

## ASBESTOS DEMOLITION/RENOVATION TEN-DAY NOTICE FORM

This form is to be completed and filed with the Knox County Department of Air Quality Management a minimum of ten (10) days before the start of the asbestos abatement contract. Approval by this Department must be received before the work begins.

NOTE: INCOMPLETE NOTICES WILL NOT BE PROCESSED AND WILL BE REPORTED TO EPA AS DEFICIENT. PERMITTING FEE OF \$100 MUST BE INCLUDED WITH NOTICE.

DATE RECEIVED \_\_\_\_\_ DATE POSTMARKED \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_

- I. TYPE OF NOTIFICATION (O=Original R=Revised C=Cancelled): \_\_\_\_\_
- II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)
- OWNER NAME: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_
- REMOVAL CONTRACTOR: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_
- OTHER OPERATOR: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_
- III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=Emer. Renovation): \_\_\_\_\_
- IV. IS ASBESTOS PRESENT? (Yes/No) \_\_\_\_\_
- V. FACILITY DESCRIPTION (Include building name, number and floor or room number)
- Building Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_
- Site Location: \_\_\_\_\_
- Building Size: \_\_\_\_\_ # of Floors: \_\_\_\_\_ Age in Years: \_\_\_\_\_
- Present Use: \_\_\_\_\_ Prior Use: \_\_\_\_\_
- VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- VII. APPROXIMATE AMOUNT OF RACM TO BE REMOVED AND NONFRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY AMOUNT BELOW.

	RACM To Be Removed	Nonfriable Material To Be Removed CATEGORY I	Nonfriable Material To Be Removed CATEGORY II	Nonfriable Material <b>Not</b> To Be Removed CATEGORY I	Nonfriable Material <b>Not</b> To Be Removed CATEGORY II
Pipes-Linear Feet					
Pipes-Linear Meters					
Surface Area-Square Feet					
Surface Area-Square Meters					
Volume off Facility Component-Cu. Ft.					
Volume off Facility Component-Cu. M.					

- VIII. SCHEDULED DATES ASBESTOS REMOVAL (mm/dd/yy) Start: \_\_\_\_\_ Complete: \_\_\_\_\_
- IX. SCHEDULED DATES DEMO/RENOVATION (mm/dd/yy) Start: \_\_\_\_\_ Complete: \_\_\_\_\_

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

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XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: \_\_\_\_\_

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XI. WASTE TRANSPORTER #1

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

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

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

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

WASTE TRANSPORTER #2

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

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

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

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

XII. WASTE DISPOSAL SITE

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

Location: \_\_\_\_\_

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

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

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

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XV. FOR EMERGENCY RENOVATIONS

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

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

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

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XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIALS BECOMES CRUMPLED, PULVERIZED, OR REDUCED TO POWDER.

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XVII. 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. (Required November 20, 1991)

\_\_\_\_\_  
(Signature of Owner/Operator)

\_\_\_\_\_  
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

\_\_\_\_\_  
(Signature of Owner/Operator)

\_\_\_\_\_  
Date

## ASBESTOS REQUIREMENTS

Ten-day notification forms for asbestos renovation and demolition projects are required in Knox County under 40 CFR 61, Subpart m. Notifications must be submitted on Knox County forms, available from this Department. Incomplete or late forms will be reported to EPA as deficient.

Permit fees of \$100 for each notification are required by the Knox County Department of Air Quality Management. These permitting fees and notification forms are required on each asbestos project over the de minimus amounts of 160 square feet, 260 linear feet or 35 cubic feet. The permit fee is non-refundable if this permit is nullified or revoked by the Department. Payments must accompany the notification forms and must be received or postmarked ten days prior to the scheduled start of the removal. Fee payments are fully refundable if the project is cancelled. All fee payments should be made payable to: Knox County Department of Air Quality Management.

All notifications and fee payments should be forwarded to:

Ms. Lynne A. Liddington  
Knox County Department of Air Quality Management  
140 Dameron Avenue, Suite 242  
Knoxville, TN 37917-6413  
(865) 215-5900 FAX: (865) 215-5902

The packaging and disposal of asbestos containing material is permitted and regulated by the State of Tennessee, Division of Solid Waste Management. They should be contacted for permitting requirements and lists of certified landfills.

Mr. Jack Crabtree  
Mr. Rick Brown  
State of Tennessee Department of Health & Environment  
Division of Solid Waste Management  
2700 Middlebrook Pike  
Knoxville, TN 37921  
(865) 594-6035

Monitoring and worker safety is regulated by the State of Tennessee, Department of Labor (TOSHA).

Mr. John Gleason  
State of Tennessee Department of Labor (TOSHA)  
531 Henley Street  
Knoxville, TN 37902  
(865) 594-6180