

GUIDANCE FOR COMPLETING A RENOVATION 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: Renovation

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

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

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

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.

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

Disclaimer: This document is intended for information purposes ONLY, and may not in any way be interpreted to alter or replace the coverage or requirements of the Asbestos NEHSAP, 40 CFR Part 61, Subpart M or Rule 21.

GUIDANCE FOR COMPLETING A RENOVATION NOTICE OF INTENT

Project Designer-Will RACM greater than 3 sq./3 linear feet be impacted? 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 renovation.

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

Clearance Air Monitor information is needed when containment is applicable. See Rule 21.

Section VII is not applicable for a renovation.

GUIDANCE FOR COMPLETING A RENOVATION NOTICE OF INTENT

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 21.602 & 21.606N
 Note: A copy of the order must be attached to this NOI.

Agency Name: _____
 Individual issuing order: _____ Title: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Email: _____
 Authority: _____
 Date of Order: mm/dd/yyyy Date Order to begin: mm/dd/yyyy
 Method of Demolition: _____

SECTION IX: RENOVATION PROJECT INFORMATION 21.603 & 21.606E

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: mm/dd/yyyy Time of Emergency: _____

Section VIII is not applicable for a renovation.

Complete Section XI in its entirety for a renovation.

This section ONLY applies to a renovation that is deemed an emergency. Review Rule 21.605 for specifics.

Disclaimer: This document is intended for information purposes ONLY, and may not in any way be interpreted to alter or replace the coverage or requirements of the Asbestos NEHSAP, 40 CFR Part 61, Subpart M or Rule 21.

GUIDANCE FOR COMPLETING A RENOVATION NOTICE OF INTENT

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 & 21.606M
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!: <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
Signatures must be original: no photocopies, electronic signatures, or rubber stamps.
Payment should accompany the NOI. Make checks payable to Arkansas Department of Energy and Environment.

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.

Renovation 160 sq. /260 linear ft. to 5,000 sq./linear ft. of RACM – Fee \$225

Renovation 5001 sq. /linear ft. to 10,000 sq./linear ft. of RACM– Fee \$375

Renovation Greater than 10,000 sq./linear ft. of RACM. – Fee \$750

Emergency Renovation requirements of Rule 21.605– Fee \$225

Complete Section XI in its entirety for a renovation.

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.


Disclaimer: This document is intended for information purposes ONLY, and may not in any way be interpreted to alter or replace the coverage or requirements of the Asbestos NEHSAP, 40 CFR Part 61, Subpart M or Rule 21.

**GUIDANCE FOR COMPLETING A RENOVATION
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 <small>© Calendar12.com</small>

Arkansas Asbestos Abatement Rule 21.601 states in part that "...the owner or operator shall submit a NOI to the Division by either hand-delivery, post-marked by U.S. Postal Service, or post-marked by commercial delivery service at least 10 working days before asbestos stripping, removal work, or any other activity begins (such as site preparation that would break up or dislodge or similarly disturb asbestos containing material)..."

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

Disclaimer: This document is intended for information purposes ONLY, and may not in any way be interpreted to alter or replace the coverage or requirements of the Asbestos NEHSAP, 40 CFR Part 61, Subpart M or Rule 21.