



INSTRUCTIONS FOR COMPLETION OF ASBESTOS PERMIT APPLICATION AND NOTIFICATION FORM

PREPARATION: All information pertinent to the removal, renovation and/or demolition must be completed by the licensed contractor or owner and submitted with applicable permit fees to:

**VIRGINIA DEPARTMENT OF LABOR AND INDUSTRY
ASBESTOS PROGRAM
POWERS-TAYLOR BUILDING
13 SOUTH THIRTEENTH STREET
RICHMOND VA 23219**

SECTION 1: "TYPE OF NOTIFICATION" - Indicate the type of notification, i.e., Original, Amended, Canceled, or NESHAPS.

SECTION 2: "FACILITY INFORMATION" - COMPLETELY FILL OUT all of the applicable information for the OWNER, REMOVAL CONTRACTOR, AND ANY OTHER CONTRACTOR that will be working on the site.

Where demolition of the facility immediately follows the removal of ACM, complete the demolition contractor's name, the demolition contractor's mailing address including box number, street, city, state, zip code, telephone number, and contact person. When no asbestos removal is required for the facility being demolished, complete only the owner and demolition contractor information.

Other Operator will include those acting as agents for or representatives of the owner of the facility (i.e. architect, general contractor, engineering consulting firm), complete the name of the operator, the operator's mailing address including box number, street, city, state, zip code, telephone number, and contact person.

****FEDERAL EMPLOYER IDENTIFICATION NUMBER FOR THE REMOVAL CONTRACTOR MUST BE ENTERED.**

SECTION 3: "TYPE OF OPERATION" - Indicate the type of operation, i.e., DEMOLITION, RENOVATION, EMERGENCY RENOVATION or ENCAPSULATE.

SECTION 4: "IS ASBESTOS PRESENT" - Check the appropriate box. NOTE: If, after the initial survey of the facility, the analysis of the samples taken during the survey are negative for asbestos or are less than 1%, using the methods specified in Appendix A, subpart F, 40 CFR part 763. section 1, Polarized Light Microscopy, and the facility is scheduled for demolition the ten day (NESHAPS) notification is still required. The project fee is not applicable. If Category I Non-Friable asbestos containing material, in good condition, will be left in the facility during demolition the ten-day

(NESHAPS) notification is still required. The Project fee is not applicable.

SECTION 5: "FACILITY DESCRIPTION" - Complete the building name of the facility to be renovated or demolished, the physical address including street number, street name, city, state, and county. Site location should include the building number, floor number, and room number(s). Complete building size in square feet, number of floors in the building, the age of the building, and its present and prior use.

SECTION 6: "SCHEDULED DATES: REMOVAL" - Complete the removal start date and finish date. Removal includes any activity, such as site preparation that would break up, dislodge, or similarly disturb asbestos containing materials in a demolition/renovation.

"REMOVAL TIMES" - Complete the weekdays, weekends, and the work shift hours that the asbestos removal will be occurring.

SECTION 7: "SCHEDULED DATES DEMOLITION" - Complete the demolition start date and finish date.

SECTION 8: "PROCEDURE, INCLUDING ANALYTICAL METHOD, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL" - List analytical methods used for survey sample analysis (PLM, PCM, TEM, XRD). Enter the name of the inspector conducting the survey and his/her Virginia Inspector license number. Copy of survey may be attached.

SECTION 9: "APPROXIMATE AMOUNT OF ASBESTOS CONTAINING MATERIAL (ACM) TO BE REMOVED" - Completely fill out all applicable information related to the project:

PIPES: Pipe Insulation, Gaskets, Packing, etc.

SURFACE AREA: Resilient floor tile, Asphalt roofing material, Spray-on fireproofing, etc.

VOLUME ACM STRIPPED OFF FACILITY COMPONENT (NESHAPS ONLY): Loose waste scrap, etc.

