



Clark County Environment & Sustainability

Division of Air Quality
4701 W Russell Rd, Suite 200, 2nd Floor Las
Vegas 89118-2231
(702) 455-5942 • Fax (702) 383-9994

For DAQ Use Only

☐ Asbestos Fees Apply

Project #:

Invoice #:

NESHAP Notification of Asbestos Abatement Form

Type of Notification: ☐ Original ☐ Cancellation ☐ Revision (specify revision #): ☐ Courtesy Notification

Summary of Revisions

Section 1 - Facility Information

Owner's Name:

Owner's Title:

Company/Organization:

Number:

Direction:

Street:

Street Type:

Suite:

PO Box:

City:

State:

Zip:

Email Address:

Office Phone:

Cell:

Fax:

Owner's Representative

Representative's Name:

Representative's Title:

Company/Organization:

Email Address:

Office Phone:

Cell:

Fax:

Section 2 - Removal Contractor Information

Company/Organization:

Representative's Name:

Representative's Title:

Number:

Direction:

Street:

Street Type:

Suite:

PO Box:

City:

State:

Zip:

Email Address:

Office Phone:

Cell:

Fax:

Section 3 - Other Operator/Consultant Information

Company/Organization:

Name:

Title:

Number:

Direction:

Street:

Street Type:

Suite:

PO Box:

City:

State:

Zip:

Email Address:

Office Phone:

Cell:

Fax:

Section 4 - Operation Summary

Type of Operation (Check All That Apply):	<input type="checkbox"/> Demolition	<input type="checkbox"/> Renovation	<input type="checkbox"/> Emergency Renovation	<input type="checkbox"/> Ordered Demolition	<input type="checkbox"/> Planned, Non-scheduled Renovation (PNR)	PNR Year:

Section 5 - Description of Asbestos Containing Material (ACM) and Nature

Description:
Location of Asbestos Within Structure:

Section 6 - Facility/Structure Description

Facility Name/Description:					
Facility/Structure Location					
Number:	Direction:	Street:		Street Type:	Suite:
City:				State:	NV
				Zip:	
Building Age (Years):	Total Floor Space (Square feet):	Total Number of Floors:	Present Use:	Prior Use:	

Section 7 - Procedure Used to Detect Presence of ACM

Procedure:

Section 8 - Approximate Asbestos Amounts

Unit of Measure	RACM to be Removed:	Amount of ACM to be Removed		Amount of ACM to Remain	
		Non-friable Category I:	Non-friable Category II:	Non-friable Category I:	Non-friable Category II:
Pipe (Linear Ft.)					
Surface (Sq. Ft.)					
Volume (Cu. Ft.)					

Notice Requirements:
If the amount of RACM changes by 20%, this notice must be revised.
For two (2) or more structures, detail types and amounts of ACM must be documented separately and attached to this notice.

Section 9 - Asbestos Abatement/Removal Schedule

Abatement/Removal Schedule (MM/DD/YYYY)		Abatement Hours of Operation (HH:MM AM/PM)	
Start Date:	End Date:	Start Time:	End Time:

Section 10 - Work Practices & Engineering Controls to Prevent Emissions

Check All That Apply		List Machines:
<input type="checkbox"/> Full Containment	<input type="checkbox"/> Critical Barriers	
<input type="checkbox"/> 3 Stage Decontamination	<input type="checkbox"/> Glove Bag	
<input type="checkbox"/> Maintain Adequately Wet	<input type="checkbox"/> Amended Water	
<input type="checkbox"/> Hand Removal of Non-friable ACM	<input type="checkbox"/> Mechanical Removal of ACM	
<input type="checkbox"/> Negative Air Pressure (List Number of Machines):		

Description of other work practices:									
Section 11 - Waste Transport Information									
Company/Organization:				Representative's Name:			Representative's Title:		
Number:	Direction:	Street:			Street Type:	Suite:	PO Box:		
City:					State:		Zip:		
Email Address:					Office Phone:	Cell:	Fax:		
Section 12 - Waste Disposal Site Information									
Company/Organization:				Representative's Name:			Representative's Title:		
Number:	Direction:	Street:			Street Type:	Suite:	PO Box:		
City:					State:		Zip:		
Email Address:					Office Phone:	Cell:	Fax:		
Section 13 - If Demolition Ordered by a Government Agency; Identify Below & Attach Order									
Organization:				Representative's Name:			Representative's Title:		
Number:	Direction:	Street:			Street Type:	Suite:	PO Box:		
City:					State:		Zip:		
Email Address:					Office Phone:	Cell:	Fax:		
Section 14 - Emergency Renovation									
Attach letter from the authorizing agency for the emergency work.					Date (MM/DD/YYYY) & Time (HH:MM AM/PM) of Emergency				
					Date:		Time:		
Description of sudden unexpected event:									
Description of how the event caused the unsafe condition(s):									

Section 15 - Unexpected Asbestos Procedures

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 powder:

Section 16 - Asbestos Training

Will an individual trained on the provisions of the regulation (40 CFR Part 61 Subpart M) be on site during this project and is this training documented? ☐ Yes ☐ No

Certification

I hereby certify that to the best of my knowledge and understanding, the information provided is true, accurate and complete.

Name:	Title:	Company/Organization:		
Email Address:		Office Phone:	Cell:	Fax:
Signature			Certification Date	