



ASBESTOS NOTIFICATION OF BRIDGE DEMOLITION AND RENOVATION

DNR USE ONLY			
CON 10-15	County #:		
Date:		Initials:	
<input type="checkbox"/> Check/Money Order <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash			

This notice must be postmarked at least ten (10) working days before beginning the activity. All applicable information must be included.

Notification Fee: Effective beginning January 15, 2016, each **Original** notification must be accompanied by the fee required by 567 IAC 30.3(1).

567 IAC 30.3(1) Payment of fees established. Beginning on January 15, 2016, the owner or operator of a site subject to the national emission standard for hazardous air pollutants (NESHAP) for asbestos notifications adopted by reference in paragraph 23.1(3)"a," shall submit a fee with each required original or each annual notification for each demolition or renovation, including abatement.

Fees are **not** required for the following:

- a. Notifications when the total amount of asbestos to be removed or disturbed is less than 260 linear feet, less than 160 square feet, and less than 35 cubic feet of facility components and is below the reporting thresholds as defined in 40 CFR 61.145 as amended on January 16, 1991;
- b. Notifications of training fires as required in 567—paragraph 23.2(3)"g";
- c. Controlled burning of demolished buildings as required in 567—paragraph 23.2(3)"j";
- d. Revised, canceled, and courtesy notifications. A revision to a previously submitted courtesy notification due to applicability of the notification requirements in 567—paragraph 23.1(3)"a" is considered an original notification and is subject to the fee requirements of subrule 30.3(1).

Each required fee is \$100 payable to "Iowa Department of Natural Resources" in the form of a check, money order, credit card or cash. Please do not send cash in the mail.

Owner or Operator Name Paying Fee: _____ Phone #: _____

- \$100 Fee Enclosed Contact for Credit Card Payment or State Agency

1. Type of Notification Original (Fee) Revised Cancelled

2. Type of Operation (Each Type of Operation requiring an original notification must be accompanied by a separate \$100 fee.) Abatement Demolition Renovation

3. Is Asbestos present? Yes No – Abatement has already occurred OR amount is under NESHAP limits
(if No, items 11 through 13 are not required)

4. Scheduled Dates Asbestos Removal (MM/DD/YYYY) **Start:** _____ **Stop:** _____

5. Scheduled Dates Demolition/Renovation (MM/DD/YYYY) **Start:** _____ **Stop:** _____

6. Bridge Description

FHWA Number: _____ **Road/Route:** _____ **City:** _____

County: _____ **Directions to Bridge:** _____

Bridge Size (Sq. Ft.): _____ **Number of Decks:** _____ **Year Constructed:** _____

Asbestos Location: _____

7. Facility Information (Identify owner, and operator)

Owner Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact: _____ **Phone:** _____

Operator (if different from owner): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact: _____ **Phone:** _____

8. Asbestos Abatement Contractor (if applicable)

Contractor Name: _____ IA Permit Number: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Phone: _____

9. Demolition Contractor (if applicable)

(if ordered demolition)

Contractor Name: _____ IA Permit Number: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Phone: _____

10. Asbestos Inspector (required unless an Ordered Demolition or Emergency Renovation)

Name of Inspector: _____ IA License Number: _____
Date Inspected: _____ Phone: _____

11a. Approximate Amount of Asbestos (for Abatement purposes only)	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed	
		Cat I	Cat II
Surface Area (Sq.Ft.)			
Volume from Facility Component(s) (Cu.Ft)			
Pipes (Linear Ft.)			

11b. Quantify in Square Feet the Total Surface Area from 11a

Asbestos Cement Board Spray on Materials Caulk Expansion Joints
 Gasket Material Waterproofing Membranes Drainage Scuppers Other: _____

12. Procedure, including analytical method, if appropriate, used to detect the presence of asbestos materials.

Polarized Light Microscopy (PLM) Other: _____

13. Description of work practices and engineering controls to be used to prevent asbestos emissions

(check all that apply)

Adequately Wet Materials Glove Bag Seal in Leak Tight Containers Encapsulate
 Negative Air Containment Seal in Leak Tight Wrapping Mini-enclosure
 Other: _____

14. Description of planned demolition or renovation work (check all that apply)

Backhoe Bulldozer Hand Removal
 Implosion Other: _____

15. Waste Transporter #1

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Phone: _____

Waste Transporter #2 (if applicable)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Phone: _____

16. Waste Disposal Site #1

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Waste Disposal Site #2 (if applicable)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

17. Description of procedures to be followed if there is an unexpected asbestos fiber release:

STOP WORK AND CALL A CERTIFIED ASBESTOS CONTRACTOR AND THE DNR I agree

18. Certification (required if asbestos is present)

I certify that an individual trained in the provisions of regulation 40 CFR Part 61, Subpart M (Asbestos NESHAP) will be onsite 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.

_____	_____	_____
Name (Print)	Title	Date
_____	_____	_____
Signature of Owner/Operator	Company/Organization	

19. I certify to the best of my knowledge that the above information is true and correct

_____	_____	_____
Name (Print)	Title	Date
_____	_____	_____
Signature of Owner/Operator	Company/Organization	

MAIL TO: Iowa DNR- Air Quality
7900 Hickman Rd Ste. 1
Windsor Heights, IA 50324
515-725-9500