

MD DEPARTMENT OF THE ENVIRONMENT • ASBESTOS LICENSING/ENFORCEMENT DIVISION • ASBESTOS PROJECT NOTIFICATION

1800 Washington Blvd., Suite 725 • BALTIMORE MD 21230-1720

OFFICE USE ONLY →

Notification ID:

Notification Type: (Check one) → Original Submit Date: _____ <i>[If THIS is a revision]</i> Revision Date: _____ <i>[Date of THIS Revision]</i>	<input type="checkbox"/> [O] ORIGINAL [First Notice THIS Project]	Resp Agency: S
	<input type="checkbox"/> [R] Revision Revision #	Variance Request Attached? (Y/N)
	<input type="checkbox"/> [P] Postpone → <input type="checkbox"/> [R] Reschedule	Received Date: →
	<input type="checkbox"/> [C] Cancel → <input type="checkbox"/> [R] Reschedule	Postmark Date: →

If this is a Revision, what are you revising? Start Date Complete Date Quantity
 Other (Specify)

Initials/Date:

Type of Project NESHAP → [N] Renovation [D-N] Demolition [D-N] DEMO ONLY (no asbestos)
 [Operation]: Non-NESHAP → [S-N] Renovation [D-N] Demolition [S-N] Encapsulation

I. JOB/SITE DATA **Emergency?** Yes No **Asbestos Present?** Yes No

Enter PROJECT [Site/Building] NAME below: ↓

Street Address: _____ Region: **03**

County ID: [From below] City: _____ State: **MD** Zip: _____

01 Allegany	04 Calvert	07 Cecil	10 Frederick	13 Howard	16 Prince George	19 Somerset	22 Wicomico
02 Anne Arundel	05 Caroline	08 Charles	11 Garrett	14 Kent	17 Queen Anne	20 Talbot	23 Worcester
03 Baltimore	06 Carroll	09 Dorchester	12 Harford	15 Montgomery	18 St Mary	21 Washington	24 Baltimore City

Project/Site Location Description: (BE SPECIFIC!...Bldg, Room, Floor # etc.)

Building Size: (SQ FT)	No. Floors:	Present/Prior Use: B-Ship, C-Commercial, G-Government, H-Hospital, I-Industrial, O-Office, P-Public Building, R-Residence, S-School, U-University/College, V-Vacant, T-Other	Present Use:
(LN FT)	Age:		Prior Use:

II. ASBESTOS/PROJECT DATA		Nonfriable Not Removed		Nonfriable Removed		Unit
Amount of Asbestos	RACM Removed	CAT I	CAT II	CAT I	CAT II	
Pipes						LnFt
Surface Area						SqFt
Vol Off Fac Component						CuFt

Removal/Encapsulation/Demolition → Start Date:	Completion Date:	# of Workers:
Project Supervisor:	Days Worked:	Hours Worked:

III. RESPONSIBLE PARTIES Describe asbestos (e.g. pipe insulation, boiler breeching, floor tile, etc.)

A. Asbestos Contractor: MD License #: _____
 Project Contact: Telephone: _____

B. Other [including Demolition] Contractor:

Address: _____ Contact: _____
 City, State, Zipcode: _____ Telephone: _____

C. Owner:

Address: _____ Contact: _____
 City, State, Zipcode: _____ Telephone: _____

III. RESPONSIBLE PARTIES *(continued)*

D. Waste Transporter:

Address:

City, State, Zipcode

Contact:

Telephone:

E. Landfill:

Address:

City, State, Zipcode

Contact:

Telephone:

IV. WORK PRACTICES

A. Procedure, including analytical method, if appropriate, used to detect the presence of asbestos. *(Use additional sheets, if necessary)*

B. Description of planned demolition, renovation, or encapsulation work and method(s) to be used: *(Use additional sheets, if necessary)*

C. Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition, renovation and/or encapsulation site: *(Use additional sheets, if necessary)*

D. EMERGENCY RENOVATIONS: Date and Hours of Emergency: (MM/DD/YY) Time:
Description of the sudden, unexpected event: *(Use additional sheets, if necessary)*

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: *(Use additional sheets, if necessary)*

E. Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder. *(Use additional sheets, if necessary)*

F. 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, RENOVATION OR ENCAPSULATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

Signature

Date

G. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Signature

Date

H. IN ADDITION TO THE INFORMATION REQUIRED BY NESHAP REGULATIONS, MARYLAND REQUIRES THAT THE FOLLOWING INFORMATION BE PROVIDED AT THE TIME OF NOTIFICATION: EMPLOYEE INFORMATION. ON A SEPARATE PAGE, PROVIDE THE FOLLOWING INFORMATION FOR EACH EMPLOYEE NOT LISTED ON SCHEDULE I OF "APPLICATION FOR LICENSE TO REMOVE/ENCAPSULATE ASBESTOS" WHO WILL HANDLE ASBESTOS ON THIS PROJECT: 1) **FULL NAME**; 2) **SOCIAL SECURITY NUMBER**; 3) **NAME OF ORGANIZATION THAT PROVIDED APPROVED TRAINING COURSE**; AND 4) **DATE OF MOST RECENT APPROVED TRAINING COURSE ATTENDED**.

