

Notification requirements. Owner/operator must also complete Section XV or XVI of notification form.

C. Demolition by intentional burning must comply with an approved Variance from Opening Burning Regulation 326IAC 4-1.

IV. Is Asbestos Present? - Required by Federal 40 CFR Part 61, Subpart M

- A. If asbestos is present, indicate "yes" in the space provided.
- B. If asbestos is not present, indicate "no".

V. Procedures, Including Analytical Methods, if appropriate, Used to Detect the Presence and Amount of Asbestos Material - 326 IAC 14-10-3(3)(E).

Describe how the asbestos was detected and, if samples were analyzed, specify the amount of friable asbestos visually during a walk-through inspections using a tape measure, blueprints, or pacing. Analytical methods could include the collection of samples and sample analyses by a polarized light microscope with dispersion staining.

For samples that test under 10% asbestos content: An owner or operator may (1) elect to assume material to be greater than 1% asbestos, or, (2) require verification by point counting in which the point counting result will supercede the visual estimation. Either choice and result should be stated on the notice when a sample is under 10% asbestos.

VI. Approximate Amount of Asbestos to be Removed - 326 IAC 14-10-3(3)(F)

- A. Specify the amount of regulated (friable) asbestos-containing material to be removed as follows:
 - 1. linear feet on pipes,
 - 2. square feet (surface area) on the facility components, **and**
 - 3. total cubic feet (volume) on or off all facility components. (All reported regulated amounts must be converted to cubic feet).
- B. Estimate the approximate amount of Category I and Category II non-friable asbestos-containing material in the affected part of the facility that will be removed before demolition.
- C. Estimate the approximate amount of Category I and Category II non-friable asbestos-containing material in the affected part of the facility that will not be removed before demolition.

VII. Scheduled Dates of Asbestos Stripping/Removal - 326 IAC 14-10-3(3)(H)

This means the actual start and end dates of the asbestos stripping or removal.

VIII. Scheduled Dates of Asbestos Stripping/Removal - 326 IAC 14-10-3(3)(H)

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS**

State Form 44593 (R2 / 8-99)

I. TYPE OF NOTIFICATION (check one):		Original _____	Revised * _____	Canceled _____	Courtesy _____
* Must include copy of notification which is being revised					
II. FACILITY INFORMATION (Identify owner, removal contractor, demolition contractor, inspector, and project designer)					
Owner: _____					
Address: _____					
City: _____		State: _____		Zip: _____	
Contact: _____			Telephone #: _____		
Removal Contractor: _____			Demolition Contractor: _____		
Address: _____			Address: _____		
City: _____		State: _____		Zip: _____	
Contact: _____			Phone: _____		
IN License #: _____		Expiration: _____			
Inspector: _____			(Required for asbestos projects at schools K - 12)		
Address: _____			Project Designer: _____		
City: _____		State: _____		Zip: _____	
IN License #: _____			Expiration: _____		
Phone: _____			Phone: _____		
III. TYPE OF OPERATION (check one)		Renovation: _____		Emergency Renovation: _____	
Intentional Burning: _____		Demolition: _____		Ordered Demolition: _____	
IV. IS ASBESTOS PRESENT? (check one)		YES: _____		NO: _____	
V. PROCEDURES, INCLUDING ANALYTICAL METHODS, IF APPROPRIATE, USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIAL					

VI. APPROXIMATE AMOUNT OF ASBESTOS (Including Regulated ACM, Category I non-friable Category II non-friable ACM)					
	Regulated ACM to be removed	Non-friable Asbestos Material To be removed		Non-friable Asbestos Material Not to be removed before demolition	
		Category I	Category II	Category I	Category II
Pipes (LnFt)					
Surface Area (SqFt)					
Total Volume (CuFt) on/off Components					
VII. SCHEDULED DATES OF ASBESTOS STRIPPING/REMOVAL:		Start: _____		End: _____	
VIII. SCHEDULED DATES OF RENOVATION:		Start: _____		End: _____	
		DEMOLITION:		Start: _____	
				End: _____	
IX. FACILITY DESCRIPTION (Including building name, floor, and room number)					
Building Name: _____					
Street Address: _____					
City: _____		State: _____		County: _____	
Location of removal within building: _____					
Building Size (SqFt): _____			# of Floors: _____		Age: _____
Present Use: _____				Prior use: _____	

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIALS REMOVED

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE SITE; INCLUDING ASBESTOS STRIPPING, REMOVAL AND WASTE HANDLING PROCEDURES TO PREVENT NON-FRIABLE ASBESTOS MATERIAL FROM BECOMING FRIABLE IN THE COURSE OF THE PROJECT:

XII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED POWDER:

XIII. WASTE TRANSPORTER

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____

XIV. WASTE DISPOSAL SITE

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW AND ATTACH A COPY OF THE ORDER TO THIS FORM. IF THE FACILITY IS NOT INSPECTED PRIOR TO DEMOLITION, THE DEBRIS MUST BE KEPT ADEQUATELY WET. THE DEBRIS MUST THEN BE INSPECTED AFTER DEMOLITION OR ASSUME ALL DEBRIS TO BE CONTAMINATED WITH RACM AND DISPOSED OF APPROPRIATELY TO COMPLY WITH 326 IAC 14-10-1(b).

Name: _____ Title: _____ Date ordered to begin: _____

Authority: _____ Date of Order: _____

XVI. FOR EMERGENCY RENOVATIONS: Date and time of emergency: _____

Description of sudden, unexpected event: _____

Explanation of how the event caused unsafe condllions or would cause equipment damage: _____

XVII. I HEREBY CERTIFY THAT THE INFORMATION IN THIS NOTIFICATION IS CORRECT AND THAT I WILL ONLY USE INDIANA LICENSED WORKERS AND PROJECT SUPERVISORS, TO IMPLEMENT THIS ASBESTOS PROJECT, WHICH HAVE BEEN TRAINED IN 326IAC 14-10; 40 CFR PART 61, SUBPART M; AND, IF APPLICABLE, INDIANAPOLIS AIR POLLUTION CONTROL BOARD REGULATION 14. THE TRAINED INDIVIDUAL(S) ALONG WITH EVIDENCE THAT THE REQUIRED TRAINING WAS ACCOMPLISHED SHALL BE AVAILABLE AT THE JOB SITE DURING ACTUAL WORKING HOURS.

Owner/operator (signature) _____ date _____

Owner/operator (printed) _____ affiliation _____

***** OFFICE USE ONLY *****

POSTMARK:	RECEIVED:	REVIEWED BY:	DEFICIENCIES:
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Mail Or Deliver The Notice To:

1. a. State Of Indiana:

**Indiana Dept. of Environmental Management
Office of Air Management
100 North Senate Avenue
P.O. Box 6015
Indianapolis, IN. 46206-6015
Phone: (317) 233-6880
(317) 233-3257**

1. b. USEPA Region V:

**Environmental Protection Agency, Region V
Asbestos NESHAP Data Tracker
(AR-18J)
77 West Jackson Boulevard
Chicago, IL 60604
Phone: (312) 353-4759**

**2. For Operations Implemented in Indianapolis/Marion County,
ALSO Submit to:**

**Indianapolis Air Pollution Control Division
2700 South Belmont Avenue
Indianapolis, In. 46221
Phone: (317) 327-2284
(317) 327-2274**