

GEORGIA PROJECT NOTIFICATION FORM FOR ASBESTOS RENOVATION, ENCAPSULATION, OR DEMOLITION

USE AN ATTACHMENT TO PROVIDE ADDITIONAL INFORMATION FOR ANY SECTION WHEN NEEDED TO PROVIDE COMPLETE DETAILS.

DO NOT LEAVE ANY SECTION BLANK – INSERT UNKNOWN OR N/A IF NEEDED.

FOR PROJECTS WHERE FEES ARE DUE: FOR PROJECTS WHERE FEES ARE NOT DUE:

EPD ASBESTOS FEES LOCKBOX

EPD ASBESTOS PROGRAM

POST OFFICE BOX 101173

ATTN: ASBESTOS NOTIFICATIONS

Atlanta, Georgia 30392

4244 INTERNATIONAL PARKWAY, SUITE 104

(SEE SECTION 6 FOR FEE CALCULATION INSTRUCTIONS) ATLANTA, GEORGIA 30354

SECTION 1A - TYPE OF NOTICE (USE THE CHECKBOX TO INDICATE THE TYPE OF NOTICE YOU ARE SUBMITTING)

ORIGINAL - INITIAL REVISION # CHECK IF SECTION REVISED

SECTION 1B - TYPE OF PROJECT

<input type="checkbox"/> RENOVATION/ABATEMENT ONLY	<input type="checkbox"/> RENOVATION/ABATEMENT PRIOR TO DEMOLITION	<input type="checkbox"/> ENCAPSULATION
<input type="checkbox"/> DEMOLITION ONLY	<input checked="" type="checkbox"/> JOINT DEMOLITION/RENOVATION	<input type="checkbox"/> ORDERED DEMOLITION
<input type="checkbox"/> EMERGENCY		
<input type="checkbox"/> COURTESY (FOR NON-FRIABLE PROJECTS OR UNDER TRIGGER QUANTITY PROJECTS ONLY!!!)		

SECTION 2 – SITE INFORMATION CHECK IF SECTION REVISED

PROJECT NAME: [REDACTED]

PROJECT ADDRESS: [REDACTED]

PROJECT CITY: Atlanta STATE Ga ZIP 30316 COUNTY DeKalb

NEAREST MAJOR INTERSECTION: [REDACTED]

BLDG SIZE IN SQ. FT: 1,121 AGE OF BUILDING IN YRS: 88 # OF FLOORS IN BLDG: 1

SPECIFIC LOCATION IN BUILDING OF ASBESTOS BEING REMOVED: Bedroom ceiling, and kitchen floor

SECTION 3A – ABATEMENT CONTRACTOR CHECK IF SECTION REVISED

ASBESTOS REMOVAL CONTRACTOR: Southern Demolition and Environmental

CONTRACTOR STREET ADDRESS: 2497 Edwards Drive COMPANY CERTIFICATE #: 70RN031719

CITY: Atlanta STATE: GA ZIP 30318 PHONE: 404-931-1173 FAX: 888-501-7774

LICENSED AGENT: Matt Ragsdale AGENT'S ID: 11522 EXPIRES: 10/17/13 CELL PHONE: [REDACTED]

3B DEMOLITION CONTRACTOR CHECK IF SECTION REVISED

DEMOLITION CONTRACTOR: Southern Demolition and Environmental

CONTRACTOR STREET ADDRESS: 2497 Edwards Drive

CITY: Atlanta STATE: GA ZIP 30318 PHONE: (404) 931-1173 FAX: 770-912-3159

SECTION 4 – ACM INFORMATION* Required for Compliance of GA Rules CHECK IF SECTION REVISED

IS ASBESTOS PRESENT? YES NO UNKNOWN

FRIABLE NON-FRIABLE BOTH

DID AN AHERA ACCREDITED INSPECTOR INSPECT THIS SITE? Yes ASSUMED ASBESTOS

INSPECTOR NAME: [REDACTED] INSPECTOR PHONE: [REDACTED]

