

GUIDANCE FOR COMPLETING A DEMOLITION NOTICE OF INTENT

SECTION I: PROJECT TYPE						21.601-21.606
DEMOLITION (Review and complete as applicable sections I-VIII, and XI-XIII.)						
<input type="checkbox"/> Demolition <input type="checkbox"/> Government Ordered Demolition						
RENOVATION (Review and complete applicable sections I-VI, and IX-XIII.)						
<input type="checkbox"/> Renovation <input type="checkbox"/> Annual Notice <input type="checkbox"/> Emergency Notice <input type="checkbox"/> Courtesy Notice						
SECTION II: PROJECT SCHEDULE						21.606H-21.606I
WORK DATES						
Start Date: <u>mm/dd/yyyy</u> End Date: <u>mm/dd/yyyy</u>						
WORK TIMES (Check all that apply)						
DAY	START TIME	INDICATE AM/PM		DAY	END TIME	INDICATE AM/PM
Sunday:		<input type="checkbox"/> AM <input type="checkbox"/> PM		Sunday:		<input type="checkbox"/> AM <input type="checkbox"/> PM
Monday:		<input type="checkbox"/> AM <input type="checkbox"/> PM		Monday:		<input type="checkbox"/> AM <input type="checkbox"/> PM
Tuesday:		<input type="checkbox"/> AM <input type="checkbox"/> PM		Tuesday:		<input type="checkbox"/> AM <input type="checkbox"/> PM
Wednesday:		<input type="checkbox"/> AM <input type="checkbox"/> PM		Wednesday:		<input type="checkbox"/> AM <input type="checkbox"/> PM
Thursday:		<input type="checkbox"/> AM <input type="checkbox"/> PM		Thursday:		<input type="checkbox"/> AM <input type="checkbox"/> PM
Friday:		<input type="checkbox"/> AM <input type="checkbox"/> PM		Friday:		<input type="checkbox"/> AM <input type="checkbox"/> PM
Saturday:		<input type="checkbox"/> AM <input type="checkbox"/> PM		Saturday:		<input type="checkbox"/> AM <input type="checkbox"/> PM
SECTION III: STRUCTURE INFORMATION						21.606G
Name of Structures: _____						
Mailing Address: _____						
City: _____ State: _____ Zip Code: _____						
Number of Floors: _____ Dimensions: _____ Age of Structure: _____						
Previously used as: _____ Currently used as: _____						
SECTION IV: OWNER/OPERATOR INFORMATION						21.606B
Facility Owner/Operator: _____						
Mailing Address: _____						
City: _____ State: _____ Zip Code: _____						
Contact Person: _____ Phone: _____						
Email: _____						
SECTION V: DEMOLITION/RENOVATION COMPANY INFORMATION						21.606B
CONTRACTOR/IN-HOUSE						
Contractor Name: _____ AR License #: _____						
Mailing Address: _____						
City: _____ State: _____ Zip Code: _____						
Contact Person: _____ Phone: _____						
Email: _____						

Choose Project Type: Demolition

Provide Start Date- Must be 10 working days AFTER postmark date.

Complete section with the days and the start/end times for project.

Provide End Date- Project completion date, including waste disposal/clean-up of project.

Complete entire section, including floors, dimensions, age and previous and current uses.

Provide owner/operator information for the structure to be demolished.

Completely provide all company information for the contractor who will demolish the structure.

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Project Designer-Will RACM remain in place during the demo? If yes, complete this section. If no, do not complete this section.

