

Chattanooga-Hamilton County Air Pollution Control Bureau

6125 Preservation Drive, STE 140

Chattanooga, TN 37416

423-643-5970

TEN DAY NOTIFICATION INFORMATION SHEET FOR A DEMOLITION, REMOVAL OF FRIABLE ASBESTOS OR RENOVATION PROJECT

A Ten Day Notification is to notify the Air Pollution Control Bureau of your intention to conduct a:

- regulated structure demolition
- regulated structure renovation that contains regulated asbestos containing material (RACM)
- removal of regulated asbestos-containing material

The Ten Day Notification must be submitted a *minimum* of 10 working days before the start of the project. In most cases an Asbestos Survey is also required.

Project Definitions:

Demolition of a Regulated Structure:

This includes:

- removal or wrecking of a load-supporting member
- destruction of the total structure

Renovation:

The altering of a regulated facility or facility component (*including stripping or removing regulated materials containing asbestos from a facility component*), where the asbestos-containing material to be removed contains greater than 1% asbestos and exceeds 260 linear feet, 160 square feet or 35 cubic feet.

Asbestos Removal:

The removal of material containing more than 1% asbestos and exceeds 260 linear feet, 160 square feet or 35 cubic feet.

Regulated Asbestos Containing Material (RACM):

Material containing more than 1% asbestos that, when dry, can be crumbled, pulverized, or reduced to powder by hand pressure.

Regulated Structure:

- Any structure that is currently, or has ever, been used for commercial purposes, including but not limited to retail, office, hospital, school, public building or industrial.
- A single family dwelling or apartment/condominium with less than 5 dwelling units is not a regulated structure. **However**, two or more single family dwellings, with the same owner and within the same city block being demolished within a fiscal year are regulated structures.

If you have any questions, contact John Schultz at the Air Pollution Control Bureau at 423.643.5988.

Chattanooga-Hamilton County Air Pollution Control Bureau Ten Day Notification



Project Name	Permit No. (Bureau Use Only)
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TYPE OF NOTIFICATION Original Revision Courtesy Annual

TYPE OF OPERATION *(Attach Asbestos Survey unless otherwise noted)*

- | | |
|--|---|
| <input type="checkbox"/> Demolition without friable asbestos present | <input type="checkbox"/> Court ordered demolition (attach order) |
| <input type="checkbox"/> Demolition with friable asbestos present | <input type="checkbox"/> Emergency demolition |
| <input type="checkbox"/> Renovation with the removal of friable asbestos | <input type="checkbox"/> Fire Department training (structure burning) |
| <input type="checkbox"/> Removal of friable asbestos | |

WILL ALL FRIABLE ASBESTOS IDENTIFIED IN THE SURVEY BE REMOVED? Yes No

If no, complete the following:

List friable asbestos-containing material identified on survey that is NOT being removed. If removal only, list RACM being removed.	Amount (square or linear feet)	Location

Start Date for Asbestos Removal:	End Date for Asbestos Removal:
Start Date for Renovation/Demolition:	End Date for Renovation/Demolition:

FACILITY INFORMATION

Present Use: Hospital School Public Bldg Residence Office Industrial Commercial
 Prior Use: Hospital School Public Bldg Residence Office Industrial Commercial

Building Size (square feet): _____ # of floors: _____ Age of Structure: _____

Address of structure: _____

City: _____ State: TN Zip: _____

Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Project Contact: _____ Phone: _____

CONTRACTOR INFORMATION

ASBESTOS REMOVAL CONTRACTOR (Complete if regulated asbestos containing material is going to be removed.)

Company Name: _____ Contact: _____
Office Phone #: _____ Cell Phone #: _____
Address: _____
City: _____ State: _____ Zip Code: _____
TN Certification Number: _____ Expiration Date: _____

DEMOLITION / RENOVATION CONTRACTOR

Company Name: _____ Contact: _____
Office Phone #: _____ Cell Phone #: _____
Address: _____
City: _____ State: _____ Zip Code: _____

WASTE TRANSPORTER (IF FRIABLE ASBESTOS IS PRESENT)

Company Name: _____ Contact: _____
Office Phone #: _____ Cell Phone #: _____
Address: _____
City: _____ State: _____ Zip Code: _____

WASTE DISPOSAL SITE (IF FRIABLE ASBESTOS IS PRESENT OR WAS REMOVED)

Company Name: _____ Contact: _____
Office Phone #: _____ Cell Phone #: _____
Address: _____
City: _____ State: _____ Zip Code: _____

I CERTIFY THAT I AM FAMILIAR WITH THIS PROJECT AND THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AFTER DILIGENT INQUIRY. I ALSO UNDERSTAND THAT WORK MAY NOT COMMENCE ON THIS PROJECT UNTIL I HAVE RECEIVED A PERMIT ISSUED BY THE CHATTANOOGA-HAMILTON COUNTY AIR POLLUTION CONTROL BUREAU. I FURTHER CERTIFY THAT AN INDIVIDUAL CERTIFIED BY THE STATE OF TENNESSEE IN THE REMOVAL OF ASBESTOS WILL BE ON-SITE DURING THE REMOVAL OF ANY REGULATED ASBESTOS CONTAINING MATERIAL.

Printed Name of Owner or Operator: _____
Signed Name of Owner or Operator: _____
Date Signed: _____

THE FOLLOWING IS FOR BUREAU USE ONLY

Permit Fee: _____ Date Paid: _____

Date Permit Issued: _____ Check #: _____

Date TDEC Notified: _____ Receipt #: _____