

**GEORGIA PROJECT NOTIFICATION FORM  
FOR ASBESTOS RENOVATION, ENCAPSULATION, OR DEMOLITION**

USE AN ATTACHMENT TO PROVIDE ADDITIONAL INFORMATION FOR ANY SECTION WHEN NEEDED TO PROVIDE COMPLETE DETAILS.

**DO NOT LEAVE ANY SECTION BLANK – INSERT UNKNOWN OR N/A IF NEEDED.**

**FOR PROJECTS WHERE FEES ARE DUE:**  
EPD ASBESTOS FEES LOCKBOX  
POST OFFICE BOX 101173  
ATLANTA, GEORGIA 30392  
(SEE SECTION 6 FOR FEE CALCULATION INSTRUCTIONS)

**FOR PROJECTS WHERE FEES ARE NOT DUE:**  
EPD ASBESTOS PROGRAM  
ATTN: ASBESTOS NOTIFICATIONS  
4244 INTERNATIONAL PARKWAY, SUITE 104  
ATLANTA, GEORGIA 30354

**SECTION 1A - TYPE OF NOTICE (USE THE APPROPRIATE CHECKBOX TO INDICATE THE TYPE OF NOTICE YOU ARE SUBMITTING)**

ORIGINAL - INITIAL       REVISION # \_\_\_\_\_

**SECTION 1B - TYPE OF PROJECT**  CHECK IF SECTION REVISED

RENOVATION/ABATEMENT **ONLY**       RENOVATION/ABATEMENT **PRIOR TO** DEMOLITION       ENCAPSULATION  
 DEMOLITION ONLY       JOINT DEMOLITION/RENOVATION       ORDERED DEMOLITION  
 EMERGENCY       COURTESY (FOR NON-FRIABLE PROJECTS OR UNDER TRIGGER QUANTITY PROJECTS **ONLY!!!**)

**SECTION 2 – SITE INFORMATION**  CHECK IF SECTION REVISED

PROJECT NAME:  
PROJECT ADDRESS:  
PROJECT CITY:      ZIP:      COUNTY:  
NEAREST MAJOR INTERSECTION:  
BLDG SIZE IN SQ. FT:      AGE OF BUILDING IN YEARS:      NUMBER OF FLOORS IN BUILDING:  
SPECIFIC LOCATION IN BUILDING OF ASBESTOS BEING REMOVED:

**SECTION 3A – ABATEMENT CONTRACTOR**  CHECK IF SECTION REVISED

ASBESTOS REMOVAL CONTRACTOR:  
CONTRACTOR'S STREET ADDRESS:      COMPANY CERTIFICATE #:  
CITY:      STATE:      ZIP:      PHONE:      FAX:  
GA LICENSED AGENT:      GA AGENT'S ID:      EXPIRES:      CELL PHONE:

**3B – DEMOLITION CONTRACTOR**  CHECK IF SECTION REVISED

DEMOLITION CONTRACTOR:  
DEMOLITION CONTRACTOR'S STREET ADDRESS:  
CITY:      STATE:      ZIP:      PHONE:      FAX:

**SECTION 4 – ACM INFORMATION\* Required for Compliance of Georgia Rules**  CHECK IF SECTION REVISED

IS ASBESTOS PRESENT?    YES    NO    UNKNOWN       FRIABLE       NON-FRIABLE       BOTH  
DID AN AHERA ACCREDITED INSPECTOR INSPECT THIS SITE?    YES       NO       ASSUMED ASBESTOS  
INSPECTOR NAME:      INSPECTOR PHONE:  
ACCREDITATION COURSE:      CERTIFICATE NUMBER:      EXPIRES:

**SECTION 5 – WORK SCHEDULES (10 WORKING DAY ADVANCE NOTIFICATION REQUIRED FOR NON-EMERGENCY NOTIFICATIONS!)**

CHECK IF SECTION REVISED

<b>ABATEMENT START DATE</b>	<b>ABATEMENT END DATE</b>	<b>WORK DAYS (MON-SUN)</b>	<b>WORK HOURS (EX : 7A – 4P)</b>
<b>DEMOLITION START DATE</b>	<b>DEMOLITION END DATE</b>	<b>WORK DAYS (MON-SUN)</b>	<b>WORK HOURS (EX : 7A – 4P)</b>

**SECTION 6 – ACM AMOUNTS, TYPE CODES, AND FEE CALCULATION**

**CHECK IF SECTION REVISED**

FIRST, LOCATE THE MATERIAL TO BE REMOVED IN COLUMN A. COLUMN B SHOWS THE USUAL NESHAP CATEGORY FOR THE MATERIAL. COLUMN C SHOWS THE CATEGORY THE MATERIAL WILL LIKELY BECOME DURING ABATEMENT, AND THAT IS THE CODE THAT SHOULD BE USED FOR COMPLETING THIS FORM. NOW, ENTER THE SQ. FT AND/OR L.F. AMOUNTS OF ACM TO BE ABATED DURING THIS PROJECT UNDER THE CORRECT HEADING ACCORDING TO TYPE IN COLUMN D, E, AND/OR F. THEN, LOCATE THE CORRESPONDING TYPE CODE(S) FOR THE MATERIAL(S) IN COLUMN G AND ENTER THE CODES IN THE SPACES PROVIDED BEFORE PROCEEDING TO THE FEE CALCULATION SECTION.

