

Knox County Department of Air Quality Management
 Asbestos Demolition/Renovation Project
 Demolition and/or Asbestos Renovation Ten Day Notification Form
 (Please Type or Print)



This form must be submitted at least 10 working days (Monday through Friday) before the start of the project.			
1. Type of notification:		<input type="checkbox"/> Original <input type="checkbox"/> Revision <input type="checkbox"/> Cancellation <input type="checkbox"/> Courtesy	
2. Facility information:			
Owner name			
Street		City, State, Zip	
Contact	Telephone	Email	
3. Asbestos removal contractor:			
Name			
Street		City, State, Zip	
Contact	Telephone	Email	
4. Other contractor/operator:			
Name			
Street		City, State, Zip	
Contact	Telephone	Email	
5. Type of operation:		<input type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Ordered demolition <input type="checkbox"/> Emergency renovation	
6. Is asbestos present? (Please provide a copy of the inspection)			<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Facility description:			
Building name			
Street		City, State, Zip	
Site location			
Building size (square feet)	Number of floors	Age in years	
Present use		Prior use	

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8. Procedure and analytical method used to detect the presence of asbestos material: (Identify any consultant or inspector involved in building inspection)							
9. Approximate amount of asbestos materials:							
	RACM to be removed	Nonfriable asbestos materials					
		To be removed				NOT to be removed	
		Category I	Category II	Category I	Category II	Category I	Category II
Pipes (linear feet)							
Surface area (square feet)							
Facility components (cubic feet)							
10. Scheduled dates for asbestos removal:				Start		Complete	
Days of week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of operation:							
11. Scheduled dates for demolition or renovation:				Start		Complete	
12. Description of planned demolition or renovation activities:							
13. Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition or renovation site:							
14. Waste transporter:							
Name							
Street				City, State, Zip			
Contact		Telephone			Email		
15. Waste disposal site:							
Name							
Street				City, State, Zip			
Contact		Telephone			Email		

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16. For an ordered demolition: (Attach a copy of the government issued order)	
Name of authority issuing order	Title
Date of order	Date ordered to begin
17. For emergency renovations:	
Date and hour of the emergency	
Description of the sudden, unexpected event	
Explanation of how the event caused unsafe conditions, equipment damage, and/or an unreasonable financial burden	
18. Description of the procedures to be followed in the event that unexpected RACM is found and explain how nonfriable asbestos materials will be removed without rendering it friable (Crumbled, pulverized, or reduced to powder):	
19. I Certify that an individual trained in accordance with 40 CFR Part 61, Subpart M will be on-site during the stripping and removal described by this notification and evidence that the required training has been completed by this person will be available for inspection.	
Printed Name of owner or operator	
Signature of owner or operator	Date
20. I certify that the above information is correct.	
Printed Name of owner or operator	
Signature of owner or operator	Date