

Asbestos NESHAP Notification of Renovation

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 the asbestos removal operation. 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 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.).

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:

- The amount of asbestos being removed changes by at least 20%.
- The 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.
- The 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 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.: |
|---|-----------------------|-----------------------|---------------------------------|

ASBESTOS NESHAP NOTIFICATION OF RENOVATION

| | | | |
|---|----------------------|--|--|
| 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. Asbestos Removal 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. Type of Operation | | | |
| Renovation | Emergency Renovation | <i>If "Emergency Renovation", complete section 14.</i> | |
| 6. Facility Description | | | |
| Physical Address: | | Assessor's Parcel No.: | |
| City: | State: | ZIP Code: | |
| Building Size: | No. of Floors: | Age in Years: | |
| Present/Intended Use: Commercial Multi-Family Residential | | | |
| Prior Use: Commercial Multi-Family Residential | | | |
| Facility Location Description (Include building number, unit number, room number, location on parcel, etc.): | | | |
| 7. Asbestos-Containing Materials to be Removed (specify material, quantity & unit of measure i.e., sq. ft., linear ft., cubic ft.) | | | |
| RACM: | | | |
| Non-Friable Category I: | | | |
| Non-Friable Category II: | | | |
| Procedure used to detect the presence of asbestos: <u>PLM OR</u> Assumed | | | |
| Asbestos Removal Start Date (mm/dd/yy): | | Asbestos Removal Completion Date (mm/dd/yy): | |

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.

| | | | | | | | |
|--|-------------|--------------------------------|-----------------|-------------------------------|-------------|--------------------------------|-----------------|
| 8. Description of planned renovation work, and methods to be used: | | | | | | | |
| | | | | | | | |
| 9. Description of work practices and engineering controls to be used to prevent emissions of asbestos at the renovation site: | | | | | | | |
| | | | | | | | |
| 10. Procedures to be followed if unexpected asbestos is discovered or previously nonfriable asbestos material becomes friable: | | | | | | | |
| | | | | | | | |
| 11. Waste Transporter Information | | | | | | | |
| Company Name: | | | | | | | |
| Mailing Address: | | | | | | | |
| City: | State: | ZIP Code: | | | | | |
| Contact Name: | | | | | | | |
| Phone Number: | | Email: | | | | | |
| 12. Waste Disposal Site Information | | | | | | | |
| Name: | | | | | | | |
| Address: | | | | | | | |
| City: | State: | ZIP: | | | | | |
| Contact Name: | | | | | | | |
| Phone Number: | | Email: | | | | | |
| 13. 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: | | | | | | | |
| | | | | | | | |
| 14. 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. | | | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%; text-align: center;">Owner / Operator Printed Name</td> <td style="width:20%; text-align: center;">Title</td> <td style="width:35%; text-align: center;">Owner / Operator Wet Signature</td> <td style="width:10%; text-align: center;">Date</td> </tr> </table> | | | | Owner / Operator Printed Name | Title | Owner / Operator Wet Signature | Date |
| Owner / Operator Printed Name | Title | Owner / Operator Wet Signature | Date | | | | |
| 15. Certification of AHERA (Asbestos Hazard Emergency Response Act) Training | | | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%; text-align: center;">Printed Name</td> <td style="width:20%; text-align: center;">Affiliation</td> <td style="width:30%; text-align: center;">AHERA Certificate No.</td> <td style="width:15%; text-align: center;">Expiration Date</td> </tr> </table> | | | | Printed Name | Affiliation | AHERA Certificate No. | Expiration Date |
| Printed Name | Affiliation | AHERA Certificate No. | Expiration Date | | | | |
| 16. I certify that the above information is correct. | | | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%; text-align: center;">Owner / Operator Printed Name</td> <td style="width:20%; text-align: center;">Title</td> <td style="width:35%; text-align: center;">Owner / Operator Wet Signature</td> <td style="width:10%; text-align: center;">Date</td> </tr> </table> | | | | Owner / Operator Printed Name | Title | Owner / Operator Wet Signature | Date |
| Owner / Operator Printed Name | Title | Owner / Operator Wet Signature | Date | | | | |

NESHAP Notification of 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, “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 asbestos is being removed. Provide the facility owner name, address, contact person’s name, and contact person’s phone number and email address.
3. **ASBESTOS REMOVAL 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. **TYPE OF OPERATION.** Select “Renovation” for asbestos removal operations or “Emergency Renovation” for emergency asbestos removal operations.
***If you select “Emergency Renovation”, #14 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.
 - Provide the physical address of the facility/building being renovated.
 - Provide the facility/building size in sq. ft.
 - Provide the number of floors including the basement and ground level floors.
 - Provide the approximate age of the facility/building in years.
 - Indicate the present/intended use of the facility/building.
 - Indicate the prior use of the facility/building.
 - Provide a description of the location where the asbestos removal operation will occur. Include building number, unit number, room number, location on parcel, etc.)
7. **IDENTIFIED ASBESTOS-CONTAINING MATERIALS.**
 - Identify Regulated Asbestos-Containing Material (RACM), Category I Non-Friable ACM, and Category II Non-Friable ACM that will be removed.
 - Indicate the procedure used to detect the presence of asbestos, either PLM or Assumed.
 - Provide the asbestos removal operation start and completion dates in mm/dd/yy format.
8. **DESCRIPTION OF PLANNED RENOVATION WORK, AND METHODS TO BE USED.** Provide a description of the renovation techniques to be used and a description of the areas and types of facility components that will be affected by the work.
9. **DESCRIPTION OF ENGINEERING CONTROLS AND WORK PRACTICES TO BE USED TO CONTROL EMISSIONS OF ASBESTOS AT THE 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.
10. **DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, 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.

11. **WASTE TRANSPORTER INFORMATION.** Provide the waste transporter company name, address, contact person's name, and contact person's phone number and email address.
12. **WASTE DISPOSAL SITE INFORMATION.** Provide the waste disposal site name, address, contact person's name, and contact person's phone number and email address.
13. **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.
14. **Certification of Presence of a Trained Supervisor.** 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.**
15. **Certification of AHERA (Asbestos Hazard Emergency Response Act) Training (For Schools Only).** Certify that a person trained in AHERA procedures will supervise the renovation at the designated school facility. Evidence that the training has been completed must be available for inspection.
16. **Certification of Accuracy.** Certify the accuracy and completeness of the information provided. **WET SIGNATURE REQUIRED.**