



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

1. Description of Facility being Renovated or Demolished			MCAQ Use
Building Name:			
Building Street Address:			
City:	Zip:	County: Mecklenburg, NC	EPIC +:
Building Location within Site (i.e. Street front, back of property, etc.)			Inspector:
Tax Parcel on which Building is Located:		Building Size (Total s.ft.):	Date:
Current Use:	Proposed Use:		Project Tracking #:

2. Type of Notification (Check one box)			
<input 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:		Contact Email:	
Street Address:			
City:	State:	Zip:	
Contact Person:	Title:	Contact Phone:	
3b. Asbestos Removal Contractor:			
Name:		Contact Email:	
Street Address:			
City:	State:	Zip:	
Contact Person:	Title:	Contact Phone:	
3c. Demolition/Move-off Contractor:			
Name:		Contact Email:	
Street Address:			
City:	State:	Zip:	
Contact Person:	Title:	Contact Phone:	
3d. General Contractor/Other Contractor /Operator:			
Name:		Contact Email:	
Street Address:			
City:	State:	Zip:	
Contact Person:	Title:	Contact Phone:	

4. Type of Operation (Check at least one box)					
<input 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.					

5. Asbestos Presence (Check one box below). NESHAP requires a thorough asbestos inspection of structures by a qualified person.			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
5a. Inspectors Name:		NC Asbestos Accreditation Number:	
Procedure(s) used to Detect Presence of Asbestos Containing Material (Attach a copy of the inspection report, if any): <input 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
		<input type="checkbox"/> Friable <input type="checkbox"/> Category I <input type="checkbox"/> Category II	<input type="checkbox"/> Remove <input type="checkbox"/> Remain in Place
		<input type="checkbox"/> Friable <input type="checkbox"/> Category I <input type="checkbox"/> Category II	<input type="checkbox"/> Remove <input type="checkbox"/> Remain in Place
		<input type="checkbox"/> Friable <input type="checkbox"/> Category I <input type="checkbox"/> Category II	<input type="checkbox"/> Remove <input type="checkbox"/> Remain in Place

7. Scheduled Dates for Work (MM/DD/YYYY)		
Must allow 10 business days	Start	End
Asbestos Removal		
Demolition		

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

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

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

11. Asbestos Waste Transportation/Disposal Issues		
11a. Asbestos Waste Transporter:		
Name:		
Street Address:		
City:	State:	Zip:
Contact Person:		Phone:
11b. Asbestos Waste Disposal Site:		
Name:		
Street Address:		
City:	State:	Zip:
Phone:		

12. Certification for NESHAP Notification (<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.		
_____	_____	_____
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 in the Hal Marshall County Services Center, 700 North Tryon Street, Charlotte, NC, Suite 205 or call (704) 336-5430 for assistance.