

# NAVAJO NATION

## ASBESTOS NESHAP NOTIFICATION FORMS RENOVATION AND DEMOLITION ACTIVITIES



Navajo Nation Environmental Protection Agency  
Air Quality Control Program  
Asbestos NESHAP  
PO Box 529  
Fort Defiance, Arizona 86504  
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**NESHAP NOTIFICATION FOR RENOVATION AND DEMOLITION ACTIVITIES  
NAVAJO NATION TRIBAL LANDS - Revised March 2008**

National Emission Standards for Hazardous Air Pollutants (NESHAP)

THIS LINE FOR NESHAP REGULATORY AGENCY USE	U.S. Postal Service Postmark Date:	Commercial Delivery Services Delivery Date:	Other Hand Delivery Date:	ACTS#:			
1. TYPE OF NOTIFICATION: ( )Original; ( )Revision 1; ( )Revision 2; ( )Revision 3; ( )Revision 4; ( )Revision 5; ( )Cancel							
<b>2a. FACILITY OWNER INFORMATION</b>							
Name of Company or Individual:							
Address:							
City/ Community:			State:	Zip:			
Contact Person:		Telephone:	Fax:				
<b>2b. ASBESTOS REMOVAL CONTRACTOR/ OPERATOR:</b>							
Address:							
City:			State:	Zip:			
Contact Person:		Telephone:	Fax:				
<b>2c. DEMOLITION CONTRACTOR/ OPERATOR:</b>							
Address:							
City:			State:	Zip:			
Contact Person:		Telephone:	Fax:				
3. TYPE OF OPERATION: ( )Renovation; ( )Emergency Renovation; ( )Demolition; ( )Ordered Demolition; ( )Annual Non-Scheduled Operations							
<b>4. PROVIDE DATE OF THOROUGH INSPECTION OF FACILITY OR AFFECTED PART BY AN AHERA (Asbestos Hazard Emergency Response Act) CERTIFIED BUILDING INSPECTOR</b>				<b>DATE:</b>			
<b>5. FACILITY DESCRIPTION</b> (Attach site location map for multiple structures at one street address or installation)							
Building Name:		Visible Signage:					
Street Address:		Identifying Features:					
City:	TRIBAL LANDS:	State:	Zip:				
City/ County Renovation Permit#:		City/ County Demolition Permit#:					
Building Size in Floor Area (Sq. Ft)		Number of Floors Affected:	Aged of Facility:				
If Residential, Number of Dwelling Units:		Present Use:	Prior Use:				
6. PROCEDURE, INCLUDING ANALYTICAL METHOD, EMPLOYED TO DETECT THE PRESENCE OF RACM AND CATEGORY I AND CATEGORY II NONFRIABLE ACM. ( )Polarized Light Microscopy-PLM; ( )Point Counting; ( )Assumed; ( )Other: _____							
NVLAP Laboratory Name: _____ Number of Samples: _____ Date Analyzed: _____							
7. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: * NOTE: Update notice when amount of RACM changes at least 20% RACM – Regulated Asbestos-Containing Materials as defined in 40 CFR 61, Subpart M, Asbestos NESHAP § 61.141		Amount of RACM to be Removed or Generated*	Amount of Nonfriable ACM to be removed		Amount of Nonfriable ACM not to be removed during demo		
			CAT I	CAT II	CAT I	CAT II	
		On Facility Components; Pipes (Linear Feet)					
		On Facility Components; Surface Area (Square Feet)					
Off Facility Components; Volume (Cubic Feet)							
8. DATES FOR ASBESTOS REMOVAL: Start Date: _____ Completion Date: _____ Days of Operations: M T W TH F SA SU							
9. DATES FOR DEMOLITION: Start Date: _____ Completion Date: _____ Hours of Operations: _____							
Mail/Deliver to:		Copy of Notification to Navajo Nation EPA Air Quality Control Program:					
US EPA Region IX Attn: Kingsley Adeduro (A-3-3) Asbestos NESHAP Notification 75 Hawthorne Street San Francisco, California 94105 415-947-4182		Navajo Nation Environmental Protection Agency Asbestos NESHAP – Air Quality Control Program Eugenia Quintana PO Box 529 Fort Defiance, Arizona 86504 (928) 871-7800					