Column A  ACM TYPE	Column B USUAL NESHAP CATEGORY			Column C WILL LIKELY BECOME WHEN ABATED	SF OR LF AMOUNT TO BE ABATED DURING PROJECT			Column G ACM TYPE CODE
	Category 1	Category 2	RACM		Column D Category 1	Column E Category 2	Column F RACM	
ASBESTOS ASPHALT SHINGLES	√			1 or RACM				AAS
ASBESTOS CEMENT (TRANSITE) PANELS		√	√	2 or RACM				ACP
ASBESTOS CEMENT (TRANSITE) ROOFING		√	√	RACM				ACR
ASBESTOS CEMENT (TRANSITE) SIDING SHINGLES		√	√	RACM				ACS
ASBESTOS FLASHING	√		√	1				AF
ASBESTOS GASKET	√		√	1 or RACM				AG
BOILER INSULATION			√	RACM				BI
BUILT-UP ROOFING	√			1 or RACM				BUR
COVE (BASEBOARD) MOLDING MASTIC	√			1				CM
CEILING PLASTER			√	RACM				CP
CEILING TILE			√	RACM				CT
DUCT SEAM MASTIC	√			1				DSM
DUCT VIBRATION DAMPENERS	√		√	1 or RACM				DVD
EXTERIOR (OUTSIDE) DUCT INSULATION	√		√	RACM				EDI
FELT DUCT TAPE			√	RACM				FDT
FLOOR MASTIC	√			1				FM
FIREPROOFING			√	RACM				FP
FIREPROOFING AND OVERSPRAY			√	RACM				FPO
FLOOR TILE	√			1 or RACM				FT
FLOOR TILE AND MASTIC	√			1 or RACM				FTM
INTERIOR (INSIDE) DUCT INSULATION	√		√	RACM				IDI
JOINT COMPOUND ONLY			√	RACM				JC
LIGHT WEIGHT CONCRETE		√	√	RACM				LWC
OTHER: FLOOR LEVELING COMPOUND, CAULKING, ETC.		√	√	2 or RACM				OTR
PIPE INSULATION STRAIGHT RUNS			√	RACM				PI
PIPE INSULATION ELBOWS AND FITTINGS			√	RACM				PIE
RESILIENT FLOOR COVERINGS (SHEET FLOORING; LINOLEUM)	√		√	1 or RACM				RFC
ROOF MASTICS AND COATINGS	√		√	1				RMC
ROOFING SILVER COATING	√			1 or RACM				RSC
TEXTURED CEILING			√	RACM				TC
TEXTURED CEILING PLASTER			√	RACM				TCP
TANK INSULATION			√	RACM				TI
WALL BOARD AND JOINT COMPOUND			√	RACM				WBJC
WINDOW GLAZING	√		√	1 or RACM				WG
WALL PLASTER			√	RACM				WP
Row G: Enter the ACM Type Codes from Col. G for each Category Below. Category 1: _____ Category 2: _____ RACM: _____					Category 1 Total	Category 2 Total	RACM Total	

**CALCULATING FEES**

<b>Row H. IS THIS A RESIDENTIAL PROJECT</b> <input type="checkbox"/> <b>YES</b> (USE TOTAL FROM <b>COLUMN F (RACM)</b> TO COMPLETE THIS SECTION)			
RESIDENTIAL FEE SCHEDULE: \$0.10 PER LF/SF OF FRIABLE ACM WITH MINIMUM FEE: \$25 - MAXIMUM FEE: \$50 PER RESIDENCE/DWELLING UNIT.	RESIDENTIAL PROJECT COLUMN F (RACM) TOTAL H (A). _____ SF/LF	X \$0.10 EQUALS	TOTAL FEES DUE AND PAYABLE NOW H (B) \$ _____ (NOT TO BE LESS THAN \$25 OR MORE THAN \$50 PER UNIT)
<b>Row I. IS THIS A NON-RESIDENTIAL PROJECT</b> <input type="checkbox"/> <b>YES</b> (USE TOTAL FROM <b>COLUMN F (RACM)</b> TO COMPLETE THIS SECTION)			
NON-RESIDENTIAL FEE SCHEDULE: \$0.10 PER LF/SF OF FRIABLE ACM WITH MINIMUM FEE: \$25 - MAXIMUM FEE: \$1,000 PER FACILITY.	NON-RESIDENTIAL PROJECT COLUMN F (RACM) TOTAL I (A). _____ SF/LF	X \$0.10 EQUALS	TOTAL FEES DUE AND PAYABLE NOW I (B) \$ _____ (NOT TO BE LESS THAN \$25 OR MORE THAN \$1,000)

CHECK NUMBER \_\_\_\_\_ FOR THE AMOUNT SHOWN IN THE TOTAL FEES DUE ABOVE.

