

**GEORGIA PROJECT NOTIFICATION FORM
COURTESY NOTIFICATIONS ONLY**

FOR NON-FRIABLE PROJECTS, UNDER GEORGIA TRIGGER QUANTITY PROJECTS, OR OWNER REMOVAL PROJECTS ONLY.
*****Do not use this form for DEMOLITION projects.*****

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.

MAIL ORIGINAL NOTIFICATIONS TO THIS ADDRESS:

EPD ASBESTOS PROGRAM
 ATTN: COURTESY 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

UNDER GEORGIA TRIGGER QUANTITY (10SF/10LF) NON-FRIABLE PROJECT OWNER REMOVAL PROJECT

SECTION 2 – SITE INFORMATION

CHECK IF SECTION REVISED

PROJECT NAME:

PROJECT ADDRESS:

PROJECT CITY:

ZIP:

COUNTY:

NEAREST MAJOR INTERSECTION:

BLDG SIZE IN SQ. FT:

NUMBER OF FLOORS IN BUILDING:

YEAR OF CONSTRUCTION:

IS THIS A RESIDENCE?

YES NO

WILL SITE BECOME RESIDENCE?

YES NO

IS THIS A CHILD-OCCUPIED FACILITY? (SEE PG 5 FOR DEFINITION) YES NO

SPECIFIC LOCATION IN BUILDING OF ASBESTOS BEING REMOVED:

SECTION 3 – ASBESTOS CONTRACTOR FIRM

CHECK IF SECTION REVISED

ASBESTOS CONTRACTOR FIRM NAME:

EMAIL ADDRESS:

CONTRACTOR'S STREET ADDRESS:

FIRM LICENSE #:

CITY:

STATE:

ZIP:

PHONE:

FAX:

GA AUTHORIZED AGENT:

GA AGENT'S ID:

EXPIRES:

CELL PHONE:

GA CERTIFIED RENOVATION (RRP) FIRM? YES NO

GA CERTIFIED RENOVATOR? YES NO

GA CERTIFIED RENOVATION FIRM ID:

GA CERTIFIED RENOVATOR ID:

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

CHECK IF SECTION REVISED

ABATEMENT START DATE

ABATEMENT END DATE

WORK DAYS (MON-SUN)

WORK HOURS (EX : 7A – 4P)

SECTION 6 – ACM AMOUNTS AND TYPE CODES

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 LF. 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 Category RACM:					1: 2:	Category 1 Total	Category 2 Total	RACM Total

SECTION 7 - WASTE TRANSPORTER, DISPOSAL SITE, AND BUILDING OWNER INFORMATION

CHECK IF SECTION REVISED

WASTE TRANSPORTER					TRANSPORTER CONTACT PERSON:				
NAME									
TRANSPORTER'S MAILING ADDRESS:									
CITY:			STATE:		ZIP:		PHONE:		FAX:
All Detached Non-Friable and Friable ACM Must Go To an ACM Permitted Landfill.									
DISPOSAL SITE					DISPOSAL SITE COUNTY:				
NAME:									
DISPOSAL SITE ADDRESS:									
CITY:			STATE:		ZIP:		PHONE:		FAX:

