

HUNTSVILLE

The Star of Alabama

Natural Resources Department

256.427.5750

docnaturalquestions@huntsvilleal.gov

Document Submission Information

Please give us your name, email and contact number so we may contact you if needed regarding the document you are submitting.

Thank You.

First Name: _____ Last Name: _____

Email Address: _____

Contact Phone Number: _____

**CITY OF HUNTSVILLE, ALABAMA
NATURAL RESOURCES AND ENVIRONMENTAL MANAGEMENT**

DEMOLITION AND RENOVATION NOTIFICATION

General Instructions for the Form Completion

The regulations for the control of air pollution within the City of Huntsville, Alabama requires that owners and/or operators of demolition and renovation projects:

- (a) Notify the Natural Resources and Environmental Management Division in writing at least 10 days prior to commencing **any** demolition activities. A demolition is defined as “the wrecking or taking out of any load-supporting structural member of a facility together with any related handling operations.”
- (b) Notify the Natural Resources and Environmental Management Division in writing at least 10 working days prior to commencing **any** renovation project disturbing quantities of regulated asbestos containing materials greater than or equal to 260 linear feet, 160 square feet and/or 35 cubic feet. A renovation is defined as “altering a facility or one or more facility components in any way, including the stripping or removal of asbestos from a facility component.”

Regulated asbestos containing materials have greater than 1 percent asbestos as determined using the method specified in Appendix A, subpart F, 40 C.F.R. 763, section 1, Polarized Light Microscopy, and include friable and non-friable forms. Specifically included are; a) friable asbestos containing materials such as pipe insulation, spray applied fire proofing and sound proofing, decorative textures and; b) non-friable asbestos containing materials such as vinyl floor tile and floor coverings, asphalt roofing products, gaskets, packing, transite shingles (siding and roofing), and other asbestos/cement products which have become friable or will be subject to sanding, grinding, cutting, or abrading and have a high probability of becoming crumbled, pulverized, or reduced to powder during renovation or demolition activities.

The attached notification form is intended to be self-explanatory and should, if properly completed, include all the information required by the Natural Resources and Environmental Management Division.

Submit the completed form using one of the following methods.

- 1. Facsimile Transmission: (256) 427-5751
- 2. Hard Copy: Natural Resources Department
City of Huntsville
P.O. Box 308
Huntsville, AL 35804-0308

DEMOLITION AND RENOVATION NOTIFICATIONS

- New Project: Change:
1. Site/project Name: _____
Contact Person: _____ Phone Number: _____
Address: _____
 2. Owner: _____
Contact Person: _____ Phone Number: _____
Address: _____
City: _____ State: _____ Zip: _____
 3. Contractor: _____
Alabama Certification Number : _____
City of Huntsville Business License#: _____
Contact Person: _____ Phone Number: _____
Address: _____
City: _____ State: _____ Zip: _____
 4. Type of Operation: _____
 Demo Ordered Demo Renovation Emergency Renovation
 5. If demolition ordered by a government agency, please identify the agency below:
Government agency: _____
Contract: _____
Date of Order: _____ Date Order to begin: _____
 6. For Emergency Renovations:
Person who declared emergency: _____ Phone: _____
Date and hour of emergency: _____
Description of the sudden, unexpected event: _____

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

 7. Description of facility: _____

Prior use: _____

Age: _____ Size: _____ (Sq. ft.) Number of floors: _____

8. Is asbestos present? Yes No

If present, list the approximated amount, description, location, and condition of asbestos containing materials.

Amount	Description/Location	Friable

Method used to detect asbestos: _____

Person/company responsible for survey: _____

Contact person: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Asbestos building inspector certification number: _____

Training location: _____ Expiration date: _____

Laboratory performing sample analysis: _____

NVLAP accredited? _____ Other: _____

Accreditation number: _____ Expiration date: _____

9. Abatement dates: _____ Preparation start date: _____

(contact NREM at (256) 427-5750 if changed)

Removal start date: _____ Removal completion date: _____

Days of operation: _____ hours: _____

10. Abatement methods at removal site: (Check all that apply)

Strip & Remove

Component Removal

Remove Intact

Glove Bag

Wet Method

Dry Method*

Other: _____

*Requires Written Approval

11. Procedures used to prevent fugitive dust emissions at the waste disposal site:

12. Procedures to handle unexpected asbestos:

13. Waste Transporter: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone Number: _____

Landfill: _____

State Permit #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone Number: _____