Project Designer: _____ AR Cert. #: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Email: _____
 Licensed Firm: _____ AR License #: _____

Note: A project designer is required if greater than 3 SQ. FT./3 LN. FT. RACM or more than SSSD project is involved. A project designer should be certified, working as an employee of the facility or licensed firm. (21.502, 21.503D, & 21.606R)

Inspector Name: _____ AR Cert. #: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Email: _____
 Licensed Firm: _____ AR License #: _____

Date of Asbestos Survey: mm/dd/yyyy Area to be disturbed included in survey? YES NO
Note: Required for all projects. Surveys are to be prepared by AR certified inspector working as an employee of the facility or licensed firm. (21.501, 21.503B, & 21.606R)

Clearance Air Monitor: _____ AR Cert. #: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Email: _____
 Licensed Firm: _____ AR License #: _____

Note: Required when using containment. Must be certified, working as an employee of the facility or licensed firm. (21.503F, 21.606R, & 21.901G)

SECTION VI: ASBESTOS MATERIAL 21.603 & 21.606F

Does the area being disturbed contain at least 160 sq./260 linear ft. of RACM? YES NO

Indicate the approximate amount of RACM to be removed: _____

Indicate the type(s) to be removed: _____
Examples of RACM include: ceiling material, plaster, insulation, ceiling tiles, resilient floor covering, spray-on, etc.

Does the area being disturbed contain at least 160 sq./260 linear ft. of resilient floor tile and/or associated mastic covering which contains ACM (even if no RACM is present)? YES NO

Indicate the approximate amount of ACM to be removed: _____

If performing a demolition, will 1 sq. ft. or more of ACM be left in place? YES NO

SECTION VII: DEMOLITION PROJECT INFORMATION 21.601 & 21.606F

If demolishing in place, list the **type** of Category I/Category II ACM being left in place:

Examples of Category I ACM include: resilient floor covering, asphalt roofing, gaskets, and packings.
Examples of Category II ACM excludes Category I nonfriable ACM and include: mastic, boiler fire brick, concrete board, fire blankets, transite, putty, shingles, etc.

If demolishing in place, list the **amount** of Category I/Category II ACM being left in place: _____

What procedure/analytical method (i.e. PLM, TEM, assumed, etc.) used by the inspector to detect the presence of RACM or ACM (21.606E)?

Provide ALL information in this section.

Survey date- What date(s) were the samples taken?

Complete Section VI in its entirety for a demolition.

Note: If area being disturbed contains RACM, then complete Section V. Project Designer information.

Clearance Air Monitor information is not applicable for a demolition.

Complete Section VII in its entirety for a demolition.

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Describe the demolition work to be performed and method(s) to be employed (include demolition techniques (manual, mechanical, etc.) to be used and description of affected facility components (21.606J)):	
Describe how (include work practices and engineering controls) emissions from asbestos will be prevented (21.606K):	
Describe actions (i.e. stop work and wet, contact AR licensed asbestos contractor, etc.) to be taken in case unexpected asbestos is found OR previously non-friable asbestos material becomes crumbled, pulverized or reduced to a powder (21.606P):	
SECTION VIII: DEMOLITION ORDERED BY GOVERNMENT AGENCY Note: A copy of the order must be attached to this NOI.	21.602 & 21.606N
Agency Name: _____	
Individual issuing order: _____ Title: _____	
Mailing Address: _____	
City: _____ State: _____ Zip Code: _____	
Phone: _____ Email: _____	
Authority: _____	
Date of Order: <u>mm/dd/yyyy</u> Date Order to begin: <u>mm/dd/yyyy</u>	
Method of Demolition: _____	
SECTION IX: RENOVATION PROJECT INFORMATION	21.603 & 21.606F
What procedure/analytical methods (i.e. PLM, TEM, Visible, etc.) will be used by the inspector to detect the presence of RACM or ACM (21.606E)?	
Describe the renovation work to be performed and method(s) to be employed (include techniques to be used and description of affected facility components (21.606J)):	
Describe how (include work practices and engineering controls) you will prevent the emissions of asbestos (21.606K):	
Describe actions to be taken in case unexpected asbestos is found OR previously non-friable asbestos material becomes crumbled, pulverized or reduced to a powder (21.606P):	
SECTION X: EMERGENCY RENOVATION	21.605 & 21.606O
Date of Emergency: <u>mm/dd/yyyy</u> Time of Emergency: _____	

Complete Section VII in its entirety for a demolition.