PROJECT OWNER NAME:		OWNER'S REPRESENTATIVE:		
OWNER'S STREET ADDRESS:				
OWNER'S MAILING ADDRESS (IF DIFFERENT):				
CITY:	STATE:	ZIP:	PHONE:	FAX:
SECTION 8 - WORK METHODS: METHOD OF ABATEMENT ACTIVITY (DESCRIPTION OF WORK PRACTICES, ENGINEERING CONTROLS, AND CLEARANCE METHODS) <input type="checkbox"/> CHECK IF SECTION REVISED				
SECTION 9 - ADDITIONAL PROJECT INFORMATION <input type="checkbox"/> CHECK IF SECTION REVISED				
WILL ASBESTOS REMAIN IN THE PROJECT AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				
EXPLAIN 'YES' OR 'UNKNOWN':				
WAS THIS SITE PREVIOUSLY ABATED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				
PRIOR ABATEMENT COMPANY:			YEAR ABATED:	
PRIOR COMPANY CONTACT PERSON:			PHONE:	
CERTIFICATION OF INFORMATION AND ACKNOWLEDGEMENT <input type="checkbox"/> CHECK IF SECTION REVISED				
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 ABATEMENT 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"/> ASBESTOS ABATEMENT CONTRACTOR <input type="checkbox"/> OTHER _____				
<input type="checkbox"/> COMPANY NAME IF "OTHER" CHECKED:		ADDRESS IF "OTHER" CHECKED:		
<ul style="list-style-type: none"> • Refer to the detailed instructions when in doubt about proper completion of any section. • Never leave blank spaces. Insert "N/A" or "Unknown" for any blank where you do not have the information requested. • Print responses neatly and legibly. • ALWAYS keep a copy of this form for your records and provide copies to all other involved parties. • EPD no longer accepts Fax only documents. <u>SUBMIT THE ENTIRE FORM VIA MAIL.</u> <p><u>HOW TO SUBMIT</u> Mail original notification to the EPD Office Address at 4244 International Parkway, Suite 104, Atlanta, GA 30354. If emergency project, include letter of explanation with original notification to office address.</p>				

DETAILED INSTRUCTIONS FOR COMPLETING THE GEORGIA EPD

COURTESY PROJECT NOTIFICATION FOR SMALL QUANTITY FRIABLE, NONFRIABLE REMOVAL, OR OWNER REMOVAL PROJECTS

The following instructions are a step-by-step guide through the notification completion process. If you have questions or need assistance with completion of the notification documents, please call the daily duty officer available Monday through Friday 8:00AM until 4:30PM at (404) 363-7026.

HOW TO SUBMIT YOUR NOTIFICATION?

MAIL ORIGINAL NOTIFICATIONS TO THIS ADDRESS:

EPD ASBESTOS PROGRAM
ATTN: COURTESY NOTIFICATIONS
4244 INTERNATIONAL PARKWAY, SUITE 104
ATLANTA, GEORGIA 30354

SECTION 1A – WHAT TYPE OF NOTICE SHOULD YOU SUBMIT?

Courtesy 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. For all revisions, re-sign and re-date the certification section of the project notification before resubmitting.

SECTION 1B – WHAT TYPE OF PROJECT ARE YOU CONDUCTING?

- **PROJECT UNDER GEORGIA TRIGGER QUANTITY** – Removal/abatement of friable asbestos containing materials LESS than 10 square feet or 10 linear feet. If demolition activities are performed after renovation/abatement activities, please submit a separate PROJECT NOTIFICATION FOR DEMOLITION PROJECTS. ***This COURTESY Notification may be submitted for projects involving non-friable ACM or less than 10 square feet or 10 linear feet of friable ACM or any quantity of removal work being performed by the legal owner of the property.***
- **NON-FRIABLE PROJECT** - Removal/abatement of non-friable asbestos containing materials. If demolition activities are performed after renovation/abatement activities, please submit a separate PROJECT NOTIFICATION FOR DEMOLITION PROJECTS. ***This COURTESY Notification may be submitted for projects involving non-friable ACM or less than 10 square feet or 10 linear feet of friable ACM or any quantity of removal work being performed by the legal owner of the property.***
- **OWNER REMOVAL PROJECT** – A project in which the legal owner of the property is performing the removal/abatement of asbestos containing materials. If demolition activities are performed after renovation/abatement activities, please submit a separate PROJECT NOTIFICATION FOR DEMOLITION PROJECTS. ***This COURTESY Notification may be submitted for projects involving non-friable ACM or less than 10 square feet or 10 linear feet of friable ACM or any quantity of removal work being performed by the legal owner of the property.***

SECTION 2 – SITE INFORMATION

- **PROJECT NAME** – Identify the exact location where abatement/renovation/encapsulation work is being performed. Provide the name of the building, company, or other description of all structures involved in the project. 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 that abatement/renovation work will be performed.
 - 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.
- **PROJECT 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.
- **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.

