



# 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  
502 E 9th St  
Des Moines IA 50319  
515-725-8200