

New Mexico Environment Department Air Quality Bureau 525 Coming de los Mongres Suite 1

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NEW MEXICO ENVIRONMENT DEPARTMENT ASBESTOS NESHAP NOTIFICATION (40 CFR Subpart M §61.145 (b)) I. OWNER INFORMATION (§ 61.145(b)(4)(ii) Owner: Means any person who owns, leases, operates, controls, or supervises the facility being demolished or renovated or any person who owns, leases, operates, controls, or supervises the demolition or renovation operation, or both. Address: The owners address. City: The city where the owner is located. State: Zip: e-mail: Tel: Contact: Person(s) responsible for this project Responsible.person@email.com ###-###-#### II. CONTRACTOR INFORMATION (§ 61.145(b)(4)(ii)) Removal Contractor: Must be a Certified Licensed asbestos remediation contractor with a current NM GB-98 and GS-29 Address: City: State: Zip: Contact: Tel: e-mail: **NESHAP Contractor Certification** NM GB-98 and GS-29 Contractors License No.'s and Expiration: No.: **Expiration Date:** Date: III. FACILITY INFORMATION (§ 61.145(b)(4)(i - ix)) Facility Name and Description: Is this a school, warehouse, residence or commercial property County: Where project is located if left blank the notificatio will not be processed Address (street, city, state, zip): The address of the facility being demolished or renovated including the zip code. If there is no zip code entered the notification will not be processed. Building Information: Use: Square Feet: No. Floors: Age: Is asbestos present? Method of asbestos determination: Yes: No: Describe asbestos application (thermal insulation, Transite, Category 1, Category 2, etc.): Estimate asbestos to be removed: Estimate non friable asbestos to remain and specify units: Pipe removal (linear feet): Category 1: Surface to be cleaned (square feet): Category 2: Asbestos debris to be removed (cubic yards): Type of Operation: Type of Notification: Original, Revision or COURTESY Original: Revised: Tracking no.: Demolition: Renovation: If revised, specify reason for revision: Work Schedule: Normal (M-F, days only): Changed dates. Other (specify): Asbestos Removal Schedule: Demolition Schedule: Start: Finish: Start: Finish:

Version 05/17/2019 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: Must be licensed to haul regulated asbestos waste (RACM). Haulers can haul non-regulated waste without a license. Address: City: State: Zip: VI. WASTE DISPOSAL SITE (§ 61.145(b)(4)(xii)) Telephone: Name: Must be licensed to accept asbestos waste 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) (Submittal of a separate Asbestos Government-Ordered Demo Form with the Asbestos NESHAP Notification is required.): VIII. EMERGENCY RENOVATION (§ 61.145(b)(4)(xv)) Explain (Describe nature of the emergency; date and hour of unexpected event) (Submittal of a separate Asbestos Emergency Notification Form with the Asbestos NESHAP Notification is required.): 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