

NC HHCU DEMOLITION NOTIFICATION

NESHAP ID Number: _____

1. TYPE: Demo Ordered Demo by Government Agency

2. IS ASBESTOS PRESENT? Yes No

3. FACILITY INFORMATION (Identify Owner and Demolition Contractor)

BUSINESS/OWNER NAME: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Email: _____ Phone: _____

OPERATOR NAME (IF OTHER THAN OWNER): _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Email: _____ Phone: _____

DEMOLITION COMPANY CONTRACTOR NAME: _____

Address: _____ City: _____ State: _____ Zip: _____

Contractor Name: _____ Email: _____ Phone: _____

4. FACILITY DESCRIPTION (Including Building Name, Number and Floor or Room Number)

Facility Contact Name: _____ Phone: _____ Email: _____

Bldg. Name: _____ County: _____

Address: _____ City: _____ State: _____ Zip: _____

Building Size: _____ # of Floors: _____ Age in Years: _____

Present Use: _____ Prior Use: _____ Future Use: _____

5. SCHEDULED DATES: DEMOLITION (MM/DD/YY): Start: _____ Complete: _____

6. WORK SCHEDULE (Check days applicable): WORK HOURS: (Ex. 8:00am – 5:00pm)
 Mon Tue Wed Thu Fri Sat Sun

7. INSPECTION INFORMATION (Include Five Digit NC HHCU Assigned Accreditation Number):

Inspector Name: _____ NC Accreditation Number: _____

Date of Inspection: _____ Samples Collected: Yes No Samples Analyzed: PLM TEM

Was ACM Present: Yes No **Note: If yes, attach a copy of the asbestos inspection summary report.**

8. SCOPE OF WORK FOR NONREGULATED ASBESTOS REMOVAL:

9. AMOUNT OF NONREGULATED ACM NOT TO BE REMOVED (List whether LF, SF or CF) PRIOR TO DEMOLITION:

****FOR GOVERNMENTAL AGENCY USE ONLY****

POSTMARK DATE: _____ REGION/COUNTY/CONTRACTOR/LANDFILL: _____

APPROVING SIGNATURE: _____ DATE: _____

10. DEMOLITION WORK PRACTICES (Check all that apply)			
DEMOLITION ACTIVITY			
<input type="checkbox"/> Bulldozer/Loader	<input type="checkbox"/> Live Burn Training (see #11 of the attached Instructions)		
<input type="checkbox"/> Wrecking Ball	<input type="checkbox"/> Other:		
<input type="checkbox"/> Implode			
11. WASTE TRANSPORTER:			
Name:			
Location:	City:	State:	Zip:
Contact Person:		Contact Phone:	
12. WASTE DISPOSAL SITE (Note: C&D debris with non-regulated asbestos must go to an approved landfill.)			
Name:			
Location:	City:	State:	Zip:
Contact Person:		Contact Phone:	
13. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW (Attach Copy of Order)			
Name:		Title:	
Authority:			
Date Ordered (MM/DD/YY):		Date Demolition Ordered to Begin (MM/DD/YY):	
<p>14. I, AN OWNER OR OPERATOR OF THE DEMOLITION/RENOVATION ACTIVITY, HEREBY CERTIFY THAT THE INFORMATION SUBMITTED IS ACCURATE TO THE BEST OF MY KNOWLEDGE, AND THAT IN THE EVENT THAT UNEXPECTED REGULATED ASBESTOS-CONTAINING MATERIAL (RACM) IS FOUND OR ASBESTOS CONTAINING MATERIAL (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 – NATIONAL EMISSION STANDARDS FOR HAZARDOUS AIR POLLUTANTS (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 renovation/ demolition process. HHCU staff may take samples of suspect asbestos building materials, photographs and sketch the property site.]</p>			
Name:		Title:	Email:
Company Name:			
Address:	City:	State:	Zip:
PO Box:	City:	State:	Zip:
ORIGINAL SIGNATURE:		DATE:	
<p>NOTE: The completed/approved permit/notification can be mailed to the signatory of this block at the HHCU mailing address below. We can also accept this form via email: general.hhcu@dhhs.nc.gov</p>			
<p>THE US ENVIRONMENTAL PROTECTION AGENCY HAS DELEGATED NESHAP ADMINISTRATIVE AND ENFORCEMENT RESPONSIBILITY TO LOCAL ENVIRONMENTAL AGENCIES IN THE FOLLOWING NORTH CAROLINA COUNTIES: BUNCOMBE, FORSYTH, AND MECKLENBURG. FOR FURTHER INFORMATION REGARDING LOCAL REQUIREMENTS, PLEASE CONTACT:</p>			
Buncombe County Asheville-Buncombe Air Quality Agency 30 Valley Street Asheville, NC 28801 828-250-6777 www.abairquality.org	Forsyth County Office of Environmental Assistance and Protection 201 N. Chestnut Street Winston-Salem, NC 27101 336-703-2440 www.forsyth.cc/EAP	Mecklenburg County Land Use and Environmental Services Agency—Air Quality 2145 Suttle Avenue Charlotte, NC 28208 704-336-5430 https://airquality.mecknc.gov/asbestos	
PLEASE SUBMIT PROPERLY COMPLETED APPLICATION FORM TO THE FOLLOWING ADDRESS:			
FOR US MAIL DELIVERY: HEALTH HAZARDS CONTROL UNIT (HHCU) NCDHHS DIVISION OF PUBLIC HEALTH 1912 MAIL SERVICE CENTER RALEIGH, NC 27699-1912 TELEPHONE: 919-707-5950		FOR EXPRESS DELIVERY SERVICES OTHER THAN US MAIL: 5505 SIX FORKS ROAD, 2nd FLOOR, Room D-1 RALEIGH, NC 27609	