ACCREDITATION COURSE: TEI - REF CERTIFICATION NUMBER: [REDACTED] EXPIRES: 02/28/13

SECTION 5 – WORK SCHEDULES (10 WORKING DAY ADVANCE NOTIFICATION REQUIRED FOR NON-EMERGENCY NOTIFICATIONS!!!) CHECK IF SECTION REVISED

ABATEMENT START DATE	ABATEMENT END DATE	WORK DAYS	WORK HOURS
02/26/13	02/26/13	Tuesday	8 to 5
DEMOLITION START DATE	DEMOLITION END DATE	WORK DAYS	WORK HOURS
03/12/13	03/12/13	Tuesday	8 to 5

SECTION 6 – ACM AMOUNTS, TYPE CODES, AND FEE CALCULATION

CHECK IF SECTION REVISED

FIRST, LOCATE THE MATERIAL TO BE REMOVED IN COLUMN A. COLUMN B SHOWS THE USUAL NESHAP CATEGORY FOR THE MATL. COLUMN C SHOWS CATEGORY THE MATERIAL WILL LIKELY BECOME DURING ABATEMENT, AND THAT IS THE CODE THAT SHOULD BE USED FOR COMPLETING THIS FORM. NOW, ENTER THE SF AND/OR LF AMTS OF ACM TO BE ABATED DURING THIS PROJECT UNDER THE CORRECT HEADING ACCORDING TO TYPE IN COLS D E AND/OR F. THEN, LOCATE THE CORRESPONDING TYPE CODE(S) FOR THE MTRL(S) IN COL G AND ENTER THE CODES IN THE SPACES PROVIDED BEFORE PROCEEDING TO THE FEE CALCULATION SECTION.

COL. A ACM TYPE	COL. B USUAL NESHAP CATEGORY			COL. C WILL LIKELY BECOME WHEN ABATED	SF OR LF AMOUNT TO BE ABATED DURING THIS PROJECT		COL. F RACM	COL. G ACM TYPE CODE
	CAT 1	CAT 2	RACM		COL. D CAT 1	COL. E CAT 2		
ASBESTOS ASPHALT SHINGLES	1		1	1	1			AAS
ASB CEMENT (TRANSITE) PANELS		1	1	2 OR RACM				ACP
ASB CEMENT (TRANSITE) ROOFING		1	1	RACM				ACR
ASB CEMENT (TRANSITE) SID SHINGLES		1	1	RACM				ACS
ASBESTOS FLASHING	1		1	1				AF
ASBESTOS GASKET	1		1	1&RACM				AG
BOILER INSULATION			1	RACM				BI
BUILT-UP ROOFING	1		1	1				BUR
COVE (BASEBOARD) MOLDING MASTIC	1		1	1				CM
CEILING PLASTER			1	RACM				CP
CEILING TILE			1	RACM				CT
DUCT SEAM MASTIC	1		1	1				DSM
DUCT VIBRATION DAMPENERS	1		1	1				DVD
EXTERIOR (OUTSIDE) DUCT INSULATION	1		1	RACM				EDI
FELT DUCT TAPE			1	RACM				FDT
FLOOR MASTIC	1		1	1				FM
FIREPROOFING			1	RACM				FP
FIREPROOFING AND OVERSPRAY			1	RACM				FPO
FLOOR TILE	1		1	1			120	FT
FLOOR TILE AND MASTIC	1		1	1 OR RACM				FTM
INTERIOR (INSIDE) DUCT INSULATION	1		1	RACM				IDI
JOINT COMPOUND ONLY			1	RACM			400	JC
LIGHT WEIGHT CONCRETE		1	1	2 OR RACM				LWC
OTHER: FL. LEVELER, CAULK, ETC		1	1	1 OR RACM				OTR
PIPE INSULATION STRAIGHT RUNS			1	RACM				PI
PIPE INSULATION ELBOWS AND FITTINGS			1	RACM				PIE
RESILIENT FLOOR COVERINGS	1		1	1 OR RACM				RFC
ROOF MASTICS AND COATINGS	1		1	1				RMC
ROOFING SILVER COATING	1		1	1 OR RACM				RSC
TEXTURED CEILING			1	RACM			480	TC
TEXTURED CEILING PLASTER			1	RACM				TCP
TANK INSULATION			1	RACM				IT
WALL BOARD AND JOINT COMPOUND			1	RACM				WBJC
WINDOW GLAZING	1		1	1 OR RACM				WG
WALL PLASTER			1	RACM				WP

