

North Carolina - ARPA Asbestos Notification

This form is to be used to implement 10A NCAC 41C .1003 (f) (3). Asbestos activities include abatement as defined in G.S. 130A-444(4) and renovations as referenced in 10A NCAC .1003 (a)(1). ****READ INSTRUCTIONS THOROUGHLY PRIOR TO COMPLETION****

1. TYPE OF FACILITY NOTIFICATION .1004 (f)(3)(D)

Public School Charter School LEA Number: _____

Licensed Child Care Facility Family Child Care Home Licensed Number: _____

2. OWNER & RESPONSIBLE INDIVIDUAL(S) .1003 (f)(3)(A)

OWNER NAME: _____

Address: _____

City: _____ State: _____ Zip: _____

Responsible Individual: _____

Phone: _____ Email: _____

3. ASBESTOS ACCREDITATIONS (Asbestos Removal Company, Asbestos Supervisor, Asbestos Supervising Air Monitor (SAM), Asbestos Designer (DES)) .1003 (f)(3)(C)

ASBESTOS REMOVAL COMPANY: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____ Email: _____

ACCREDITED ASBESTOS SUPERVISOR: _____ NC Accreditation. No.: _____

Phone: _____ Email: _____

Asbestos SAM (If Required): NC Accreditation. No.: _____ Phone: _____

Asbestos DES (If Required): NC Accreditation. No.: _____ Phone: _____

4. FACILITY DESCRIPTION (including building name, building number, and floor or room number) .1004 (f)(3)(B)

Building Name or Number: _____

Physical Address: _____ County: _____

City: _____ State: _____ Zip: _____

Asbestos Abatement Location (e.g., 2nd Floor East Wing): _____ Year Built: _____

Facility Contact: _____ Facility Phone: _____

** FOR GOVERNMENTAL AGENCY USE ONLY**

DATE RECEIVED: ____ / ____ / ____ REGION/COUNTY: _____ ARPA No: _____

REVIEWED BY: _____ DATE: ____ / ____ / ____

NOTE: Submitting the ARPA Asbestos application does not meet the regulatory requirements for submitting the Asbestos Permit Application and Notification for Demolition/Renovation set forth in 10A NCAC 41C Section .0600 of the AHMP rules.

5. ABATEMENT SCHEDULE .1004 (f)(3)(E)

Scheduled Dates Asbestos Removal (MM/DD/YY) Start Date: ____/____/____ Complete Date: ____/____/____

Work Schedule (check applicable): Mon Tue Wed Thu Fri Sat Sun Work Hours: _____

6. SCOPE of ASBESTOS ABATEMENT - In the table below, enter the following information about the project. .1003 (f)(3)

(F)(use additional pages if necessary):

- a. List each Type of Material to be abated, i.e., Surfacing, Thermal System Insulation (TSI), or Miscellaneous (VAT), etc. **Only one type of material should be entered on each line.**
- b. Indicate the Location of each material, i.e., on the interior or the exterior of the building,
- c. *List the Quantity (sq. ft., ln. ft., cu. ft.) of each material being abated; and,
- d. List the specific Method(s) of Abatement to be used for each material being removed:
 - Containment
 - Chemical Stripping
 - Component Removal
 - Wet Methods
 - Negative Pressure
 - Power Tools/HEPA
 - Enclosure
 - Mechanical Chipping
 - O&M
 - Glove Bag
 - Encapsulation
 - Other

a. TYPE OF MATERIAL	b. LOCATION INT/EXT	c. QUANTITY TO BE ABATED	d. SPECIFIC METHOD(S) OF ABATEMENT
<i>Ex. Fire Proofing</i>	<i>Interior</i>	<i>1000 sq. ft.</i>	<i>Containment, Wet Methods, Neg Air</i>

e. **Additional Information:** Enter any additional project specific characteristics or activities not covered above:

7. I HEREBY CERTIFY THAT THE INFORMATION SUBMITTED IS ACCURATE TO THE BEST OF MY KNOWLEDGE. IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR ACM BECOMES RACM, THE NORTH CAROLINA ASBESTOS HAZARD MANAGEMENT PROGRAM WILL BE NOTIFIED. I FURTHER CERTIFY THAT THIS PROJECT WILL BE CONDUCTED IN ACCORDANCE WITH 40 CFR PART 61, SUBPART M (NESHAP) AND 10A NCAC 41C SECTION .0600 (NC ASBESTOS HAZARD MANAGEMENT PROGRAM RULES). [I hereby give consent to the Health Hazards Control Unit (HHCU) or its designated representative, to inspect the project site and adjacent property areas throughout the abatement process. HHCU staff may take samples of suspect asbestos building materials, photographs and sketch the property site.]

