



**STATE OF TENNESSEE**  
**DEPARTMENT OF ENVIRONMENT AND CONSERVATION**  
**DIVISION OF AIR POLLUTION CONTROL**  
 Nashville Environmental Field Office  
 711 R.S. Gass Boulevard  
 Nashville, Tennessee 37216

**NOTIFICATION OF DEMOLITION AND/OR ASBESTOS RENOVATION**

SUBMIT 10 WORKING DAYS PRIOR TO ACTIVITY

Email to [Asbestos.NESHAP.Program@tn.gov](mailto:Asbestos.NESHAP.Program@tn.gov)

Operator Project #	Postmark	Date Received	Notification #				
<b>I. TYPE OF NOTIFICATION</b> <input type="checkbox"/> Original <input type="checkbox"/> Revision <input type="checkbox"/> Courtesy <input type="checkbox"/> Annual <input type="checkbox"/> Cancellation							
<b>II. FACILITY INFORMATION</b> <b>Owner Name:</b> _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (_____) _____ <b>Asbestos Removal Contractor:</b> _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (_____) _____ <b>Other Contractor/Operator:</b> _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (_____) _____							
<b>III. TYPE OF OPERATION</b> <input type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Ordered Demolition <input type="checkbox"/> Emergency Renovation							
<b>IV. IS ASBESTOS PRESENT?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    Please provide a copy of inspection report.							
<b>V. FACILITY DESCRIPTION</b> Building Name: _____ Address: _____ City: _____ State: TN Zip Code: _____ County: _____ Site Location: _____ Building Size (square feet) _____ # of Floors: _____ Age in years: _____ Present Use: _____ Prior Use: _____							
<b>VI. PROCEDURE AND ANALYTICAL METHOD USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL</b> (Identify any consultant or inspector involved in building inspection)							
<b>VII. AMOUNT OF ASBESTOS MATERIALS:</b>							
	RACM to be Removed	Nonfriable Asbestos Material					
		To be Removed		NOT to be removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)							
Surface Area (square feet)							
Facility Components (cubic feet)							
Other							
<b>VIII. SCHEDULED DATES FOR PREPARATION</b>		Start: _____		Complete: _____			
<b>SCHEDULED DATES FOR ASBESTOS REMOVAL</b>		Start: _____		Complete: _____			
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:							
<b>IX. SCHEDULED DATES FOR DEMOLITION OR RENOVATION</b>		Start: _____		Complete: _____			

Failure to notify the Division of a change in the start date (sections VIII and IX above) prior to activity may result in enforcement action.

<b>X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION ACTIVITIES:</b>
<b>XI. DESCRIPTION OF WORK PRACTICES &amp; ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS:</b>
<b>XII. WASTE TRANSPORTER #1</b> Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: ( _____ )
<b>WASTE TRANSPORTER #2</b> Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: ( _____ )
<b>XIII. TEMPORARY WASTE STORAGE LOCATION:</b> _____  <b>WASTE DISPOSAL SITE</b> Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: ( _____ )
<b>XIV. ORDERED DEMOLITION</b> 1. Attach a copy of the government issued order. 2. Name of authority issuing order: _____ Title: _____ 3. Date of Order: _____ Date Ordered to Begin: _____
<b>XV. EMERGENCY RENOVATION</b> (Attach a separate sheet with the following information.) 1. Date and Hour of the emergency. 2. Description of the Sudden, Unexpected Event 3. Explanation of how the event caused unsafe conditions, equipment damage, and/or an unreasonable financial burden.
<b>XVI. DESCRIBE THE PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED RACM IS FOUND. EXPLAIN HOW NONFRIABLE ACM WILL BE REMOVED WITHOUT RENDERING IT FRIABLE (CRUMBLED, PULVERIZED, OR REDUCED TO POWDER).</b>
<b>XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN ACCORDANCE WITH 40 CFR PART 61, SUBPART M WILL BE ONSITE DURING THE STRIPPING AND REMOVAL DESCRIBED BY THIS NOTIFICATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN COMPLETED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION.</b> Printed Name of Owner or Operator: _____  Signed Name of Owner or Operator: _____ Date: _____
<b>XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. AS SPECIFIED IN TENNESSEE CODE ANNOTATED SECTION 39-16-702(a)(4), THIS DECLARATION IS MADE UNDER PENALTY OF PERJURY.</b>  Printed Name of Owner or Operator: _____ Signed Name of Owner or Operator: _____ Date: _____

Submit completed form to [Asbestos.NESHAP.Program@tn.gov](mailto:Asbestos.NESHAP.Program@tn.gov). Call (615) 532-6828 with any questions.

# INSTRUCTIONS

## NOTIFICATION OF DEMOLITION AND/OR ASBESTOS RENOVATION ACTIVITY (FORM CN-1055)

This form serves as a written notification of a facility demolition and/or an asbestos renovation as defined and required by 40 CFR 61.145 and Tennessee Division of Air Pollution Control Regulation 1200-03-11-.02(2)(d). This notification form is required for the following activities:

1. All demolition projects (including intentional burning). Demolition means the wrecking or taking out of any load-supporting structural member of a facility together with any related handling operations. **This form is required for a demolition project even if no asbestos is present at the site.**
2. All renovation projects that include the removal of regulated asbestos containing material (RACM) equaling or exceeding 260 linear feet on pipes, 160 square feet on facility components, or 35 cubic feet where the amount of RACM could not be measured prior to the renovation.