Row G: Enter the ACM Type Codes From Col. G For Each Category Below.

CAT 1:	Category 1 TOTAL	Category 2 TOTAL	RACM TOTAL
CAT 2:			
RACM:			1000

CALCULATING FEES – Now, Check The Box Next To The Project Type To Indicate Whether This Is A Residential Or Non-Residential Project.

BOX H. IS THIS A RESIDENTIAL PROJECT? **yes** YES (USE TOTAL FROM COL. F TO COMPLETE THIS SECTION)

RESIDENTIAL FEE SCHEDULE: 10¢ PER LF/SF OF FRIABLE ACM SUBJECT TO A MINIMUM FEE OF \$25 AND A MAXIMUM FEE OF \$50 PER RESIDENCE	RESIDENTIAL PROJECT COL. F TOTAL	X .10 EQUALS	TOTAL FEES DUE
H (a). <input type="text" value="1000"/> SF/LF (NOT TO BE LESS THAN \$25 OR MORE THAN \$50)	<input type="text" value="1000"/>	<input type="text" value="\$100"/>	H (b). <input type="text" value="\$50"/>

BOX I. THIS A NON-RESIDENTIAL PROJECT? **No** YES (USE TOTAL FROM COL. F TO COMPLETE THIS)

NON-RESIDENTIAL FEE SCHEDULE: 10¢ PER LF/SF OF FRIABLE ACM SUBJECT TO A MINIMUM FEE OF \$25 AND A MAXIMUM FEE OF \$1000 PER FACILITY	NON-RESIDENTIAL PROJECT COL. F TOTAL	X .10 EQUALS	TOTAL FEES DUE
I (a). <input type="text"/> SF/LF (NOT TO BE LESS THAN \$25/MORE THAN \$1000)	<input type="text"/>	<input type="text"/>	I (b). \$ <input type="text"/>

Finally, Enter The Check Number For The Fee Payment You Are Submitting, Or Explain **WHY** The Fee Is Not Being Submitted And

WHEN And By WHOM It Will Be Sent

CHECK NUMBER FOR THE AMT SHOWN IN THE TOTAL FEES DUE COLUMN (S) ABOVE.

SECTION 7 - WASTE TRANSPORTER, DISPOSAL SITE, AND BUILDING OWNER INFORMATION

CHECK IF SECTION REVISED

WASTE TRANSPORTER

WASTE TRANSPORTER NAME: TRANSPORTER CONTACT PERSON:
 TRANSPORTER'S MAILING ADDRESS:
 CITY: STATE: ZIP: PHONE: FAX:

All Detached Non-Friable and Friable ACM Must Go To an ACM Permitted Landfill.

DISPOSAL SITE NAME: DISPOSAL SITE COUNTY:
 DISPOSAL SITE STREET ADDRESS:
 CITY: STATE: ZIP: PHONE: FAX:

PROJECT OWNER'S NAME: OWNER'S REPRESENTATIVE:
 OWNER'S STREET ADDRESS:
 OWNER'S MAILING ADDRESS (IF DIFFERENT):
 CITY: STATE: ZIP: PHONE: FAX:

SECTION 8 - WORK METHODS: METHOD OF DEMOLITION AND/OR RENOVATION ACTIVITY (DESCRIPTION OF WORK PRACTICES, ENGINEERING CONTROLS, AND CLEARANCE METHODS)