Name: _____ Title: _____

Company Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Original Signature: _____ Date: ____/____/____

SUBMIT COMPLETED APPLICATION TO THE FOLLOWING EMAIL ADDRESS WHEN COMPLETING ASBESTOS ABATEMENT OR REMEDIATION FOR FRIABLE/NON-FRIABLE OR REGULATED /NONREGULATED ACTIVITIES:
ARPA-Reimbursement@dhhs.nc.gov

Instructions NC ARPA Asbestos Notification

PURPOSE: This form serves as an application for the ARPA asbestos notification in NC. A copy of the notification is required to be displayed on site for all asbestos activities and be immediately available for review. [This form is to be used to implement 10A NCAC 41C .1003 \(f\)\(3\).](#)

PREPARATION: **This ARPA notification is required to be submitted at least 10 calendar days prior to the start date.** All information pertinent to the notification must be completed by the building owner/operator or responsible individual and submitted to: ARPA-Reimbursement@dhhs.nc.gov

1. **TYPE:** Indicate the type of facility notification, i.e., Public School, Charter School, Licensed Child Care Facility or Family Child Care Home

2. **OWNER & RESPONSIBLE INDIVIDUAL:**

Responsible Individual: Enter the name of the owner of the facility, the owner's mailing address, city, state, zip code, responsible individual, email and phone number.

3. **ACCREDITATIONS:**

Asbestos Supervisor: Enter the name of the NC accredited Supervisor and include the supervisor's NC accreditation number if applicable and include the supervisor's email and phone number.

Supervising Air Monitor: Required when a final clearance is performed by a NC accredited Air Monitor. Enter the name of the NC Accredited Supervising Air Monitor (SAM) and include the Supervising Air Monitor's NC accreditation number and phone number.

Abatement Designer: Required for all individually permitted asbestos removals conducted in public areas consisting of more than 3000 square feet, 1500 linear feet, or 656 cubic feet of RACM. Enter the name of the NC accredited Asbestos Designer and include the designer's accreditation number and phone number.

4. **FACILITY DESCRIPTION:** Complete the building name of the facility to be renovated or demolished; the physical address, including city, state, and county. Identify the asbestos removal site location and include the building number, floor number, room number(s) and year built. Provide facility contact name and phone number.

5. **SCHEDULED DATES - ASBESTOS REMOVAL:** Complete the asbestos removal start date and the completion date. Start date means the date on which activities requires the use of accredited workers and supervisors begin, including removal area isolation and preparation or any other activity which may disturb asbestos containing materials. **This ARPA notification is required to be submitted at least 10 calendar days prior to the start date.**

WORK SCHEDULE: Circle all days when asbestos removal activities are to occur. Enter the working hours that asbestos removal activities will be conducted (i.e., 7:30 AM - 5:00 PM).

6. **SCOPE OF ASBESTOS ABATEMENT:** Enter a brief description of the asbestos removal (i.e., remove 300 lf. of pipe insulation from crawl space or 300 sq. ft. of non-friable asbestos floor tile from building.) **TOTAL LN.FT./SQ.FT./CU.FT. TO BE REMOVED:** Enter the total linear feet, total square feet, and total cubic feet. For drywall/joint compound wallboard systems or Category I roofing materials enter the total sq. ft. of material to be removed. Under specific method(s) provide the asbestos removal work practices: Check all appropriate boxes. Provide a complete explanation of work practices to be followed if "other" is checked.

*** De Minimis:** NC ARPA Notifications are required when removing friable or non-friable, regulated or nonregulated asbestos that exceeds a small-scale short duration project.

7. **CERTIFICATION:** Enter all information requested. **Only notifications completed and signed will be accepted.**

NOTE: All contacts, responsible individuals and asbestos supervisors are responsible for the information on the notification.

COPIES: Additional copies can be downloaded from the following web address:

www.ncdhhs.gov/divisions/public-health/asbestos-and-lead-based-paint-reimbursement-program-arpa

For Questions Contact:

Health Hazards Control Unit
NCDHHS – Division of Public Health
1912 Mail Service Center
Raleigh, NC 27699-1912
Telephone: 919-707-5950
Fax: 919-870-4808