

**INSTRUCTIONS**  
**NESHAP NOTIFICATION OF DEMOLITION AND/OR RENOVATION FORM**

**PURPOSE:** The following are instructions for proper completion of a National Emission Standard for Hazardous Air Pollutants (“NESHAP”) notification form for demolition and/or renovation projects in Mecklenburg County, NC, pursuant to MCAPCO Regulation 2.1110 (40 CFR, Part 61, Subpart M).

All persons performing the abatement of asbestos containing materials should be aware of the requirements of the North Carolina Department of Health and Human Services - Division of Epidemiology - Occupational and Environmental Epidemiology Section (phone number for this agency is (919) 707-5950) and the Occupational Safety and Health regulations of the NC Department of Labor (phone 1-800-NCLABOR). The submittal of the NESHAP notification to Mecklenburg County Air Quality (“MCAQ”) does not relieve the party(ies) of any requirements of the aforementioned state agencies or any other applicable regulations.

**PREPARATION:** All information pertinent to the removal of asbestos at facilities scheduled to be renovated or demolished, and information pertinent to the demolition of all facilities must be completed by the building owner/operator or designee on the MCAQ notification form. A copy of the asbestos inspection/survey must be attached. The notification form along with the application forms for the demolition permit (see LUESA Code Enforcement) should be “hand delivered” with the applicable fee to:

Land Use and Environmental Services Agency (LUESA)  
Code Enforcement  
2145 Suttle Avenue  
Charlotte, NC 28202  
980-314-2633 (CODE)

Please be certain to verify the address(s) of the structure(s) being demolished at the “Address Verification” desk. Should you need assistance in completing the notification form or have asbestos-related questions, contact MCAQ at 2145 Suttle Avenue, Charlotte, NC, phone (704) 336-5430. It may save time if these questions are answered prior to submittal at LUESA Code Enforcement. Submittal of the NESHAP notification to LUESA Code Enforcement is for your convenience; all forms and fees for construction and demolition projects are submitted to LUESA Code Enforcement as a central location. The demolition fee is for activities conducted by MCAQ, the Mecklenburg County Environmental Health Department - Vector Control, and LUESA Code Enforcement. LUESA Code Enforcement will forward the NESHAP notification to MCAQ.

Note: NESHAP notifications which are only for the removal of asbestos and do not include the removal of load-bearing structures (demolition) may be mailed directly to MCAQ with the appropriate fee.

**NOTIFICATION FORM INSTRUCTIONS**

1. DESCRIPTION OF FACILITY BEING RENOVATED OR DEMOLISHED: Complete the name of the facility to be renovated or demolished (use the organization name, if any, followed by the building name or description, e.g., residence, garage, shed, warehouse, commercial building, office building, restaurant, etc.), the physical address including street number, street name, city, state, and county. BUILDING LOCATION WITHIN SITE should include the building number, names of streets fronting and/or on the sides and rear, and the tax parcel number if known. Complete the building size in square feet, and the present and proposed use of the property.
2. TYPE OF NOTIFICATION: Check the type of notification, i.e., Original, Revision, Cancellation, or Courtesy.
3. RESPONSIBLE PERSONS  
When no asbestos removal is required for the facility being demolished, complete only the owner and demolition contractor information.
  - 3a. BUILDING OWNER: Enter the name of the actual owner of the facility (the person or company having legal title), the owner's mailing address including number or PO BOX, street, city, state, zip code, contact person (employed by the owner), contact person's title, contact person's email address, and contact person's telephone number.
  - 3b. ASBESTOS REMOVAL CONTRACTOR: If asbestos containing materials (“ACM”) are to be removed, complete the name of the removal contractor, the contractor's mailing address including number or PO BOX, street, city, state, zip code, contact person, contact person's title, contact person's email address, and contact person's telephone number.