CHECK IF SECTION REVISED

SECTION 9 - ADDITIONAL PROJECT INFORMATION

CHECK IF SECTION REVISED

WILL ASBESTOS REMAIN IN THE PROJECT AREA? NO YES UNKNOWN

EXPLAIN 'YES' OR 'UNKNOWN':

IF NO ASBESTOS IS PRESENT, WAS THIS PROJECT PREVIOUSLY ABATED? PRIOR ABATEMENT COMPANY: YEAR ABATED:
 NO YES UNK

THAT COMPANY CONTACT PERSON: PHONE:

CERTIFICATION OF INFORMATION AND ACKNOWLEDGEMENT

CHECK IF SECTION REVISED

I THE UNDERSIGNED CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF FEDERAL REGULATIONS (NESHAP/40 CFR PART 61 SUBPART M) WILL BE ON THE PROJECT SITE DURING DEMOLITION AND/OR RENOVATION ACTIVITIES DESCRIBED IN THE NOTIFICATION. EVIDENCE THAT THIS PERSON AND ALL OTHER PROJECT PERSONNEL HAVE ACCOMPLISHED APPROPRIATE TRAINING AND TRAINING CERTIFICATES WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS AND ANYTIME REGULATED ACTIVITIES ARE BEING CONDUCTED ON SITE.

I FURTHERMORE UNDERSTAND THAT I AM RESPONSIBLE FOR THE ACCURACY AND COMPLETENESS OF THE INFORMATION SUBMITTED WITH THIS NOTIFICATION AND I SHALL PROMPTLY SUBMIT REVISIONS, SUPPORTING DOCUMENTS, AND PROJECT FEES.

PRINTED NAME:

SIGNATURE OF AGENT/DESIGNEE: DATE(S):

ABATEMENT CONTRACTOR DEMOLITION CONTRACTOR OTHER

COMPANY CERTIFICATE # EXPIRATION DATE:

- REFER TO THE DETAILED INSTRUCTIONS WHEN IN COUBT ABOUT PROPER COMPLETION OF ANY SECTION.**
NEVER LEAVE BLANK SPACES - INSERT 'N/A' OR 'UNKNOWN' FOR BLANK WHERE YOU DO NOT HAVE THE INFORMATION REQUESTED
ALWAYS PRINT RESPONSES NEATLY AND LEGIBLY
ALWAYS KEEP A COPY OF THIS FORM FOR YOUR RECORDS, AND PROVIDE COPIES TO ALL OTHER INVOLVED PARTIES
EPD NO LONGER ACCEPTS 'FAX ONLY DOCUMENTS' - DO NOT FAX THE ENTIRE PROJECT NOTIFICATION - SUBMIT THE ENTIRE FORM VIA MAIL.
NEVER SUBMIT PROJECTS WHERE FEES ARE DUE WITHOUT ATTACHING THE REQUIRED FEE CHECK OR MONEY ORDER
NOTIFICATIONS WITH FEES MUST BE MAILED TO THE EPD ASBESTOS FEES POST OFFICE ADDRESS. NOTIFICATIONS WITHOUT FEES MAY BE MAILED DIRECTLY TO THE EPD OFFICES.
- DO NOT SUBMIT 'TWO-SIDED' PHOTO COPIES

If a Project Notification is submitted by someone other than the asbestos abatement or demolition contractor - such as the Consultant or Owner, A REVISED NOTIFICATION MUST BE SUBMITTED BY THE CONTRACTOR TO WHOM THE PROJECT IS AWARDED BEFORE WORK BEGINS. THE CONTRACTOR MUST SIGN THE CERTIFICATION OF THE REVISED NOTIFICATION FORM.

IT IS YOUR RESPONSIBILITY TO SUBMIT THIS FORM ACCURATELY COMPLETED AND ACCOMPANIED BY ALL APPLICABLE FEES.