



Quick Reference Guide for Completing the Asbestos Demolition/Renovation Notification Form

Air Resources Division/Compliance Bureau
Asbestos Management and Control Program

RSA/Rule: RSA 141-E:4, I and II and Env-A 1800



New Hampshire Code of Administrative Rule Env-A 1804 requires the owner or operator of a renovation activity that involves a major asbestos abatement project, or any demolition activity, to submit, by mail or hand-delivery, a completed Asbestos Demolition/Renovation Notification Form and associated fee to the New Hampshire Department of Environmental Services (NHDES) and the local government official, as applicable for the worksite location, at least 10-working days (i.e., Monday through Friday, not including state holidays) before the start of the demolition or renovation project.

Under Env-A 1804.08, a transport and disposal notification is required to be submitted to NHDES prior to any transport and disposal of asbestos-containing material (ACM). Therefore, owners or operators of minor asbestos abatement projects, or any person who transports and disposes of waste that contains ACM, are required to submit a transport and disposal notification.

This quick reference guide identifies the sections of the Asbestos Demolition/Renovation Notification Form that must be completed based on the type of project. For more detailed instructions for completing the form, please review the *Detailed Instructions for Completing the Asbestos Demolition/Renovation Notification Form*.

I. Type of Notification – Check **one** box to specify the type of notification.

II. Project Type – Check **each** box that is applicable to the project.

Fee Enclosed - Required for all demolition, renovation, or emergency notifications that involve the following:

- a. Major asbestos abatement project – Class N: \$300
- b. Major asbestos abatement project - Class S: \$50
- c. Annual notification: \$1,500
- d. Revised notification: \$25

Demolition is any project that involves the wrecking or taking out of a load-supporting structural member of a facility, or the intentional burning of a facility, regardless of the size of the asbestos abatement project and even when there is no asbestos-containing material present in the facility.

Renovation is the modification of any facility component that involves a major asbestos abatement project. A major asbestos abatement project involves more than 10 linear feet of regulated asbestos-containing material (RACM) on pipes or ducts, 25 square feet of RACM on the surface of structures other than pipes or ducts, or 3 cubic feet of RACM.

Transport & Disposal is the transport and disposal of asbestos-containing waste material. The date of transport must be provided.

Emergency Asbestos Abatement is any major asbestos abatement project that is the result of a sudden,

unexpected event, and immediate abatement is needed due to public health, safety, or economic hardship. The date of the unexpected event must be listed, and a description of the unexpected event and public health, safety, or economic hardship need must be attached to the notification.

III. Facility Information – Required for all notifications.

IV. Inspection for ACM and Work Details

Asbestos Abatement Supervisor to Perform Abatement and Cert # - Required for all notifications for demolition that involve asbestos abatement, for renovation, or for emergency asbestos abatement.

Asbestos Inspection Conducted by and Date – Required for all notifications for demolition, renovation, or emergency asbestos abatement.

Asbestos Abatement Start and End Dates – Required for all notifications for demolition that involve asbestos abatement, for renovation, or for emergency asbestos abatement.

Demolition Start and End Dates – Required for all notifications for demolition.

Weekly Work Schedule and Time of Day of Work– Required for all notifications for demolitions that involve asbestos abatement, for renovation, or for emergency asbestos abatement.

Type of Inspection – Required for all notifications for demolition, renovation, or emergency asbestos abatement.

ACM Present/ Transport & Disposal – Required for all notifications for demolition, renovation, emergency asbestos abatement, or transport and disposal.

ACM to be Abated – Required for all notifications for demolition that involve asbestos abatement or removal of ACM, for renovation, or for emergency asbestos abatement.

List Types of Asbestos and Location in Facility – Required for all notifications for demolition, renovation, or emergency asbestos abatement.

Brief Description of Work Practices – Required for all notifications for demolition that involve asbestos abatement, for renovation, or for emergency asbestos abatement.

V. Property Owner Information – Required for all notifications.

VI. Asbestos Abatement Contractor Information – Required for all notifications for demolition that involve a major asbestos abatement project, for renovation, or for emergency asbestos abatement.

VII. Demolition Contractor Information – Required for all notifications for demolition.

VIII. ACM Waste Transporter – Required for all notifications for demolition that involve asbestos abatement or removal of ACM, for renovation, for emergency asbestos abatement, or for transport and disposal.

IX. Final Waste Disposal Facility – Required for all notifications for demolition that involve asbestos abatement or removal of ACM, for renovation, for emergency asbestos abatement, or for transport & disposal.

X. Signature and Certification – Required for all notifications.



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See Instructions for Completing the Asbestos Demolition/Renovation Notification Form

I. TYPE OF NOTIFICATION (Check One)			
<input type="checkbox"/> New Notification	<input type="checkbox"/> Revised Notification	<input type="checkbox"/> Corrected Notification	<input type="checkbox"/> Cancelled Project Notification

II. PROJECT TYPE (Check All That Apply)	Fee Enclosed: \$
<input type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Transport & Disposal - date: <input type="checkbox"/> *Emergency Asbestos Abatement - Unexpected event date: <small>*For emergency projects, describe the sudden, unexpected event, and why immediate action is needed due to public health, safety, or economic hardship on a supplemental page. Attach any government order requiring the work.</small>	For Official Use, Do not write in this box

III. FACILITY INFORMATION			
Facility Name			
Street Address	Town/City	State	ZIP Code
Year Constructed	Size (ft ²)	Number of Floors	
Current Use		Prior Use	

IV. INSPECTION FOR ASBESTOS-CONTAINING MATERIAL AND WORK DETAILS				
Asbestos Abatement Supervisor to Perform Abatement:			Cert #: AS	
Asbestos Inspection Conducted by:			Date:	
Type of inspection (Check all that apply): <input type="checkbox"/> Visual <input type="checkbox"/> Analytical Testing; or <input type="checkbox"/> No ACM Present				
Asbestos Abatement	Demolition	Weekly Work Schedule		
Start Date:	Start Date:	Days of Work:		
End Date:	End Date:	Time of Day of Work: to		
ACM Present/ Transport & Disposal		ACM to be Abated		List Types of Asbestos and Location in Facility
Friable	Non-Friable	Friable	Non-Friable	
ft	ft	ft	ft	
ft ²	ft ²	ft ²	ft ²	
ft ³	ft ³	ft ³	ft ³	
<i>Briefly describe work practices to be employed. Attach additional pages if needed.</i>				

Mail or hand deliver to: NHDES Asbestos Management Section, Air Resources Division
 29 Hazen Drive, PO Box 95, Concord, NH 03302-0095

V. PROPERTY OWNER INFORMATION			
Owner's Name			
Owner's Mailing Address	Town/City	State	ZIP Code
Owner Contact (If this is the owner, list the name of owner)			
Contact's Phone	Email (Optional)		

VI. ASBESTOS ABATEMENT CONTRACTOR INFORMATION			
Company Name			
Company Mailing Address	Town/City	State	ZIP Code
Company Contact	Phone	Email (Optional)	

VII. DEMOLITION CONTRACTOR INFORMATION			
Company Name			
Company Mailing Address	Town/City	State	ZIP Code
Company Contact	Phone	Email (Optional)	

VIII. ASBESTOS-CONTAINING MATERIAL WASTE TRANSPORTER			
Transporter Name	Transporter Contact Name	Phone Number	
Mailing Address	Town/City	State	ZIP Code

IX. FINAL WASTE DISPOSAL FACILITY			
Facility Name	Phone Number		
Street Address	Town/City	State	ZIP Code

X. I Certify That the Above Information Is Correct	
Signature	Print Name
Title	Date

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