<b>10. DESCRIPTION OF PLANNED DEMOLITION/ RENOVATION WORK:</b>			
<input type="checkbox"/> Thermal System Insulation <input type="checkbox"/> Ceiling Texture/ Tiles <input type="checkbox"/> Duct/Seam Tape <input type="checkbox"/> Regulated Drywall System <input type="checkbox"/> Asbestos-Containing Roof <input type="checkbox"/> Asbestos Cement Pipe <input type="checkbox"/> Asbestos Cement Shingles <input type="checkbox"/> VAT/Mastic <input type="checkbox"/> Asbestos Cement Siding   Removal > = 5580 sq. ft. w/rotating blade cut			
Other, please specify: _____			
<b>REMOVAL METHODS:</b> <input type="checkbox"/> Hand/Non-Mechanical Tools <input type="checkbox"/> Mechanical/ Power Tools <input type="checkbox"/> Mastic Solvents <input type="checkbox"/> Blast Trac™ Machine			
Other, please specify: _____			
<b>11. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT ASBESTOS EMISSIONS:</b>			
<input type="checkbox"/> Adequately Wet <input type="checkbox"/> Full Containment <input type="checkbox"/> Critical Barriers <input type="checkbox"/> Negative Air Machines, No. ____ of units to be used <input type="checkbox"/> Glove-Bag <input type="checkbox"/> Leak-Tight Wrap <input type="checkbox"/> 6-mil Bags <input type="checkbox"/> Mini-Containment <input type="checkbox"/> Decontamination Unit with Hot/Cold Water and Soap for OSHA Class I work <input type="checkbox"/> Other, Describe: _____			
<b>12a. ASBESTOS WASTE TRANSPORTER #1:</b>			
Company Name: _____			
Address: _____			
City: _____		State: _____	Zip: _____
Contact Person: _____	Telephone: _____	Fax: _____	
<b>12b. ASBESTOS WASTE TRANSPORTER #2:</b>			
Company Name: _____			
Address: _____			
City: _____		State: _____	Zip: _____
Contact Person: _____	Telephone: _____	Fax: _____	
<b>13. ASBESTOS WASTE DISPOSAL SITE:</b>			
Company Name: _____			
Address: _____			
City: _____		State: _____	Zip: _____
Contact Person: _____	Telephone: _____	Fax: _____	
<b>14. FOR ORDERED DEMOLITIONS (40 CFR 61, §61.145(A)(4)(iv)) ATTACH A COPY OF THE AGENCY'S ORDERED DEMOLITION LETTER</b>			
Name: _____		Title: _____	
State or Local Governmental Agency _____		Authority: _____	
Date of Order (MM/DD/YY): _____		Date Demolition Ordered to Begin (MM/DD/YY): _____	
<b>15. FOR EMERGENCY RENOVATIONS (40 CFR 61, §61.145(a)(4)(iv))</b>			
Date and Hour of Emergency (MM/DD/YY – HH:MM): _____			
Description of the Sudden, Unexpected Event: _____			
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: _____			
<b>16. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED RACM IS FOUND OR CATEGORY I or CATEGORY II NONFRIABLE ACM BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWER:</b> <input type="checkbox"/> Stop Work <input type="checkbox"/> Notify Owner <input type="checkbox"/> Revise Notification <input type="checkbox"/> Follow 40 CFR 61, §61.145(c) Procedures <input type="checkbox"/> AHERA Certified Contractor/Supervisor on site			
<b>17. I CERTIFY THAT AT LEAST ONE AHERA CERTIFIED CONTRACTOR/ SUPERVISOR WILL SUPERVISE THE STRIPPING AND REMOVAL OF RACM DESCRIBED IN THIS NOTIFICATION AND THAT THE TRAINING CERTIFICATE WILL BE POSTED OR READILY AVAILABLE <b>ON-SITE</b>.</b>			
_____ (Print Name: Owner/Operator)		_____ (Title)	_____ (Signature of Owner/ Operator)
_____ (Date)			
<b>18. CERTIFICATION OF INSPECTION BY AN AHERA CERTIFIED ASBESTOS BUILDING INSPECTOR</b>			
_____ (Print Name of Inspector)		_____ (Training Provider)	_____ (AHERA Certificate Number) (Expiration Number)
<b>19. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b> Company Name: _____   Rev. Date: _____			
_____ (Print Name: Owner/Operator)		_____ (Title)	_____ (Signature of Owner/ Operator)
_____ (Date)			

Reference: Title 40, Code of Federal Regulations, Part 61, Subpart M, Asbestos NESHAP §61.145(b)

## Instructions for Completing the NESHAP Notification Form

**As per Title 40 Code of Federal Regulations Part 61, Subpart M, Asbestos NESHAP Section 61.145(b)(4), the notification form will not be considered complete without this information. The following information is required to be included on notifications submitted, prior to the start of the renovation and/or demolition activity.**