- 3c. DEMOLITION CONTRACTOR: Enter the actual demolition contractor's name, the demolition contractor's mailing address including number or PO BOX, street, city, state, zip code, contact person, contact person's title, contact person's email address, and contact person's telephone number. For intentional burns, the demolition contractor is the fire department. For move-offs, the demolition contractor is the move-off company.
- 3d. OTHER CONTRACTOR/OPERATOR: Include those persons or companies (operators) acting as agents for or representatives of the owner of the facility (i.e., architect, general contractor, engineering consulting firm), complete the name of the operator, the operator's mailing address including number or PO BOX, street, city, state, zip code, contact person, contact person's title, contact person's email address, and contact person's telephone number.
4. TYPE OF OPERATIONS: Check the type of operation, i.e., Demolition, Ordered Demolition, Move Off, Renovation, Emergency Renovation, or Intentional Burn (See Section 10).
5. ASBESTOS PRESENCE: Indicate whether asbestos is/was present by checking either Yes or No. This should be "Yes" even if the asbestos has already been removed.  
Note: To minimize the potential for a NESHAP violation, it is strongly recommended that an asbestos survey be performed by a NC licensed and accredited asbestos inspector to determine if asbestos containing materials are present. To facilitate processing of the notification, a copy of the survey report must be provided to MCAQ with the notification form.
- 5a. INSPECTORS NAME, NC ACCREDITATION NUMBER, PROCEDURE USED TO DETECT THE PRESENCE OF ASBESTOS CONTAINING MATERIAL: Enter the name of the person/inspector who did the inspection or survey and his/her NC accreditation number, if any. Check one or more of the procedure(s) used, including analytical method, to detect the presence of asbestos containing materials in the structure; if not listed, explain the procedure used. To facilitate processing of the notification, a copy of the survey report must be provided to MCAQ.
6. DESCRIPTION OF ASBESTOS CONTAINING MATERIALS, AMOUNT OF ACM TO BE REMOVED: Please describe the asbestos containing material ("ACM") that has been identified within the building (i.e. floor tile, attic insulation, etc.). Estimate the amount of ACM to be either removed from or to remain in the facility in terms of length of pipe in linear feet, surface area in square feet on other facility components, or volume in cubic feet if the amount cannot be measured in linear or square feet. ACM containing greater than (>) 1% asbestos that is friable or is classified as Category I or II nonfriable that may become friable with total quantities that are equal to or greater than ( $\geq$ ) 160 square feet, 260 linear feet for pipe insulation, or 35 cubic feet is considered Regulated Asbestos Containing Material ("RACM"). This material must be removed prior to demolition/renovation. Category I materials (floor tile, linoleum and roofing) that will be sanded, cut with a saw, abraded or drilled will become friable. Category II materials (nonfriable materials other than Category I) such as asbestos cement siding have a high probability of being crushed, pulverized or reduced to a powder during demolition (i.e., will become friable) and must be removed prior to demolition.

AMOUNT OF ACM TO REMAIN (not to be removed): Estimate the amount of friable ACM (less than 160 square feet, 260 linear feet, or 35 cubic feet) and the amounts of Category I and Category II nonfriable asbestos containing material in the affected area of the facility that will not become friable during the demolition/renovation and will not be removed. Refer to solid waste regulations for the disposal of demolition waste containing asbestos.

## 7. SCHEDULED DATES

ASBESTOS REMOVAL: Removal includes any activity, such as site preparation that would break up, dislodge, or similarly disturb asbestos containing materials in a demolition and/or renovation in quantities equaling or exceeding 160 square feet, 260 linear feet for pipe insulation, or 35 cubic feet. Complete the removal start date and complete date (**both are required fields**). The start date indicated must allow for at least 10 working days (any weekday Monday-Friday) prior to the beginning of an asbestos removal. For a complete notification form, the postmark date to MCAQ or the delivery date to LUESA Code Enforcement will count as day 1 of the 10-day period; day 11 or later then may be the starting date.

DEMOLITION: Demolition is the wrecking or removal of any load-supporting components. Complete the demolition start date and end date. The start date indicated must allow for at least 10 working days (any weekday Monday-Friday) prior to the beginning of a regulated asbestos removal or demolition. For a complete notification form, the postmark date to MCAQ or the delivery date to LUESA Code Enforcement will count as day 1 of the 10-day period; day 11 or later then may be the starting date.

If Regulated Asbestos Containing Materials (RACM) are present in the facility in quantities equaling or exceeding 160 square feet, 260 linear feet for pipe insulation, or 35 cubic feet, that material must be stripped/removed from the facility before the demolition may occur. The demolition can begin only after the required asbestos removal has been completed and the requirements of other agencies have been met.