<b>SECTION 7 - WASTE TRANSPORTER, DISPOSAL SITE, AND BUILDING OWNER INFORMATION</b>				
<input type="checkbox"/> <b>CHECK IF SECTION REVISED</b>				
<b>WASTE TRANSPORTER NAME</b>			TRANSPORTER CONTACT PERSON:	
TRANSPORTER'S MAILING ADDRESS:				
CITY:	STATE:	ZIP:	PHONE:	FAX:
<b>All Detached Non-Friable and Friable ACM Must Go To an ACM Permitted Landfill.</b>				
<b>DISPOSAL SITE NAME:</b>			DISPOSAL SITE COUNTY:	
DISPOSAL SITE ADDRESS:				
CITY:	STATE:	ZIP:	PHONE:	FAX:
<b>PROJECT OWNER NAME:</b>			OWNER'S REPRESENTATIVE:	
OWNER'S STREET ADDRESS:				
OWNER'S MAILING ADDRESS (IF DIFFERENT):				
CITY:	STATE:	ZIP:	PHONE:	FAX:
<b>SECTION 8 - WORK METHODS: METHOD OF DEMOLITION AND/OR RENOVATION ACTIVITY (DESCRIPTION OF WORK PRACTICES, ENGINEERING CONTROLS, AND CLEARANCE METHODS)</b>				
<input type="checkbox"/> <b>CHECK IF SECTION REVISED</b>				
<b>SECTION 9 - ADDITIONAL PROJECT INFORMATION</b>				
<input type="checkbox"/> <b>CHECK IF SECTION REVISED</b>				
WILL ASBESTOS REMAIN IN THE PROJECT AREA? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN				
EXPLAIN 'YES' OR 'UNKNOWN':				
IF NO ASBESTOS IS PRESENT, WAS THIS PROJECT PREVIOUSLY ABATED? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN				
PRIOR ABATEMENT COMPANY:			YEAR ABATED:	
PRIOR COMPANY CONTACT PERSON:			PHONE:	
<b>CERTIFICATION OF INFORMATION AND ACKNOWLEDGEMENT</b>				
<input type="checkbox"/> <b>CHECK IF SECTION REVISED</b>				
I, THE UNDERSIGNED, CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF FEDERAL REGULATIONS (NESHAP/40 CFR PART 61 SUBPART M) WILL BE ON THE PROJECT SITE DURING DEMOLITION AND/OR RENOVATION ACTIVITIES DESCRIBED IN THE NOTIFICATION. EVIDENCE THAT THIS PERSON AND ALL OTHER PROJECT PERSONNEL HAVE ACCOMPLISHED APPROPRIATE TRAINING AND TRAINING CERTIFICATES WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS AND ANYTIME REGULATED ACTIVITIES ARE BEING CONDUCTED ON SITE.				
I FURTHERMORE UNDERSTAND THAT I AM RESPONSIBLE FOR THE ACCURACY AND COMPLETENESS OF THE INFORMATION SUBMITTED WITH THIS NOTIFICATION AND I SHALL PROMPTLY SUBMIT REVISIONS, SUPPORTING DOCUMENTS, AND PROJECT FEES.				
PRINTED NAME:			PHONE:	
SIGNATURE:			DATE:	
REPRESENTING: <input type="checkbox"/> OWNER <input type="checkbox"/> ABATEMENT CONTRACTOR <input type="checkbox"/> DEMOLITION CONTRACTOR <input type="checkbox"/> OTHER _____				
COMPANY NAME IF "OTHER" CHECKED:			ADDRESS IF "OTHER" CHECKED:	
<ul style="list-style-type: none"> <li>• REFER TO THE DETAILED INSTRUCTIONS WHEN IN DOUBT ABOUT PROPER COMPLETION OF ANY SECTION.</li> <li>• NEVER LEAVE BLANK SPACES – INSERT 'N/A' OR 'UNKNOWN' FOR ANY BLANK WHERE YOU DO NOT HAVE THE INFORMATION REQUESTED.</li> <li>• PRINT RESPONSES NEATLY AND LEGIBLY.</li> <li>• ALWAYS KEEP A COPY OF THIS FORM FOR YOUR RECORDS, AND PROVIDE COPIES TO ALL OTHER INVOLVED PARTIES.</li> <li>• EPD NO LONGER ACCEPTS 'FAX ONLY DOCUMENTS'.    <b>SUBMIT THE ENTIRE FORM VIA MAIL.</b></li> <li>• NEVER SUBMIT PROJECTS WHERE FEES ARE DUE WITHOUT ATTACHING THE REQUIRED FEE CHECK OR MONEY ORDER.</li> <li>• <b>NOTIFICATIONS WITH FEES MUST BE MAILED TO THE EPD ASBESTOS FEES POST OFFICE ADDRESS.</b></li> <li>• <b>NOTIFICATIONS WITHOUT FEES SHOULD BE MAILED DIRECTLY TO THE EPD OFFICE ADDRESS.</b></li> <li>• <b>(ADDRESSES ARE ON THE FIRST PAGE.)</b></li> <li>• DO NOT SUBMIT 'TWO-SIDED' PHOTO COPIES.</li> <li>• If a Project Notification is submitted by someone other than the asbestos abatement or demolition contractor - such as the Consultant or Owner, A REVISED NOTIFICATION MUST BE SUBMITTED BY THE CONTRACTOR TO WHOM THE PROJECT IS AWARDED BEFORE WORK BEGINS. THE CONTRACTOR MUST SIGN THE CERTIFICATION OF THE REVISED NOTIFICATION FORM.</li> </ul>				
<b>IT IS YOUR RESPONSIBILITY TO SUBMIT THIS FORM ACCURATELY AND COMPLETELY AND INCLUDE BY ALL APPLICABLE FEES.</b>				

