CARSON CITY ENVIRONMENTAL CONTROL
ACKNOWLEDGEMENT OF ASBESTOS ASSESSMENT

Submittal Date:	
Permit Number:	
Application Type / Initials:	
Bin Number:	

Assessor's Parcel #		**Jobsite Street Address:**					
Project Type	**Check All That Apply:**	**Residential**	**Commercial**	**Demolition**	**Renovation**	**Total Property Being Assessed**	**Partial Property Being Assessed**
	Note: If this project is a partial renovation and additional work is to be conducted later, additional asbestos assessment(s) will be required unless this assessment covers all pertinent representative asbestos suspected materials throughout the building						

Owner	**Owner's Name**		**Phone Number**
	Mailing Address		
	City	**State**	**Zip Code**
Contractor	**Contractor's Name**	**Nevada License # / Limit Amt**	**Phone Number**
	Mailing Address		**Fax Number**
	City	**State**	**Zip Code**
Asbestos Comp.	**Company's Name**		**Phone Number**
	Mailing Address		**Fax Number**
	City	**State**	**Zip Code**
Contact *	**Contact Name**	**Title / Company**	**Email Address**
	Mailing Address	**Phone Number**	
	City / **State**	**Zip Code**	**Fax Number**

Results	**Check All That Apply:**	**Asbestos Present**	**Asbestos Absent**	**Friable**	**Non-Friable**	**Both**	**Disposal Destination**
	If Asbestos is present, asbestos abatement must be conducted in accordance with NESHAPS and OSHA regulations before renovation or demolition work may proceed						

I will save, indemnify, and keep harmless CARSON CITY, its officers, employees, and agents against all liabilities, judgements, costs, and expenses which may accrue against them in consequence of the granting of this permit, inspections, or use of any on-site or off-site improvements placed by virtue hereof and will in all things strictly comply with all applicable rules, ordinances, and laws. Signature constitutes an attestation by the owner that application complies with all covenants, conditions, and restrictions

Applicant's Signature _____ Date:

Signature by Carson City Environmental Control Authority DOES NOT warrant nor should this report be taken to warrant that asbestos was or was not present on stated property. Exposure to even small amounts of airborne asbestos fibers may cause cancer. For this reason, the Environmental Control Authority recommends that all asbestos handling and abatement work be performed by certified asbestos contractors.

Environmental Control Representative's Signature _____ Date:

* The contact person listed on the permit will be the person addressed on all correspondence and phone calls.

CARSON CITY ENVIRONMENTAL CONTROL AUTHORITY
DEMOLITION/RENOVATION PERMIT AND ASBESTOS POLICY

Carson City's Asbestos Program consists of ensuring that all asbestos-containing material (ACM) is accounted for with respect to proper disposal and that the appropriate notifications has been given by the facility owner or operator to the Federal Environmental Protection Agency (EPA) Region 9. Additionally, it is the purpose of this program to warn the owners of "Non-regulated Facilities" of the health hazards associated with ACM handling.

For the purposes of this policy, and per the National Emission Standards for Hazardous Air Pollutants (NESHAP) 40 CFR 61 Part M, "Regulated Facilities" and "Non-regulated Facilities" are defined as follows:

Regulated Facilities

- Any institution, commercial, public, industrial or residential structure, building, or structure
- Any active or inactive waste disposal site
- Any building, structure or installation that contains a loft used as a dwelling
- Any structure, installation, or building that was previously classified as a regulated facility and subject to the Asbestos requirements of NESHAP
- Residential buildings which have four or fewer dwelling units that are a part of a larger installation (i.e., any army base, company housing, apartment or housing complex, etc)
- Single Family Dwellings, which are to be demolished or renovated to build non-residential structures, as regulated the Asbestos requirements of NESHAP

Non-regulated Facilities

- A residential facility (four or fewer dwelling units) where renovation, addition or remodel is not for the purpose of conversion to commercial property

The Carson City Environmental Control Authority (ECA) has jurisdictional authority over all demolitions.

