

Demolition Notification

Detailed instructions can be found on page 4.

The original notification with a **wet-ink signature and payment** must be submitted at least (10) working days prior to the start of demolition. Either the owner or operator shall submit notification, and either or both parties may be held liable for providing inadequate notice. The notification and payment may be hand delivered to the AQMD drop box located ([here](#)), or mailed to:

NNPH, AQMD
1001 E. Ninth Street, Suite B171
Reno, NV 89512

*** Please note that the (10) working day waiting period begins on the day a complete notification is postmarked or received by the AQMD. A (10) working day notification period means the demolition can begin on day 11 (ex., a complete notification is hand delivered or postmarked on 6/23/2023; therefore, the project may begin on 7/7/2023 or after). The notification waiting period shall not begin for incomplete notifications (e.g., unpaid fees, notifications where the asbestos removal and/or demolition project start date and/or completion date is listed as "To Be Determined", when types and quantities of asbestos to be removed are unknown, etc.).

Revision of the Notification

In no event shall an operation begin on a date other than the date contained in the notification. The notification should be revised when:

- a) The demolition operation will begin after the date contained in the original notification. The AQMD must be notified of the new start date as soon as possible before, but no later than, the original start date.
- b) The demolition operation will begin earlier than the date contained in the notification. The AQMD must be notified of the new start date at least 10 working days prior to the start of the demolition operation.

To revise a notification, summarize the changes taking place on the [Notification Revision Summary](#) form, then email the form to AQMDAsbestos@nnph.org.

Fees and Payments

A notification is not considered complete until the appropriate fee has been paid. The (10) working day waiting period will begin on the date that a complete notification has been received and the appropriate fee paid. The invoice may be paid by check, money order, or credit card. Make checks and money orders payable to Northern Nevada Public Health, Air Quality Management Division or NNPH, AQMD. If a check or money order isn't included with the notification, the owner or operator will be notified via email when the invoice is ready for payment.

The AQMD fee schedule can be found here: <https://www.washoecounty.gov/health/resources/fees/air-quality-management-fees.php>

Assistance and Resources

An overview of the Asbestos Program and answers to the most frequently asked questions can be found on the Asbestos Program page on the AQMD website, OurCleanAir.com.

40 CFR Part 61 Subpart M – National Emission Standard for Asbestos (Asbestos NESHAP):

<https://www.govinfo.gov/content/pkg/CFR-2015-title40-vol9/pdf/CFR-2015-title40-vol9-part61-subpartM.pdf>

An overview of the Asbestos NESHAP can be found on the Environmental Protection Agency (EPA) website, at the following link: <https://www.epa.gov/asbestos/overview-asbestos-national-emission-standards-hazardous-air-pollutants-neshap>

The Asbestos Program can be contacted at (775) 784-7200 or AQMDAsbestos@nnph.org.

FOR AQMD USE ONLY

Fee Included? YES NO If "NO", date paid:	Postmark Date:	Date Received:	Notification Permit No.:
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DEMOLITION NOTIFICATION FORM

1. Type of Notification

Original Cancelled Revision (Specify Revision #):

2. Facility Owner Information

Facility Owner Name:

Mailing Address:

City:

State:

ZIP Code:

Contact Name:

Phone Number:

Email:

3. Demolition Contractor Information

Company Name:

Mailing Address:

City:

State:

ZIP Code:

Contact Name:

Phone Number:

Email:

4. Asbestos Consultant/Inspector Information

Company Name:

Inspector's Name:

Phone Number:

Email:

5. Facility Description

Physical Address:

Assessor's Parcel No.:

City:

State:

ZIP Code:

Present/Intended Use: Commercial Multi-Family (5 or more units) Residential

Prior Use: Commercial Multi-Family (5 or more units) Residential

Facility Description (Include building number, unit number, location on parcel, etc.):

Describe how facility will be demolished:

****If the facility will be burned, all asbestos-containing materials shall be removed before burning****

If unexpected asbestos is discovered during demolition, describe the procedures that will be implemented:

Demolition Start Date (mm/dd/yy):

Demolition Completion Date (mm/dd/yy):

A Demolition Notification is valid for one year (365 calendar days) from the original start date. If the project is not complete within one year, a new Demolition Notification must be submitted to the AQMD at least (10) working days prior to the expiration date.