**SUMMARY INSTRUCTIONS FOR COMPLETING THE GEORGIA EPD  
PROJECT NOTIFICATION FOR ASBESTOS RENOVATION, ENCAPSULATION, OR DEMOLITION PROJECTS**

Complete the following Sections and provide the information requested according to the type of project being performed.

**To Be Completed For Demolition Work (No fees due for Demolition Projects.)**

**Section 1A** Type of Notice

**Section 1B** Type of Project

**Section 2** - Site Information

**Section 3B** - Demolition Contractor

**Section 4** - ACM Information Asbestos Inspection Required for Compliance of Georgia Rules.

**Section 5** - Work Schedules for Demolition

**Section 6** - ACM Amounts & Type Codes

- All ACM which already is or will become friable must be removed before demolition; only non-friable ACM may be remaining during the demolition and it must **ALL** be collected, packaged, labeled, transported and disposed as ACM Waste).
- If all ACMs have been removed from the project site, Page 2 is not required.

**Section 7** - Waste Transporter and Disposal Site of Demolition Waste, and Building Owner (All Required)

**Section 8** - Work Methods

**Section 9** - Additional Project Information

**Certification of Information and Acknowledgment**

**(No fees due for Demolition Projects.)**

**To Be Completed For Asbestos Removal and Encapsulation Projects (Fees due for Abatement Projects.)**

**Section 1A** - Type of Notice

**Section 1B** - Type of Project

**Section 2** - Site information

**Section 3A** - Abatement Contractor

**Section 4** - ACM Information Asbestos Inspection Required for Compliance of Georgia Rules.

**Section 5** - Work Schedules for Abatement and Encapsulation Projects.

**Section 6** - ACM Amounts, Type Codes, and Fee Calculation

**Section 7** - Waste Transporter, Disposal Site, and Building Owner Information

**Section 8** - Work Methods

**Certification of Information and Acknowledgment**

**To Be Completed for A Revision To A Prior Notification**

**Section 1A** Type of Notice

**Section(s)** *All Sections, In Which the Prior Information Has Changed or Needs To Be Updated.*

- *Check the Revision Box In Each of The Revised Sections and Update the Information.*

**Certification of Information and Acknowledgment**

**DETAILED INSTRUCTIONS ARE AVAILABLE FOR FILLING OUT EACH OF THESE SECTIONS.**

**DETAILED INSTRUCTIONS FOR COMPLETING THE GEORGIA EPD  
PROJECT NOTIFICATION FOR ASBESTOS RENOVATION, ENCAPSULATION, OR DEMOLITION PROJECTS**

The Georgia EPD realizes that paperwork completion is tedious and time-consuming, but treats paperwork infractions with the same gravity with which it views work practice violations. It is incumbent upon all individuals engaged in regulated asbestos-related activities to become familiar with all state and federal requirements, including proper paperwork completion. The following instructions are a step-by-step guide that should lead you successfully through the notification completion process. Should you still have questions or need assistance with completion of the notification documents, please call the Asbestos Program at (404) 363-7026.