- **YEAR OF CONSTRUCTION** – For example, “1978”.
- **IS THIS A RESIDENCE?** – Is this site currently a residence? Check Yes or No.
- **WILL SITE BECOME RESIDENCE?** – Will this site be converted into residence(s)? Check Yes or No.
- **IS THIS A CHILD-OCCUPIED FACILITY?** - “Child-occupied facility” means a building, or portion of a building constructed prior to 1978, visited by the same child, six years of age or under, on at least two different days within the same week (Sunday through Saturday period), provided each day’s visit lasts at least three hours and the combined weekly visit lasts at least six hours. Child-occupied facilities include, but are not limited to, day-care centers, pre-schools and kindergarten classrooms. Check Yes or No.
- **SPECIFIC LOCATION OF ASBESTOS BEING REMOVED** – Provide specific area(s) of the structure that are being abated, encapsulated or renovated. For example: “Roof”, “Kitchen Floor”, “Steam Pipes in Basement”, “Throughout Building”, “Hallway”, “Floor Number _____”, “Room Number_____”, etc).

SECTION 3 – ASBESTOS CONTRACTOR FIRM INFORMATION

- **ASBESTOS CONTRACTOR FIRM NAME** – Name of the company that will perform the asbestos renovation, encapsulation or abatement activities. If owner is performing removal, indicate “Owner Removal” in Contractor Firm Name field.
- **EMAIL ADDRESS** – Please provide email address. This is required for future online processing. If you do not currently have an email address, please obtain one.
- **STREET ADDRESS** – The actual physical location of the Asbestos Removal Contractor place of business or Owner’s address **DO NOT USE A POST OFFICE BOX IN THIS SPACE!**
- **COMPANY CERTIFICATE NUMBER** – The number issued on the contractor firm license by Georgia EPD. If Owner Removal project, state N/A in the space.
- **CITY/STATE/ZIP/PHONE/FAX** – You must complete each space.
- **GA AUTHORIZED AGENTS NAME** – Name of the person licensed by EPD as the Primary Agent for this company. If Owner Removal project, state N/A in the space.
- **GA AGENT’S ID NUMBER** – The agent’s authorization number issued by EPD or “N/A” if owner removal project. Example: “50123”
- **EXPIRES** – The date on which the agent’s certificate expires, or “N/A” if owner removal project.
- **CELL PHONE** – The cellular number for the Primary Agent or owner’s cell phone, if owner removal project.
- **GEORGIA CERTIFIED RENOVATION FIRM** – Check YES or NO. Renovation activities (including asbestos abatement, encapsulation, partial demolition and renovation) performed on target housing (built before 1978) or child-occupied facilities (built before 1978) are subject to Georgia’s Lead-Based Paint Renovation, Repair and Painting (RRP) Rules. Certification of a Renovation Firm is required to advertise or agree to perform these activities. A Renovator working for a Certified Firm must be trained and Georgia Certified to perform these activities. For more information, please see <http://epd.georgia.gov/lead-based-paint> or contact our daily duty officer available Monday through Friday 8:00AM until 4:30PM at (404) 363-7026. To apply to become a Georgia Certified Renovation Firm, register an account in GEOS, the Georgia EPD Online System. Go to Geos.epd.georgia.gov/ga/geos/public and click on “Create a new account.” Select the “Application for Renovator Certification” and “Application for Renovation Firm Certification” to apply for Firm and Renovator certifications. Both certifications are required to perform RRP work in Georgia.
- **GEORGIA CERTIFIED RENOVATOR** – Check YES or NO. Renovation activities (including asbestos abatement, encapsulation, partial demolition and renovation) performed on target housing (built before 1978) or child-occupied facilities (built before 1978) are subject to Georgia’s Lead-Based Paint Renovation, Repair and Painting (RRP) Rules. Certification of a Renovation Firm is required to advertise or agree to perform these activities. A Renovator working for a Certified Firm must be trained and Georgia Certified to perform these activities. For more information, please see <http://epd.georgia.gov/lead-based-paint> or contact our daily duty officer available Monday through Friday 8:00AM until 4:30PM at (404) 363-7026. To apply to become a Georgia Certified Renovation Firm, register an account in GEOS, the Georgia EPD Online System. Go to Geos.epd.georgia.gov/ga/geos/public and click on “Create a new account.” Select the “Application for Renovator Certification” and “Application for Renovation Firm Certification” to apply for Firm and Renovator certifications. Both certifications are required to perform RRP work in Georgia.
Need RRP Training? Click https://epd.georgia.gov/sites/epd.georgia.gov/files/RRP_Training_Providers_032116.pdf for a list of Georgia Accredited Training Providers.

