

Building Demolition Notification Form

GENERAL INSTRUCTIONS: The structure to be demolished must first be inspected by an EPA-accredited asbestos inspector and then this demolition Notification Form must be completed and submitted. **NOTE:** *If the building or structure contains regulated asbestos containing materials ("RACM"), the RACM must be abated and a Standard EPA NESHAP Demolition and/or Renovation Notification Form must be completed and submitted to this Department. This Demolition Form will not be accepted for reporting the removal of regulated asbestos containing materials (in lieu of the NESHAP form) from the building(s) scheduled for demolition.*

This form must be received by the Department not less than 10 working days (two calendar weeks) before the demolition project is scheduled to start. Any notification that is incomplete or any notification indicating the activities to be in violation of applicable regulations will be considered an invalid notification. **Separate notification must be provided for each building or other individual facility that will be demolished.**

Under some circumstances, the removal of Category I non-friable ACM (e.g., vinyl asbestos tile) may not be required prior to demolition. Category II non-friable ACM (e.g. "transite") must be removed prior to demolition.

Mail the original form, completed and signed, to the DEQ office closest to your job site.

OKLAHOMA DEQ - Air Quality Division
707 N. Robinson, P.O. Box 1677
Oklahoma City, OK 73101-1677
(405) 702-4100 (405) 702-4101 (Fax)

or

OKLAHOMA DEQ – Tulsa Regional Office
3105 E. Skelly Drive, Suite 200
Tulsa, OK 74105
(918) 293-1614 (918) 293-1631 (Fax)

Part A **AUTHENTICATION**

I hereby certify that to the best of my knowledge and understanding, the information provided is complete, true and correct.

Print or Type Name _____ Title _____

Signature _____ Date _____

Name of Firm _____

Part B **PROJECT DESCRIPTION**

Building/Structure Owner _____

Owner Address: Street _____

City _____ State _____ Zip _____

Owner Contact Name _____ Phone (____) _____

Building Address: Street _____ City _____ County _____

Present Use _____ Approx. age of Building _____

Building Floor Space (sq. ft.) _____ No. of Floors _____

Description of building, including prior use _____

Scheduled Demolition: Start Date ____/____/____ Completion Date ____/____/____

Describe how building will be demolished (bulldozer, crane, wrecking ball, clamshell, etc.): _____

Part C ASBESTOS INSPECTION INFORMATION

Inspector Name _____ Date Inspected ____/____/____
Address _____ City _____ State _____
Oklahoma DOL Inspector License # _____ Expiration Date ____/____/____
Provide method used to detect the presence of asbestos containing material, including analytical methods: _____

Part D DEMOLITION CONTRACTOR INFORMATION

Contractor _____ Address _____
City _____ State _____ Zip _____ Contact / Phone _____

Part E IDENTIFIED ASBESTOS CONTAINING MATERIALS

Friable _____ ft² _____ linear ft. _____ yd³
Nonfriable Category I _____ ft² _____ linear ft. _____ yd³
Nonfriable Category II _____ ft² _____ linear ft. _____ yd³

NOTE: If no RACM was detected, please indicate so above by entering 0 for each amount.

If nonfriable Category II ACM is present, briefly state the work practices intended to be used to insure these materials do not become friable (crushed, crumbled or pulverized) _____

Was demolition ordered by a Local Government because the structure is structurally unsafe and in the danger of imminent collapse? _____ Yes _____ No

If yes, order issued by _____ Date ____/____/____

Part F WASTE DISPOSAL

Disposal Site _____ Location _____
Waste Transporter/Address _____

COMMENTS: _____