BUILDING INSPECTION

Regulated Facilities

The owner of a building or operator of a demolition, or remodel/addition or renovation activity must thoroughly inspect the facility or the relevant part of the facility for ACM prior to the commencement of the activity. This inspection must be performed by an Asbestos Hazard Emergency Response Act (AHERA) accredited building inspector. This inspection is required whenever the renovation/remodel/addition will exceed the notification amount or before any demolition regardless of size.

Non-regulated Facilities

Exposure to even small amounts of airborne asbestos fibers may cause cancer. For this reason, the Carson City Environmental Control Authority recommends that all asbestos handling and abatement work be performed by an AHERA accredited asbestos contractor.

NOTIFICATION

Prior to the approval of a) any demolition permit; or b) a renovation/remodel/addition permit, where work will involve 160 square feet or more (vertical and horizontal) (See Note 1), 260 linear feet (pipe wrap, etc.), or 1 cubic meter by the Carson City Environmental Control Authority (ECA), the owner or operator or an authorized representative shall complete the Carson City Acknowledgment of Asbestos Assessment form. Proof of the appropriate EPA notification must be attached for all activities involving "regulated facilities".

The owner or operator of a regulated facility must provide a written notice to the EPA at least 10 working days in advance of any demolition project. The EPA must be notified in writing at least 10 working days in advance of renovation/remodel/addition activities

that would break up, dislodge, or similarly disturb ACM in an amount equal to or greater than 160 square feet (vertical and horizontal), 260 linear feet (pipe wrap, etc.), or 35 cubic feet (1 cubic meter). The EPA must be notified in writing of any schedule changes, and, in general, work may not begin until the EPA has had 10 days notice. In addition, if, in a calendar year, a series of renovation/remodel/addition jobs on a given facility will add to more than the notification amount, then the EPA must receive an annual notification for the expected work. A certified asbestos consultant can provide the appropriate EPA notification form.

NOTE 1: Example: The surface area of both sides of a wall must be considered when calculating potential square footage that may be disturbed; one wall measuring 8' x 10' x 2 (both sides) = 160 sq. ft.

DISPOSAL

Prior to disposal of any amount of ACM, friable or non-friable, at the Carson City Sanitary Landfill, the owner, operator or authorized representative shall obtain an Industrial Waste Manifest from the Building and Safety Department. Each shipment requires a manifest. Disposal of ACM without a manifest is a violation of Carson City Municipal Code (CCMC) Chapter 12.12.

All ACM must be managed and transported in accordance with OSHA and EPA regulations.

ASBESTOS NESHAP NOTIFICATION OF DEMOLITION AND RENOVATION

OPERATOR PROJECT #	POSTMARK	DATE RECEIVED	NOTIFICATION #

I. TYPE OF NOTIFICATION (O - ORIGINAL C- CANCELLED) (R - REVISION -- WRITE REVISION #?) ----------

II. FACILITY INFORMATION (IDENTIFY OWNER, REMOVAL CONTRACTOR, AND OTHER OPERATOR)

OWNER NAME:			
ADDRESS:			
CITY:	County :	State:	ZIP:
CONTACT:			Telephone: ( )
ASBESTOS REMOVAL CONTRACTOR:			
ADDRESS:			
CITY:		State:	Zip:
CONTACT:	Telephone:		Title:
DEMOLITION CONTRACTOR:			
ADDRESS:			
CITY:		State:	ZIP
CONTACT:	Telephone: ( )		Title:

III. TYPE OF OPERATION: (D-DEMO O-ORDERED DEMO R-RENOVATION E-EMERGENCY RENOVATION): D

IV. IS ASBESTOS PRESENT? (YES / NO)	List Type of Asbestos Material (s) to be Removed:

V. FACILITY DESCRIPTION (INCLUDE BUILDING NAME, NUMBER AND FLOOR OR ROOM NUMBER)

BLDG NAME:			
ADDRESS:			
CITY :	County:	State:	ZIP:
SITE LOCATION:			
BUILDING SIZE	Number of floors:		Age in years:
PRESENT USE:	PRIOR USE:		