Signature _____ Phone Number _____

Print Name _____ Date _____

INSTRUCTIONS

Waste Generator Section (Item 1 – 9)

1. Enter the name of the facility at which asbestos waste is generated and the address where the facility is located. In the appropriate spaces, also enter the name of the owner of the facility and the owner's phone number.
2. If a demolition or renovation, enter the name and address of the company and authorized agent responsible for performing the asbestos removal. In the appropriate spaces, also enter the phone number of the operator.
3. Enter the name, address, and physical site location of the waste disposal site (WDS) that will be receiving the asbestos materials. In the appropriate spaces, also enter phone number of the WDS. Enter "on-site" if the waste will be disposed of on the generator's property.
4. Provide the name and address of the local, State, or EPA Regional office responsible for administering the asbestos NESHAP program.
5. Indicate the types of asbestos waste materials generated. If from a demolition or renovation, indicate the amount of asbestos that is
 - Friable asbestos material
 - Non-friable asbestos material
6. Enter the number of containers used to transport the asbestos materials listed in item 5. Also enter one of the following container codes used in transporting each type of asbestos materials (specify any other type of container used if not listed below):
 - DM - Metal drums, barrels
 - DP - Plastic drums barrels
 - BA - 6 mil plastic bags or wrapping
7. Enter the quantities of each type of asbestos materials removed in units of cubic meters (cubic yards).
8. Use this space to indicate special transportation, treatment storage or disposal or Bill of Lading information. If an alternate waste disposal site is designated, note it here. Emergency response telephone numbers or similar information may be included here.
9. The authorized agent of the waste generator must read sign and date this certification. The date is the date of receipt by transporter.

NOTE: The waste generator must retain a copy of this form

Transporter Section (Items 10 & 11)

10. & 11. Enter name, address, and telephone number of each transporter used, if applicable. Print or type the full name and title or person accepting responsibility and acknowledging receipt of materials as listed on this waste shipment record for transport. Enter date of receipt and signature.

NOTE: The transporter must retain a copy of this form

Disposal Site Section (Items 12 & 13)

12. The authorized representative of the WDS must note in this space any discrepancy between waste described on this manifest and waste actually received as well as any improperly enclosed or contained waste. Any rejected materials should be listed and destination of those materials provided. A site that converts asbestos-containing waste materials to non- asbestos material is considered a WDS.
13. The signature (by hand) of the authorized WDS agent indicates acceptance and agreement with statements on this manifest except as noted in Item 12. The date is the date of signature and receipt of shipment.

NOTE: The WDS must retain a completed copy of this form. The WDS must also send a completed copy to the operator listed in Item 2.

LIST OF SUPERVISORS

Name (Last name, First name, MI.)	Social Security Number	Alabama Accreditation	Expiration Date

Demolition and renovation notifications for asbestos containing materials

LIST OF WORKERS

Name (Last name, First name, MI.)	Social Security Number	Alabama Accreditation	Expiration Date

Demolition and renovation notifications for asbestos containing materials

GENERATOR	1. Work Site Name & Mailing Address		Owner's Name & Phone No.		
	Name:		Name	Phone No.	
	Address:				
	2. Operator's Name, Address & Phone No.				
	Name:			Phone No.	
	Address:				
	3. Waste Disposal Site (WDS) Name, Mailing Address, Physical Site Location, & Phone No.				
	Name:			Phone No.	
	Address:				
	Location:				
	4. Name & Address of Responsible Agency				
	Name:				
	Address:				
	5. Description of Materials	6. Containers No.	Type	7. Total Quantity (m³) (yd³)	
8. Special Handling Instructions & Additional Information					
9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and, and are in all respects in proper condition for transport by highway according to applicable international and governmental regulations.					
Printed/ Typed Name & Title		Signature		Date	
TRANSPORTER	10. Transporter I (Acknowledgement of Receipt of Materials)				
	Printed/Typed Name & Title:				
	Address:				
		Signature		Date	
	Phone No.:				
	11. Transporter II (Acknowledgement of Receipt of Materials)				
	Printed/Typed Name & Title:				
	Address:				
	Signature		Date		
Phone No.:					
DISPOSAL SITE	12. Discrepancy Indicated Space				
	13. Waste Disposal Site Owner or Operator: Certification of Receipt of Asbestos Materials Covered by the Manifest Except as noted in Item # 12.				
	Printed/Typed Name & Title		Signature	Date	