**HOW SHOULD YOU SUBMIT YOUR NOTIFICATION?**

<b>FOR PROJECTS WHERE FEES ARE DUE:</b> EPD ASBESTOS FEES LOCKBOX POST OFFICE BOX 101173 ATLANTA, GEORGIA 30392 (SEE SECTION 6 FOR FEE CALCULATION INSTRUCTIONS)	<b>FOR PROJECTS WHERE FEES ARE NOT DUE:</b> EPD ASBESTOS PROGRAM ATTN: ASBESTOS NOTIFICATIONS 4244 INTERNATIONAL PARKWAY, SUITE 104 ATLANTA, GEORGIA 30354
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**MAILED FORMS:** If your notification is a courtesy notification (see explanation below); a demolition only notification (the only two types of projects that are fee exempt); or a revision of a previously submitted notification where the fee amount **does not** change (a date change revision, for example), send the form directly to the EPD office at the address shown on the right above (not the lockbox address).

**WHAT TYPE OF NOTICE SHOULD YOU SUBMIT? (SECTION 1A)**

Asbestos Project Notifications will always fall into one of the following categories. **ALWAYS** check the box () applicable to your current submittal:

- ORIGINAL INITIAL** - The first time a project notification is submitted for the project to which the notification applies.
  
- REVISION** - To notify the EPD of any changes to the project after the Original Initial notification has been submitted. To submit a revision, CHECK THE BOX () in Section 1A and list the revision number. Also check the box in the heading of the section you are revising, strike through the incorrect information, and insert the correction. If additional fees are due, be sure to submit them to the lockbox and include the additional fee check information in the fee schedule. **DATE CHANGE REVISIONS SHOULD BE SENT DIRECTLY TO THE EPD OFFICE STREET ADDRESS.** For all revisions, re-sign and re-date the certification section of the project notification before resubmitting.

**WHAT TYPE OF PROJECT ARE YOU CONDUCTING? (SECTION 1B)**

- RENOVATION/ABATEMENT ONLY** - Where the project only involves the removal and disposal of asbestos containing materials. "Renovation" means the altering of, taking out, stripping, clean up, disposal of, or removal of friable or potentially friable asbestos containing materials from any facility, facility component or residential dwelling, equal to or greater than 10 square feet or 10 linear feet.
- RENOVATION/ABATEMENT PRIOR TO DEMOLITION** - Removal/abatement of friable asbestos containing materials equal to or greater than 10 square feet or 10 linear feet in preparation for demolition activities to be performed by someone else.
- DEMOLITION ONLY** - Where the project only entails demolition of any structure that has been thoroughly inspected for the presence or absence of asbestos. "Demolition" means the wrecking or taking out of any load supporting structural member of a facility together with related handling operations, or the intentional burning of any structure. **Notification is required regardless of the presence or absence of asbestos containing materials.**
- ENCAPSULATION** - A project in which special coatings approved for asbestos encapsulation will be used to cover the asbestos containing materials and prevent release of asbestos fibers. 'Encapsulation' means the process of coating, binding, or resurfacing walls, ceilings, pipes, or other structures with a sealant to prevent friable asbestos from becoming airborne.
- JOINT RENOVATION/DEMOLITION** - Where both renovation and demolition activities as described above will be conducted by the same Contractor. If demolition is to be conducted by a different company, that company must submit a separate notification.
- ORDERED DEMOLITION** - A demolition project ordered by a government agency. If the property has been condemned, the Order of Condemnation must be included with the project notification.

**ADDITIONAL PROJECT NOTATIONS**

- EMERGENCY** - Abatement, Encapsulation or Demolition projects that were unplanned, but result from a sudden, unexpected event that if not immediately attended to presents a safety or public health hazard, is necessary to protect equipment from damage, or is necessary to avoid imposing an unreasonable financial burden. Waiver of the required 10 working day notification period will be granted on a case-by-case basis. A letter of explanation regarding the emergency situation from the Owner of the Project, or their representative, must accompany the notification. EPD must be notified of the emergency situation within 24 hours from the time of its occurrence, or from the time you are contacted with a request for emergency work to be performed. Please call the EPD Asbestos Program's Duty Officer to discuss the situation and obtain their agreement on the emergency project. The main number for the Asbestos Program is 404-363-7026. The original notification, letter of explanation, and fee payment must be mailed to the Lockbox address within 7 days from the date of emergency work beginning.
- COURTESY** - A Courtesy Notification is **ONLY** submitted for small asbestos abatement/disturbance/encapsulation projects that involve friable asbestos removal of less than 10 square feet or 10 linear feet or for notification of non-friable asbestos removal projects.

**SECTION 2 - SITE INFORMATION**

**PROJECT NAME** - Identify the exact location where abatement or demolition work is going to take place. Provide the name of the building, company, or other description of all structures involved in the project here. For example: "Vacant House", "Residence", "Commercial Bldg", "ABC Company", "Office Bldg"). If the project is part of a DOT road-widening project, please include parcel number and structure number.