- **GEORGIA CERTIFIED RENOVATION FIRM ID** – The Renovation Firm’s ID number issued by Georgia EPD. Example: “50123”. Please do not enter ID numbers issued by EPA. To apply to become a Georgia Certified Renovation Firm, register an account in GEOS, the Georgia EPD Online System. Go to Geos.epd.georgia.gov/ga/geos/public and click on “Create a new account.” Select the “Application for Renovator Certification” and “Application for Renovation Firm Certification” to apply for Firm and Renovator certifications. Both certifications are required to perform RRP work in Georgia.
- **GEORGIA CERTIFIED RENOVATOR ID** – The Renovator’s ID number issued by Georgia EPD. Please do not enter the training certificate number or any ID numbers issued by EPA. To apply to become a Georgia Certified Renovation Firm, register an account in GEOS, the Georgia EPD Online System. Go to Geos.epd.georgia.gov/ga/geos/public and click on “Create a new account.” Select the “Application for Renovator Certification” and “Application for Renovation Firm Certification” to apply for Firm and Renovator certifications. Both certifications are required to perform RRP work in Georgia. **Need RRP Training?** Click https://epd.georgia.gov/sites/epd.georgia.gov/files/RRP_Training_Providers_032116.pdf for a list of Georgia Accredited Training Providers.

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. ***This COURTESY Notification may be submitted for projects less than 10 square feet or 10 linear feet of friable ACM.***
 - **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. ***This COURTESY Notification may be submitted for projects involving non-friable ACM or less than 10 square feet or 10 linear feet of friable ACM.***
- **DID AN AHERA ACCREDITED INSPECTOR INSPECT THIS SITE?**
Was the portion of the abatement, renovation or encapsulation project or area described in Section 2 of this form, thoroughly inspected by an AHERA Accredited Asbestos Inspector? Check YES, NO or ASSUMED.
 - **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. ***This COURTESY Notification may be submitted for projects involving non-friable ACM or less than 10 square feet or 10 linear feet of friable 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” OR “Inspector Refresher”
- **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

- **ABATEMENT START DATE/END DATE** – Provide the project START date and END dates.
- **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. No fees are due if non-friable, less than 10 SF or 10 LF of friable ACM or Owner Removal Projects. All ACM’s identified in Section 4 must be described completely.

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.

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

WASTE TRANSPORTER: Complete all areas

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

DISPOSAL SITE INFORMATION

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

PROJECT OWNER

- NAME: Name of legal owner of facility/property.
- OWNER’S REPRESENTATIVE: Name of person (other than Contractor) acting on behalf of Owner completing and submitting this form, i.e. Consultant.
- 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 abatement, renovation and/or encapsulation activity and a description of work practices and engineering controls to be used on this project. Describe fully what types of activities will be performed, the method(s) of removal that will be used, and controls in place to prevent asbestos emissions. Attach a separate sheet of paper if necessary 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”

SECTION 9 - ADDITIONAL PROJECT INFORMATION

- **WILL ASBESTOS REMAIN IN THE PROJECT AREA?** – Check YES, NO or UNKNOWN, and explain a YES or UNKNOWN answer.
- **WAS THIS SITE PREVIOUSLY ABATED?** – Check YES, NO or UNKNOWN
- **PRIOR ABATEMENT COMPANY/YEAR ABATED/CONTACT PERSON/PHONE** – 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
 - OTHER – A contractor representing another trade involved on the project. For example: “General Contractor,” “Sub Contractor,” or “Consultant.” If “OTHER” is checked, complete the next two data boxes for “OTHER” company information.
- **COMPANY NAME:** Name of company submitting the Project Notification.
 - **ADDRESS:** Complete the mailing address including street, city, state and zip code. For Owner Removal Projects, put N/A.