

ADEQ

ARKANSAS
Department of Environmental Quality

ASBESTOS NOTICE OF INTENT (NOI)

Arkansas Pollution Control and Ecology Commission Regulation 21 require a notification to be submitted 10 working days before any renovation or demolition activity begins. Methods of submission are hand delivery, U.S. Postal Service post-mark, or commercial delivery service post-mark as early as possible. The submission must be accompanied by the required fee.

Note: In Chapter 6 of Regulation 21 requirements regarding asbestos NOIs are outlined A copy of Regulation 21 is available at <https://www.adcq.state.ar.us/regs/#reg21>.

NOI INSTRUCTIONS

1. Familiarize yourself with Regulation 21 section 6.
2. Complete ALL appropriate fields on application.
3. Include appropriate fee with application – Payment must be exact or it may be returned without processing the NOI.
4. Mail or deliver completed NOI Packet to: ADEQ – Air Division • Asbestos Section • 5301 Northshore Drive • North Little Rock, AR 72118-5317.
5. Submit NOI at least 10 days prior to beginning work.
6. Incomplete NOIs may be returned without processing.

PROJECT TYPE

Demolition Ordered Demolition Renovation Annual Notice Emergency Notice Courtesy Notice

PROJECT SCHEDULE

Renovation (Abatement) Schedule			Demolition Schedule		
Start Date: _____ End Date: _____			Start Date: _____ End Date: _____		
Renovation Working Hours (check all that apply)			Demolition Working Days (check all that apply)		
Day	Start Time	End Time	Day	Start Time	End Time
SUNDAY:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	SUNDAY:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
MONDAY:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	MONDAY:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
TUESDAY:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	TUESDAY:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
WEDNESDAY:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	WEDNESDAY:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
THURSDAY:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	THURSDAY:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
FRIDAY:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	FRIDAY:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
SATURDAY:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	SATURDAY:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

STRUCTURE INFORMATION

Name of Structure: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Number of Floors: _____ Dimensions: _____ Age of Structure: _____
Previously Used As: _____ Currently Used As: _____

OWNER / OPERATOR INFORMATION

Facility Owner/Operator: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person: _____ Telephone: _____
E-Mail: _____

**DEMOLITION / RENOVATION COMPANY INFORMATION
(Contractor/Consultant/In-House)**

Contractor/Consultant Name: _____ AR License #: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person: _____ Telephone: _____
E-Mail: _____

Project Designer: _____ AR Cert #: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person: _____ Telephone: _____
E-Mail: _____

Licensed Firm: _____ AR License #: _____

Note: A project designer is required if greater than 3 SQ FT/3 LN FT RACM or more than SSSD project is involved. A project designer should be certified, working as a full-time employee of the facility or licensed firm.

Inspector Name: _____ AR Cert #: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person: _____ Telephone: _____
E-Mail: _____

Licensed Firm: _____ AR License #: _____

Note: An inspector is needed for all facility projects. Surveys are to be prepared by AR certified inspector working as a full-time employee of the facility or licensed firm.

Clearance Air Monitor: _____ AR Cert #: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person: _____ Telephone: _____
E-Mail: _____

Licensed Firm: _____ AR License #: _____

Note: An air monitor is required if containment is used. An air monitor should be certified, working as a full-time employee of the facility or licensed firm.

PROJECT INFORMATION

Approximate amount and type of Regulated Asbestos Containing Material (RACM) to be removed:

Date of Asbestos Survey Used for Reno/Demo Project _____

Area to be disturbed included in survey? Yes No

Friable Asbestos-Containing material: Total Amount: _____

- Ceiling Material
- Ceiling tiles, acoustical tiles
- Other: _____
- Mud
- Pipe Wrap
- Plaster
- Stucco
- Sprayed-on decorative, acoustical, or insulation
- RACM resilient floor covering

Category I Non-friable ACM: Total Amount: _____

- Asphalt roofing
- Gaskets
- Other: _____
- Packings
- Resilient floor covering

Category II Non-friable ACM: Total Amount: _____

- Adhesives (mastics)
- Boiler fire brick
- Clapboards/shingles
- Other: _____
- Concrete board
- Concrete Pipe
- Fire Blankets
- Laboratory bench tops
- Putty
- Vinyl wallpaper
- Theater & welding curtains
- Extrusion Panels (Transite)

