



**SHELBY COUNTY HEALTH DEPARTMENT: POLLUTION CONTROL SECTION-ASBESTOS NESHAP PROGRAM  
NOTIFICATION OF ASBESTOS DEMOLITION OR RENOVATION**

Notification Link/Association#	Postmark Date	Date Received	Notification #
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**Original Notification**

**I. Facility Information (Owner, Operator, or Contractor)**

**Owner Name:**  
 Address:  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**General Contractor, Consultant, or Other:**  
 Address:  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Asbestos Removal Contractor:**  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Demolition/Renovator Contractor:**  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**II. Type of Operation:**    *Demolition,    Ordered Demolition,    Renovation,    Emergency Renovation*

**III. Facility Description (Include Building Name, Number and Floor or Room Number)**

**Building Name or Know As:**  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Site Location:  
 Building Site Total Sq. Ft.: \_\_\_\_\_ # of Floors: \_\_\_\_\_ Age of Building: \_\_\_\_\_  
 Present Use: \_\_\_\_\_ Prior Use: \_\_\_\_\_

**ASBESTOS INSPECTION SURVEY IS DUE PRIOR TO START OF ACTIVITY**

**IV. Provide Procedure and Analytical Method Used to Detect the Presence of Asbestos Material**

**V. Asbestos Present?**    YES / NO    **Asbestos Survey Attached?**    YES / NO    Date:    /    /

**VI. Approximate Amount of Asbestos in Work Area**

1. Regulated ACM to be Removed	RACM To Be Removed	Non-friable Asbestos Material				Units of Measurement	
		Not To Be Removed		To Be Removed			
2. Category I ACM Not Removed		Cat I	Cat II	Cat I	Cat II	Ln ft.	Ln m
3. Category II ACM Not Removed							
<b>Pipes:</b>							
<b>Surface Area:</b>						Sq. ft.	Sq. m
<b>RACM:</b>						Cu ft.	Cu m

Scheduled Dates for Preparation    Start: \_\_\_\_\_    Complete: \_\_\_\_\_

**VII. Scheduled Dates for Asbestos Removal**    Start: \_\_\_\_\_    Complete: \_\_\_\_\_

Work Schedule: (Circle) ALL SUN MON TUE WED THUR FRI SAT    **Hours of Day:** \_\_\_\_\_

**VIII. Scheduled Dates for Demolition/Renovator**    Start: \_\_\_\_\_    Complete: \_\_\_\_\_

**IX. Description of planned demolition or renovation work, method(s) to be used:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	Credit Card / Check #	Check Amount \$	Date Rcd:    /    /
	Money Order #	Money Order Amount \$	Date Rcd:    /    /

**NOTIFICATION OF ASBESTOS DEMOLITION OR RENOVATION (Cont'd)**

**X. Description of work practices and engineering controls to be used to prevent emissions of Asbestos at the demolition and renovation site:**

**XI. Waste Disposal Site**

Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**XII. Waste Transporter**

**Waste Transporter #1 Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_

**Waste Transporter #2 Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_

**XIII. Demolition Ordered by Government Agency**

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

Authority: \_\_\_\_\_

Date of Order (mm/dd/yy): \_\_\_\_\_ Date Ordered to Begin (mm/dd/yy) \_\_\_\_\_

**XIV. Emergency Renovations:**

Date and Hour of Emergency (mm/dd/yy): \_\_\_\_\_

Description of the Sudden, Unexpected Event: \_\_\_\_\_

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: \_\_\_\_\_

**XV. Description of procedures to be followed in the event asbestos is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder.**

**XVI. 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 required training has been accomplished by this person will be available for inspection during normal business hours. (REQUIRED AFTER NOVEMBER 20, 2000)**

<b>Signature of Owner / Operator</b>	<b>Printed Name of Owner / Operator</b>	<b>Date</b>
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**XVII. I certify that the above information is correct.**

<b>Signature of Owner / Operator</b>	<b>Printed Name of Owner / Operator</b>	<b>Date</b>
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**ORIGINAL NOTIFICATION MUST BE SUBMITTED 10 WORKING DAYS PRIOR TO ANY ACTIVITY.**  
Submit completed form and \$130.00 notification fee by U.S. Postal Service / or hand delivered to:  
Shelby County Health Department: Pollution Control Section-Asbestos NESHAP Program  
1826 Sycamore View Road, Memphis, TN 38134  
(901) 222-8270  
[Asbestos.NESHAP@shelbycountyttn.gov](mailto:Asbestos.NESHAP@shelbycountyttn.gov)

# **ATTENTION**

## **Building Owners and Contractors**

### **Asbestos NESHAP Demolition/Renovation Code Requirements**

Because of potentially serious health risks of asbestos exposure, the Air Pollution Control Section of Shelby County Health Department (Department) regulates demolition and renovation activities involving asbestos-containing materials in the Memphis/Shelby County area {Shelby County Air Code, Section 3-25 and Memphis City Air Code, Section 16-81, Standards for Asbestos Demolition and Renovation, Rules and Regulations of Tennessee Reference 1200-3-11-.02, Hazardous Air Contaminants (Asbestos Code)}.

