

## PDEQ DEMOLITION/RENOVATION ASBESTOS NESHAP EXEMPTION

JOB SITE ADDR: \_\_\_\_\_

The purpose of this form is to determine **EXEMPTION** from the requirements of the Asbestos National Emission Standards for Hazardous Air Pollutants (Asbestos NESHAP). **Part A** is for a RESIDENTIAL home exemption. **Part B** is for a commercial exemption.

**PART A: If your project involves renovation/demolition of a residential home only, please answer the following questions to determine exemption:**

- |   |     |     |
|---|-----|-----|
| Does this renovation/demolition project involve more than <b>ONE</b> residential building at the same site with the same owner/operator?  | Y ~ | N ~ |
| Is this building currently being used, or has it <b>EVER</b> been used, as a commercial, government, daycare, office, church, charitable or other non-profit place of business? | Y ~ | N ~ |
| Has this one residential building been divided into five or more dwelling units or leased/rental units?   | Y ~ | N ~ |
| Is this building to be demolished as part of a highway or road-widening project?  | Y ~ | N ~ |
| Is this building part of a building cooperative, apartment or condo building?   | Y ~ | N ~ |
| Is this building used for military housing?   | Y ~ | N ~ |
| Have other residences or non-residential buildings at this site been scheduled to be demolished now, or in the future, as part of a larger project?                             | Y ~ | N ~ |
| Is more than <b>ONE</b> building to be lifted from its foundation and relocated?  | Y ~ | N ~ |
| Will this building be intentionally burned for the purpose of demolition or fire department training?   | Y ~ | N ~ |

**PART B: If your project involves RENOVATION or REMODELING of a commercial building, answer the following questions to determine exemption from the NESHAP notification requirement.**

- |   |     |     |
|---|-----|-----|
| Does the thorough asbestos survey of the area to be renovated identify 160 square feet, 260 linear feet of thermal system insulation (TSI), or 35 cubic feet or more of friable asbestos containing material?<br><b>Note: During renovation activities, some asbestos building materials may become friable during removal.</b> | Y ~ | N ~ |
| Does the renovation include demolition of load supporting structural members?<br><b>Note: If the commercial structure is to be DEMOLISHED, the demolition requires a PDEQ NESHAP notification, a demolition activity permit and a \$420 fee, even if all the asbestos has been removed or the building has no asbestos.</b>     | Y ~ | N ~ |

**ANY "YES" ANSWERS TO THE ABOVE QUESTIONS in A or B above MAY REQUIRE:**

- An asbestos survey of the building(s) or facilities involved,
- A NESHAP Notification, submitted TEN working days prior to Renovation/Demolition,
- A Pima County Asbestos Removal/Demolition Activity Permit Application with \$420.00 fee.

If a permit is needed for your project or you have any questions, please contact PDEQ at 520-740-3340.

**NOTE:** This NESHAP exemption, based on information you have certified as correct, applies to the above facility. The owner, contractor, or subcontractors are not relieved from compliance with city, county, state and federal laws, statutes and codes or from obtaining permits for other activities. Enforcement action may be taken if the project is found to be subject to the Asbestos NESHAP, which may include monetary penalties. In the event the activity listed above should become subject to the Asbestos NESHAP during the course of the project, the owner or operator shall stop work and follow 40 CFR 61, 61.145(b) procedures. 40 CFR 61.19 forbids owners and operators from attempting to circumvent any NESHAP by carrying out an operation in a piecemeal fashion to avoid coverage by a standard that applies only to larger than a specified size.

Facilities **subject** to the regulation must be inspected for asbestos prior to renovation/demolition. Identified regulated asbestos-containing materials (RACM) **MUST BE REMOVED** if RACM is above threshold amounts prior to disturbance.

**I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT**

|                                  |             |                 |            |
|----------------------------------|-------------|-----------------|------------|
| PRINT NAME: OWNER/OPERATOR _____ | TITLE _____ | SIGNATURE _____ | DATE _____ |
| TELEPHONE # _____                |             | FAX # _____     |            |