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 Initial Submittal Date _____
 Revision Date _____
 Notification # _____ - _____

Kentucky Division for Air Quality
 300 Sower Boulevard, 2nd Floor
 Frankfort, KY 40601
 Phone 502-564-3999; Fax 844-213-033
 File Form with Regional Office in Region Where Project will be Performed

DEP 7036

**NOTIFICATION OF ASBESTOS
 ABATEMENT/DEMOLITION/RENOVATION**

| | |
|-----------------|-------|
| OFFICE USE ONLY | |
| ID # | _____ |
| LOG # | _____ |

(Instructions for completing form on back)

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

Owner _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Contact Person _____

Project Location _____
 Address _____
 City _____ County _____ Zip _____
 Facility Age (yrs.) _____ Size of Facility or Affected Part (sq.ft.) _____
 #Floors Affected _____ Present and Prior Use of Facility _____

TYPE OF PROJECT (CHECK ONLY ONE):
 Renovation _____ Demolition _____ Ordered Demolition _____ Emergency _____ Long-term _____

PROJECT DATES:
 Start Removal _____ End Removal _____
 Start Renovation/Demolition _____ End Renovation/Demolition _____

Amount of ACM to be Removed:

| | Regulated ACM (RACM) | Category II nonfriable ACM (optional) | Category I nonfriable ACM (optional) |
|------------|----------------------|---------------------------------------|--------------------------------------|
| linear ft. | | | |
| square ft. | | | |
| cubic ft. | | | |

Description of affected facility components _____

Asbestos detection technique _____

Amount of Cat. I & II nonfriable ACM involved but will not be removed: _____

Describe **physical characteristics** that make it nonfriable and **methods** to keep it nonfriable (optional): _____

Describe **contingency plan** should nonfriable ACM become friable or additional ACM be uncovered during renovation/ demolition: _____

Transporter _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____

Disposal Site _____
 Address _____
 City _____ State _____ Zip _____

I hereby certify that at least one person trained as required by 40 CFR 61.145(c)(8) will supervise the abatement work described herein. (optional for strictly non-friable work)

Submitted by: _____

Company Name: _____

Description of planned renovation/demolition, including abatement methods & demo/reno methods.