**PROJECT ADDRESS** - Street address where abatement, encapsulation, or demolition will take place.

\*If project involves multiple buildings/structures at one location, list all addresses, building names, unit numbers, etc. Use a separate sheet of paper as an attachment, if necessary.

\*If project involves multiple buildings/structures at different addresses, you may group together those addresses on the same street and/or adjacent streets, (within a few block radius). Use a separate sheet of paper as an attachment, if necessary. Include a site map or diagram showing locations.

- **CITY/ZIP/COUNTY** - Complete all areas. **YOU MUST LIST THE COUNTY.**
- **NEAREST MAJOR INTERSECTION** - For example: "State Hwy 41 near Windy Hill Rd"; "South Houston Lake Rd near State Hwy 96")
- **BLDG SIZE IN SQ. FEET** - Square foot measurement of the entire building (all floors and spaces) combined.
- **AGE OF BLDG IN YEARS** - Age of building in years.
- **NUMBER OF FLOORS IN BUILDING** - Total number of floors in building, including sub-basement, basement, mezzanine, attic, and penthouse. Each level that can be occupied should be counted as a separate floor.
- **SPECIFIC LOCATION OF ASBESTOS BEING REMOVED** - Provide specific area(s) of the structure that are being abated or demolished. For example: "Roof", "Kitchen Floor", "Steam Pipes in Basement", "Throughout Building", "Hallway", "Floor Number \_\_\_\_\_", "Room Number \_\_\_\_\_", etc).

**SECTION 3 – PROJECT CONTRACTORS**

**3A – ABATEMENT CONTRACTOR** – Name of the company that will perform the asbestos renovation/abatement.

- **CONTRACTOR STREET ADDRESS** – The actual physical location of the Asbestos Removal Contractor’s place of business. **DO NOT USE A POST OFFICE BOX IN THIS SPACE!**
- **COMPANY CERTIFICATE NUMBER** – The number issued on the contractor company certificate by the Georgia Lead-Based Paint and Asbestos Program.
- **CITY/STATE/ZIP/PHONE/FAX** – You must complete each space.
- **LICENSED AGENTS NAME** – Name of the person licensed by EPD as the Principal Agent for this company
- **AGENT’S ID NUMBER** – The agent’s number issued by EPD. Example: "50123"
- **EXPIRES** – The date on which the agent’s certificate expires.
- **CELL PHONE** – The cellular or pager number for the Principal Agent.

**3B – DEMOLITION CONTRACTOR** – Name of company performing work OTHER THAN asbestos removal.

- **DEMOLITION CONTRACTOR’S STREET ADDRESS** – The actual physical location of this Contractor’s place of business. **DO NOT USE A POST OFFICE BOX IN THIS SPACE!**
- **CITY/STATE/ZIP/PHONE/FAX** – You must complete each blank.  
(If more than 2 Contractors are involved with the project, use a separate sheet as an attachment to provide additional information)

**SECTION 4 – ASBESTOS CONTAINING MATERIAL(S) (ACM) INFORMATION**

**IS ASBESTOS PRESENT?**

- **YES** – A thorough inspection for the presence of asbestos has been conducted and the written results indicate that asbestos **IS** present.
- **NO** – A thorough inspection for the presence of asbestos has been conducted and the written results indicate that asbestos **IS NOT** present.
- **UNKNOWN** – It is unknown if an asbestos inspection has been performed, or an inspection has been performed but the results are unknown at this time.
- **FRIABLE** – "Friable Asbestos-Containing Material" means any material containing more than 1 percent asbestos, by weight, and which when dry may be crumbled, pulverized, or reduced to powder by hand pressure or non-friable material that will be subjected to sanding, grinding, abrading or crushing.
- **NON-FRIABLE** – "Non-Friable Asbestos-Containing Material" means any asbestos-containing material that does not meet the definition of "FRIABLE".
- **BOTH** – Both "Friable" and "Non-friable" materials are present on this project.

**DID AN AHERA ACCREDITED INSPECTOR INSPECT THIS SITE?**

Was the portion of the abatement project, or demolition area described in Section 2 of this form, thoroughly inspected by an AHERA Accredited Asbestos Inspector? Check  the appropriate answer

- **YES**
- **NO**
- **UNKNOWN**
- **ASSUMED ASBESTOS** - A thorough inspection for the presence of asbestos HAS NOT been conducted but based on the type of material(s) being disturbed, the decision has been made to treat the material(s) as ACM.
- **INSPECTOR NAME** – Name of individual who performed the inspection.
- **INSPECTOR PHONE** – Number at which the Inspector may be reached, starting with area code.
- **ACCREDITATION COURSE** – Name of course taken to obtain **ASBESTOS INSPECTOR** accreditation. For example: "Asbestos Inspector Initial (AI)" OR "Inspector Refresher (AIR)"
- **CERTIFICATE NUMBER** – Number on the Asbestos Inspector Certificate of Course Completion issued by the Training Provider.
- **EXPIRES** – Expiration date on certificate issued by Training Provider.

