

*For Office Use Only:*

Notification #: \_\_\_\_\_

## ASBESTOS/DEMOLITION NOTIFICATION FORM

*DO NOT WRITE IN THIS BOX- FOR DEPARTMENT USE ONLY*

Date received: \_\_\_/\_\_\_/\_\_\_ Postmark date: \_\_\_/\_\_\_/\_\_\_ Walk-in date: \_\_\_/\_\_\_/\_\_\_

**TYPE OF NOTIFICATION:** *(Select one and fill in the requested information)*

ORIGINAL  AMENDMENT No. \_\_\_  CANCELLATION

EMERGENCY

•Was emergency request made to the Regional Office or Environmental Health Notifications Group (EHNG) by phone?

Yes  No

•If yes, the DSHS reference #: \_\_\_\_\_ and name of the Regional or EHNG representative with whom you spoke? \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.

•Describe the reason for Emergency: \_\_\_\_\_

ORDERED: *(For structurally unsound facilities, attach copy of demolition order and identify Governmental Official)*

Name: \_\_\_\_\_ Registration No. \_\_\_\_\_

Title: \_\_\_\_\_

Date of order (MM/DD/YY): \_\_\_/\_\_\_/\_\_\_ Date order to begin (MM/DD/YY): \_\_\_/\_\_\_/\_\_\_

(x)  
Below if  
Amended

**AMENDMENTS:** *You must complete the entire form and mark the appropriate check box(es) along the left-hand side of this form to indicate amended information.*

**TYPE OF WORK**

Asbestos Abatement  Demolition  Annual Consolidated O&M  Abatement/Demolition

Is this a phased project?  Yes  No

**FACILITY INFORMATION**

**1. Facility Location**

..... Description or Facility Name: \_\_\_\_\_

..... Physical Address: \_\_\_\_\_

..... County: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

..... Facility Contact: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**2. Type of Facility (Select one)**

Public  Federal  Industrial/Manufacturing  NESHAP-Only  Public School K-12

**3. Facility Details**

..... Description of Area/Room Number: \_\_\_\_\_

..... Age of Building: \_\_\_\_\_ Size: \_\_\_\_\_ Number of Floors: \_\_\_\_\_

..... Is this building occupied?  Yes  No

..... Prior Use: \_\_\_\_\_

..... Future Use: \_\_\_\_\_

..... Date of Asbestos Survey/NESHAP Inspection: \_\_\_/\_\_\_/\_\_\_

..... DSHS Inspector License #: \_\_\_\_\_

..... Analytical Method:  PLM  TEM  Assumed Asbestos  No Suspect Material

..... DSHS Laboratory License #: \_\_\_\_\_

**WORK SCHEDULE/ASBESTOS AMOUNTS** *(Note: if the start date(s) entered below cannot be met, the DSHS Regional or Local Program office must be notified prior to the scheduled start date. Failure to do so is a violation of TACAPA Section 295.61.)*

**1. Asbestos Abatement Work Schedule:**

..... Start date: \_\_\_/\_\_\_/\_\_\_ and End date: \_\_\_/\_\_\_/\_\_\_

..... Work days:  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.  Sun.

..... Working hours: \_\_\_\_\_ a.m.  p.m. to \_\_\_\_\_ a.m.  p.m.

**2. Demolition Work Schedule:**

..... Start date: \_\_\_/\_\_\_/\_\_\_ and End date: \_\_\_/\_\_\_/\_\_\_

..... Work days:  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.  Sun.

..... Working hours: \_\_\_\_\_ a.m.  p.m. to \_\_\_\_\_ a.m.  p.m.

(x)  
Below if  
Amended

**C. ASBESTOS AMOUNTS**

..... Is Asbestos Present?  Yes  No *(Complete the table below if asbestos is present)*

Asbestos-Containing Building Material Type	Approximate amount of Asbestos						
	Pipes	Ln Ft	Ln M	Surface Area	SQ Ft	SQ M	Cu Ft
<i>*Only mark the boxes below on this chart if they are being amended</i>							
<input type="checkbox"/> RACM to be removed		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> RACM left in place during demolition		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Interior Category I non-friable removed		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Exterior Category I non-friable removed		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Category I non-friable left in place during demolition		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Interior Category II non-friable removed		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Exterior Category II non-friable removed		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Category II non-friable left in place during demolition		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> RACM Off-Facility Component							

**DESCRIPTION OF WORK PRACTICES AND PROCEDURES**

..... 1. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

..... 2. Description of planned demolition or abatement work, type of material, and method(s) to be used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

..... 3. Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition site:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROJECT INFORMATION**

..... **A. FACILITY OWNER**

Facility Owner Name: \_\_\_\_\_  
Phone #: ( ) - \_\_\_\_\_  
Attention: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

..... **B. ASBESTOS ABATEMENT CONTRACTOR #1**

DSHS Asbestos Contractor License #: \_\_\_\_\_  
Contractor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Office Phone #: ( ) - \_\_\_\_\_ Job-Site Phone #: ( ) - \_\_\_\_\_

..... **C. ASBESTOS ABATEMENT CONTRACTOR #2 (Only if there is more than one Contractor)**

DSHS Asbestos Contractor License #: \_\_\_\_\_  
Contractor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Office Phone #: ( ) - \_\_\_\_\_ Job-Site Phone #: ( ) - \_\_\_\_\_

**D. ASBESTOS SUPERVISOR**

..... DSHS Supervisor License #: \_\_\_\_\_ Site Supervisor: \_\_\_\_\_  
..... DSHS Supervisor License #: \_\_\_\_\_ Site Supervisor: \_\_\_\_\_

(x)

Below if

Amended **E. NESHAP TRAINED INDIVIDUAL**

..... NESHAP Trained Individual: \_\_\_\_\_  
Certification Date: \_\_\_/\_\_\_/\_\_\_

..... **F. DEMOLITION CONTRACTOR**

Demolition Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

..... **G. PROJECT CONSULTANT OR OPERATOR**

DSHS License No.: \_\_\_\_\_  
Project Consultant or Operator: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

..... **H. Waste Transporter**

DSHS Waste Transporter License #: \_\_\_\_\_  
Waste Transporter: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

..... **I. Waste Disposal Site**

TCEQ Permit #: \_\_\_\_\_  
Waste Disposal Site: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**CERTIFICATION STATEMENT**

I hereby declare that I have examined this notification and, to the best of my knowledge and belief, all information provided is complete, true, and correct. I affirm that I am the owner, operator, or delegated agent and that I am responsible for the fee associated with this notification. I also understand that the owner, operator, or delegated agent is responsible for notification to the department.

\_\_\_\_\_  
(Signature of Owner, Operator or Delegated Agent)

Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
(Printed Name & Title)

E-mail Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**IMPORTANT INFORMATION**

**NOTIFICATION TIMELINESS REQUIREMENT:**

Your Asbestos/Demolition Notification form must be postmarked no less than ten working days (not calendar days) prior to the start of any asbestos abatement or demolition.

**FILING FEE:** An invoice will be mailed to the facility owner upon completion of the project.

**CALL FOR ASSISTANCE:** (512) 834-6747 or (888) 778-9440 (toll free in Texas)

**MAIL FORM TO:** ENVIRONMENTAL HEALTH NOTIFICATIONS GROUP  
TEXAS DEPARTMENT OF STATE HEALTH SERVICES  
PO BOX 143538  
AUSTIN, TX 78714-3538