The moving of a facility or intentional burning of a facility is considered a demolition since load-bearing components (i.e., the foundation in the case of move-off) must be removed or destroyed. Therefore, the structure, including the foundation, shall not be disturbed in any way until after the 10 working days have expired.

## 8. WORK PRACTICES AND PROCEDURES

8a. DESCRIPTION OF PLANNED WORK METHODS TO BE USED: Check the method to be used for removal of the RACM and for any Category I or Category II ACM. Removal method can impact whether Category I or Category II ACM becomes friable and hence, whether it is RACM. Also check the method to be used for demolition. If any to be used is not listed, please describe it in the "Other" space(s).

8b. WORK PRACTICES TO BE USED TO CONTROL ASBESTOS EMISSIONS DURING DEMOLITION/RENOVATION (PLANNED AND EMERGENCY): Check one or more, or briefly describe in the "Other" space, work practices and/or engineering controls used to prevent emissions of asbestos at the renovation/demolition site. This includes asbestos removal and waste handling emission control measures. Also describe those procedures to be followed in the event that unexpected asbestos is found, or previously nonfriable asbestos material becomes friable. (Additional amounts must be reported to MCAQ as a revision of the notification).

9. ORDERED DEMOLITION: Complete the name of the ordering agency, contact person's name and title, date of the order, and the date ordered to begin if the facility is being demolished under an order of a state or local government agency. A copy of the order must be attached.

10. EMERGENCY RENOVATIONS: Complete the date and time the emergency occurred. Describe the sudden, unexpected event resulting in the emergency. Explain how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden. List the names and the accreditation number of the North Carolina accredited personnel involved in the emergency project. An extra sheet with this information may be attached, if needed.

## 11. ASBESTOS WASTE TRANSPORTATION/DISPOSAL ISSUES

ASBESTOS WASTE TRANSPORTER: For the asbestos waste transporter contracted to transport the asbestos waste to an approved landfill, complete the transporter's name, mailing address, including city, state, zip code, the contact person, and contact person's telephone number.

ASBESTOS WASTE DISPOSAL SITE: Complete the name and location of the waste disposal site where the asbestos containing waste will be disposed including the street, route, or highway of the waste facility, city, state, zip code, the contact person, and contact person's telephone number.

12. CERTIFICATION FOR NESHAP NOTIFICATION: The owner or operator must certify by signature and date the accuracy of the information submitted in the notification and acknowledge an understanding of the asbestos NESHAP regulation.

In addition, this signature will also provide CERTIFICATION FOR REGULATED ASBESTOS REMOVAL in cases where it is warranted. The owner or operator must certify by signature and date that an individual trained in the provisions of 40 CFR Part 61, Subpart M and the means of complying with them (e.g., a current NC accreditation as an asbestos abatement contractor/supervisor or other training deemed equivalent by MCAQ) will be on site, and possess evidence that he/she has received the required training, during the stripping/removal of RACM. Any of and only the responsible parties listed on Page 1 of the notification form may sign the certification.

Note: A NESHAP notification form that is filled out incompletely or not signed and dated will delay the start of the required 10-day period before demolition/renovation may begin.

## FORMS: Forms are available from:

Mecklenburg County Air Quality  
Land Use and Environmental Services Agency  
2145 Suttle Avenue  
Charlotte, NC 28208  
(704) 336-5430

Land Use and Environmental Services Agency  
Code Enforcement  
2145 Suttle Avenue  
Charlotte, NC 28208  
(704) 336-2831

NESHAP Forms are also available on the MCAQ website at: <http://airquality.charmeck.org/asbestos>.

The WORD form is a template and may be downloaded, opened in WORD, and the "tab" key used to go to the individual fill-in fields on the form. Once the form is complete, save as a WORD document and/or print it for signature(s) and submission to MCAQ. THE NOTIFICATION FORM MAY BE REPRODUCED IN ITS ENTIRETY FOR USE - PARTIAL REPRODUCTIONS WILL NOT BE ACCEPTABLE.



