TEXAS Department of State Health Services

For Office Use Only:

Notification #: _____

ASBESTOS/DEMOLITION NOTIFICATION FORM

DO NOT WRITE IN THIS BOX- FOR DEPARTMENT USE ONLY
Date received: ___/___/___ Postmark date: ___/___/___ Walk-in date: ___/___/___

TYPE OF NOTIFICATION: *(Select one and fill in the requested information)*

☒ **ORIGINAL** ☐ **AMENDMENT No.** ___ ☐ **CANCELLATION**

☐ **EMERGENCY**
- Was emergency request made to the Regional Office or Environmental Health Notifications Group (EHNG) by phone? ☐Yes ☐No
- If yes, the DSHS reference #: _____ and name of the Regional or EHNG representative with whom you spoke? _____
  Date: ___/___/___ Time: _____ ☐a.m. ☐p.m.
- Describe the reason for Emergency: _____

☐ **ORDERED:** *(For structurally unsound facilities, attach copy of demolition order and identify Governmental Official)*
Name: _____ Registration No. _____
Title: _____
Date of order (MM/DD/YY): ___/___/___ Date order to begin (MM/DD/YY): ___/___/___

(S) Below If Amended

AMENDMENTS: You must complete the entire form and mark the appropriate check box(es) along the left-hand side of this form to indicate amended information.

TYPE OF WORK

☐ Asbestos Abatement ☒ Demolition ☐ Annual Consolidated O&M ☐ Abatement/Demolition
Is this a phased project? ☐ Yes ☒ No

FACILITY INFORMATION

1. Facility Location
☐..... Description or Facility Name: **F. J Doyle Salvage Site**
☐..... Physical Address: **905 N. Poplar**
☐..... County: **Fannin** City: **Leonard** Zip: **75452**
☐..... Facility Contact: **Gary Moore, EPA OSC** Phone #: **(214) 789-1627**

2. Type of Facility *(Select one)*
☐ Public ☐ Federal ☒ Industrial/Manufacturing ☐ NESHAP-Only ☐ Public School K-12

3. Facility Details
☐..... Description of Area/Room Number: **Abandoned transformer recycling facility**
☐..... Age of Building: **42+** Size: **2200 ft** Number of Floors: **1**
☐..... Is this building occupied? ☐ Yes ☒ No
☐..... Prior Use: **Recycling discarded/damaged PCB transformers**
☐..... Future Use: **none**
☐..... Date of Asbestos Survey/NESHAP Inspection: **10/04/18**
☐..... DSHS Inspector License #: **98028**
☐..... Analytical Method: ☒ PLM ☐ TEM ☐ Assumed Asbestos ☐ No Suspect Material
☐..... DSHS Laboratory License #: **30-0031**

WORK SCHEDULE/ASBESTOS AMOUNTS *(Note: if the start date(s) entered below cannot be met, the DSHS Regional or Local Program office must be notified prior to the scheduled start date. Failure to do so is a violation of TAHPA Section 295.61.)*

1. Asbestos Abatement Work Schedule:
☐..... Start date: **11/06/18** and End date: **11/09/18**
☐..... Work days: ☐Mon. ☒Tues. ☒Wed. ☒Thurs. ☒Fri. ☐Sat. ☐Sun.
☐..... Working hours: **7** ☒ a.m. ☐ p.m. to **6** ☐a.m. ☒p.m.

2. Demolition Work Schedule:
☐..... Start date: **11/09/18** and End date: **11/10/18**
☐..... Work days: ☐Mon. ☐Tues. ☐Wed. ☐Thurs. ☒Fri. ☒Sat. ☐Sun.
☐..... Working hours: **7** ☒ a.m. ☐ p.m. to **6** ☐a.m. ☒p.m.

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(X)
Below if
Amended

C. ASBESTOS AMOUNTS

☐..... Is Asbestos Present? ☒ Yes ☐ No *(Complete the table below if asbestos is present)*

Asbestos-Containing Building Material Type	Approximate amount of Asbestos						
**Only mark the boxes below on this chart if they are being amended*	Pipes	Ln Ft	Ln M	Surface Area	SQ Ft	SQ M	Cu Ft
☐ RACM to be removed		☐	☐		☐	☐	
☐ RACM left in place during demolition		☐	☐		☐	☐	
☐ Interior Category I non-friable removed		☐	☐		☐	☐	
☐ Exterior Category I non-friable removed		☐	☐		☐	☐	
☒ Category I non-friable left in place during demolition		☐	☐	33	☒	☐	
☐ Interior Category II non-friable removed		☐	☐		☐	☐	
☐ Exterior Category II non-friable removed		☐	☐		☐	☐	
☐ Category II non-friable left in place during demolition		☐	☐		☐	☐	
☐ RACM Off-Facility Component							

DESCRIPTION OF WORK PRACTICES AND PROCEDURES

☐..... 1. 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: _____
Maintain water fog during all site activities;
Immediately secure wastes and keep potentially affected materials damp during demolition operations.

