



# ASBESTOS DEMOLITION NOTIFICATION

Air Resources Division / Compliance Bureau /  
Asbestos Management and Control Program



**RSA/Rule:** RSA 141-E:4, I and II and Env-A 1800

See [instructions for completing this form.](#)

<b>OFFICE USE ONLY</b>		OFFICE USE ONLY	
Notification No.:			
<b>I. TYPE OF NOTIFICATION (Check one)</b>		<b>II. TYPE OF PROJECT</b>	
New  Revised		Is the project being done at a residential property with four or fewer dwelling units?  *yes  no  If yes, attach a copy of an inspection report showing that no asbestos was found in the facility OR either a copy of air clearance results or waste shipment record showing that the proper removal of asbestos from the facility has been completed.	
<b>III. ORDERED DEMOLITION</b>			
Is this work being done as an ordered demolition?  Yes, provide the information in A and B, below.  No			
<b>A. GOVERNMENTAL AGENCY AND ORDER INFORMATION</b>			
Name of the governmental agency:		Date of order:	
Name/title of governmental agency official:		Date ordered to begin:	
Attach a copy of the documentation from the governmental agency.			
<b>B. ASBESTOS ABATEMENT ENTITY INFORMATION</b>			
Company name:		License number:	
Mailing address:	Town/city:	State: ST	ZIP code:
Contact name:	Email:		

Phone number:		Phone type:		Home	
				Business	
				Mobile	
				Other	
<b>IV. FACILITY OWNER INFORMATION</b>					
Owner's name:					
Mailing address:		Town/city:	State:	ZIP code:	
Contact name:		Email:			
Phone number:		Phone type:		Home	
				Business	
				Mobile	
				Other	
<b>V. DEMOLITION CONTRACTOR INFORMATION</b>					
Company name:					
Mailing address:		Town/city:	State:	ZIP code:	
Contact name:		Email:			
Phone number:		Phone type:		Home	
				Business	
				Mobile	
				Other	
<b>VI. FACILITY INFORMATION</b>					
Facility name:					
Physical address:		Town/city:	State:	ZIP code:	
Year constructed:	Size (ft <sup>2</sup> ):	Number of floors:	County:		

Current Use:	Commercial	Prior Use:	Commercial
	Hospital		Hospital
	Industrial		Industrial
	Office		Office
	Public building		Public building
	Residence		Residence
	School		School
	University / college		University / college
	Miscellaneous		Miscellaneous
Vacant	Vacant		
Unknown	Unknown		
<b>VII. INSPECTION FOR ASBESTOS-CONTAINING MATERIAL</b>		<b>*Not required for ordered demolition</b>	
Asbestos inspection conducted by:		Certification number:	
Type of inspection (check all that apply):		Inspection date:	
Visual  Analytical testing			
Describe analytical testing:			
<b>VIII. QUANTITY AND TYPE OF ASBESTOS-CONTAINING MATERIAL</b>		<b>*Not required for ordered demolition</b>	
No ACM present	ACM present	RACM present	
	Quantity:	Quantity:	
	If	If	
	ft <sup>2</sup>	ft <sup>2</sup>	
	ft <sup>3</sup>	ft <sup>3</sup>	
If required, abatement completed by:		Date completed:	

IX. WORK DETAILS		
Demolition		Work Schedule
Start date:  Completion date:	Days of work:  M  T  W  R  F  S  S	Time of day of work:  From  To:
<i>Describe the planned demolition work and method(s) to be used.</i>		
<i>Briefly describe work practices and engineering controls to be employed. Attach additional pages if needed.</i>		
X. OTHER PROCEDURES		
*Not required for ordered demolition		
<i>Description of the procedures to be followed if unexpected RACM is found or Category II nonfriable ACM becomes crumbled, pulverized or reduced to powder.</i>		
XI. STATEMENT OF COMPLIANCE		
I certify that I have read and understand the New Hampshire asbestos management and control rules, Env-A 1800. I further certify that the notification is prepared in conformity with Env-A 1800 and that all information contained herein, including any supplements attached hereto, is true, complete, and not misleading to the best of my knowledge and belief.		
Signature:		Print Name:
Title:		Date:

Questions? [Asbestos@des.nh.gov](mailto:Asbestos@des.nh.gov) | Telephone [\(603\) 271-0820](tel:603-271-0820)  
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