

**LOUISVILLE METRO AIR POLLUTION CONTROL DISTRICT****ASBESTOS DEMOLITION & RENOVATION NOTIFICATION FORM**

**Submit to**  
701 West Ormsby Ave.  
Suite 303  
Louisville, KY 40203  
(502) 574-6000  
FAX: (502) 574-5607  
[www.louisvilleky.gov/apcd](http://www.louisvilleky.gov/apcd)  
[AirAsbestos@louisvilleky.gov](mailto:AirAsbestos@louisvilleky.gov)

This form is to be filled out and filed with the District at least ten (10) working days before starting the asbestos removal or other work which would disturb the asbestos-containing material (ACM). After notification is filed, if developments occur that invalidate the reported information, an amended form must be filed.

Type of Notification				APCD OFFICE USE ONLY	
<input type="checkbox"/> NESHAP <input type="checkbox"/> Glovebag <input type="checkbox"/> Category I/II <input type="checkbox"/> Notification per 40 CFR 61.145(a)(2) <i>(less than reportable quantity)</i>		<input type="checkbox"/> Initial Notification <input type="checkbox"/> Revision ( <i>clearly mark changes on form</i> )		Received:	
Permit No.:		Revision No. ( <i>if not initial notification</i> ):		Assigned officer:	
Facility Owner or Operator					
Facility Owner or Operator:					
Address:					
City:		State:		ZIP:	
Contact Person:					
Phone No.:					
Location Information (for project)					
Name of site/building:					
Address:					
City:		State:		Zip:	
Year built:		Size (SF):		No. Floors:	
Present Use:			Prior Use:		
Abatement Contractor Information					
Name:		Contact:			
Address:					
City:		State:		Zip:	
Phone:		Email:			
KY Certification No.:		Exp.:			
Billing Information					
Name:		Contact:			
Address:					
City:		State:		Zip:	
Phone:		Email:			
<i>Pursuant to LMAPCD Regulation 2.08, Fees, all fees are due within 45 days of the billing date. Failure to pay fees on time is a violation of District Regulations and may result in penalties and late fees being assessed. Failure to pay fees on time may also result in the District refusing to process further notifications from the applicant.</i>					
<b>I certify that I have read and understand the above statement:</b>					
Applicant Signature:			Date:		

**Project Information**

Type of Project:  Planned renovation  Demolition (asbestos)  
 Long-term  Ordered demolition (attach order)  
 Blanket  Emergency renovation (attach description of the applicable event)  
 Demolition (no asbestos)

Scheduled start date: \_\_\_\_\_ Scheduled completion date: \_\_\_\_\_

Detailed description of the renovation/demolition project:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Asbestos Information**

Asbestos Present:  Yes  No Survey Conducted: (attach a copy)  Yes  No

Survey performed by: \_\_\_\_\_

*Amount and type of material to be removed*

	Friable: All	Category I/II	Type of Material	Location
Linear Feet				
Square Feet				
Cubic Feet				

Asbestos Type (e.g. Chrysotile): \_\_\_\_\_ Percent: \_\_\_\_\_

*Abatement procedures used to comply with District Regulations 5.04 & 5.13 (check all that apply and include details below)*

Asbestos Removal			Demolition
<input type="checkbox"/> Containment	<input type="checkbox"/> Remove intact	<input type="checkbox"/> Negative pressure	<input type="checkbox"/> Bulldozer/loader
<input type="checkbox"/> Wet methods	<input type="checkbox"/> Rotating blade cutter	<input type="checkbox"/> Full containment	<input type="checkbox"/> Wrecking ball
<input type="checkbox"/> Strip and removal	<input type="checkbox"/> Mechanical chipping	<input type="checkbox"/> Mini containment	<input type="checkbox"/> Implose
<input type="checkbox"/> Glove bag	<input type="checkbox"/> Component removal	<input type="checkbox"/> Dry removal*	<input type="checkbox"/> Live burn training*
<input type="checkbox"/> Other (explain below)	*Must obtain prior approval from the District before using these methods		

Detailed abatement procedure: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Contingency plan to address any additional ACM discovered during demolition/renovation:		
Names of trained supervisory person(s), and supervisor certification number, in attendance during abatement:		
I certify that at least one trained person listed on contractor's Kentucky issued certificate will supervise the abatement work described herein.		
Signature:	_____	Date: _____ Representing: _____

Waste Disposal			
Disposal amounts from project (cu. yds.):		_____	
Disposal Schedule:		_____	
Waste Transporter			
Name:	_____	Contact:	_____
Address: _____			
City:	_____	State:	_____ Zip: _____
Phone:	_____	Email:	_____
Waste Disposal Site			
Name:	_____	Contact:	_____
Address: _____			
City:	_____	State:	_____ Zip: _____
Phone:	_____	Email:	_____
Certification			
<p><i>The "Responsible Official" is the person in charge of a principal business function, or other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of that person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit. See District regulation 1.02, section 1.71 for a complete, detailed definition of Responsible Official.</i></p>			
<p><b>Based on information and belief formed after reasonable inquiry, I certify that the statements and information in this document and all associated attachments are true, accurate, and complete.</b></p>			
Signature of applicant responsible official:		_____	Representing: _____
Date:	_____		
Printed name:	_____		Title: _____

**Attach additional sheets if necessary.**