



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.*](#)

OFFICE USE ONLY		OFFICE USE ONLY		
<p>Notification No.:</p>				
<p>I. TYPE OF NOTIFICATION (Check one)</p>				
<p>New</p> <p>Revised</p>	<p>II. TYPE OF PROJECT</p> <p>Is the project being done at a residential property with four or fewer dwelling units?</p> <p>*yes</p> <p>no</p> <p>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.</p>			
<p>III. ORDERED DEMOLITION</p> <p>Is this work being done as an ordered demolition?</p> <p>Yes, provide the information in A and B, below.</p> <p>No</p>				
<p>A. GOVERNMENTAL AGENCY AND ORDER INFORMATION</p>				
<p>Name of the governmental agency:</p>		<p>Date of order:</p>		
<p>Name/title of governmental agency official:</p>		<p>Date ordered to begin:</p>		
<p>Attach a copy of the documentation from the governmental agency.</p>				
<p>B. ASBESTOS ABATEMENT ENTITY INFORMATION</p>				
<p>Company name:</p>		<p>License number:</p>		
<p>Mailing address:</p>		<p>Town/city:</p>	<p>State: ST</p>	<p>ZIP code:</p>
<p>Contact name:</p>		<p>Email:</p>		

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

VII. INSPECTION FOR ASBESTOS-CONTAINING MATERIAL

*Not required for ordered demolition

Asbestos inspection conducted by:	Certification number:
Type of inspection (check all that apply): Visual Analytical testing	Inspection date:

Describe analytical testing:

	ACM present Quantity: No ACM present	RACM present Quantity: If ft ² ft ³	
If required, abatement completed by:		Date completed:	

IX. WORK DETAILS		
Demolition	Work Schedule	
Start date:	Days of work: M T W R F S S	Time of day of work: From To:
Describe the planned demolition work and method(s) to be used.		
Briefly describe work practices and engineering controls to be employed. Attach additional pages if needed.		
X. OTHER PROCEDURES *Not required for ordered demolition Description of the procedures to be followed if unexpected RACM is found or Category II nonfriable ACM becomes crumbled, pulverized or reduced to powder.		
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 | Telephone [\(603\) 271-0820](tel:(603)271-0820)

Mail or hand-deliver to: NHDES Asbestos Management Section, Air Resources Division

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