



REC. NO. \_\_\_\_\_

**NOTIFICATION OF DEMOLITION AND RENOVATION**

IL 532 1296

APC 430

Illinois Environmental Protection Agency

P.O. Box 19276, Springfield, IL 62794-9276

Rev.06/03

**THIS INFORMATION IS REQUIRED; NESHAP-40CFR-SUBPART M-61.145, Rev. Nov. 20, 1990****ALL SECTIONS MUST BE COMPLETED TO AVOID NOTICE VIOLATION****1. TYPE OF NOTIFICATION** (O-Original/R-Revised/C-Canceled):**2. TYPE OF OPERATION** (R-Renovation/D-Demo/A-Annual/O-Ordered Demo/E-Emergency Renovation):**3. FACILITY DESCRIPTION** (Building Name):

Address:

City:

County:

State:

ZIP:

Location of Asbestos Containing Material (ACM) in structure:

Bldg. Size:

# of Flrs.

Age:

Present Use:

Prior Use:

Future Use (Demo):

**4. IS ASBESTOS PRESENT?** Y N**5. WORK HOURS:\***

a.m.

p.m.

**6. SCHEDULED DATE DEMOLITION:**

Start:

Complete:

**7. SCHEDULED DATE ASBESTOS REMOVAL:**

Start:

Complete:

**8. REGULATED ASBESTOS CONTAINING MATERIAL TO BE REMOVED (RACM):****NONFRIABLE ASBESTOS NOT TO BE REMOVED (Demolition):****NONFRIABLE ASBESTOS TO BE REMOVED:**

CATEGORY I

CATEGORY II

CATEGORY I

CATEGORY II

Pipes (Ln. Ft.)

Surface Area (Sq. Ft.)

Volume (Cu. Ft.)

**9. ASBESTOS REMOVAL CONTRACTOR:**

Address:

City:

State, Zip:

Contact:

Phone:

**10. DEMOLITION CONTRACTOR:**

Address:

City:

State, Zip:

Contact:

Phone:

**11. OWNER NAME:**

Address:

City:

State, Zip:

Contact:

Phone:

**12. WASTE TRANSPORTER:**

Address:

City:

State, Zip:

Contact:

Phone:

**13. WASTE DISPOSAL SITE:**

Address:

City:

State, Zip:

Landfill Permit #:

Phone:

Date Received:

Input to ACTS:

-AGENCY USE ONLY-

To Region 1 2 3

Post Mark Date:

To Cook/City:

Champaign:

LaSalle:

Springfield:

Rockford:

Moline:

Marion:

**14. PROCEDURE, INCLUDING ANALYTICAL METHOD, USED TO DETECT THE PRESENCE OF ASBESTOS.**

ILLINOIS LICENSE NUMBER OF INSPECTOR:

NAME OF ANALYTICAL TESTING LABORATORY:

**15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:  
METHODS TO BE EMPLOYED INCLUDING DEMOLITION OR RENOVATION TECHNIQUES.**

**16. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS AT THE DEMOLITION OR RENOVATION SITE:**

**17. IS DEMOLITION ORDERED BY A GOVERNMENTAL AGENCY? Y N (If Yes, a signed copy of Order must be attached.)**

Governmental representative ordering the activity:

Title:

Date of Order:

Ordered Demolition Date:

**18. FOR EMERGENCY RENOVATIONS:**

Date and Hour of Emergency:

Description of the Sudden, Unexpected Event (e.g. structure in danger of eminent collapse):

**19. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.**

**20. I CERTIFY THAT AT LEAST ONE REPRESENTATIVE, TRAINED IN THE PROVISIONS OF 40 CFR PART 61, SUBPART M, SHALL BE ON-SITE DURING DEMOLITION OR RENOVATION, HAVING IN HIS OR HER POSSESSION, FOR INSPECTION, EVIDENCE THAT THE REQUISITE TRAINING HAS BEEN ACCOMPLISHED.**

I CERTIFY THE ABOVE INFORMATION IS CORRECT. \_\_\_\_\_

Signature of Owner/Operator Date  
(Original Signature Only, Photocopy Not Valid)

**A FILING FEE OF \$150 MUST BE PAID WITH EACH INITIAL 10-WORKING DAY NOTIFICATION REQUIRED BY THE ASBESTOS NESHAP. MAKE CHECKS PAYABLE TO ILLINOIS EPA AND MAKE NOTATION THAT IT IS FOR THE 10-WORKING DAY NOTIFICATION FEE. CASH AND CREDIT CARDS ARE NOT ACCEPTABLE. IF THE FEE IS NOT SUBMITTED WITH THE NOTIFICATION, THE NOTIFICATION WILL BE DEEMED IMPROPERLY FILED.**

\*Not required under NESHAPS.

Mail this form to: IL Environmental Protection Agency, Attn: Asbestos Unit, P.O. Box 19276, Springfield, IL 62794-9276