Checklist for Renovation/Demolition Operations

RENOVATION PROJECTS

Your project may be regulated through the federal National Emissions Standards for Hazardous Air Pollutants (NESHAPs) and the following may apply:

- A thorough asbestos inspection may be required to be performed by an accredited asbestos inspector.
- Notification form submittal may be required.
- Asbestos abatement may be required.

DEMOLITION PROJECTS

Demolition projects involving commercial buildings and structures are regulated through the federal NESHAPs. Single family homes may be regulated if part of a public or private project. The definition of demolition in the NESHAPs regulations is as follows:

"The wrecking or taking out of any load-supporting structural member of a facility together with any related handling operations or the intentional burning of any facility."

- All commercial demolitions are regulated through the NESHAPs and a 10 working day notification is required.
- An asbestos inspection by an accredited asbestos inspector is required prior to demolition of commercial facilities.
- All regulated asbestos containing material must be removed prior to demolition of a regulated facility.

QUESTIONS?

Please contact Thomas Vincent, Asbestos Inspector, Michigan Department of Environmental Quality for projects in Wayne County if you would like further information and/or forms.

Ph: 313-456-4686   Fax: 313-456-4692
vincenttl@michigan.gov.
NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

MICHIGAN DEPT. OF ENVIRONMENTAL QUALITY (MDEQ)
AIR QUALITY DIVISION, NESHAP, 40 CFR Part 61, Subpart M. ($27,500 penalty per day per violation for failure to comply)

MICHIGAN DEPARTMENT OF LABOR AND ECONOMIC GROWTH (MDLEG), ASBESTOS PROGRAM, P.A. 135 OF 1986, AS AMENDED, Section 220 (1-4) or (6)

3. ABATEMENT CONTRACTOR: Internal Project #:

Name: 
Mailing Address: 
City/State/Zip: 
Contact: 
Phone: 

4. DEMOLITION CONTRACTOR: Internal Project #:

Name: 
Mailing Address: 
City/State/Zip: 
Contact: 
Phone: 

5. FACILITY OWNER: (*Facility includes Bridges)

Name: 
Mailing Address: 
City/State/Zip: 
Contact: 
Phone: 

6. FACILITY DESCRIPTION:

Facility Name: 
Location Address/Description: 

City/Twp: 
State: 
Zip Code: 

County: Nearest Crossroad:

Size: (sq. ft.) No. of Floors: Floor No.: 
Age: Present Use: Prior Use: 
Specific Location(s) in Facility: 

7. DISPOSAL SITE:

Name: 
Location Address: 
City/State/Zip: 

8. WASTE TRANSPORTER 1: WASTE TRANSPORTER 2:

Name: 
Address: 
City/State/Zip: 
Phone: 

9. ORDERED DEMOLITIONS: (See NESHAP regulations for definition of *Ordered Demolition.*) A copy of the official Order must accompany this notification.

Gov't Agency Ordering Demo: 
Name/Title of Person Signing Order: 

Date of Order: Date Ordered to Begin: 

10. IS ASBESTOS PRESENT? 

☐ Yes ☐ No

Estimate the amount of asbestos: Include RACM (Regulated Asbestos Containing Material) to be removed, encapsulated, etc. Also include the amount and type (floor tile, roofing, etc.) of non-friable Category I and/or Category II ACM that will not be removed prior to demolition. (NOTE: In a demolition, cementitious ACM cannot remain in a structure, as it is likely to become regulated in the demolition/handling process. It must be removed prior to demolition.)

<table>
<thead>
<tr>
<th>RACM to be Removed</th>
<th>RACM to be Encapsulated</th>
<th>Non-friable ACM not removed prior to demo.</th>
<th>Units of Measure</th>
</tr>
</thead>
</table>

*Volume (cubic ft./meters) should be used only if unable to measure by linear/square measure (example: asbestos has fallen off of surface).
NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH (continued)

11. PROJECT DESCRIPTION: Complete A) for Renovation (asbestos removal/encapsulation) and/or B) for Demolition:

A) RENOVATION: Mark all surfaces/types of RACM to be removed:
- Piping
- Fittings
- Boiler(s)
- Tank(s)
- Beam(s)
- Duct(s)
- Tunnel(s)
- Ceiling Tile(s)
- Mag Block
- Other (describe)

Encapsulation (for MDLEG): Mark surfaces/types to be encapsulated:
- Piping
- Fittings
- Boiler(s)
- Tank(s)
- Beam(s)
- Duct(s)
- Tunnel(s)
- Ceiling Tile(s)
- Other (describe)

Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.):

B) DEMOLITION: Describe the method of demolition of facility, bridge, etc., and indicate if complete or partial. If partial, describe which part of facility bridge, etc., will be demolished:

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal, and until proper disposal:

13. UNEXPECTED ASBESTOS: Describe the steps you intend to follow in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated:

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: A) Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method of analysis. (The determination of the presence or absence of asbestos must be made prior to submitting a renovation/demolition notification.):

B) Name, address, and phone number of company performing asbestos survey:

C) Name, accreditation number of inspector, and date of inspection:

16. EMERGENCY RENOVATIONS: Date/time of emergency: ________ Describe the sudden, unexpected event:

Explain how the event caused unsafe conditions, and/or would cause equipment damage and/or an unreasonable financial burden:

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during an ordered demolition. Evidence that this person has completed the required training will be available for inspection at the renovation or demolition site.

Signature of Owner or Abatement Contractor ___________ Date __________

Signature of Owner or Demolition Contractor ___________ Date __________

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by MDLEG)
Per Section 221(1)(2) of P.A. 135 of 1886, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

Signature of Building Owner or Lessee ___________ Date __________

Signature of Asbestos Abatement Contractor Representative ___________ Date __________

NOTE: It is not mandatory that a signed copy by sent to MDLEG unless requested. For affected projects, this section of the notification form must be completed, signed, and made part of your records before the project begins.

18. I certify that the above information is correct:

SIGNATURE OF OWNER/OPERATOR ___________ DATE __________

MAILING ADDRESSES/PHONE NUMBERS: (See Item 1 on reverse side to determine which regulations are applicable to your project.)

For Public Act 135 of 1886, as amended, Section 220 (1-4) or (8), mail to address below. For more info visit: http://www.michigan.gov/asbestos.

MDLEG-CSHD-ASBESTOS PROGRAM
P.O. Box 30671
Lansing, MI 48909-8171
517.322.1320 (office), 517.322.1713 (fax)

For NESHAP Demolitions/Renovations, 40 CFR, Part 61, Subpart M, mail notifications to the appropriate address below (by county of subject facility): For more info visit http://www.michigan.gov/deq click on Air, then Asbestos NESHAP Program.

All Counties (except Wayne County)
NESHAP Asbestos Program
MDEQ, AQD
P.O. Box 30260
Lansing, MI 48909-7760

Wayne County Only
NESHAP Asbestos Program
Detroit Field Office, MDEQ, AQD
Cadillac Place, Suite 2-300
3058 West Grand Boulevard
Detroit, MI 48202