## **SECTION 5 – WORK SCHEDULES**

**IMPORTANT NOTICE: A 10 (TEN) WORKING DAY NOTIFICATION IS REQUIRED PRIOR TO COMMENCING ANY REGULATED ASBESTOS ACTIVITY. (Exception: Valid Emergency Projects)**

WORKING DAYS ARE CONSIDERED MONDAY THROUGH FRIDAY. A HOLIDAY FALLING ON THESE DAYS WILL BE COUNTED AS A WORKING DAY. WORKING DAYS ARE COUNTED FROM THE DATE OF:

- US POST OFFICE POSTMARK DATE
- FEDEX/UPS SHIPPING DATE
- ELECTRONIC FILING OF PROJECT NOTIFICATION

NOTIFICATIONS POSTMARKED ON A SATURDAY OR SUNDAY DO NOT BEGIN THE 10 WORKING DAY NOTIFICATION PERIOD UNTIL THE FOLLOWING MONDAY.

### **FOR ALL PROJECTS**

Provide the project START date and END dates. NOTE: If the Consultant or Project Owner is submitting the project notification, and project dates are as yet undetermined, submit dates as **TBD** (To Be Determined). THE ABATEMENT OR DEMOLITION CONTRACTOR WHO RECEIVES THE CONTRACT MUST SUBMIT A REVISION TO UPDATE THE PROJECT DATES BEFORE WORK BEGINS.

**WORK DAYS** - Provide actual days of the week on which work will be performed – NOT the number of days worked per week. For example: “M, Tu, Th” or “M-F”

**WORK HOURS** - Provide the actual times of the day the crew will be on site – NOT the number of hours worked per day. For example “7A – 4P” or “5P – MIDNIGHT”

**PHASED PROJECTS** - If multiple buildings/structures are involved, break project into Phases, and identify project dates per Phase. Use an additional page to described phased project start and stop dates and work hours in detail.

## **SECTION 6 – ACM TYPES INFORMATION AND FEE SCHEDULE**

Use this section to identify the type and total quantity of asbestos that will be disturbed during this project and calculate fees owed based on your findings. All ACM's identified in Section 4 must be described completely here.

### **ACM TYPE(S)**

- Step 1 - Locate the type of ACM you will be disturbing in COLUMN A. Use the Category 1, 2 and RACM headings in COLUMN B to determine the material's current status, then locate the category the material will **MOST LIKELY BECOME** as a result of your abatement activities in COLUMN C.
- Step 2 - Show the combined LINEAR FOOT (LF) and/or SQUARE FOOTAGE (SF) of the material to be disturbed in COLUMN D, E, or F, depending on the determination made from the code in COLUMN C
- Step 3 - In COLUMN G, circle the corresponding ACM type code for any material amount listed in COLUMN(S) D, E, or F. In ROW G2, enter the type code(s) in the space(s) labeled CAT 1, CAT 2, and RACM.
- Step 4 – Total COLUMNS D, E, and F and insert the total(s) in the appropriate space(s) provided.

### **DEFINITIONS:**

**CATEGORY 1 NON-FRIABLE ACM** includes asbestos-containing packing, gaskets, resilient floor covering, mastics, and asphalt roof products that contain greater than 1% asbestos. Category 1 materials that will likely become friable as a result of removal activity must be listed in the RACM category.

**CATEGORY 2 NON-FRIABLE ACM** includes any asbestos-containing material, excluding Category 1 non-friable ACM, These are primarily the asbestos-cement products. Category 2 materials that will likely become friable as a result of removal activity must be listed in the RACM category.

**RACM (Regulated Asbestos-Containing Material)** means friable asbestos containing material, Category 1 non-friable ACM that has become friable, Category 1 non-friable ACM that will be or has been subjected to sanding, grinding, cutting, or abrading, or Category 2 non-friable ACM that has a high probability of becoming or has become crumbled, pulverized, or reduced to powder by the forces expected to act on the material in the course of demolition or renovation operations

### **FEE CALCULATION SECTION**

Step 1 - Use the check box  to indicate whether the project is RESIDENTIAL (ROW H.) or NON-RESIDENTIAL (ROW I.).

Step 2 - Place the total from COLUMN F on the correct line provided in either “BOX H (A). – RESIDENTIAL” or “BOX I (A) – NON-RESIDENTIAL”.

Step 3 – Multiply the number in BOX H (A) or I (A) by \$0.10 (Ten Cents - 10¢) and place the resulting amount in line H (B) or I (B)

### **MINIMUM AND MAXIMUM FEES:**

**RESIDENTIAL PROJECTS:** Residential projects are subject to a minimum fee of \$25 and a maximum fee of \$50 per dwelling unit.