☐..... 2. Description of planned demolition or abatement work, type of material, and method(s) to be used: _____
Demolition of abandoned facility, various wood, concrete and sheet metals, some metal fasteners;
Use of hydraulic excavator with bucket and thumb to remove the building is small, manageable sections.

☐..... 3. Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition site:
Signage and physical barriers
Water Fog
Institutional controls to limit mobility of demolition wastes prior to packaging.

PROJECT INFORMATION

☐..... **A. FACILITY OWNER**
Facility Owner Name: **US Environmental Protection Agency**
Phone #: **(214) 789-1627**
Attention: **Gary Moore**
Mailing Address: **1445 Ross Avenue**
City: **Dallas** State: **TX** Zip: **75202**

☐..... **B. ASBESTOS ABATEMENT CONTRACTOR #1**
DSHS Asbestos Contractor License #: _____
Contractor Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Office Phone #: (___) ___ - _____ Job-Site Phone #: (___) ___ - _____

☐..... **C. ASBESTOS ABATEMENT CONTRACTOR #2 (*Only if there is more than one Contractor*)**
DSHS Asbestos Contractor License #: _____
Contractor Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Office Phone #: (___) ___ - _____ Job-Site Phone #: (___) ___ - _____

D. ASBESTOS SUPERVISOR

☐..... DSHS Supervisor License #: _____ Site Supervisor: _____
☐..... DSHS Supervisor License #: _____ Site Supervisor: _____

(X) Below if Amended

E. NESHAP TRAINED INDIVIDUAL

☐ ..... NESHAP Trained Individual: _____
Certification Date: __/__/__

☐ ..... **F. DEMOLITION CONTRACTOR**
Demolition Contractor: **Environmental Restoration, LLC**
Address: **1666 Fabick Drive**
City: **Fenton** State: **Missori** Zip: **63026** Phone #: **(888) 814-7477**

☐ ..... **G. PROJECT CONSULTANT OR OPERATOR**
DSHS License No.: _____
Project Consultant or Operator: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: (___) ___-____

☐ ..... **H. Waste Transporter**
DSHS Waste Transporter License #: _____
Waste Transporter: **Republic Industries**
Address: **1400 Warren Drive**
City: **Marshall** State: **TX** Zip: **75672**
Contact Person: **David Thornburg** Phone #: **(214) 505-4714**

☐ ..... **I. Waste Disposal Site**
TCEQ Permit #: **1195A**
Waste Disposal Site: **Maloy Landfill**
Address: **2811 FM 1568**
City: **Campbell** State: **TX** Zip: **75422**
Phone #: **(903) 886-7832**

CERTIFICATION STATEMENT

I hereby declare that I have examined this notification and, to the best of my knowledge and belief, all information provided is complete, true, and correct. I affirm that I am the owner, operator, or delegated agent and that I am responsible for the fee associated with this notification. I also understand that the owner, operator, or delegated agent is responsible for notification to the department.

_____ Date: **10/12/18**
(Signature of Owner, Operator or Delegated Agent)

Gary Moore, U.S. EPA Federal On-Scene Coordinator
(Printed Name & Title)

E-mail Address: **moore.gary@epa.gov** Phone #: **(214) 789-1627**

IMPORTANT INFORMATION

NOTIFICATION TIMELINESS REQUIREMENT:
Your Asbestos/Demolition Notification form must be postmarked no less than ten working days (not calendar days) prior to the start of any asbestos abatement or demolition.

FILING FEE: An invoice will be mailed to the facility owner upon completion of the project.

CALL FOR ASSISTANCE: (512) 834-6747 or (888) 778-9440 (toll free in Texas)

MAIL FORM TO:
ENVIRONMENTAL HEALTH NOTIFICATIONS GROUP
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
PO BOX 143538
AUSTIN, TX 78714-3538