:	State:	Zip
Contact Person:	Phone:	Email:

2c. Demolition Contractor/Operator

Name of Company/Individual:		ROC #
Address:		
City:	State:	Zip:
Contact Person:	Phone:	Email:

3. Type of Operation: ☐ Renovation, ☐ Emergency Renovation, ☐ Demolition, ☐ Ordered Demolition, ☐ Annual Non-scheduled Operation

4. **PROVIDE DATE OF THOROUGH INSPECTION OF FACILITY, OR AFFECTED PART BY AN AHERA (Asbestos Hazardous Emergency Response Act) CERTIFIED BUILDING INSPECTOR** Date: ☐☐/☐☐/☐☐

5. Facility Description (Attach site location map for multiple structures at one street address or installation)

Building Name:		Visible Signage:	
Street Address:		Identifying Features:	
City:	County: Pinal	State: AZ	Zip:
City/County Renovation Permit #:		City/County Demolition Permit #:	
Building Size in Floor Area (Sq. Ft.)	Number of Floors Affected:		Age of Facility:
If Residential, Number of Dwelling Units:	Present Use:		Prior Use:

6. PROCEDURE, INCLUDING ANALYTICAL METHOD, EMPLOYED TO DETECT THE PRESENCE OF RACM AND CATEGORY I AND CATEGORY II NONFRIABLE ACM

☐ Polarized Light Microscopy [PLM]; ☐ Point Counting; ☐ Assumed; ☐ Other _____

NVLAP Laboratory Name _____ Number of Samples ☐☐ Date Analyzed ☐☐/☐☐/☐☐

7. Approximate Amount of Asbestos, including: *NOTE: Update Notice when amount of RACM changes at least 20%. RACM = Regulated Asbestos-Containing Material as defined in 40 CFR 61, Subpart M, Asbestos NESHAP § 61.141.	Amount of RACM to be Removed or Generated*	Amount of Nonfriable ACM To Be Removed CAT I	Amount of Nonfriable ACM To Be Removed CAT II	Amount of Nonfriable ACM Not To Be Removed during Demo CAT I	Amount of Nonfriable ACM Not To Be Removed during Demo CAT II
On Facility Components; Pipes (Linear Feet)		☐	☐	☐	☐
On Facility Components; Surface Area (Square Feet)		☐	☐	☐	☐
Off Facility Components; Volume (Cubic Feet)		☐	☐	☐	☐

8. DATES FOR ASBESTOS REMOVAL Start Date: ☐☐/☐☐/☐☐☐☐

Completion Date*: ☐☐/☐☐/☐☐☐☐

Days of Operation:

☐ M ☐ T ☐ W ☐ TH ☐ F ☐ S ☐ SU

9. DATES FOR DEMOLITION Start Date: ☐☐/☐☐/☐☐☐☐

Completion Date*: ☐☐/☐☐/☐☐☐☐

Hours of operation:

10. DESCRIPTION OF PLANNED DEMOLITION/RENOVATION WORK:

☐ Thermal System Insulation ☐ Ceiling Texture/Tiles ☐ Duct/Seam Tape ☐ Regulated Drywall System ☐ Asbestos-Containing Roof Removal

☐ Asbestos Cement Pipe ☐ Asbestos Cement Shingles ☐ VAT/Mastic ☐ Asbestos Cement Siding ≥5580 sq ft w/rotating blade cut

Other, Please specify:

REMOVAL METHODS: ☐ Hand/Non-Mechanical Tools ☐ Mechanical/Power Tools ☐ Mastic Solvents ☐ Blast Trac™ Machine

Other, please specify:

11. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT ASBESTOS EMISSIONS:

☐ Adequately Wet ☐ Full Containment ☐ Critical Barriers ☐ Negative Air Machines, No. ☐☐ of units to be used

☐ Glove-Bag ☐ Leak-Tight Wrap ☐ 6-mil Bags ☐ Mini-containment

☐ Decontamination Unit with Hot/Cold Water and Soap for OSHA Class I work ☐ Other, Describe

12a. ASBESTOS WASTE TRANSPORTER #1

Company Name:		
Address:		
City:	State:	Zip:
Contact Person:	Phone:	Email:

12b. ASBESTOS WASTE TRANSPORTER #2

Company Name:		
Address:		
City:	State:	Zip:
Contact Person:	Phone:	Email:

13. ASBESTOS WASTE DISPOSAL SITE:

Company Name:		
Address:		
City:	State:	Zip:
Contact Person:	Phone:	Email:

14. FOR ORDERED DEMOLITIONS (40 CFR 61, §61.145(A)(3), ATTACH A COPY OF THE AGENCY'S ORDERED DEMOLITION LETTER

Name:	Title:
State or Local Government Agency:	Authority:
Date of Order (MM/DD/YY): ☐☐/☐☐/☐☐☐☐	Date Demolition Ordered to Begin (MM/DD/YY): ☐☐/☐☐/☐☐☐☐

15. FOR EMERGENCY RENOVATIONS (40 CFR 61, §61.145(a)(4)(iv))

Date and Hour of Emergency (MM/DD/YY – HH:MM): ☐☐/☐☐/☐☐☐☐ ----- ☐☐:☐☐

Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

16. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED RACM IS FOUND OR CATEGORY II NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

☐ Stop Work ☐ Notify Owner ☐ Revise Notification ☐ Follow 40 CFR 61, §61.145(c) Procedures ☐ AHERA Certified Contractor/Supervisor On-Site

17. I certify that at least one AHERA certified contractor/supervisor will supervise the stripping and removal of RACM described in this notification and that the training certificate will be posted or readily available on-site.

Print Name: Owner/Operator	Title	Signature of Owner/Operator	Date

18. CERTIFICATION OF INSPECTION BY AN AHERA CERTIFIED ASBESTOS BUILDING INSPECTOR (All areas of Arizona):

Print Name of Inspector	Training Provider	AHERA Certificate Number	Expiration Date

19. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Company Name: Rev. Date:

Print Name: Owner/Operator	Signature of Owner/Operator	Date

Title

Mail/Deliver to:	**Copy of Notification to:**	**Regional Asbestos Landfills in Pinal County**	**Notification Fee:**
Pinal County AQCD P.O. Box 987/ 85 N Florence St. Florence, AZ. 85132 (520) 866-6960	ADOSH 800 W. Washington St Phoenix, AZ 85007 (602) 542-5797	Cactus Waste Landfill Hwy 79 & Deep Wells Ranch Rd Florence 85132 (480) 797-0140 Apache Junction Landfill 4050 Tomahawk Rd Apache Junction 85119 (480) 982-7003	**$100.00**

References: Title 40, Code of Federal Regulations, Part 61, Subpart M, Asbestos NESHAP § 61.145(b). Pinal County Air Quality Control District Code of Regulations 7-1-030 & 7-1-060

Form Revised: July 2021