GENERAL INSTRUCTIONS: This Asbestos Demolition Notification Form is to be completed and submitted before a building or structure is to be demolished. NOTE: IF THE BUILDING OR STRUCTURE CONTAINS FRIABLE ASBESTOS-CONTAINING MATERIALS, THE ASBESTOS NOTIFICATION FORM (ET-ASB8) MUST BE COMPLETED AND SUBMITTED TO THE DEPARTMENT. THIS ASBESTOS DEMOLITION FORM WILL NOT BE ACCEPTED FOR REPORTING THE REMOVAL OF FRIABLE ASBESTOS-CONTAINING MATERIALS FROM BUILDINGS SCHEDULED FOR DEMOLITION. This form is to be received by the Department not less than 10 working days before the demolition project is scheduled to start. Any notification that is incomplete or any notification indicating site activities to be in violation of applicable regulations will be considered an invalid notification.

Separate notifications must be provided for each building or other individual facility where demolition of said building or facility is to be demolished. Additional copies of this form should be reproduced as needed.

Under most circumstances, the removal of Category I nonfriable asbestos-containing materials will not be required prior to demolition unless the building is to be burned or the materials are considered to be friable. Category II nonfriable asbestos-containing materials must be removed prior to demolition if the materials would be subject to crushing, crumbling or pulverizing during the process of demolition of the building or structure.

Mail the original, signed and completed form to:

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
BUREAU OF AIR
1000 SW JACKSON, SUITE 310
TOPEKA, KANSAS 66612-1366
(785) 296-6024

PART A AUTHENTICATION

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

Please type or PRINT NAME LEGIBLE ___________________________________________ Title __________________________

Signature ___________________________________________ Date __________________________

Name of Firm __________________________________________

Telephone No. __________________________ Email __________________________________

PART B PROJECT DESCRIPTION

Building/Structure Owner __________________________________________

Owner Address: Street __________________________________________

City __________________________ State ________________ Zip __________

Owner Contact: Name __________________________ Telephone No. __________________________

Building Address: Street __________________________________________ City __________________ County __________

Present Use: __________________________________________ Past Use: __________________________________________ Age of Building: __________

Building Floor Space: (sq ft) __________ No. of Floors: __________

Scheduled Demolition Start _______/_____/_______ Completion _______/_____/_______

Describe how building will be demolished: __________________________________________
PART C  INSPECTION INFORMATION

Was an inspection for asbestos conducted for this project?  _______ Yes  _______ No

If yes, provide the following information:

Inspector Name ___________________________ Date Inspected ______________________
Address ___________________________________ City ____________________ State _________
Telephone No. (_______)___________________
Accreditation by ___________________________ Exp. Date ________________________

Provide method used to detect the presence of asbestos material, including analytical methods: ________________

PART D  DEMOLITION CONTRACTOR INFORMATION

Contractor: ____________________________________________________________
Address: ______________________________________________________________
City: __________________________ State __________________ Zip ____________
Contact: __________________________ Telephone No. (_______)______________

PART E  IDENTIFIED ASBESTOS CONTAINING MATERIALS

Nonfriable Category I:  _______________ s.f.  _______________ l.f.  _______________ c. yd.
Nonfriable Category II:  _______________ s.f.  _______________ l.f.  _______________ c. yd.
Friable Asbestos:  _______________ s.f.  _______________ l.f.  _______________ c. yd.

If friable asbestos-containing materials are present state who will be removing the material and when it will be removed:

_____________________________________________________________________________________

If nonfriable Category II asbestos-containing materials are present, briefly state the work practices intended to be used to insure these materials do not become friable (crushed, crumbled, or pulverized):

_____________________________________________________________________________________

_____________________________________________________________________________________

Is building or structure to be burned?  ______ Yes  ______ No  If yes, attach a copy of the required approval letter from KDHE.  **NOTE:** All asbestos-containing materials and any additional materials, as required by the Department, must be removed prior to burning.

Was demolition ordered by a Local Government because the structure is structurally unsafe and in danger of imminent collapse?  ______ Yes  ______ No  If yes, attach copy of the order

PART F  WASTE DISPOSAL

Disposal Site: ____________________________________________________________
KDHE Licensed Municipal Solid Waste (Sanitary) or Construction/Demolition (C&D) Landfill Permit Number ________________
Location: City __________________________ County __________________ State _____________
Waste Transporter: ________________________________________________________