- Line 1 Indicate Original or Revised Notification
- Line 2a Facility Owner Information: provide name, address, and telephone number
- Line 2b Asbestos Removal Contractor/Operator: provide name address, and telephone number
- Line 2c Demolition Contractor/Operator: provide name address, and telephone number
- Line 3 Type of Operation: type of planned work
- Line 5 Facility Description: provide size (square feet), number of floors, age, present and prior use, location, street address; and if appropriate, building number or name, floor number, and room number.
- Line 6 Procedure(s), including analytical method(s) employed to detect the presence of Regulated Asbestos Containing Material (RACM), Category I and Category II nonfriable ACM.
- Line 7 List amount of Regulated Asbestos Containing Material (RACM) to be removed or generated.  
List amounts of Category I and Category II Nonfriable ACM that will not be removed before demolition.
- Line 8 Start and Completion dates for Asbestos Removal/ Renovation  
• NOTE: Start date is defined when asbestos containing material(s) are being removed or disturbed.
- Line 9 Start and Completion dates for Demolition  
• NOTE: Start date of demolition is defined when the wrecking or taking out of any load-bearing structural support member of a facility together with any related handling operations or the intentional burning of a facility begins.
- Line 10 Description of Demolition and/or Renovation Work
- Line 11 Description of Work Practices/ Engineering Controls to be used to prevent asbestos emissions to the outside air
- Line 12(a) (b) Waste Transporter(s): provide name, address, and telephone number
- Line 13 Waste Disposal Site: provide name and location of where generated asbestos containing material will be deposited
- Line 14 Ordered Demolitions: \*NOTE: attach copy of the demolition order with the notification
- Line 15 Emergency Renovations: \*NOTE: provide all information requested on notification form
- Line 16 Description of procedures to be followed in the event that unexpected RACM is found or Category I or Category II Nonfriable ACM becomes crumbled, pulverized, or reduced to powder
- Line 17 Signature verifying that at least one on-site trained representative is present at the facility site where the stripping and removal of regulated asbestos containing material is occurring at all times during that stripping and removal.  
\*NOTE: the on-site trained representative is equivalent to the 40-hour AHERA Contractor/ Supervisory training.
- Line 18 Provide the name and certification of individual(s) that completed the thorough asbestos survey on the affected facility, or if material is assumed to contain asbestos, write "assumed."

## **Asbestos Demolition and Renovation Activities NESHAP Notification Process**

### **Purpose of Program**

To protect public health from exposure to regulated asbestos-containing material (RACM) during National Emission Standards for Hazardous Air Pollutants (NESHAP) facility renovation and/or demolition activities, asbestos removal, transport and disposal, and closely monitoring those activities for proper notification and asbestos emissions control. Asbestos is a known human carcinogen and is known to cause other respiratory diseases.

### **What are the requirements?**

Prior to the commencement of demolition or a renovation activity of a regulated facility an Asbestos Hazard Emergency Response Act (AHERA) certified building inspector must thoroughly inspect the facility or part of the facility where the demolition or renovation operation will occur for the presence of asbestos, including Category I and Category II non-friable asbestos-containing materials.

### **Notification Time Frame**

An original notification is required to be submitted to the agency 10 working days (counting Monday through Friday) prior to the start of a renovation activity involving the removal or disturbance of threshold amounts or regulated asbestos containing materials. Threshold amounts being:

- \* 260 linear feet or more on pipes
- \* 160 square feet or more on other facility components
- \* 35 cubic feet or more off facility components

A Notification is required to be submitted for all demolition activities, even when no asbestos is present.

### **Notification Fees**

There are no fees associated with the notification process.

### **What is considered a Renovation Activity?**

A renovation means altering a facility or one or more facility components in any way, including the stripping or removal of RACM from a facility component. Operations in which load-supporting structural members are wrecked or taken out are demolitions.

### **What is considered a regulated facility?**

A facility is any institutional, commercial, public, industrial, or residential structure, installation, or building (including any structure, installation, or building containing condominiums or individual dwelling units operated as a residential cooperative, but excluding residential building having four or fewer dwelling units); any ship; any active or inactive waste disposal site. For purposes of this definition, any building, structure, or installation that contains a loft used as a dwelling unit is not considered a residential structure, installation, or building. Any structure, installation, or building that was previously subject to this subpart is not excluded, regardless of its current use or function, including facility components; any part of a facility including equipment.

### **What facilities are exempted?**

A single residential home or structure containing one to four dwelling units (unless classified as an installation; meaning any building or structure or any group of building or structures at a single demolition or renovation site that are under the control of the same owner or operator or owner or operator under common control).

### **NNEPA Asbestos NESHAP Program Contact**

Navajo Nation Environmental Protection Agency – Air Quality Control Program  
Asbestos NESHAP  
Route 112 North/ Building #F004-051  
PO Box 529  
Fort Defiance, Arizona 86504  
(928) 729-4246 or (928) 729-4247

Work completed on Navajo Nation Tribal Lands is regulated by EPA Region IX Asbestos NESHAP Program: (415) 972-3989

### **Statutory Citations**

Title 40, Code of Federal Regulations, Part 61, Subpart M, Asbestos NESHAP.