

Asbestos NESHAP Notification of Demolition and Renovation

How to Complete the Notification

- The original notification with a **wet-ink signature and payment** must be submitted at least (10) working days prior to the start of the demolition or asbestos removal operation. 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 an asbestos project or 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.).
- Either the owner or operator shall submit notification. Typically, the two parties may decide together who will be responsible for submittal of the notification. Either or both parties may be held liable for providing inadequate notice.
- All applicable fields must be filled out for the notification to be deemed complete.
- **More detailed instructions can be found on page 5.**

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 amount of asbestos being removed changes by at least 20%.
- b) The demolition or asbestos removal 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.
- c) The demolition or asbestos removal 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 of asbestos removal operation.

To revise a notification, summarize the changes taking place on Page 4, then sign and date. Email a copy of the original notification along with the revision summary to AQMDAsbestos@nnph.org. Attach additional pages as necessary.

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 Option 3 or AQMDAsbestos@nnph.org.

FOR AQMD USE ONLY

Fee Included? YES NO If "NO", date paid:	Postmark Date:	Notification Permit No.:	Date Received:
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ASBESTOS NESHAP NOTIFICATION OF DEMOLITION AND RENOVATION

1. TYPE OF NOTIFICATION (Select One): Original Revision Cancelled								
2. FACILITY OWNER INFORMATION								
Facility Owner Name:								
Address:								
City:		State:		ZIP Code:				
Contact Name:								
Phone Number:			Email:					
3. CONTRACTOR INFORMATION (Select One): General Demolition Asbestos Removal								
Company Name:								
Address:								
City:		State:		ZIP Code:				
Contact Name:								
Phone Number:			Email:					
4. CONTRACTOR INFORMATION (Select One): General Demolition Asbestos Removal Asbestos Consultant								
Company Name:								
Address:								
City:		State:		ZIP Code:				
Contact Name:								
Phone Number:			Email:					
5. TYPE OF OPERATION (Select One): Demolition Ordered Demolition Renovation Emergency Renovation								
6. FACILITY DESCRIPTION (Include building number, unit number, floor, and room number as applicable)								
Facility Building Name (if applicable):								
Address:				Assessor's Parcel No.:				
City:		State:		ZIP Code:				
On-Site Location Description:								
Building Size:		No. of Floors:		Age in Years:				
Present/Intended Use: Commercial Multi-Family Residential			Prior Use: Commercial Multi-Family Residential					
7. IS ASBESTOS PRESENT? Yes No								
8. PROCEDURE USED TO DETECT THE PRESENCE OR ABSENCE OF ASBESTOS: PLM <u>OR</u> ASSUMED								
9. NOTE THE TYPE <u>AND</u> QUANTITY OF ASBESTOS THAT WILL BE REMOVED AND/OR REMAIN IN PLACE.				RACM TO BE REMOVED	NON-FRIABLE ACM TO BE REMOVED		NON-FRIABLE ACM <u>NOT</u> TO BE REMOVED	
					Cat I	Cat II	Cat I	Cat II
Pipes (linear ft.):								
Surface Area (sq. ft.):								
Vol RACM off Facility Component (cubic ft.):								
10. SCHEDULED DATES OF ASBESTOS REMOVAL (mm/dd/yy)				Start:		Complete:		
11. SCHEDULED DATES OF DEMOLITION (mm/dd/yy)				Start:		Complete:		

A NESHAP 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 NESHAP Notification must be submitted to the AQMD at least (10) working days prior to the expiration date.

12. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHODS TO BE USED:			
13. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND/OR RENOVATION SITE:			
14. WASTE TRANSPORTER INFORMATION			
Company Name:			
Address:			
City:	State:	ZIP Code:	
Contact Name:			
Phone Number:		Email:	
15. WASTE DISPOSAL SITE INFORMATION			
Name:			
Address:			
City:	State:	ZIP Code:	
Contact Name:			
Phone Number:		Email:	
16. IF DEMOLITION WAS ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:			
Agency Name:			
Contact Name:		Title:	
Date of order (mm/dd/yy):		Date ordered to begin (mm/dd/yy):	
17. FOR EMERGENCY RENOVATIONS:			
Date and hour of emergency (mm/dd/yy – HH:MM):			
Description of sudden, unexpected event:			
Explanation of how the event caused unsafe conditions, or would cause equipment damage or an unreasonable financial burden:			
18. DESCRIPTION OF THE PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:			
<p>19. I certify that an individual trained in the provisions of this regulation (40 CFR Part 61, Subpart M) will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.</p>			
_____	_____	_____	_____
Owner / Operator Printed Name	Title	Owner / Operator Wet Signature	Date
20. Certification of AHERA (Asbestos Hazard Emergency Response Act) Training.			
_____	_____	_____	_____
Printed Name	Affiliation	AHERA Certificate No.	Expiration Date
21. I certify that the above information is correct.			
_____	_____	_____	_____
Owner / Operator Printed Name	Title	Owner / Operator Wet Signature	Date

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 amount of asbestos being removed changes by at least 20%.
- b) The demolition or asbestos removal 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.
- c) The demolition or asbestos removal 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 or asbestos removal operation.

To revise a notification, summarize the changes taking place below, then sign and date. Email a copy of the original notification along with this revision summary to AQMDAsbestos@nnpb.org. Attach additional pages as necessary.