If Project is demolition, list type and amount of Category I and Category II ACM being left in place:

Procedure, including analytical methods employed to detect the presence of RACM and Category I and Category II nonfriable ACM:

Description of planned demolition or renovation work to be performed and method(s) to be employed (include demolition or renovation techniques to be used and description of affected facility components):

Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition or renovation site:

Description of procedures to be followed in the event that unexpected asbestos is found or previously non-friable asbestos material becomes crumbled, pulverized or reduced to a powder:

DEMOLITIONS ORDERED BY GOVERNMENT AGENCY

Agency Name: _____
Individual issuing order: _____ Title: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ E-Mail: _____
Authority: _____
Date of Order: _____ Date Order to begin: _____
Method of Demolition: _____

Note: A copy of the order must be attached to this NOI.

EMERGENCY RENOVATIONS

Date of Emergency: _____ Time of Emergency: _____

Describe the Sudden, Unexpected Event:

Explain how the event caused unsafe conditions, equipment damage or unreasonable financial burden:

WASTE TRANSPORT & DISPOSAL

Transporter Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person: _____ Telephone: _____
E-Mail: _____

Waste Disposal Site Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person: _____ Telephone: _____
E-Mail: _____

CERTIFICATION/VALIDATION

If abatement is involved, I certify that at least one contractor supervisor trained in the provisions of Regulation 21 will be on site during the abatement process and will supervise the abatement.

I certify that the information contained in this Notice of Intent (NOI) is true and correct. I understand that falsification or omission of relevant information shall be grounds for enforcement action by Arkansas Department of Environmental Quality (ADEQ) or the Environmental Protection Agency (EPA).

Printed Name & Title

Signature

Date

Signatures must be original: no photocopies, electronic signatures or rubber stamps.

Payment should accompany the NOI. Make checks payable to Arkansas Department of Environmental Quality.

ADEQ Asbestos Section Personnel Use, ONLY

NOI Number: _____ **Priority:** _____

Date Received: _____ **Postmark Date:** _____

County: _____ **Check Number:** _____

1. **New Abatement Company (T)?** _____
2. **Type of Project?** Renovation (3) Demolition (2) _____
3. **Facility is:**
 Vacant – No planned occupancy (1), Vacant – scheduled for occupancy (2), Occupied/In Operation (3) _____
4. **Facility is:**
 Industrial (1), Commercial, Public (2), School, Hospital (3) _____
5. **Type of ACM:**
 Compounds (1) Sheetrock (1) Spray-On (3) _____
 Floor Tile (1) Transite (1) Thermal (3)
 Mastic (1) Ceiling Tile (2)
 Roofing :shingles/flashing (1) Plaster (2)
6. **Amount of ACM:** _____
 Less than 160/260 (1), 160/260 to 1,000/600 (2), over 1,000/600 (3)
7. **Contractor/Operator – Enforcement Record:** _____
 Violations during last 12 months (1)
 Violation during last 12 months (2)
 Violation during last 3 inspections (3)
 Low (7-13) High (14-18) Top (19-21) _____

NOI FEE SCHEDULE	
<u>NOI Demolition</u>	
One square/linear foot of ACM or less	\$ 0.00
Greater than one square/linear foot of ACM	\$ 75.00
160 square/260 linear feet or more of RACM	\$ 375.00
<u>NOI Renovation</u>	
160 Square / 260 Linear to 5,000 Square/Linear feet of RACM	\$ 225.00
5,001 Square/Linear to 10,000 Square/Linear feet of RACM	\$ 375.00
More than 10,000 Square/Linear feet or RACM	\$ 750.00
Annual NOI	\$ 1,125.00
Emergency Renovation	\$ 225.00
NOI Revision	\$ 50.00
Payment should accompany the NOI. Make Checks payable to <i>Arkansas Department of Environmental Quality.</i>	