



## KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT ASBESTOS NOTIFICATION FORM

**General Instructions:** Business entities, state agencies, or political or taxing subdivisions of the state who propose to engage in an asbestos abatement project, that is subject to departmental regulations K.A.R. 28-50-1 et. seq., must provide the information requested in this form in order to comply with the requirements of K.A.R. 28-50-8. Except as otherwise provided for in the regulation, this form is to be completed and returned to the Department not less than 10 working days before the project is intended to start. Any notification that is incomplete or indicates that the proposed work practice activities will violate the applicable regulations will be considered an invalid notification.

Separate notifications must be provided for each building or other individual facility where a project is to be carried out. Additional copies of this form should be reproduced as needed.

The Project Review Fee Calculation Form, Page 1a, is to be completed by **licensing contracting firms** only. The Total Adjusted Project Review Fee is required to be submitted with the Notification Form and the payment must be made by check or money order and payable to the Kansas Department of Health and Environment. **Note:** When the Department is requested to waive the 10 working day pre-notification requirement, for other than an emergency situation, the required fee is **double** the Total Non-Adjusted Project Review Fee. For situations where the additional fee, i.e. 0.5% or 1% of Sub Total Contract Correction, cannot be calculated at the time a notification is submitted, the \$50.00 or \$100.00 baseline fee must accompany the Notification Form **and** a separate sheet explaining why it cannot be calculated must be submitted with the notification. Firms that submit such an explanation will normally be contacted by a representative of the Department within 5 days of receipt of the Notification Form to verify that the failure to pay the fee is justified and to negotiate an alternate plan for payment of the fee.

Parts A, B, C, E and F must be completed for each notification. Part D must be completed for all dismantling operations. Consecutively numbered Asbestos Notification Form Supplemental Sheets are to be provided as described in the Notification Form. Each Supplemental Sheet must be referenced to the Project Site and the Notification Date to which they pertain. Supplemental Sheets will be used to provide other information that cannot be clearly entered on the Notification Forms.

Mail the **original, signed** and **completed** form and applicable fee to:

**KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT  
BUREAU OF AIR  
1000 SW JACKSON, SUITE 310  
TOPEKA, KANSAS 66612-1366  
(785) 296-6024- Phone  
(785) 296-7455 - Fax**

**PLEASE DO NOT INCLUDE THIS PAGE WHEN SUBMITTING NOTIFICATION(S).**  
**These are instructions for your use. Also, PLEASE TYPE or PRINT CLEARLY on ALL NOTIFICATION FORMS, if not, the notification forms will be returned to you.**



Postmarked Date: \_\_\_\_\_  
Amount of Project: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_  
10-day Waiver: YES NO  
Office Use Only

**PART A AUTHENTICATION**

I hereby certify, to the best of my knowledge and understanding, the information provided in this notification is **true, complete, and correct.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print or Type Name \_\_\_\_\_ Telephone No. (\_\_\_\_\_) \_\_\_\_\_

Name of Firm (or Agency) \_\_\_\_\_ License No. \_\_\_\_\_

Mailing Address of Firm (or Agency): Street or Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**PART B PROJECT DESCRIPTION**

Type of Notification: Original \_\_\_\_\_ Amended \_\_\_\_\_ Emergency \_\_\_\_\_ 10-day Waiver \_\_\_\_\_  
APPROVED BY: \_\_\_\_\_

Purpose of Project (check one): Renovation \_\_\_\_ Demolition \_\_\_\_ Time & Materials \_\_\_\_ Operation & Maintenance \_\_\_\_

**1. Building/Structure Owner**

Owner Name: \_\_\_\_\_

Owner Address: Street \_\_\_\_\_ City \_\_\_\_\_

Owner Contact: Name \_\_\_\_\_ Telephone No. (\_\_\_\_\_) \_\_\_\_\_

**2. Building/Structure Description**

Address: Street \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ Building Age: (Years) \_\_\_\_\_

Past/Present Use: \_\_\_\_\_

Future Use: \_\_\_\_\_

Building Size: Total Floor Space (ft<sup>2</sup>) \_\_\_\_\_ Number of Floors \_\_\_\_\_

**3. Total Amounts of Friable Asbestos to be removed from Building/Structure**

a) Friable asbestos removed from pipe surfaces (linear feet) \_\_\_\_\_

b) Pipe removed by dismantling, with friable asbestos left in place (linear feet) \_\_\_\_\_

c) Friable asbestos removed from other surfaces:

Types of Surface \_\_\_\_\_ Amount (ft<sup>2</sup>) \_\_\_\_\_

**PART B**     **PROJECT DESCRIPTION (Continued)**

d) Other surfaces removed by dismantling with friable asbestos left in place:

Type of Surface \_\_\_\_\_ Amount (ft<sup>2</sup>) \_\_\_\_\_

e) Will any of the above surfaces be **hot** during removal?     YES \_\_\_\_\_     NO \_\_\_\_\_

Type of Hot Surface(s) \_\_\_\_\_

Temperature(s) of Hot Surface(s) \_\_\_\_\_ F<sup>0</sup>

Total Amounts of Non-friable Asbestos Materials Which May Become Friable:

f) Category I Non-friable Asbestos Material(s) that will or have been subjected to Sanding, Cutting, Grinding or Abrading:

Amount(s) \_\_\_\_\_ Ft<sup>2</sup>     \_\_\_\_\_ Linear Ft

Type(s) of Material \_\_\_\_\_

g) Category II Non-friable Asbestos Material(s) that have a high probability of becoming or have become crumbled, pulverized, or reduced to powder in the course of demolition or renovation activities:

Amount(s) \_\_\_\_\_ Ft<sup>2</sup>     \_\_\_\_\_ Linear Ft

Type(s) of Material \_\_\_\_\_

**4. Project Schedule**

Actual Removal Dates: Start \_\_\_\_\_ Finish \_\_\_\_\_

Overall Project Dates: Start \_\_\_\_\_ Finish \_\_\_\_\_

**PART C**     **PROPOSED ASBESTOS REMOVAL WORK PRACTICES**

Attach one or more supplemental sheets that provide a general plan view of the area(s) where friable asbestos-containing materials are to be removed. The plan must indicate the following:

- a. Location and size of work area boundaries as defined by existing entryways or temporary partitions.
- b. Locations within the work area from which asbestos is to be removed.
- c. Proposed locations of HEPA equipped ventilating fans, when required, and the location of their inlets and outlets.
- d. Proposed locations of viewing windows, decontamination facilities, waste loadout facilities and any enclosed passageways constructed to provide access to them.

For glove bag removal projects that are identified in Part C, Item 2, the plan need only indicate the locations from which the asbestos is to be removed.

**PART C      PROPOSED ASBESTOS REMOVAL WORK PRACTICES (Continued)**

1. Proposed work practices and procedures to comply with K.A.R. 28-50-9(a)(11) and (12):  
      \_\_\_\_\_ Clearance monitoring procedures as described in 40 C.F.R. 763-90(i)  
      \_\_\_\_\_ High speed leaf blower and ventilation work practices and procedures  
      \_\_\_\_\_ Not applicable – proposed work procedures listed under Part C 3, 4, 5 or Part D only.
  
2. Type and Amount of Material that will be Removed in Full Compliance with Basic Gross Removal Work Practice Requirements Contained in K.A.R. 28-50-9(a):  
Type of Material \_\_\_\_\_ Amount \_\_\_\_\_ Ft<sup>2</sup> \_\_\_\_\_ Linear Ft
  
3. Type and Amount of Material that will be Removed in Full Compliance with Glove Bag Removal Work Practice Requirements Contained in K.A.R. 28-50-9(c):  
Type of Material \_\_\_\_\_ Amount \_\_\_\_\_ Ft<sup>2</sup> \_\_\_\_\_ Linear Ft
  
4. Type and Amount of Material that will be Removed in Full Compliance with Outdoor Removal Work Practice Requirements Contained in K.A.R. 28-50-9(d):  
Type of Material \_\_\_\_\_ Amount \_\_\_\_\_ Ft<sup>2</sup> \_\_\_\_\_ Linear Ft
  
5. Type and Amount of Material that will be Removed in Full Compliance with Demolition Removal Work Practice Requirements Contained in K.A.R. 28-50-9(e):  
Type of Material \_\_\_\_\_ Amount \_\_\_\_\_ Ft<sup>2</sup> \_\_\_\_\_ Linear Ft
  
6. Type and Amount of Material that will be Removed under a Requested Waiver of Full Compliance with Basic Gross Removal Work Practice Requirements Contained in K.A.R. 28-50-9(a):  
Type of Material \_\_\_\_\_ Amount \_\_\_\_\_ Ft<sup>2</sup> \_\_\_\_\_ Linear Ft

**NOTE:** If a waiver is to be considered, attach supplemental sheets which contain the following:

- a. A brief description of **each** individual work practice intended to be waived.
- b. The reason the waiver is being requested.
- c. The subsection of K.A.R. 28-50-9 under which the waiver is being requested.
- d. A brief description of the work practices that will be followed in place of those that are identified in item (a) above.

**PART D      SPECIAL CONSIDERATIONS – DISMANTLING (K.A.R. 28-50-12)**

1. Amount of Asbestos – containing Material that will be Left Intact on the Disassembled Items that are to be removed from the Premises, same as Part B Items 3b and 3d:  
Amount \_\_\_\_\_ Ft<sup>2</sup> \_\_\_\_\_ Linear Ft
  
2. Work Practices and Amount of Asbestos to be Removed to facilitate Dismantling Activities must be reported in Part C.
  
3. Describe how the Disassembled Items will be Handled and Disposed of:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART E      WASTE DISPOSAL**

1. Indicate Name and Address of Firm that will Transport Asbestos-containing Waste to Disposal Site:

\_\_\_\_\_  
Address \_\_\_\_\_ Location \_\_\_\_\_

2. Indicate Disposal Site:

Name \_\_\_\_\_ Location \_\_\_\_\_

3. Describe Method of Collecting and Disposing of Asbestos-containing Waste Water from Showers and Equipment Cleanup:

Shower Water: \_\_\_\_\_

Equipment Cleanup: \_\_\_\_\_

4. Describe Methods of Collecting and Disposing of Other Sources of Asbestos-contaminated Waste Water that will be Generated by this Project:

Types of Waste Water \_\_\_\_\_ Estimated Amount (Gal.) \_\_\_\_\_

Disposal Method \_\_\_\_\_

5. Will a Trailer/Truck Mounted Vacuum System be used to Remove Asbestos-containing Waste?

\_\_\_\_\_ **YES**                      \_\_\_\_\_ **NO**

If yes, provide location of the trailer or truck on the general plan view that is required in Part C. On a Supplemental Sheet, describe measures to secure the area around the trailer/truck and associated equipment.

**PART F      SUPERVISOR CERTIFICATION**

Indicate Name(s) of the Class II Supervisor(s) who will be Responsible for On-site Supervision:

\_\_\_\_\_

On a Supplemental Sheet or Sheets, List the Names and Certification Number of the Supervisors/Workers Involved with This Project.

**ASBESTOS NOTIFICATION FORM SUPPLEMENTAL SHEET**

Reference: Project Site \_\_\_\_\_ Notification Date \_\_\_\_\_