

IV. WORK PLAN (§ 61.145(b)(4)(x – xi))			
Description of planned work and methods to be used and description of affected facility components (i.e. acoustical ceiling scrape, whole pipe removal, TSI removal, roofing removal, etc.):			
Description of work practices and engineering controls to be used to prevent emissions of asbestos at the work site (i.e. containment, glove bagging, wetting, filtration devices, etc.):			
V. WASTE TRANSPORTER (§ 61.145(b)(4)(xvii))			
Name: <i>Must be licensed to haul regulated asbestos waste (RACM). Haulers can haul non-regulated waste without a license.</i>			Telephone:
Address:	City:	State:	Zip:
VI. WASTE DISPOSAL SITE (§ 61.145(b)(4)(xii))			
Name: <i>Must be licensed to accept asbestos waste.</i>			Telephone:
Address:	City:	State:	Zip:
VII. DEMOLITION ORDERED BY A GOVERNMENT AGENCY (§ 61.145(b)(4)(xiv))			
Explain (Describe Agency, Agency Contact, Circumstances, Date of Order and Start Date) <i>(Submittal of a separate Asbestos Government-Ordered Demo Form with the Asbestos NESHAP Notification is required.):</i>			
VIII. EMERGENCY RENOVATION (§ 61.145(b)(4)(xv))			
Explain (Describe nature of the emergency; date and hour of unexpected event) <i>(Submittal of a separate Asbestos Emergency Notification Form with the Asbestos NESHAP Notification is required.):</i>			
IX. UNEXPECTED DISCOVERY OF FRIABLE ASBESTOS (§ 61.145(b)(4)(xvi))			
Describe procedures that will be taken in the event that unexpected asbestos is found or previously nonfriable asbestos material becomes friable (equipment on hand, available, subcontractor, etc.):			
X. CERTIFICATIONS (§ 61.145(b)(4)(xiii))			
I certify that asbestos remediation will be carried out by a contractor with valid New Mexico GB-98 and GS-29 licenses.			
I certify that an individual trained in the provisions of the Asbestos NESHAP (40 CFR 61, subpart M) will be on site during the demolition, renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.			
I certify that the information contained in this notification is correct.			
Signature of Owner/Operator:			Date:

E-MAIL COMPLETED FORM TO:
asbestos.aqb@env.nm.gov