**Mecklenburg County Air Quality  
Land Use and Environmental Services Agency  
NESHAP Notification of Demolition and/or Renovation**

**(Example Form)**

1. Description of Facility being Renovated or Demolished			MCAQ Use
Building Name: Seenbetterdays Building			
Building Street Address: 123 Still Standing Lane			
City: Charlotte	Zip: 28202	County: Mecklenburg, NC	EPIC +:
Building Location within Site (i.e. Street front, back of property, etc.) 200 Yards from the Street at the End of the Driveway			Inspector:
Tax Parcel on which Building is Located: 999 111 00		Building Size (Total s.ft.): 30,000	Date:
Current Use: Retail	Proposed Use: New Outlet Mall		Project Tracking #:

2. Type of Notification (Check one box)			
<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Revision	<input type="checkbox"/> Cancellation	<input type="checkbox"/> Courtesy

3. Responsible Persons			
3a. Building Owner: (Person or Company Owning or with Legal Responsibility for the Above Facility)			
Name: Theo Knerr Realty		Contact Email: theo@knerrealty.com	
Street Address: 6000 Prosperity Rd.			
City: Charlotte	State: NC	Zip: 28216	
Contact Person: Theo Knerr	Title: CEO	Contact phone: 704-555-1212	
3b. Asbestos Removal Contractor:			
Name: Thoro & Good ACM Removal Inc.		Contact Email: thorogood@gmail.com	
Street Address: 0 Visible Emissions Way			
City: Charlotte	State: NC	Zip: 28202	
Contact Person: North C. Planner	Title: Project Manager	Contact phone: 980-999-0000	
3c. Demolition/Move-off Contractor:			
Name: Smash, Blast & Level Demo, LLC		Contact Email: nockim@sbdllc.com	
Street Address: 200 Wrecking Ball Way			
City: Concord	State: NC	Zip: 28205	
Contact person: I. Nockim Kleen	Title: Superintendent	Contact phone: 704-911-9111	
3d. General Contractor/Other Contractor /Operator:			
Name: Bohring & Pyling Development Co.		Contact Email: jttowers@bpdev.com	
Street Address: 2468 Appreciation Rd.			
City: Charlotte	State: NC	Zip: 28210	
Contact person: Justin Tyme Towers	Title: Partner	Contact phone: 704-111-2468	

4. Type of Operation (Check at least one box)					
<input checked="" type="checkbox"/> Demolition *	<input type="checkbox"/> Ordered Demolition	<input type="checkbox"/> Move Off *	<input type="checkbox"/> Renovation (asbestos removal)	<input type="checkbox"/> Emergency Renovation	<input type="checkbox"/> Intentional Burn
* If any load-supporting structural member will be wrecked or removed, or if the structure is to be moved, the requirements shall be the same as a demolition.					

<b>5. Asbestos Presence</b> (Check one box below). NESHAP requires a thorough asbestos inspection of structures by a qualified person.			
<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>5a. Inspectors Name:</b>	A.C. Eminall	<b>NC Asbestos Accreditation Number:</b>	112233
Procedure(s) used to Detect Presence of Asbestos Containing Material (Attach a copy of the inspection report, if any):			
<input checked="" type="checkbox"/> Sample and Test via PLM <input type="checkbox"/> Visual Inspection <input type="checkbox"/> Presumed ACM <input type="checkbox"/> Other (Describe):			

6. Material Description	Quantity (ln.ft./sq.ft./cu.ft.)	Classification	Activity
Pipe Insulation	300 ln.ft.	<input checked="" type="checkbox"/> Friable <input type="checkbox"/> Category I <input type="checkbox"/> Category II	<input checked="" type="checkbox"/> Remove <input type="checkbox"/> Remain in Place
Floor Tiles	4,000 sq.ft.	<input checked="" type="checkbox"/> Friable <input type="checkbox"/> Category I <input type="checkbox"/> Category II	<input checked="" type="checkbox"/> Remove <input type="checkbox"/> Remain in Place
Floor Tiles	15,000 sq.ft.	<input type="checkbox"/> Friable <input checked="" type="checkbox"/> Category I <input type="checkbox"/> Category II	<input type="checkbox"/> Remove <input checked="" type="checkbox"/> Remain in Place

<b>7. Scheduled Dates for Work</b> (MM/DD/YYYY)		
Must allow 10 business days	Start	End
Asbestos Removal	7/21/2015	7/30/2015
Demolition	8/1/2015	8/15/2015