All demolition and renovation projects are subject to the regulations insofar as owners and operators must determine if and how much asbestos is present at the site. All information pertinent to the removal, renovation and/or demolition must be completed by the building owner/operator or designee and mailed electronically to [Asbestos.NESHAP.Program@tn.gov](mailto:Asbestos.NESHAP.Program@tn.gov) or delivered to the following address by at least 10 working days prior to commencement of activity:

**Department of Environment and Conservation  
Division of Air Pollution Control  
Nashville Environmental Field Office  
711 R.S. Gass Boulevard  
Nashville, Tennessee 37216**

Holidays that fall between Monday and Friday count as "working days." Saturday and Sunday does not count as a working day.

If information contained in the original notice has changed, a notification must be revised as soon as possible after it is realized a revision is necessary. For example, you must revise the notification if you change the start date of an operation. If the change relates to the amount of material involved, you need only revise the notification if the amount changes by more than 20 percent. If you revise the start date of a project, the revised notification must be postmarked or delivered no later than the original start date, and at least 10 working days before the revised start date.

Include the following in the notice:

**(I) TYPE OF NOTIFICATION:** Indicate original, revision, courtesy, annual, or cancellation.

**(II) FACILITY INFORMATION:** Identify the owner of the facility, address, telephone number, and contact person.

**ASBESTOS REMOVAL CONTRACTOR:** If RACM is to be removed, identify the name, address and telephone number of the asbestos removal contractor.

**OTHER CONTRACTOR/OPERATOR:** Where demolition of the facility immediately follows the removal of RACM, or when no asbestos removal is required prior to demolition, identify the demolition contractor's name, address and telephone number.

**(III) TYPE OF OPERATION:** Demolition, Ordered Demolition, Renovation, or Emergency Renovation.

**(IV)** Indicate whether or not asbestos is present in the building. **Provide a copy of the inspection report.**

**(V) FACILITY DESCRIPTION:** Identify the building name of the facility to be renovated or demolished, the physical address including street number, street name, city, state, and county. Asbestos removal site location should

include the building number, floor and room number(s). Include the building size in square feet, number of floors, age, and present and prior use of the facility.

**(VI)** Describe the procedure, including analytical methods, used to detect the presence of RACM, category I and category II nonfriable ACM. **If an asbestos survey was conducted, please submit a copy of it with the notification form.** Materials may be assumed to be RACM and therefore handled as such.

**(VII) AMOUNT OF ASBESTOS IN WORK AREA:** Indicate the approximate amount of RACM to be removed from the facility in terms of linear feet for pipes, square feet for surface area, or cubic feet if otherwise not measurable. Also, estimate the amount of Category I and Category II nonfriable ACM in the affected part of the facility that will or will not be removed during renovation or before demolition.

**(VIII) SCHEDULED DATES - ASBESTOS REMOVAL:** Indicate the scheduled starting and completion dates of asbestos removal work. Include dates for any other activity, such as site preparation, that would break up, dislodge, or similarly disturb asbestos material in a demolition or renovation. Planned renovation operations involving individual nonscheduled operations shall only include the beginning and ending dates of the report period. **This notification is required to be submitted at least 10 working days prior to the start date.** Circle all days when asbestos removal activities are to occur. Indicate the working hours that asbestos removal activities will be conducted (i.e., 7:00 AM – 5:00 PM).

**(IX) SCHEDULED DATES – DEMOLITION:** Indicate the scheduled starting and completion dates of demolition or renovation. **This notification is required to be submitted at least 10 working days prior to the start date.**

**(X)** Describe the planned work methods to be performed and types of machinery to be used during demolition or renovation.

**(XI)** Describe the work practices and engineering controls to be used to prevent emissions of asbestos during asbestos removal and waste-handling at the demolition/renovation site.

**(XII) ASBESTOS WASTE TRANSPORTER:** Identify the name, address, phone number and contact of the firm who will transport the asbestos material to the waste disposal site. If a second transporter is involved, also list this firm.

**(XIII) ASBESTOS WASTE DISPOSAL SITE:** Identify the name, location, and telephone number of the waste disposal site where the asbestos-containing waste material will be deposited.

**(XIV) IF DEMOLITION ORDERED BY GOVERNMENT AGENCY:** Identify the name, title, and authority of the state or local government representative who has ordered the demolition, the date that the order was issued, and the date on which the demolition was ordered to begin. A copy of the order shall be attached to the notification.

**(XV) EMERGENCY RENOVATIONS:** Attach a separate sheet that indicates the date and hour that the emergency occurred. Describe the sudden, unexpected event resulting in the emergency. Explain how the event caused an unsafe condition or would cause equipment damage or an unreasonable financial burden.

**(XVI)** Describe the procedures to be followed in the event that unexpected RACM is found. Explain how nonfriable ACM will be removed without rendering it friable (crumbled, pulverized, or reduced to powder) during a renovation or demolition operation.

**(XVII)** A certification that only a person trained as required by Division Rule 1200-3-11-.02(2)(d)3(viii) will supervise the stripping and removal described by this notification.

**(XVIII)** The signature of the Owner/Operator and the date certifying that the notification information is correct.