



**Louisville-Jefferson County Metro Government**  
**AIR POLLUTION CONTROL DISTRICT**  
850 Barret Avenue, Suite 205, Louisville, KY 40204-1745  
(502) 574-6000 Fax: (502) 574-5607



## ASBESTOS DEMOLITION & RENOVATION NOTIFICATION FORM

This form is to be filled out and filed with the District at least ten (10) working days before starting the asbestos removal or other work which would disturb the asbestos-containing material (ACM). After notification is filed, if developments occur that invalidate the reported information, an amended form must be filed.

**Type of Notification:** ☐ NESHAP, ☐ GLOVEBAG, or ☐ CATEGORY I/II  
☐ Notification per 40 CFR 61.145(a)(2) (*less than reportable quantity*)

Check one: ☐ Initial Notice ☐ Revision - Revision # \_\_\_\_ (Circle changes on form) Permit No. \_\_\_\_\_

**1. FACILITY OWNER or OPERATOR:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_

Office Use Only:

Date Notification  
Received

Assigned Officer:

**2. LOCATION of PROJECT:** Name of Site/Building: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: KY Zip: \_\_\_\_\_

Abatement location (building, room, roof, etc.) \_\_\_\_\_

Year Built: \_\_\_\_\_ Size: \_\_\_\_\_ SF Number of Floors: \_\_\_\_\_

Present use: \_\_\_\_\_ Prior use: \_\_\_\_\_

**3. ABATEMENT CONTRACTOR** Name: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_

Kentucky Certification No: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**4. RESPONSIBLE FOR PERMIT (billing):** Name: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_

**5. WASTE TRANSPORTER:** Name: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_

**6. WASTE DISPOSAL SITE:** \_\_\_\_\_

Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_

**7. TYPE of PROJECT:** ☐ Planned Renovation ☐ Long Term ☐ Blanket  
☐ Emergency Renovation (attach a description of the applicable event)  
☐ Demolition (no asbestos) ☐ Demolition (asbestos) ☐ Ordered Demolition (attach order)

**8. Scheduled start date:**     /     /     **8A. Scheduled completion date:**     /     /

**9. Asbestos present?** Yes No **Survey conducted?** Yes No **Performed by:** \_\_\_\_\_  
(circle one) (circle one) Attach a copy of the survey.

**10. Amount and type of material to be removed:**

<u>Amount In</u>	<b>Friable: All</b>	<b>Category I/II</b>	<b>Type of Material</b>
Linear feet			
Square Feet			
Cubic Feet			

**11. Disposal amounts from project in cubic yards of waste:** \_\_\_\_\_

**12. Disposal schedule:** \_\_\_\_\_

**13. Asbestos type & percent (i.e. 10% Chrysotile, etc.):** \_\_\_\_\_

**14. Detailed description of the planned project:** \_\_\_\_\_

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**15. Abatement procedures used to comply with Regulations 5.04 & 5.13:**

(Check all that apply and include details below)

Asbestos Removal			Demolition
<input type="checkbox"/> Containment	<input type="checkbox"/> Remove Intact	<input type="checkbox"/> Negative Pressure	<input type="checkbox"/> Bulldozer/Loader
<input type="checkbox"/> Wet Methods	<input type="checkbox"/> Rotating Blade Cutter	<input type="checkbox"/> Full Containment	<input type="checkbox"/> Wrecking ball
<input type="checkbox"/> Strip and Removal	<input type="checkbox"/> Mechanical Chipping	<input type="checkbox"/> Mini Containment	<input type="checkbox"/> Implode
<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Component Removal	<input type="checkbox"/> Dry removal *	<input type="checkbox"/> Live Burn Training *
<input type="checkbox"/> Other (Explain below)	* Must obtain prior approval from District before using this method		

**16. Contingency plan to address any additional ACM discovered during demolition/renovation:****17. Name(s) of Trained Supervisory Person(s) in attendance during abatement:****18. I certify that at least one trained person listed on contractor's Kentucky issued certificate will supervise the abatement work described herein.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date Representing

**19. Notification information submitted and certified by:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date Phone No.

\_\_\_\_\_  
Name (Person, typed or printed) Title Representing

Information supplied in this Notification shall serve as an application for a District permit to perform an asbestos abatement project at an affected facility.

**Attach additional sheets if necessary.**