**NON-RESIDENTIAL PROJECTS:** Non-residential projects are subject to a minimum fee of \$25 and a maximum fee of \$1,000.

### **DEFINITIONS:**

**RESIDENTIAL PROJECT:** A residential dwelling means any family residence or apartment building with four or fewer dwelling units.

**NON-RESIDENTIAL PROJECT:** A non-residential project means any project conducted on any building that would fall outside the guidelines established by the definition of a residential dwelling. I.E.: any non-residential structure, or any residential structure with five or more dwelling units.

**IF FEES ARE DUE FOR ANY PROJECT, SHOW THE CHECK NUMBER IN THE SPACE PROVIDED.**

**SECTION 7 – BUILDING OWNER, WASTE TRANSPORTER, AND DISPOSAL SITE INFORMATION**

**WASTE TRANSPORTER:** Complete all areas

- NAME OF COMPANY
- CONTACT NAME: Name of person at Transport Company to call, if necessary.
- ADDRESS/CITY/STATE/ZIP/PHONE/FAX

**DISPOSAL SITE INFORMATION**

- WASTE DISPOSAL SITE NAME: Name of Landfill.
- DISPOSAL SITE COUNTY: Provide County name.
- ADDRESS/CITY/STATE/ZIP/PHONE/FAX: Complete all areas.

**BUILDING OWNER**

- OWNER OF PROJECT SITE/FACILITY: Name of legal owner of facility/property.
- OWNER'S REPRESENTATIVE: Name of person (other than Contractor) acting on behalf of Owner, particularly if completing & submitting this form.
- OWNER'S STREET ADDRESS: For service of legal process if required.
- OWNER'S MAILING ADDRESS if different than the street address.
- CITY/STATE/ZIP/PHONE/FAX Complete all areas.
- TELEPHONE NUMBER: Number at which Contact person may be reached, starting with area code.

**SECTION 8 – WORK METHODS**

Enter the method(s) of demolition and/or renovation activity and a description of work practices and engineering controls to be used on this project. Describe fully what types of abatement and/or demolition activities are going to take place, the method(s) of removal and/or demolition that will be used, and controls in place to prevent asbestos emissions. Attach a separate sheet of paper if more room is needed to answer this section.

FOR EXAMPLE:

- "Wet spud bar and chemical removal of FT M with critical barriers. 1 negative air. Visual clearance only";
- "Wet spud bar removal of ACS over 6 mil plastic on ground. Place in plastic lined roll of dumpster. Visual clearance only"
- "Demo with front-end loader. Push down, wet, and machine load into 30 CY roll of dumpster"

**SECTION 9 - ADDITIONAL PROJECT INFORMATION**

- WILL ASBESTOS REMAIN IN THE PROJECT AREA? Please answer "YES", "NO", or "UNKNOWN", and explain a YES or UNKNOWN answer.
- IF NO ASBESTOS IS PRESENT, WAS THIS THE RESULT OF A PREVIOUS ABATEMENT?
- IF THE PROJECT WAS PREVIOUSLY ABATED, PROVIDE ALL REQUESTED INFORMATION FOR THE PRIOR ABATEMENT COMPANY.

**CERTIFICATION OF INFORMATION AND ACKNOWLEDGEMENT**

**PROVIDE ALL REQUESTED INFORMATION - DO NOT LEAVE ANY SPACES BLANK AND INCLUDE SIGNATURE**

**PRINTED NAME** - Print or type full name of person submitting form.

**PHONE:** Phone number of the person submitting the Project Notification.

**SIGNATURE** - The person submitting this form must submit with their signature.

**DATE** - Date project notification is signed

**REPRESENTING** - Check the appropriate title:

- OWNER - Owner of Facility in which project is being performed
- ABATEMENT CONTRACTOR – A Georgia Licensed Asbestos Abatement Contractor
- DEMOLITION CONTRACTOR – Demolition Contractor
- OTHER CONTRACTOR – A contractor representing another trade involved on the project. For example: "General Contractor," "Sub Contractor," or "Consultant."

**COMPANY NAME:** Name of company submitting the Project Notification.

**ADDRESS:** Complete the mailing address including street, city, state and zip code.

NOTE: If a Project Notification is submitted by someone other than the asbestos abatement or demolition contractor - such as the Consultant or Owner - in order to start the 10 working day notification period while the contract is out for bid, A REVISED NOTIFICATION MUST BE SUBMITTED BY THE CONTRACTOR TO WHOM THE PROJECT IS AWARDED BEFORE WORK BEGINS. THE CONTRACTOR MUST SIGN THE CERTIFICATION AREA OF THE REVISED NOTIFICATION FORM.