NC HHCU DEMOLITION NOTIFICATION (FORM DHHS 3768-D)

PURPOSE: This form serves as an application for the National Emission Standard for Hazardous Air Pollutants (NESHAP) notification of demolition in the state of North Carolina, when no Regulated Asbestos Containing Material is present (RACM). An approved notification is required to be displayed on site for all demolition notifications. **Note: Removal of friable/regulated asbestos greater than 35 cubic feet, 160 square feet and/or 260 linear feet requires the ASBESTOS PERMIT APPLICATION and NOTIFICATION for DEMOLITION/RENOVATION - DHHS-3768.**

PREPARATION: All information pertinent to the demolition must be completed by the building owner/operator or designee and submitted to:

FOR US MAIL DELIVERY: Health Hazards Control Unit NCDHHS Division of Public Health 1912 Mail Service Center Raleigh, NC 27699-1912	FOR EXPRESS DELIVERY SERVICES OTHER THAN US MAIL: 5505 Six Forks Road, 2nd Floor, Room D-1 Raleigh, NC 27609
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We also accept this form via email: general.hhcu@dhhs.nc.gov

- 1. TYPE:** Indicate the type of notification, i.e. Demolition or Ordered Demolition with no RACM present. Attach a copy of the order to the completed permit application/notification. (For order demo.)
- 2. IS ASBESTOS PRESENT:** Indicate whether asbestos is present by checking Yes or No. Attach summary of asbestos report.
- 3. FACILITY INFORMATION:** Enter the name of the owner of the facility, the owner's mailing address including box number, street, city, state, zip code, contact person, and telephone number of contact person and email. Complete the demolition contractor's name, the demolition contractor's mailing address including box number, street, city, state, zip code, contact person and telephone number for contact person and email. Operator will include those acting as agent for or representatives of the owner of the facility, such as property manager, architect, general contractor, or engineering or consulting firm. Complete the name of the operator and the operator's mailing address including box number, street, city, state, zip code, contact person and the contact person's telephone number. (For operator name) When no asbestos removal is required prior to demolition, complete the owner and demolition contractor information as appropriate.
- 4. FACILITY DESCRIPTION:** Complete the building name of the facility to be renovated or demolished, the physical address including street number, street name, city, state, and county. The site location should include the building number, floor number and room number(s). Complete building size in square feet, number of floors in building, the age of the building, and its present use, prior use, and future use.
- 5. SCHEDULED DATES - DEMOLITION:** Complete the demolition start date and the demolition complete date. **This notification is required to be submitted at least 10 working days prior to the start date.**
- 6. WORK SCHEDULE:** Circle all days when demolition activities are to occur. Enter the working hours that demolition activities will be conducted (i.e., 7:30 AM - 5:00 PM).
- 7. INSPECTION INFORMATION:** Enter the North Carolina accredited inspector's name and North Carolina accreditation number. This information is required for demolitions. Enter date(s) the inspection was conducted; indicate yes or no for Samples Collected; if Samples Collected is yes, then indicate the analytical method used to analyze the samples.
- 8. SCOPE OF WORK FOR NON-REGULATED ASBESTOS REMOVAL AND/OR DEMOLITION:** Enter a brief description of the nonregulated asbestos removal and/or demolition (i.e., remove floor tile intact with a heat machine. Demolish cafeteria building using heavy equipment). **Note: Removal of friable/regulated asbestos greater than 35 cubic feet, 160 square feet and/or 260 linear feet requires the ASBESTOS PERMIT APPLICATION and NOTIFICATION for DEMOLITION/RENOVATION - DHHS-3768 and associated fees.**
- 9. AMOUNT OF NONREGULATED ACM NOT TO BE REMOVED:** Enter the amounts of non-regulated ACM in the affected part of the facility that will not be removed.
- 10. DEMOLITION WORK PRACTICES:** Check all appropriate boxes. Provide a complete explanation of work practices to be followed if "other" is checked.
FOR LIVE FIRE BURNS ONLY: If the building is to be demolished by burning, you must also contact the NC Department of Environmental Quality, Division of Air Quality (DAQ). For information on additional DAQ notification requirements please contact the DAQ office at (919) 707-8400 or visit the web site at: <https://deq.nc.gov/about/divisions/air-quality/regional-offices>
- 11. WASTE TRANSPORTER:** Complete the name, mailing address, including city, state, zip code, contact person and contact person telephone number for the waste transporter contracted to transport the waste to an approved landfill.
- 12. WASTE DISPOSAL SITE:** Complete the name and location of the waste disposal site where the asbestos containing waste will be disposed including the street, route, or highway of the waste facility, city, state, zip code, contact person at the waste disposal site, and contact person's telephone number. **Note: C&D debris with non-regulated asbestos must go to an approved landfill.**
- 13. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY:** Complete the name, title, authority, the date of the order and the date the demolition is ordered to begin. Attach a copy of the order to the completed permit application/notification.
- 14. CERTIFICATION:** Enter all information requested. **Only notifications completed with original signature or electronic signature will be considered.**
NOTE: The owner and demolition contractor are responsible for the information on the notification.
Upon approval of the Application/Notification, an HHCU NESHAP Number will be assigned to the demolition and a one-page project notification will be returned to the applicant. The project Notification and all revisions must be on-site and available for review throughout the duration of the project.

For Additional Forms and Information: Please contact the Health Hazards Control Unit at 919-707-5950 **OR** go to our website at: <http://epi.dph.ncdhhs.gov/asbestos/ahmp.html>