



Notification of Asbestos-Related Work

Type of Notification: [] Original [] Amended # [] Project Cancellation [] Residential [] Nonresidential

Asbestos Abatement Contractor: Lic. # _____
Name: _____
Address: _____
City, State, Zip: _____
Contact Person: _____
Phone Number(s): _____

Building Owner:
Name: _____
Address: _____
City, State, Zip: _____
Contact Person: _____
Phone Number(s): _____

Air Monitoring Consultant/Laboratory Lic. # _____
Name: _____
Address: _____
City, State, Zip: _____
Contact Person: _____
Phone Number(s): _____

Building Information:
Building Name: _____
Address/Location: _____
City, State, Zip: _____
County: _____
Phone Number(s): _____
Size of Bldg (sq ft): _____ Age of Bldg (years): _____
Number of Floors Including Basement Level(s): _____
Present Use of Bldg: _____
Prior Use of Bldg: _____

[] air sample analysis only

1. Type of Project: (check all that apply):

- [] Renovation [] Demolition [] Encapsulation [] Permanent Enclosure
[] Emergency (#7 must be completed to validate an Emergency)
[] Using MDH Demolition Abatement Rules (Minn. R. 4620.3585)

2. Amount(s) of RACM (Regulated Asbestos Containing Material) to be Abated:

friable nonfriable
_____ Linear feet on pipes
_____ Square feet on facility components (e.g. tanks, boilers, ceilings, air ducts, flooring)
_____ Cubic feet off facility components if linear footage or square footage cannot be determined

3. Asbestos Abatement Activity Dates:

- a. Precleaning Work Area to Final Visual Inspection Start: _____ End: _____
b. Dates When RACM will be Disturbed: Start: _____ End: _____
c. Workshifts, time and days (e.g. 7 AM to 3 PM Mon.-Fri.) _____

4. Building Inspection: * Prior to a renovation or demolition, all buildings must be inspected by an MDH accredited inspector.

- a. Company and/or individual that conducted the building inspection: _____
b. Procedure, including analytic method, used to determine the presence of RACM: _____

5. Description & Location of RACM to be abated (including floor # and room #):

6. Describe in detail the following procedures SPECIFIC TO THIS SITE: (use a separate sheet if necessary)

- a. Asbestos abatement emissions control procedures: _____
- b. Waste handling emission control procedures: _____
- c. Description of procedures to be followed in the event that unexpected RACM is found or Cat. II nonfriable ACM becomes crumbled, pulverized, or reduced to a powder: _____
- d. Description of work practice, including specific abatement procedures and techniques to be used: _____

7. For Emergency Renovation/Demolition Abatement Projects: Telephone MDH and MPCA for guidance on this option

- a. Date and hour of emergency: _____
- b. Description of the sudden and unexpected event: _____
- c. Explanation of how the event caused unsafe conditions or would cause equipment damage: _____

8. Waste Transporter(s) Information:

Transporter Name: _____
Transporter Contact: _____
Transporter Address: _____
City, State, Zip: _____
Phone Number: _____

9. Waste Disposal Information:

Landfill Name: _____
Owner/Operator: _____
Address/Location: _____
City, State, Zip: _____
Phone Number(s): _____

10. Permit fee: (Check the one that applies)

\$35 permit fee

For all residential projects with less than 260 linear and 160 square feet but more than 10 linear and 6 square feet of RACM.

1% permit fee Total Cost of Project \$

For all projects, residential and nonresidential, with more than 260 linear or 160 square feet of RACM.
Attach a signed copy of the bid acceptance document or other cost verification document.

Does this 1% permit fee includes air monitoring costs? yes no
Is this a "Time and Materials" project? yes no

I certify that an individual trained in the provisions of Federal Regulations 40 CFR Part 61, Subpart M (a Minnesota Site Supervisor) will be on-site during the asbestos abatement project.

I certify that the above information is correct and I am a bonafide representative of the abatement contractor or building owner and have authority to enter into agreements for my employer.

Signature of Contractor/Owner _____ Date _____

<p>Send a copy of this notice to: Asbestos Coordinator Minnesota Pollution Control Agency Metro Districts – Regular Facilities Section 520 Lafayette Road North St. Paul, MN 55155-4194 <i>Postmarked or delivered at least 10 working days (Mon.-Fri.) before RACM disturbance for all projects.</i></p> <p>For questions call: (651) 296-6300 or 1 (800) 657-3864</p>	<p>Send a copy of this notice, permit fee and cost verification to: Asbestos/Lead Compliance Unit Minnesota Department of Health P.O. Box 64975 St. Paul, MN 55164-0975 <i>Received at least 5 calendar days before the start of a project.</i></p> <p>For questions call: (651) 215-0900</p>
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