INSTRUCTIONS FOR COMPLETION OF NOTIFICATION FORM

[Grayed areas are for MDE use only]

TYPE OF NOTIFICATION: Check appropriate category for Original OR Revision. If a Revision, also check, as appropriate, if project is Postponed, Reschedule [from prior postponement], Cancel or Reschedule [from prior cancellation]. Enter date notification is submitted. If a revision, enter date ORIGINAL notification was submitted AND date revision is being submitted.
What are you Revising? Indicate the reason for revising the notification form.

TYPE OF OPERATION: Check appropriate box for NON-NESHAP (less than 260 linear feet or 160 square feet of friable asbestos materials) demolition, renovation, or encapsulation OR for NESHAP (more than 260 linear feet or 160 square feet of friable asbestos materials) demolition or renovation OR for DEMO ONLY (no asbestos present). **Also see notes for "Important Demolition Clarification".**

NEW...VARIANCE REQUEST ATTACHED: Indicate "Yes" or "No" if a variance is being requested for this project. Attach the variance request letter to the FRONT of the notification form. Attaching the letter to the back of the form will more than likely cause the request to be "overlooked" for several days pending data entry.

I. **JOB/SITE DATA:** Provide detailed information on the site being renovated, encapsulated or demolished.
Emergency? Answer "Yes" or "No" and complete section IV(D) for Emergency Renovations.
Is Asbestos Present? Answer "Yes" or "No" regardless of the amount or type of asbestos.

PROJECT NAME: See instructions for guidance on "Naming the Project".

Street Address: Provide EXACT street address...PO Box addresses are NOT acceptable.

Job/Site Location: Provide information needed to locate site in the event that the address alone is inadequate. **DO NOT** use descriptions such as "Warehouse" or "2 story building". Enter building #, floor #, room #, etc.

Building Size: Provide in square feet or linear feet.

No. of Floors: Enter the number of floors including basement or ground level floors.

Age in Years: Enter approximate age of the facility.

Present and Prior Use: Describe the primary use of the facility, past and present, using the codes listed in this section of the notification form.

II. **ASBESTOS/PROJECT DATA:**

Amount of Asbestos: (1) Regulated ACM [RACM] to be removed (including nonfriable RACM to be sanded, ground or abraded); (2) Category I and II RACM removed; and (3) Category I and II I RACM not removed. Category I nonfriable material includes packing, gaskets, resilient floor covering and asphalt roofing materials containing more than one percent asbestos. Category II nonfriable material includes any material, excluding Category I products, containing more than one percent asbestos, that when dry, cannot be crumbled, pulverized or reduced to powder.

Removal/Encapsulation/Demolition Start / Complete Dates: Enter scheduled dates (MM/DD/YY) for removal, encapsulation, or demolition work. This includes any activity which may break up, dislodge or disturb asbestos material.

Workers / Project Supervisor: Indicate the number of workers scheduled to perform the work and the name of the project supervisor to be on site during the project.

Days / Hours Worked: Indicate the scheduled days and hours removal, encapsulation or demolition is to be performed.

Describe asbestos: Briefly describe the type of asbestos being removed, encapsulated or demolished.

III. **RESPONSIBLE PARTIES:** Provide the names, addresses, contact persons and telephone numbers of the following:

Asbestos Contractor: Contractor hired to remove or encapsulate asbestos. It is not necessary to provide address information since that data is on file in the contractor's asbestos license documentation. Address changes must be submitted separately.

Other [including Demolition] Contractor: Any other contractor on site during the project, and/or the contractor hired to demolish a facility.

Owner: Legal owner of the site at which asbestos is being removed or demolition planned.

Waste Transporter: Enter the name, address, contact person and telephone number of the person or company responsible for transporting ACM from the removal site to the waste disposal site. If the removal contractor or owner is the waste transporter, state "same as owner" or "same as removal contractor". If additional parties are responsible include complete information on an additional sheet submitted with this form.

Landfill: Identify the waste disposal site, including the complete name, address and telephone number of the facility. If RACM is to be disposed of at more than one site, provide complete information on an additional sheet submitted with the form.

IV. **WORK PRACTICES**

Procedure Used to Detect Presence of Asbestos: Describe methods and procedures used to determine whether ACM is present at the site, including a description of the analytical methods employed.

Description of Planned Demolition or Renovation Work: Include a description of the ACM to be removed in the demolition or renovation project as well as the techniques to be employed and a description of the areas and types of facility components which will be affected by this work.

Description of Work Practices and Engineering Controls: 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.

Emergency Renovations: Provide the date and time of the emergency, and 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.

Description of Procedures to be Followed in the Event Unexpected Asbestos is found: 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.

Certification of presence of trained supervisor: The notifier must certify that a person trained in asbestos-removal procedures will supervise any NESHAP demolition or renovation. The supervisor is responsible for the activity on-site. Evidence that the training has been completed by the supervisor must be available for inspection during normal business hours.

Verification: Certify the accuracy and completeness of the information provided by signing and dating the notification form.

