

For Office Use Only:

Notification #: _____

ASBESTOS/DEMOLITION NOTIFICATION FORM

DO NOT WRITE IN THIS BOX- FOR DEPARTMENT USE ONLY

Date received: ___/___/___ Postmark date: ___/___/___ Walk-in date: ___/___/___

TYPE OF NOTIFICATION: *(Select one and fill in the requested information)*

ORIGINAL AMENDMENT No. ___ CANCELLATION

EMERGENCY

•Was emergency request made to the Regional Office or Environmental Health Notifications Group (EHNG) by phone?

Yes No

•If yes, the DSHS reference #: _____ and name of the Regional or EHNG representative with whom you spoke? _____

Date: ___/___/___ Time: _____ a.m. p.m.

•Describe the reason for Emergency: _____

ORDERED: *(For structurally unsound facilities, attach copy of demolition order and identify Governmental Official)*

Name: _____ Registration No. _____

Title: _____

Date of order (MM/DD/YY): ___/___/___ Date order to begin (MM/DD/YY): ___/___/___

(x)
Below if
Amended

AMENDMENTS: You must complete the entire form and mark the appropriate check box(es) along the left-hand side of this form to indicate amended information.

TYPE OF WORK

Asbestos Abatement Demolition Annual Consolidated O&M Abatement/Demolition

Is this a phased project? Yes No

FACILITY INFORMATION

1. Facility Location

..... Description or Facility Name: _____

..... Physical Address: _____

..... County: _____ City: _____ Zip: _____

..... Facility Contact: _____ Phone #: (____) _____ - _____

2. Type of Facility (Select one)

Public Federal Industrial/Manufacturing NESHAP-Only Public School K-12

3. Facility Details

..... Description of Area/Room Number: _____

..... Age of Building: _____ Size: _____ Number of Floors: _____

..... Is this building occupied? Yes No

..... Prior Use: _____

..... Future Use: _____

..... Date of Asbestos Survey/NESHAP Inspection: ___/___/___

..... DSHS Inspector License #: _____

..... Analytical Method: PLM TEM Assumed Asbestos No Suspect Material

..... DSHS Laboratory License #: _____

WORK SCHEDULE/ASBESTOS AMOUNTS *(Note: if the start date(s) entered below cannot be met, the DSHS Regional or Local Program office must be notified prior to the scheduled start date. Failure to do so is a violation of TAC Section 295.61.)*

1. Asbestos Abatement Work Schedule:

..... Start date: ___/___/___ and End date: ___/___/___

..... Work days: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

..... Working hours: _____ a.m. p.m. to _____ a.m. p.m.

2. Demolition Work Schedule:

..... Start date: ___/___/___ and End date: ___/___/___

..... Work days: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

..... Working hours: _____ a.m. p.m. to _____ a.m. p.m.

(x)
Below if
Amended

C. ASBESTOS AMOUNTS

..... Is Asbestos Present? Yes No (*Complete the table below if asbestos is present*)

Asbestos-Containing Building Material Type	Approximate amount of Asbestos						
	Pipes	Ln Ft	Ln M	Surface Area	SQ Ft	SQ M	Cu Ft
<i>*Only mark the boxes below on this chart if they are being amended</i>							
<input type="checkbox"/> RACM to be removed		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> RACM left in place during demolition		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Interior Category I non-friable removed		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Exterior Category I non-friable removed		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Category I non-friable left in place during demolition		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Interior Category II non-friable removed		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Exterior Category II non-friable removed		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Category II non-friable left in place during demolition		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> RACM Off-Facility Component							

DESCRIPTION OF WORK PRACTICES AND PROCEDURES

..... 1. 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: _____

..... 2. Description of planned demolition or abatement work, type of material, and method(s) to be used: _____

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

PROJECT INFORMATION

..... **A. FACILITY OWNER**

Facility Owner Name: _____
Phone #: () - _____
Attention: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

..... **B. ASBESTOS ABATEMENT CONTRACTOR #1**

DSHS Asbestos Contractor License #: _____
Contractor Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Office Phone #: () - _____ Job-Site Phone #: () - _____

..... **C. ASBESTOS ABATEMENT CONTRACTOR #2 (Only if there is more than one Contractor)**

DSHS Asbestos Contractor License #: _____
Contractor Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Office Phone #: () - _____ Job-Site Phone #: () - _____

D. ASBESTOS SUPERVISOR

..... DSHS Supervisor License #: _____ Site Supervisor: _____
 DSHS Supervisor License #: _____ Site Supervisor: _____

(x)

Below if

Amended **E. NESHAP TRAINED INDIVIDUAL**

..... NESHAP Trained Individual: _____
Certification Date: ___ / ___ / ___

..... **F. DEMOLITION CONTRACTOR**

Demolition Contractor: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: (____) _____ - _____

..... **G. PROJECT CONSULTANT OR OPERATOR**

DSHS License No.: _____
Project Consultant or Operator: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: (____) _____ - _____

..... **H. Waste Transporter**

DSHS Waste Transporter License #: _____
Waste Transporter: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone #: (____) _____ - _____

..... **I. Waste Disposal Site**

TCEQ Permit #: _____
Waste Disposal Site: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: (____) _____ - _____

CERTIFICATION STATEMENT

I hereby declare that I have examined this notification and, to the best of my knowledge and belief, all information provided is complete, true, and correct. I affirm that I am the owner, operator, or delegated agent and that I am responsible for the fee associated with this notification. I also understand that the owner, operator, or delegated agent is responsible for notification to the department.

(Signature of Owner, Operator or Delegated Agent)

Date: ___ / ___ / ___

(Printed Name & Title)

E-mail Address: _____ Phone #: (____) _____ - _____

IMPORTANT INFORMATION

NOTIFICATION TIMELINESS REQUIREMENT:

Your Asbestos/Demolition Notification form must be postmarked no less than ten working days (not calendar days) prior to the start of any asbestos abatement or demolition.

FILING FEE: An invoice will be mailed to the facility owner upon completion of the project.

CALL FOR ASSISTANCE: (512) 834-6747 or (888) 778-9440 (toll free in Texas)

MAIL FORM TO: ENVIRONMENTAL HEALTH NOTIFICATIONS GROUP
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
PO BOX 143538
AUSTIN, TX 78714-3538