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

VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: 1. REGULATED ACM TO BE REMOVED 2. CATEGORY I ACM NOT REMOVED 3. CATEGORY II ACM NOT REMOVED	RACM TO BE REMOVED	NONFRIABLE ASBESTOS MATERIAL TO BE REMOVED		NONFRIABLE ASBESTOS MATERIAL NOT TO BE REMOVED	
		CAT I	CAT II	CAT I	CAT I I
PIPES: (Linear Feet)					
SURFACE AREA (Square Feet)					
VOL. RACM OFF FACILITY COMPONENT (Cubic Feet)					

VIII. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) **Start:** **Complete:**

IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) **Start:** **Complete:**

Weekdays Work Hours:_____ Weekend Work Hours:_____

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 #1		
ADDRESS:		
CITY:	**STATE**	**ZIP**
CONTACT PERSON:	**TELEPHONE: ( )**	
XIII. WASTE DISPOSAL SITE:		
NAME:		
LOCATION:		
CITY:	**STATE**	**ZIP**
TELEPHONE : ( )		
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
NAME:	**TITLE:**	
AUTHORITY:		
DATE OF ORDER (MM/DD/YY)	**DATE ORDERED TO BEGIN: (MM/DD/YY)**	
XV. FOR EMERGENCY RENOVATIONS		
a) DATE AND HOUR OF EMERGENCY: (MM/DD/YY)		
b) DESCRIPTION OF THE SUDDEN, UNEXPECTED EVENT:		
c) EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSELY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, 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 1 YEAR AFTER PROMULGATION) _____ _____ **(SIGNATURE OF OWNER/OPERATOR)** **(DATE)**		
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. _____ _____ **(SIGNATURE OF OWNER/OPERATOR)** **(DATE)**		

Asbestos NESHAP Notification and Demolition Form Instructions

The asbestos NESHAP, 40 CFR Part 61, Subpart M, requires written notification of demolition or renovation operations under Section 61.145. Only complete notification forms are acceptable. The notification is required for demolition even if there is no asbestos present. Incomplete notification may result in enforcement action.

The notification should be typewritten and postmarked or delivered no later than ten working days prior to the beginning of the asbestos removal activity (dates specified in Section VIII) or demolition (dates specified in Section IX). Please submit the form to (Nondelegated Districts Only):

Mail Original To:

Kingsley Adeduro
U.S. EPA - Region IX
Asbestos NESHAP Notification (Air 5)
75 Hawthorne Street
San Francisco, California 94105
(415) 947-4182
(415) 947-3579 – Fax

Send Copy or Fax To:

Carson City Development Services
Building Division
108 E. Proctor St.
Carson City, NV 89701
Fax 775-887-2202

Form Completion Instructions:

I. **Type of Notification:** Enter "O" if the notification is a first time or original notification, "R" if the notification is a revision of a prior notification , or "C" if the activity has been cancelled.

II. **Facility Information:** Enter the names, addresses, contact persons and telephone numbers of the following:

Owner: Legal owner of the site at which asbestos is being removed or demolition planned.

Removal Contractor: Contractor hired to remove asbestos.

Other Operator: Demolition contractor, general contractor, or any other person who leases, operates, controls or supervises the site.

If known, the name of the site supervisor should be entered as the contact person for the notification. If additional parties share responsibility for this site, demolition activity, renovations or ACM removal, include complete information (including name, address, contact person and telephone number) on additional sheets submitted with the form.

III. **Type of Operation:** Enter "D" for facility demolition, "R" for facility renovation, "O" for ordered demolitions, or "E" for emergency renovations.