6. Asbestos-Containing Materials Remaining in Facility During Demolition		
Provide material, quantity & unit of measure (i.e., sq. ft., linear ft., cubic ft.)		
Non-Friable Category I:		
Non-Friable Category II:		
<i>***Category I nonfriable ACM remaining in place during demolition must be in good condition and not friable***</i>		
If Category II ACM will remain in place during demolition, describe the work practices that will be implemented to ensure the material does not become friable (i.e., crushed, crumbled, or pulverized) during demolition:		
Procedure used to detect the presence of asbestos: PLM <u>OR</u> Assumed		
7. If demolition was ordered by a government agency, identify the agency below (attach copy of order)		
Agency Name:		
Contact Name:	Title:	
Date of order (mm/dd/yy):	Date ordered to begin (mm/dd/yy):	
8. Waste Transporter Information		
Company Name:		
Address:		
City:	State:	ZIP Code:
Contact Name:		
Phone Number:	Email:	
9. Waste Disposal Site Information		
Name:		
Address:		
City:	State:	ZIP Code:
Contact Name:		
Phone Number:	Email:	
10. Certification		
I hereby certify that to the best of my knowledge and understanding, the information provided is true, accurate, and complete.		
Responsible Official Wet-Ink Signature		Date
Printed Name		Title

Demolition Notification – Detailed Instructions

All applicable fields must be filled out for the notification to be deemed complete. Contact information is required for the facility owner and operator(s). The (10) working day waiting period will not begin until a complete notification and payment is received.

1. **TYPE OF NOTIFICATION.** Select “Original” if the notification is a first-time or original notification, “Cancelled” if the operation has been cancelled, “Revision” if the notification is a revision of a prior notification. For revisions, specify the revision number (ex., Rev1).
2. **FACILITY OWNER INFORMATION.** Legal owner of the site at which the demolition is planned. Provide the facility/building owner name, mailing address, and contact person’s phone number and email address.
3. **DEMOLITION CONTRACTOR INFORMATION.** Provide the company name and mailing address, and the contact person’s name, phone number and email address.
4. **ASBESTOS CONSULTANT/INSPECTOR INFORMATION.** Provide the company name and the inspector’s name, phone number, and email address.
5. **FACILITY DESCRIPTION.**
 - Provide the physical address of the facility/building to be demolished.
 - Indicate the present/indented use of the facility/building.
 - Indicate the prior use of the facility/building.
 - Provide a description of the facility/building to be demolished (including building number, unit number, location on parcel, etc).
 - Describe how the facility/building will be demolished.
 - Describe the procedures that will be implemented if unexpected asbestos is discovered during demolition.
 - Provide the demolition start and completion dates in mm/dd/yy format.
6. **IDENTIFIED ASBESTOS-CONTAINING MATERIALS.**
 - Identify Category I and II Non-Friable asbestos-containing materials (ACM) that will remain in place during demolition.
 - If Category I ACM will remain in place during demolition, describe the work practices that will be implemented to ensure the material does not become friable (i.e., crushed, crumbled, or pulverized) during demolition.
 - Indicate the procedure used to detect the presence of asbestos, either PLM or Assumed.
7. **ORDERED DEMOLITION.** If the facility/building is being demolished under an order of a State or local government agency, issued because the facility/building is structurally unsound and in danger of imminent collapse, provide the following areas of information:
 - Agency name
 - Contact person’s name and title
 - Date of order (mm/dd/yy)
 - Date the demolition has been ordered to begin (mm/dd/yy)
 - Provide a copy of the order.
8. **WASTE TRANSPORTER INFORMATION.** Provide the waste transporter company name and mailing address, and the contact person’s name, phone number and email address.
9. **WASTE DISPOSAL SITE INFORMATION.** Provide the waste disposal site name, address, contact person’s name, and contact person’s phone number and email address.
10. **CERTIFICATION.** Provide the name, title, phone number and email address for the individual certifying the notification. **A wet-ink signature is required.**