



STATE OF TENNESSEE
DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF AIR POLLUTION CONTROL
Nashville Environmental Field Office
711 R.S. Gass Boulevard
Nashville, Tennessee 37216

NOTIFICATION OF DEMOLITION AND/OR ASBESTOS RENOVATION

SUBMIT 10 WORKING DAYS PRIOR TO ACTIVITY

Email to Asbestos.NESHAP.Program@tn.gov

Operator Project #	Postmark	Date Received	Notification #				
I. TYPE OF NOTIFICATION <input type="checkbox"/> Original <input type="checkbox"/> Revision <input type="checkbox"/> Courtesy <input type="checkbox"/> Annual <input type="checkbox"/> Cancellation							
II. FACILITY INFORMATION							
Owner Name: _____							
Address: _____							
City: _____ State: _____ Zip Code: _____							
Contact: _____ Telephone: _____							
Asbestos Removal Contractor: _____							
Address: _____							
City: _____ State: _____ Zip Code: _____							
Contact: _____ Telephone: _____							
Other Contractor/Operator: _____							
Address: _____							
City: _____ State: _____ Zip Code: _____							
Contact: _____ Telephone: _____							
III. TYPE OF OPERATION <input type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Ordered Demolition <input type="checkbox"/> Emergency Renovation							
IV. IS ASBESTOS PRESENT? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide a copy of inspection report.							
V. FACILITY DESCRIPTION							
Building Name: _____							
Address: _____							
City: _____ State: TN Zip Code: _____ County: _____							
Site Location: _____							
Building Size (square feet) _____ # of Floors: _____ Age in years: _____							
Present Use: _____ Prior Use: _____							
VI. PROCEDURE AND ANALYTICAL METHOD USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Identify any consultant or inspector involved in building inspection)							
VII. AMOUNT OF ASBESTOS MATERIALS:							
	RACM to be Removed	Nonfriable Asbestos Material					
		To be Removed		NOT to be removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)							
Surface Area (square feet)							
Facility Components (cubic feet)							
Other							
VIII. SCHEDULED DATES FOR PREPARATION		Start: _____		Complete: _____			
SCHEDULED DATES FOR ASBESTOS REMOVAL		Start: _____		Complete: _____			
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:							
IX. SCHEDULED DATES FOR DEMOLITION OR RENOVATION		Start: _____		Complete: _____			

Failure to notify the Division of a change in the start date (sections VIII and IX above) prior to activity may result in enforcement action.

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION ACTIVITIES:
XI. DESCRIPTION OF WORK PRACTICES & ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS:
XII. WASTE TRANSPORTER #1 Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: _____ WASTE TRANSPORTER #2 Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: _____
XIII. TEMPORARY WASTE STORAGE LOCATION: _____ WASTE DISPOSAL SITE Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: _____
XIV. ORDERED DEMOLITION 1. Attach a copy of the government issued order. 2. Name of authority issuing order: _____ Title: _____ 3. Date of Order: _____ Date Ordered to Begin: _____
XV. EMERGENCY RENOVATION (Attach a separate sheet with the following information.) 1. Date and Hour of the emergency. 2. Description of the Sudden, Unexpected Event 3. Explanation of how the event caused unsafe conditions, equipment damage, and/or an unreasonable financial burden.
XVI. DESCRIBE THE PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED RACM IS FOUND. EXPLAIN HOW NONFRIABLE ACM WILL BE REMOVED WITHOUT RENDERING IT FRIABLE (CRUMBLED, PULVERIZED, OR REDUCED TO POWDER).
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN ACCORDANCE WITH 40 CFR PART 61, SUBPART M WILL BE ONSITE DURING THE STRIPPING AND REMOVAL DESCRIBED BY THIS NOTIFICATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN COMPLETED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION. Printed Name of Owner or Operator: _____ Signed Name of Owner or Operator: _____ Date: _____
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. AS SPECIFIED IN TENNESSEE CODE ANNOTATED SECTION 39-16-702(a)(4), THIS DECLARATION IS MADE UNDER PENALTY OF PERJURY. Printed Name of Owner or Operator: _____ Signed Name of Owner or Operator: _____ Date: _____

Submit completed form to Asbestos.NESHAP.Program@tn.gov. Call (615) 532-6828 with any questions.