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.

I. TYPE OF NOTIFICATION (O=Original R=Revised C=CANCELLED)
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

<table>
<thead>
<tr>
<th>OWNER NAME:</th>
<th>Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td>REMOVAL CONTRACTOR:</td>
<td>Address:</td>
<td>City:</td>
<td>State:</td>
<td>Zip:</td>
</tr>
<tr>
<td>Contact:</td>
<td>City:</td>
<td>State:</td>
<td>Zip:</td>
<td></td>
</tr>
<tr>
<td>OTHER OPERATOR:</td>
<td>Address:</td>
<td>City:</td>
<td>State:</td>
<td>Zip:</td>
</tr>
<tr>
<td>Contact:</td>
<td>City:</td>
<td>State:</td>
<td>Zip:</td>
<td></td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Building Name:</th>
<th>Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Location:</td>
<td>Building Size:</td>
<td># of Floors:</td>
<td>Age in Years:</td>
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</tr>
<tr>
<td>Present Use:</td>
<td>Prior Use:</td>
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</tbody>
</table>

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLEASE INCLUDE ANALYTICAL REPORT.

VII. APPROXIMATE AMOUNT OF RACM TO BE REMOVED AND NONFRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY AMOUNT BELOW.

<table>
<thead>
<tr>
<th>Pipes-Linear Feet</th>
<th>RACM To Be Removed</th>
<th>Nonfriable Material To Be Removed CATEGORY I</th>
<th>Nonfriable Material To Be Removed CATEGORY II</th>
<th>Nonfriable Material Not To Be Removed CATEGORY I</th>
<th>Nonfriable Material Not To Be Removed CATEGORY II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipes-Linear Meters</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surface Area-Square Feet</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Surface Area-Square Meters</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Volume off Facility Component-Cu. Ft.</td>
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<td></td>
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<tr>
<td>Volume off Facility Component-Cu. M.</td>
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</tbody>
</table>
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:

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

XII. WASTE TRANSPORTER
Name: __________________________________________
Address: ________________________________________
City: ___________________ State: ________ Zip: ________
Contact: ___________________ Telephone: ____________

WASTE DISPOSAL SITE
Name: __________________________________________
Location: ______________________________________
City: ___________________ State: ________ Zip: ________
Contact: ___________________ Telephone: ____________

XIII. FOR 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:
__________________________________________________________________________________________

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

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

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 __________

Revised 09/15

Knox County Health Department
Every Person, A Healthy Person
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 on our website at www.knoxcounty.org/airquality. Incomplete or late forms may be reported to EPA as deficient.

Fees of $100 for each permit 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 deminimus amounts of 160 square feet, 260 linear feet or 35 cubic feet of Regulated Asbestos Containing Materials (RACM). Courtesy notifications for other asbestos projects are highly encouraged. 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. Fees may be paid electronically by calling (865) 215-5900, Monday – Friday, 8:30 am to 4:00 pm.

All notifications and fee payments should be forwarded to:

Ms. Lynne A. Liddington, Director
Knox County Department of Air Quality Management
140 Dameron Avenue, Suite 242
Knoxville, TN 37917-2405
(865) 215-5900  FAX: (865) 215-5902

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

State of Tennessee Department of Environment & Conservation
Division of Solid Waste Management
3711 Middlebrook Pike
Knoxville, TN 37921
(865) 594-6035

Monitoring and worker safety is regulated by the State of Tennessee.

State of Tennessee Department of Labor and Workforce Development
Occupational Health and Safety (TOSHA)
1610 University Avenue
Knoxville, TN 37921
(865) 594-6180