**As described in the Asbestos Code, each owner, contractor, or operator must comply with the following requirements:**

1. An asbestos survey must be done prior to the start of any demolition or renovation activity. Tennessee Asbestos Accreditation Rule requires accredited persons to conduct the surveys. Written proof of the survey must be made available to the Department for any regulated demolition and or renovation involving regulated asbestos materials.
2. At least ten (10) working days before the start of the demolition or renovation activity, a Notification of Intent must be completed and filed with the Department. A notice fee of \$130.00 must be submitted with each notice filed. Emergency operations must meet the criteria defined in the Asbestos Code and on the Notification form. Notification forms are available from Air Pollution Control-Asbestos NESHAP Program upon request.
3. All Regulated Asbestos Containing Material (RACM) must be removed prior to the start of any demolition or renovation activity. Only persons trained in the provisions of the regulations including emission control, work practice, and disposal requirements can remove RACM.
4. All applicable local, state, and federal regulations.

For more information or to obtain a Notification of Intent Form, please visit the Shelby County Health Department website at [www.shelbytnhealth.com](http://www.shelbytnhealth.com) or contact the Air Pollution Control-Asbestos NESHAP Program at (901) 222-8270 or visit us at 1826 Sycamore View Road, Memphis, TN 38134.

# INSTRUCTIONS FOR THE NOTIFICATION OF ASBESTOS DEMOLITION OR RENOVATION FORM

## I. FACILITY INFORMATION (OWNER, OPERATOR, OR CONTRACTOR):

**OWNER INFORMATION:** Print full name of owner. Provide the owner's physical mailing address, **No P. O. Boxes**. For demolitions: owner address must be different from the building being demolished. If the property is being managed by a management company, please provide a direct contact person. Provide a direct telephone number and email address for the owner / contact person.

**GENERAL CONTRACTOR INFORMATION:** Print name or DBA as name shown on the contractor license. Provide the company physical address - **No P O Boxes**. Provide a direct telephone number and email address for the GC / contact person.

**ASBESTOS REMOVAL CONTRACTOR INFORMATION:** Print name or DBA as name shown on the contractor license. Provide the company physical address - **No P O Boxes**. Provide a direct telephone number and email address for the Asbestos Removal Company / contact person. Notifications should be filled and submitted providing the contractor performing the actual removal.

**DEMOLITION / RENOVATION CONTRACTOR INFORMATION:** Print name or DBA as name shown on the contractor license. Provide the company physical address - **No P O Boxes**. Provide a direct telephone number and email address for the Demolition Company / contact person. Notifications should be filled and submitted by the contractor performing the actual demolition.

## II. TYPE OF OPERATION:

**TYPE OF OPERATION:** Circle a project description. Demolition, Ordered Demolition, Renovation, Emergency Renovation.

## III. FACILITY DESCRIPTION (INCLUDING BUILDING NAME, NUMBER AND FLOOR OR ROOM NUMBER)

**BUILDING NAME OR KNOW AS:** Provide detailed information about the facility site location and/or building(s) where the asbestos removal or demolition is to occur. DESCRIBE WORK AND LOCATION by providing the specific work and areas within the facility or building. Examples: *main lobby, demo Monroe Hall, kitchen of Bldg. #2*. Provide the present and prior use.

## IV. PROVIDE PROCEDURE AND ANALYTICAL METHOD USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

Asbestos Surveys are required prior to all demolitions. Asbestos must be removed prior to any activity that may disturb it and/or prior to ALL demolitions; except single residential structures.

## V. ASBESTOS PRESENT:

**ASBESTOS PRESENT?** Circle Yes or No.

**ASBESTOS SURVEY ATTACHED?** Circle Yes or No.

## VI. APPROXIMATE AMOUNT OF ASBESTOS IN WORK AREA:

**PIPES:** Provide the type of material (insulation, duct, aircell) and amounts.

**SURFACE AREA:** Provide the type of material (acoustical plaster on ceiling, fireproofing, artistic) and amounts.

**RACM:** Provide the type of material (damaged or poor condition ACM or Category I non-friable ACM) and amounts.

**Scheduled Dates for Preparation:** Provide the dates for preparation work. No removal is granted during these dates.

## VII. SCHEDULED DATES FOR ASBESTOS REMOVAL:

**SCHEDULED DATES FOR ASBESTOS REMOVAL:** Provide the actual start and end dates and work shifts of the Asbestos Removal project. Changes of project scheduled dates require a Revision Notification.

**WORK SCHEDULE:** Circle the days of the week in which work will commence. Provide work hours for scheduled days of work.

## VIII. SCHEDULED DATES FOR DEMOLITION / RENOVATION:

**SCHEDULED DATES FOR DEMOLITION / RENOVATION:** Provide the actual start and end dates and work shifts of the Demolition project. Changes of Demolition project scheduled dates require a Revision Notification.

**IX. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHOD(S) TO BE USED:**

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHOD(S) TO BE USED: Provide a description of the mechanical process in which the work will be performed.