SECTION 10: "APPROXIMATE AMOUNT OF ACM NOT TO BE REMOVED" - Estimate the approximate amount of friable ACM and the amounts of Category I and Category II non-friable asbestos containing material in the affected area of the facility that will not be removed before demolition.

NOTE: Category I non-friable asbestos containing material means asbestos containing packings, gaskets, resilient floor covering, and asphalt roofing products containing more than 1% asbestos as determined using the method specified in Appendix A, subpart F, 40 CFR part 763, section 1, Polarized Light Microscopy. Category II Non-friable asbestos containing material means any material, excluding Category I Non-friable asbestos containing materials containing more than 1% asbestos as determined using the methods specified in Appendix A, subpart F, 40 CFR part 763, section 1. Polarized Light Microscopy that when dry, cannot be crumbled, pulverized or reduced to powder by hand pressure. (Transite Siding, Asbestos Containing Window Glazing, etc.)

SECTION 11: "DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK AND METHOD(S) TO BE USED"-Description of planned demolition or renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of the affected facility components.

SECTION 12: "DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE" - Description Of work practices and engineering controls to be used to comply with the requirements of NESHAP Regulations, 40 CFR, part 61, subpart M, November 20, 1990, and Virginia Occupational Safety and Health Regulation 1926.1101 including asbestos removal and waste-handling emission control procedures.

SECTION 13: "WASTE TRANSPORTERS" - Complete all requested information. Note: Waste Transporter #1 is the entity that removes the ACM off the removal site.

SECTION 14: "WASTE DISPOSAL SITE" - Complete all requested information.

SECTION 15: "IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY:" - Facilities that are being demolished under an order of a State or local government agency, issued because the facility is structurally unsound and in danger of imminent collapse. Complete all requested information.

SECTION 16: "FOR EMERGENCY RENOVATIONS" - Complete all requested information and describe the sudden, unexpected event that necessitated the renovation and explain what caused the unsafe conditions or would cause equipment damage.

SECTION 17: "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" - Describe the procedure to be followed in the event that unexpected regulated asbestos containing material is found or Category I or II non-friable asbestos containing material becomes crumbled, pulverized, or reduced to powder.

SECTION 18: "LIST THE NAMES AND THE LICENSE NUMBERS OF THE COMPONENT PERSONS: SUPERVISOR, PROJECT MONITOR, PROJECT DESIGNER, AND THE LABORATORY" - Signature of the Owner/operator certifies that these persons either will be on site or were utilized in designing or performing the analysis of samples taken during the initial survey or during the performance of the demolition and/or renovation in accordance with provision 40 CFR, Part 61, subpart M, and Title 54.1-500 of the Code of Virginia.

SECTION 19: "CERTIFICATION OF ACCURACY" - Signature of owner/operator certifying the accuracy of the information submitted in the permit application/notification and that Virginia accredited personnel are being used on this project.

SECTION 20: "AMOUNT OF ASBESTOS PROJECT FEE SUBMITTED" - Enter the appropriate permit fee to be submitted in accordance with Section 3.C. or D. of the Regulation for Licensed Asbestos Contractor Notification, Asbestos Project Permits and Permit Fees. Attach a check or money order for the appropriate fees due. The notification must be mailed by certified mail, commercial carrier, or hand delivered.

Checks should be made payable to:

VIRGINIA DEPARTMENT OF LABOR AND INDUSTRY.

Fees may be paid by credit card using the following procedures:

CREDIT CARD TYPE: Mark the type of credit card to be used. Only VISA and MasterCard are accepted.

CARD #: Enter the Credit Card Number.

EXPIRATION DATE: Enter the expiration date of the credit card being used

AUTHORIZED SIGNATURE: Signature of individual authorized to use the credit card.

NOTE: All the information requested on the notification form is required and if any project information is omitted from the form it will be considered as incomplete and the twenty day notification period will not begin until a complete notification is received by the Department of Labor and Industry. It is the responsibility of the owner/operator to supply all requested information.