<b>8. Work Practices and Procedures</b>		
<b>8a. Description of Planned Work Methods to be used:</b> (Check all applicable boxes)		
<b>Asbestos Removal</b>		<b>Demolition</b>
<input checked="" type="checkbox"/> Containment	<input checked="" type="checkbox"/> Remove Intact	<input checked="" type="checkbox"/> Bulldozer/Loader/Trackhoe
<input checked="" type="checkbox"/> Wet Methods	<input type="checkbox"/> Rotating Blade Roof Cutter	<input type="checkbox"/> Move-off/Disassembly
<input checked="" type="checkbox"/> Strip and Removal	<input type="checkbox"/> Mechanical Chipping	<input type="checkbox"/> Intentional Burn
<input checked="" type="checkbox"/> Glove Bag	<input type="checkbox"/> Component Removal	<input type="checkbox"/> Implosion
	<input checked="" type="checkbox"/> Negative Pressure	<input type="checkbox"/> Wrecking Ball
Other:		Other:
<b>8b. Work Practices to be used to Control Asbestos Emissions during Demolition/Renovation (Planned and Emergency):</b>		
<input checked="" type="checkbox"/> Water spray; keep adequately wet. <input type="checkbox"/> No visible emissions.		
<input checked="" type="checkbox"/> Stop work if additional suspect material is found; notify MCAQ immediately at (704) 336-5430.		
<input type="checkbox"/> Other (Describe):		

<b>9. Ordered Demolition</b> (Copy of order shall be attached)	
Ordering Agency:	
Contact:	Title:
Date of Order (MM/DD/YYYY):	Date Order to Begin (MM/DD/YYYY):

<b>10. Emergency Renovation</b>	
Date of Emergency (MM/DD/YYYY):	Time of Emergency (HH:MM):
Description of Unexpected Event:	
Explanation of Why Renovation is Emergency:	

<b>11. Asbestos Waste Transportation/Disposal Issues</b>		
<b>11a. Asbestos Waste Transporter:</b>		
Name: All Waste Trucking Co.		
Street Address: 55 Doublenickel Freeway		
City: Huntersville	State: NC	Zip: 28070
Contact Person: Lorry N. Dumper - Dispatcher		Phone: 704-ACM-DIRT
<b>11b. Asbestos Waste Disposal Site:</b>		
Name: Wetake Asbestoswaste Landfill		
Street Address: 500 Nimby St.		
City: Faraway	State: NC	Zip: 27611
Phone: 336-111-2233		

<b>12. Certification for NESHAP Notification</b> ( <i>Must always be signed</i> )		
I certify that the above information is correct and acknowledge an understanding of the NESHAP Regulation (40 CFR Part 61, Subpart M). In addition, if this notification addresses a regulated asbestos removal, I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M will be on-site during the stripping or removal of regulated asbestos containing material and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours. This applies if the regulated asbestos containing material in the facility is equal to or exceeds 160 square feet, 260 linear feet, or 35 cubic feet.		
<i>Justin T. Towers</i>	Justin T. Towers	10/1/2014
_____ Signature of Owner/Operator	_____ Printed Name of Owner/Operator	_____ Date
Signature must be by at least one of the contact persons listed in Section 3 on page 1 of this form.		

**IMPORTANT!**

**One notification per structure must be filled out. Be sure to include a copy of the asbestos inspection report.**

**Be sure you sign and date the form in Section 12. MCAQ must have a notification form with an original handwritten signature.**

**Failure to complete all applicable items of this form may result processing delays or violations of the NESHAP requirements!**

**Fees shall be included with the notification, or paid as allowed under the requirements of Mecklenburg County Land Use and Environmental Services Agency (“LUESA”).**

**Notification and Fee for *demolitions* must be submitted to LUESA Code Enforcement with the Demolition Permit application. Please insure that the notification is date stamped at the time of submittal. The Notification and Fee for non-demolition *asbestos removals* must be submitted to Mecklenburg County Air Quality directly.**

**If you have any questions relating to the applicability of the asbestos NESHAP to your project, want instructions for completion of the notification form, or need additional forms, please visit: <http://airquality.charmeck.org/asbestos>. You may also visit the MCAQ office at 2145 Suttle Avenue, Charlotte, NC, 28208 or call (704) 336-5430 for assistance.**