Example:

Revision 1: The new demolition start date is 11/1/2023, and the new demolition completion date is 12/1/2023.
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Notification Revisions

Revision 1: -----		
Printed Name	Signature	Date

Revision 2: -----		
Printed Name	Signature	Date

Revision 3: -----		
Printed Name	Signature	Date

Revision 4: -----		
Printed Name	Signature	Date

Revision 5: -----		
Printed Name	Signature	Date

NESHAP Notification of Demolition and Renovation – 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, “Revision” if the notification is a revision of a prior notification, or “Cancelled” if the operation has been cancelled.
2. **FACILITY OWNER INFORMATION.** Legal owner of the site at which asbestos is being removed or demolition is planned. Provide the facility owner name, address, contact person’s name, and contact person’s phone number and email address.
3. **CONTRACTOR INFORMATION.** Select one option corresponding to the type of contractor, either “General”, “Demolition”, or “Asbestos Removal”. Provide the company name, address, contact person’s name, and contact person’s phone number and email address.
4. **CONTRACTOR INFORMATION.** Select one option corresponding to the type of contractor, either “General”, “Demolition”, “Asbestos Removal”, or “Asbestos Consultant”. Provide the company name, address, contact person’s name, and contact person’s phone number and email address.
5. **TYPE OF OPERATION.** Select “Demolition” for facility demolition, “Ordered Demolition” for government agency ordered demolitions, “Renovation” for asbestos removal operations, and “Emergency Renovation” for emergency asbestos removal operations.
 ***If you select “Ordered Demolition”, #16 of the notification must be completed.
 ***If you select “Emergency Renovation”, #17 of the notification must be completed.
6. **FACILITY DESCRIPTION.** Provide detailed information on the areas being renovated or demolished. Include building number, unit number, floor, and room number as applicable.
 - **Building Name** – Provide the facility building name where the operation is to occur, if applicable.
 - **Address** – Provide the facility address where the operation is to occur.
 - **On-Site Location Description** – Provide descriptive information needed to locate the site where the operation is to occur.
 - **Building Size** – Provide the facility building size in sq. ft.
 - **Number of Floors** – Provide the number of floors including the basement and ground level floors.
 - **Age in Years** – Provide the approximate age of the facility.
 - **Present/Intended Use** – Select the option corresponding to the present or intended use of the facility.
 - **Prior Use** – Select the option corresponding to the prior use of the facility.
7. **IS ASBESTOS PRESENT?** Select “Yes” or “No”, regardless of the amount or type of asbestos.
8. **ASBESTOS DETECTION PROCEDURE.** Select “PLM” for polarized light microscopy OR “Assumed” if materials are presumed to contain asbestos.
9. **APPROXIMATE AMOUNT OF ASBESTOS.** Indicate the type AND quantity of each category of asbestos that will be removed and/or remain in place during the renovation or demolition.
 - **Regulated Asbestos-Containing Material (RACM)** means (a) friable asbestos material, (b) Category I nonfriable asbestos-containing material (ACM) that has become friable, (c) Category I nonfriable ACM that will be or has been subjected to sanding, grinding, cutting, or abrading, or (d) Category II nonfriable ACM that has a high probability of becoming or has become crumbled, pulverized, or reduced to powder by the forces expected to act on the material in the course of demolition or renovation operations.
 - **Category I Nonfriable Asbestos Containing Material (Cat I ACM)** means asbestos containing packings, gaskets, resilient floor covering, and asphalt roofing products.
 - **Category II Nonfriable Asbestos Containing Material (Cat II ACM)** means any material, excluding Cat I nonfriable ACM, that when dry, cannot be crumbled, pulverized, or reduced to powder by hand pressure.

10. **SCHEDULED DATES OF ASBESTOS REMOVAL.** Provide the scheduled dates (mm/dd/yy) of asbestos removal work. Asbestos removal work includes any activity, including site preparation, which may break up, dislodge or disturb asbestos material.
11. **SCHEDULED DATES OF DEMOLITION.** Provide the scheduled dates (mm/dd/yy) of demolition.
12. **DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHODS TO BE USED.** Provide a description of the demolition and renovation techniques to be used and a description of the areas and types of facility components that will be affected by the work.
13. **DESCRIPTION OF ENGINEERING CONTROLS AND WORK PRACTICES TO BE USED TO CONTROL EMISSIONS OF ASBESTOS AT THE DEMOLITION AND/OR RENOVATION SITE.** Describe the work practices and engineering controls selected to ensure compliance with the requirements of the regulations, including both asbestos removal and waste-handling emission control procedures.
14. **WASTE TRANSPORTER INFORMATION.** Provide the waste transporter company name, address, contact person's name, and contact person's phone number and email address.
15. **WASTE DISPOSAL SITE INFORMATION.** Provide the waste disposal site name, address, contact person's name, and contact person's phone number and email address.
16. **IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY.** Provide the government agency name, contact person's name and title, date of the order (mm/dd/yy), and date the order is to begin (mm/dd/yy).
17. **FOR EMERGENCY RENOVATIONS.** Provide the date and time of the emergency, a description of the event and a description of unsafe conditions, equipment damage or financial burden resulting from the event. The information should be detailed enough to evaluate whether a renovation falls within the emergency exception.
18. **DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER.** Provide adequate information to demonstrate that appropriate actions have been considered and can be implemented to control asbestos emissions adequately, including at a minimum, conformance with applicable work practice standards.
19. **Certification of Presence of a Trained Supervisor (For Asbestos Removal Operations Only).** The notifier must certify that a person trained in asbestos-removal procedures will supervise the asbestos removal operation. The supervisor is responsible for the activity on-site. Evidence that the supervisor has completed the training must be available for inspection. **WET SIGNATURE REQUIRED.**
20. **Certification of AHERA (Asbestos Hazard Emergency Response Act) Training (For Schools Only).** Certify that a person trained in AHERA procedures will supervise the demolition or renovation at the designated school facility. Evidence that the training has been completed must be available for inspection.
21. **Certification of Accuracy.** Certify the accuracy and completeness of the information provided. **WET SIGNATURE REQUIRED.**