

**GEORGIA PROJECT NOTIFICATION FORM
FOR ASBESTOS ABATEMENT, ENCAPSULATION, AND/OR RENOVATION**

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 FEES TO THIS ADDRESS:

EPD ASBESTOS FEES LOCKBOX
POST OFFICE BOX 101173
ATLANTA, GEORGIA 30392
(SEE SECTION 6 FOR FEE CALCULATION INSTRUCTIONS)
DO NOT MAIL ORIGINALS TO THIS ADDRESS – THEY WILL BE SHREDED

MAIL ORIGINAL NOTIFICATIONS TO THIS ADDRESS:

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

SECTION 1C - EMERGENCY PROJECTS

EMERGENCY (ATTACH LETTER OF EXPLANATION)

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 INFORMATION

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 (10 WORKING DAY ADVANCE NOTIFICATION REQUIRED FOR NON-EMERGENCY NOTIFICATIONS!)

CHECK IF SECTION REVISED

ABATEMENT START DATE

ABATEMENT END DATE

WORK DAYS (MON-SUN)

WORK HOURS (EX : 7A – 4P)

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. Category1: _____ Category2: _____ RACM: _____					Category 1 Total	Category 2 Total	RACM Total	

CALCULATING FEES

Row H. IS THIS A RESIDENTIAL PROJECT **YES** (USE TOTAL FROM COLUMN F (RACM) 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)
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Row I. IS THIS A NON-RESIDENTIAL PROJECT **YES** (USE TOTAL FROM COLUMN F (RACM) 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)
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CHECK NUMBER _____ FOR THE AMOUNT SHOWN IN THE TOTAL FEES DUE ABOVE. DATE CHECK ISSUED ____ / ____ / ____

SECTION 7 - WASTE TRANSPORTER, DISPOSAL SITE, AND BUILDING OWNER INFORMATION				
<input type="checkbox"/> CHECK IF SECTION REVISED				
WASTE TRANSPORTER NAME			TRANSPORTER CONTACT PERSON:	
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 NAME:			DISPOSAL SITE COUNTY:	
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 AND/OR RENOVATION 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				
<p>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.</p> <p>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.</p>				
PRINTED NAME:			PHONE:	
SIGNATURE:			DATE:	
REPRESENTING: <input type="checkbox"/> OWNER <input type="checkbox"/> 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> • Never submit projects where fees are due without submitting the required fee. <p><u>HOW TO SUBMIT</u></p> <p>1) Mail a copy of notification with fees to the EPD Lockbox at PO BOX 101173, ATLANTA, GA 30392. Make check or money order payable to: "EPD Asbestos Fees".</p> <p>2) 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> <p>IT IS YOUR RESPONSIBILITY TO SUBMIT THIS FORM ACCURATELY AND COMPLETELY AND INCLUDE BY ALL APPLICABLE FEES.</p>				

DETAILED INSTRUCTIONS FOR COMPLETING THE GEORGIA EPD

PROJECT NOTIFICATION FOR ASBESTOS ABATEMENT, ENCAPSULATION, AND/OR RENOVATION 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?

<p><u>MAIL FEES TO THIS ADDRESS:</u> EPD ASBESTOS FEES LOCKBOX PO BOX 101173 ATLANTA, GEORGIA 30392</p> <p>Make check payable to: "EPD Asbestos Fees" (SEE SECTION 6 FOR FEE CALCULATION INSTRUCTIONS) DO NOT MAIL ORIGINAL NOTIFICATIONS TO THIS ADDRESS – THEY WILL BE SHREDED</p>	<p><u>MAIL ORIGINAL NOTIFICATIONS TO THIS ADDRESS:</u> EPD ASBESTOS PROGRAM ATTN: ASBESTOS NOTIFICATIONS 4244 INTERNATIONAL PARKWAY, SUITE 104 ATLANTA, GEORGIA 30354</p> <p>If emergency project, include letter of explanation with original notification to office address.</p>
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MAILED FORMS: If your notification is 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 street address shown on the right above (not the lockbox address).

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

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.

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

- **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 after abatement. Notification for demolition projects must be submitted by the contractor performing those activities. If demolition activities are performed after renovation/abatement activities, please submit a separate PROJECT NOTIFICATION FOR DEMOLITION PROJECTS.
- **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.

SECTION 1C – EMERGENCY PROJECTS

- **EMERGENCY** – Abatement, renovation, and/or encapsulation 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. EPD no longer grants emergency waivers for the project notification period. If the project is not a NESHAP project, proceed with the project. If the project is a NESHAP project, contact EPA Region 4. A letter of explanation regarding the emergency situation from the Owner of the Project, or their representative, must accompany the notification. Notification of the emergency situation should be submitted 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.

SECTION 2 – SITE INFORMATION

- **PROJECT NAME** – Identify the exact location where abatement, renovation and/or 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, and/or encapsulation 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 firm that will perform the asbestos renovation, encapsulation or abatement activities.
- **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 Contractor Firm’s place of business. **DO NOT USE A POST OFFICE BOX IN THIS SPACE!**
- **FIRM LICENSE NUMBER** – The number on the asbestos contractor firm license issued by Georgia EPD.
- **CITY/STATE/ZIP/PHONE/FAX** – You must complete each space.
- **GA AUTHORIZED AGENTS NAME** – Name of the person authorized by EPD as the Principal Agent for this company.
- **GA AGENT’S ID NUMBER** – The agent’s number issued by EPD. Example: “50123”
- **EXPIRES** – The date on which the agent’s authorization expires.
- **CELL PHONE** – The cellular number for the Principal Agent.
- **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.
 - **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, 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.
- **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

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.

- **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 and calculate fees owed based on your findings. 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.

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), SUBJECT TO MINIMUM AND MAXIMUM FEES.

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.

INCLUDE THE CHECK OR MONEY ORDER NUMBER FOR THE FEES DUE IN THE SPACE PROVIDED.

SECTION 7 – WASTE TRANSPORTER, DISPOSAL SITE INFORMATION, 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, particularly if 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 Owner or owner's representative 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-off 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” checked, provide company name and phone number of other company.
- **COMPANY NAME:** Name of company submitting the Project Notification.
- **ADDRESS:** Complete the mailing address including street, city, state and zip code. If “Other” checked, provide mailing address of other company.