**X. DESCRIPTION OF WORK PRACTICE AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:**

DESCRIPTION OF WORK PRACTICE AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Provide a description of the emission controls methods to be employed during renovation or demolition activity.

**XI. WASTE DISPOSAL SITE:**

WASTE DISPOSAL SITE: Provide the name, address, and telephone number and address of the landfill where the waste will be sent. This includes demolition construction waste.

**XII. WASTE TRANSPORTER:**

WASTE TRANSPORTER: Provide the name, address, and telephone number of the company transporting the asbestos and/or demolition waste to a landfill or any off-site storage.

**XIII. ORDERED DEMOLITION BY GOVERNMENT AGENCY:**

ORDERED DEMOLITION BY GOVERNMENT AGENCY: Provide a copy of the government agency legal notice ordering the demolition. Ordered demolitions require asbestos survey, fee, and removal of regulated asbestos prior to demolition.

**XIV. EMERGENCY RENOVATION:**

EMERGENCY RENOVATION: Provide the date and time of the emergency. Describe the sudden or unexpected event. Explain how the event caused unsafe conditions or provide a written statement of an unreasonable financial burden from the person authorizing the emergency. Explain the reason(s).

**XV. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.**

DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: List actions to be followed if unexpected asbestos is found or nonfriable asbestos is rendered friable.

**XVI. 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 REQUIRE TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (REQUIRED AFTER NOVEMBER 20, 2000):**

Use a "wet" or stamp signature to certify the asbestos contractor workers have the required asbestos training and the information stated in the notification form is complete and accurate. Notifications must be signed by the contractor doing the work, or its authorized company representative.

**XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.**

Use a "wet" or stamp signature to certify the above information is accurate. Notifications must be signed by the contractor doing the work, or its authorized company representative.

## ASBESTOS / DEMOLITION GENERAL INFORMATION

**SURVEY REQUIREMENT:** Asbestos surveys are required prior to any renovation or demolition. Asbestos survey should include the location and condition of the material.

**NOTIFICATION REQUIREMENTS:** Postmark notifications *10 calendar days prior* to starting any asbestos removal or greater or *any* demolition. Notifications shall be filled, signed, paid, submitted and mailed by the contractor performing the removal and/or demolition job. Notifications without signature(s) require a revision.

**FEE REQUIREMENT:** All notifications to be submitted with appropriate fees, **\$130.00**. *Fees are per notification and are not refundable*. Notifications submitted without appropriate fees may be returned, deemed incomplete, and referred to the compliance unit for follow-up. Projects conducted without a valid notification are subject to local and federal enforcement. Cancellation of notifications and removal projects fees may be applied to another further project.

**MAILING REQUIREMENT:** Mail the notification and fee to Shelby County Health Department: Pollution Control Section-Asbestos NESHAP Program, 1075 Mullins Station Road, Memphis, TN 38134, Room W-224.

**FAXING REQUIREMENT:** Notifications may be faxed to 901-222-8263.

**EMAILING REQUIREMENTS:** Notification may be emailed to [asbestos.neshap@shelbycountyttn.gov](mailto:asbestos.neshap@shelbycountyttn.gov).

**EMERGENCY NOTIFICATIONS:** Emergencies are for immediate asbestos removals due to unsafe conditions, breakdowns, flood, earthquake, fire, and site contamination; and *require a formal letter from the person confirming or agency authorizing the emergency*. For Ordered Demolitions submit a copy of the legal notice to this office.

**DEMOLITIONS** require 4 steps: **1** SCHD Notification and fee **2** Asbestos Survey **3** Asbestos Removal, **4** Shelby County Code Enforcement Demolition Permit. ALL demolitions require a notification by the contractor doing the demolition. Demolitions without prior asbestos removal require *prior written approval* from Technical Secretary of the SCHD. Demolition is defined as the wrecking or taking out of a load-supporting structural member of a facility or the intentional burning of a structure

**DEMOLITION BY INTENTIONAL BURNING** requires the 4 prior steps above.

**RENOVATION** is the removal, stripping, or altering of asbestos containing materials, and/or any activity involving the associated disturbance of asbestos in a facility. Renovations require an asbestos survey and removal prior to any activity that would disturb the asbestos. Building remodeling or renovations without asbestos do not require notification. See survey requirement.

**OPERATION AND MAINTENANCE NOTIFICATION (O & M):** These **Nonscheduled Asbestos Removals** projects that require a cumulative annual notification postmarked by each January 31, if the combined amount of asbestos to be removed from a facility exceeds the removal threshold limit during a calendar year. These notifications require an attachment listing each individual project planned within the facility detailing the work locations/areas/buildings involved including its sizes, floors, ages and uses, the amounts and types of asbestos at each location/area/building, each project scheduled dates, and asbestos types and amounts. Any project schedule change requires a Revision. Any individual removal job (whether it is scheduled or nonscheduled) greater than 160 sq. ft. of surface, 260 linear ft. of pipes, or 35 cubic ft. of RACM of facility components requires an individual notification.

**SUBMIT YOUR NOTIFICATION AND KEEP A COPY**