INSTRUCTIONS FOR COMPLETION OF NOTIFICATION FORM

[Grayed areas are for MDE use only]

Mail the completed form to:

(ORIGINAL)	Maryland Department of the Environment Air & Radiation Management Administration Attention: Division of Asbestos Licensing & Enforcement 1800 Washington Blvd., Suite 725 Baltimore MD 21230-1720	(COPY)	U. S. Environmental Protection Agency Region III 1650 Arch Street Philadelphia PA 19103-2029
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GUIDELINES FOR "NAMING THE PROJECT"

MDE tracks asbestos project notifications using an EPA software program entitled "ACTS 6". This program identifies notifications by "Site (or Project) Name". In order to identify notifications for updating, revision, verification, etc. Project Names must be entered accurately and consistently. IE the notification cannot be identified, the project and contractor may be subject to violation for non-notification. Therefore, it is imperative that contractors use the following guidelines in naming their projects.

A. Facility Type: B-Ship, C-Commercial, H-Hospital, O-Office, P-Public Building, S-School, U-University/College

For these categories, use the official name of the building, facility or complex as shown in the examples shown below. When the building or facility is a large complex, incorporate the building, floor, or room number or name into the title. **DO NOT** name the project "Office Building corner of Saratoga & Guilford", "5th Floor State Office Building", or "School #248". Be specific, accurate and consistent. Use "Project/Site Location Description" to further identify the project location with information such as "Outside Steam Line", "Pipes Above Ceiling", etc. *In other words, do not describe the building (warehouse, 2 story building, etc.)...identify the area where the work is to be performed and/or the asbestos being removed or encapsulated.*

EXAMPLES:	Project Name	Project Location/Description
	[B] USS Coral Sea	Throughout Ship
	[O] IBM International	5th Floor Mechanical Room
	[H] Franklin Square Hospital 1st Floor	Main Lobby
	[O] MD State Office Building 301 Mezzanine	Room M101
	[P] Our Saviour Lutheran Church	Basement Boiler
	[U] Dundalk Community College Admin Bldg	Main Office, Rooms 101 thru 105

B. Facility Type: G-Government

For this category, use the official name of the facility as shown in the examples below. If the building or facility is a large complex, incorporate the building, floor, or room number or name into the title. Use the acronyms assigned to the major facilities listed below. If the facility is not listed, or their is no obvious acronym, use the facility's ENTIRE official name. MDE will enter an acronym and update the list periodically. [NOTE: All Maryland State Agencies should begin with "MD..."; City and County offices begin with "Baltimore City...", "Baltimore County...", "Montgomery County...", etc." followed by the Department name (e.g., MD Department of Personnel, MD Port Authority, Baltimore City Police Headquarters, Montgomery County Court House, etc.)]

EXAMPLES:	Project Name	Project Location/Description
	[G] APG Bldg E3488 Edgewood	Pipes above ceiling, Officer's Qtrs
	[G] NAWTC Patuxent Bldg 407	5th Floor, Gym
	[G] Baltimore County Office of Employment	Personnel Office, Main Floor

C. Facility Type: R-Residence

For this category, use the street name, followed by house number, ONLY. Do not use the resident's or owner's name as the Project Name; however, you may identify the resident or owner in the Project Name in parentheses.

EXAMPLES:	Project Name	Project Location/Description
	[R] Main Street, 3324 W (John Smith)	Basement Boiler
	[R] 5th Avenue, 7024 (Bauerschmidt)	Attic

D. Facility Type: T-Other

For this category, use the official building or facility name as shown in (A) above. If there is none, use the street address as shown in the (C) Residence Category.

FREQUENTLY USED ACRONYMS

Aberdeen Proving Ground	APG
Andrews Air Force Base	AAFB
Baltimore Gas & Electric	BGE
Bayview Medical Center	JHU Bayview
Bethlehem Steel	Beth Steel
Fort Detrick	Ft Detrick
Johns Hopkins Hospital	JHH
Johns Hopkins University	JHU
National Cancer Institute	NCI
National Institute of Health	NIH
Naval Air Station (Patuxent River)	NAWTC Patuxent
Naval Surface Warfare Center (Indian Head)	et al NSWC Indian Head
Social Security Administration	SSA
University of Maryland College Park	UM College Park
US Post Office Rockville et al	Same...US Post Office Rockville etc.

..... IMPORTANT DEMOLITION CLARIFICATION!

Not all asbestos abatement projects done in facilities prior to demolition are subject to NESHAP. IF a pre-demolition abatement involves less than 160 square feet or 260 linear feet, it is a non-NESHAP asbestos abatement; notifiable only to ARMA. Only the demolition itself requires the 10 working day NESHAP notification to both ARMA and EPA. Please be certain that you inform your clients (general contractor, demolition contractor, or owner), of this requirement. The notification of facility demolition to ARMA and EPA is required in order to afford these regulatory agencies the opportunity to inspect the building prior to demolition. This notification may be provided by any one of the parties listed above, including the asbestos contractor. The asbestos contractor may provide the notification if the asbestos contractor has cleared the building of ACM and is aware of the dates of demolition and the name of the demolition contractor.