IV. **Is Asbestos Present?** Answer "Yes" or "No" regardless of the amount or type of asbestos.

V. **Facility Description:** Provide detailed information on the areas being renovated or demolished. If applicable, provide the floor numbers and room numbers where renovations are to be conducted.

Site Location: Provide information needed to locate site in the event that the address alone is inadequate.

Building Size: Provide in square meters or square feet.

No. of Floors: Enter the number of floor including basement or ground level floors.

Age in Years: Enter approximate age of the facility.

Present Use/Prior Use: Describe the primary use of the facility or enter the following codes: H - Hospital; S - School; P - Public Building; O - Office; I - Industrial; U - University or College; B - Ship; C - Commercial; or R - Residence.

VI. **Asbestos Detection Procedure:** Describe methods and procedures used to determine whether ACM is present at the site, including a description of the analytical methods employed.

VII. **Approximate Amount of Asbestos Including:** (1) Regulated ACM to be removed (including nonfriable ACM to be sanded, ground or abraded); (2) Category 1 ACM not removed; and (3) Category II ACM not removed.

For both removals and demolitions, enter the amount of RACM to be removed by entering a number in the appropriate box and an "X" for the unit. For demolitions only, enter the amount of Category I and II nonfriable asbestos not to be removed in the appropriate boxes.

Category I nonfriable material includes packing, gaskets, resilient floor covering and asphalt roofing materials containing more than one percent asbestos. Category II nonfriable material includes any material, excluding Category I products, containing more than one percent asbestos, that when dry, cannot be crumbled, pulverized or reduced to powder.

VIII. **Scheduled Dates of Asbestos Removal (MM/DD/YY):** Enter scheduled dates (month/day/year) for asbestos removal work. Asbestos removal work includes any activity, including site preparation, which may break up, dislodge or disturb asbestos material.

IX. **Scheduled Dates of Demo/Renovation (MM/DD/YY):** Enter scheduled dates (month/day/year) for beginning and ending the planned demolition or renovation.

X. **Demolition of Planned Demolition or Renovation Work, and Method(s) to be Used:** Include in this description the demolition and renovation techniques to be used and a description of the areas and types of facility components which will be affected by this work.

XI. **Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition and Renovation Site:** Describe the work practices and engineering controls selected to ensure compliance with the requirements of the regulations, including both asbestos removal and waste-handling emission control procedures.

XII. **Waste Transporter(s):** Enter the names, addresses, contact persons and telephone numbers of the persons or companies responsible for transporting ACM from the removal site to the waste disposal site. If the removal contractor or owner is the waste transporter, state "same as owner" or "same as removal contractor." If additional parties are responsible, include complete information on an additional sheet submitted with the form.

XIII. **Waste Disposal Site:** Identify the waste disposal site, including the complete name, location and telephone number of the facility. If ACM is to be disposed of at more than one site, provide complete information on an additional sheet submitted with the form.

XIV. **If Demolition is Ordered by a Government Agency, Please Identify the Agency below:** Provide the name of the responsible official, title and agency, authority under which the order was issued, the dates of the order and the dates of the ordered demolition.

XV. **Emergency Renovation Information:** Provide the date and time of the emergency, a description of the event and a description of unsafe conditions, equipment damage or financial burden resulting from the event. The information should be detailed enough to evaluate whether a renovation falls within the emergency exception.

XVI. **Description of Procedures to be Followed in the Event that Unexpected Asbestos is Found or Previously Nonfriable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Power:** Provide adequate information to demonstrate that appropriate actions have been considered and can be implemented to control asbestos emissions adequately, including at a minimum, conformance with applicable work practice standards.

XVII. **Certification of Presence of Trained Supervisor:** One year after promulgation of the applicable regulation, the notifier must certify that a person trained in asbestos-removal procedures will supervise the demolition or renovation. The supervisor is responsible for the activity on-site. Evidence that the training has been completed by the supervisor must be available for inspection during normal business hours.

XVIII. **Verification:** Please certify the accuracy and completeness of the information provided by signing and dating the notification form.