This section ONLY applies if a city/county SPECIFICALLY ordered the structure be demolished- If applicable, complete information and attach order.

Section IX is not applicable for a demolition.

Section X is not applicable for a demolition.

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Describe the Sudden, Unexpected Event:
Explain how the event caused unsafe conditions, equipment damage or unreasonable financial burden:
SECTION XI: WASTE TRANSPORT & DISPOSAL 21.606Q & 21.606I
Transporter Name: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Contact Person: _____ Phone: _____ Email: _____
Permitted Waste Disposal Site Name: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Contact Person: _____ Phone: _____ Email: _____
SECTION XII: PAYMENT INFORMATION 21.2214-21.2223 & 21.2301A
Payment Amount ¹ : <input type="checkbox"/> Cash on Delivery: \$ _____ <input type="checkbox"/> Check/Money Order ² : # _____ <input type="checkbox"/> No Payment Required 1. Payment should accompany the NOI. Make checks/money order payable to Arkansas Department of Energy and Environment. 2. Include project identifying information in the memo section of the check/money order.
SECTION XIII: CERTIFICATION/VALIDATION
If abatement is involved, I certify that at least one contractor supervisor trained and licensed in accordance with the provisions of Regulation 21 will be on-site during the abatement process and will supervise the abatement. (21.606M) I certify that the information contained in this NOI is true and correct. I understand that falsification or omission of relevant information shall be grounds for enforcement action by Arkansas Department of Energy and Environment or the Environmental Protection Agency. Owner/Operator Printed Name: _____ Owner/Operator Title: _____ Owner/Operator Signature: _____ Date: mm/dd/yyyy
<p>Signatures must be original: no photocopies, electronic signatures, or rubber stamps.</p> <p>Payment should accompany the NOI. Make checks payable to Arkansas Department of Energy and Environment.</p>

ASB PROGRAM PERSONNEL USE ONLY		
NOI Number: _____	Postmark Date: mm/dd/yyyy _____	Invoice Date: mm/dd/yyyy _____
Received by: _____	Received Date: _____	Invoice #: _____

Complete Section XII in its entirety. Review Rule 21, Chapter 22 for applicable fees

Demolition w/no asbestos or less than 1 sq. /linear ft. – No fee

Demolition w/ greater than 1 sq. /linear ft. of ACM – Fee \$75

Demolition w/RACM greater than 160 sq. /260 linear ft. – Fee \$375

Complete Section XI in its entirety for a demolition.

Who is transporting the waste from the site to the landfill after the demolition?

What landfill is the waste being transported to?

Print, Sign, and Date. Mail or hand-deliver original NOI to DEQ, Asbestos Program.

Make a copy of the complete NOI for your records and keep copies of documents required by Rule 21.701, onsite at all times throughout the duration of the project.

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**GUIDANCE FOR COMPLETING A DEMOLITION
NOTICE OF INTENT**

January 2023

February 2023

Su	Mo	Tu	We	Th	Fr	Sa
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	1	2	3	4

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 New Year's Day	2	3	4	5	6 Epiphany	7
8	9	10	11 POSTMARK DATE	12 Day 2	13 Day 3	14
15	16 Birthday of Martin Luther King, Jr. Day 4	17 Day 5	18 Day 6	19 Day 7	20 Day 8	21
22	23 Day 9	24 Day 10	25 START	26	27	28
29	30	31	1	2	3	4

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Arkansas Asbestos Abatement Rule 21.601 states in part that "for any demolition of a facility or facility component (even if no asbestos is present), the owner or operator shall submit a written NOI to the Division by either hand delivery, post-marked by U.S. Postal Service, or post-marked by a commercial delivery service at least 10 working days before any demolition activity begins."

Working days means the days Monday through Friday, including any holidays which fall on any of the days Monday through Friday.

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