



For Office Use Only:
Notification #: \_\_\_\_\_

ASBESTOS/DEMOLITION NOTIFICATION FORM

DO NOT WRITE IN THIS BOX- FOR DEPARTMENT USE ONLY
Date received: \_\_\_/\_\_\_/\_\_\_ Postmark date: \_\_\_/\_\_\_/\_\_\_ Walk-in date: \_\_\_/\_\_\_/\_\_\_

TYPE OF NOTIFICATION: (Select one and fill in the requested information)

ORIGINAL AMENDMENT No. CANCELLATION

EMERGENCY

- Was emergency request made to the Regional Office or Environmental Health Notifications Group (EHNG) by phone?
If yes, the DSHS reference #: and name of the Regional or EHNG representative with whom you spoke?
Describe the reason for Emergency:

ORDERED: (For structurally unsound facilities, attach copy of demolition order and identify Governmental Official)

Name: Registration No.
Title:
Date of order (MM/DD/YY): Date order to begin (MM/DD/YY):

(x) Below if Amended

AMENDMENTS: You must complete the entire form and mark the appropriate check box(es) along the left-hand side of this form to indicate amended information.

TYPE OF WORK

Asbestos Abatement Demolition Annual Consolidated O&M Abatement/Demolition
Is this a phased project? Yes No

FACILITY INFORMATION

1. Facility Location

- Description or Facility Name:
Physical Address:
County: City: Zip:
Facility Contact: Phone #: ( ) -

2. Type of Facility (Select one)

Public Federal Industrial/Manufacturing NESHP-Only Public School K-12

3. Facility Details

- Description of Area/Room Number:
Age of Building: Size: Number of Floors:
Is this building occupied? Yes No
Prior Use:
Future Use:
Date of Asbestos Survey/NESHAP Inspection:
DSHS Inspector License #:
Analytical Method: PLM TEM Assumed Asbestos No Suspect Material
DSHS Laboratory License #:

WORK SCHEDULE/ASBESTOS AMOUNTS (Note: if the start date(s) entered below cannot be met, the DSHS Regional or Local Program office must be notified prior to the scheduled start date. Failure to do so is a violation of TAHPA Section 295.61.)

1. Asbestos Abatement Work Schedule:

- Start date: and End date:
Work days: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.
Working hours: a.m. p.m. to a.m. p.m.

2. Demolition Work Schedule:

- Start date: and End date:
Work days: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.
Working hours: a.m. p.m. to a.m. p.m.

(x)  
Below if  
Amended

**C. ASBESTOS AMOUNTS**

..... Is Asbestos Present?  Yes  No (Complete the table below if asbestos is present)

Asbestos-Containing Building Material Type	Approximate amount of Asbestos			Surface Area	SQ Ft	SQ M	Cu Ft
	Pipes	Ln Ft	Ln M				
<i>*Only mark the boxes below on this chart if they are being amended</i>							
<input type="checkbox"/> RACM to be removed		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> RACM left in place during demolition		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Interior Category I non-friable removed		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Exterior Category I non-friable removed		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Category I non-friable left in place during demolition		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Interior Category II non-friable removed		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Exterior Category II non-friable removed		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Category II non-friable left in place during demolition		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> RACM Off-Facility Component							

**DESCRIPTION OF WORK PRACTICES AND PROCEDURES**

..... 1. Description of procedures to be followed in the event that unexpected asbestos is found or previously non-friable asbestos material becomes crumbled, pulverized, or reduced to powder: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

..... 2. Description of planned demolition or abatement work, type of material, and method(s) to be used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

..... 3. Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition site:  
\_\_\_\_\_  
\_\_\_\_\_

**PROJECT INFORMATION**

..... **A. FACILITY OWNER**

Facility Owner Name: \_\_\_\_\_  
Phone #: ( ) - \_\_\_\_\_  
Attention: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

..... **B. ASBESTOS ABATEMENT CONTRACTOR #1**

DSHS Asbestos Contractor License #: \_\_\_\_\_  
Contractor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Office Phone #: ( ) - \_\_\_\_\_ Job-Site Phone #: ( ) - \_\_\_\_\_

..... **C. ASBESTOS ABATEMENT CONTRACTOR #2 (Only if there is more than one Contractor)**

DSHS Asbestos Contractor License #: \_\_\_\_\_  
Contractor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Office Phone #: ( ) - \_\_\_\_\_ Job-Site Phone #: ( ) - \_\_\_\_\_

**D. ASBESTOS SUPERVISOR**

..... DSHS Supervisor License #: \_\_\_\_\_ Site Supervisor: \_\_\_\_\_  
..... DSHS Supervisor License #: \_\_\_\_\_ Site Supervisor: \_\_\_\_\_

(x)

Below if

**Amended E. NESHAP TRAINED INDIVIDUAL**

..... NESHAP Trained Individual: \_\_\_\_\_  
Certification Date:    /    /   

..... **F. DEMOLITION CONTRACTOR**

Demolition Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

..... **G. PROJECT CONSULTANT OR OPERATOR**

DSHS License No.: \_\_\_\_\_  
Project Consultant or Operator: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

..... **H. Waste Transporter**

DSHS Waste Transporter License #: \_\_\_\_\_  
Waste Transporter: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

..... **I. Waste Disposal Site**

TCEQ Permit #: \_\_\_\_\_  
Waste Disposal Site: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**CERTIFICATION STATEMENT**

I hereby declare that I have examined this notification and, to the best of my knowledge and belief, all information provided is complete, true, and correct. I affirm that I am the owner, operator, or delegated agent and that I am responsible for the fee associated with this notification. I also understand that the owner, operator, or delegated agent is responsible for notification to the department.

\_\_\_\_\_  
(Signature of Owner, Operator or Delegated Agent)

Date:    /    /   

\_\_\_\_\_  
(Printed Name & Title)

E-mail Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**IMPORTANT INFORMATION**

**NOTIFICATION TIMELINESS REQUIREMENT:**

Your Asbestos/Demolition Notification form must be postmarked no less than ten working days (not calendar days) prior to the start of any asbestos abatement or demolition.

**FILING FEE:** An invoice will be mailed to the facility owner upon completion of the project.

**CALL FOR ASSISTANCE:** (512) 834-6747 or (888) 778-9440 (toll free in Texas)

**MAIL FORM TO:** ENVIRONMENTAL HEALTH NOTIFICATIONS GROUP  
TEXAS DEPARTMENT OF STATE HEALTH SERVICES  
PO BOX 143538  
AUSTIN, TX 78714-3538