

STATE OF ILLINOIS DEMOLITION/RENOVATION/ASBESTOS PROJECT NOTIFICATION FORM

Abatement projects greater than 3 sq./ft and or 3 linear ft. up to 160 sq.ft or 260 linear feet including all school projects shall be submitted to the Illinois Department of Public Health.

Projects greater than 160 sq./ft or 260 linear ft., or 1 cubic meter and demolition projects shall be submitted to Illinois Environmental Protection Agency. All projects in Cook County must notify Cook County Environmental Control.

This form and appropriate fee shall be submitted for all original notifications to IDPH (no fee), IEPA (\$150), and Cook County (\$200). This form shall also be used for revisions to the IEPA and IDPH. A Cook County Revision Form must be used to cancel an asbestos permit.

Date:	Copies of this form may be found at: www.ienconnect.com/enviro					
TYPE OF NOTIFICATION: <input type="checkbox"/> original <input type="checkbox"/> demolition <input type="checkbox"/> renovation <input type="checkbox"/> cancellation <input type="checkbox"/> revision <input type="checkbox"/> ordered demolition <input type="checkbox"/> annual						
Check Type of Project Below: <i>(Check all that apply.)</i>						
<input type="checkbox"/> Friable School Project <input type="checkbox"/> Non-Friable School Floor Tile Project <input type="checkbox"/> Commercial Public Building (Friable & Non-Friable)						
Revised by: <input type="checkbox"/> Contractor <input type="checkbox"/> Owner <input type="checkbox"/> Project Designer #of times revised: _____ List Section #'s being revised: _____						
1. FACILITY INFORMATION:						
Facility name:			School Bldg ID:			
Location of Asbestos Containing Material (ACM) in Structure:						
Bldg Size:	Sq.Ft.:	#Flrs:	Age:	Present Use:		
Prior Use:			Future Use (demo)			
Address:						
City:		County:		Zip:		
Contact:			Phone:			
2. FACILITY OWNER OR SCHOOL DISTRICT: <i>(Tip: Complete for all projects Commercial/Public or Schools)</i>						
Facility Owner Name:			Address:			
City:		State:		Zip:		
Contact:			Phone:			
Copies of abatement permission and written verification certification to all building occupants and users from the building owner or school board shall be submitted for IDPH public and private school facilities as required by Section 855.350 of the IDPH Asbestos Code.						
3. ASBESTOS CONTRACTOR NAME:					ID#:	
Address:						
City:		State:		Zip:		
Contact:			Phone:			
4. DEMOLITION CONTRACTOR NAME:						
Address:						
City:		State:		Zip:		
Contact:			Phone:			
5. ABATEMENT INFORMATION:			Is Asbestos Present? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Description of Planned Demolition or Renovation Work and Methods to be Employed Including Demolition or Renovation Techniques:						
Description of Work Practice(s) and Engineering Controls used to Prevent Emissions at the Demolition or Renovation Site:						
6. Quantities:						
	Regulated Asbestos Containing Material to be removed (RACM)	Non-friable asbestos not to be removed (demolition) CAT I CAT II		Non-friable asbestos to be removed CAT I CAT II		TOTAL ASBESTOS TO BE REMOVED
Pipes (Ln. Ft.):						
Surface Area (Sq. Ft.):						
Volume (Cu. Ft.):						
<i>Tip: CAT I non-friable ACM are asbestos-containing resilient floor coverings (vinyl asbestos tile (VAT), asphalt roofing products, packing and gaskets. All other non-friable ACM are considered CAT II non-friable ACM. (RACM) is (a) friable asbestos material, (b) Category I non-friable ACM that has become friable, (c) Category I non-friable ACM that will be or has been subjected to sanding, grinding, cutting or abrading, or (d) Category II 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.</i>						
7. ABATEMENT START DATE:			Finish Date:	Work hours:	AM	PM
Scheduled Demolition Start Date:			Finish Date:	Work hours:	AM	PM
Working Weekends?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Working Evenings?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Tip: Ten day notification requires at minimum, ten (10) working days (Monday-Friday including holidays) prior to the commencement date. Ten days begin with the US postmark date or date received in office by commercial services or hand delivery. IEPA and Cook County cannot accept faxed copies, however, IDPH will accept faxed submissions. Phased projects will not be accepted.</i>						

8. PROJECT DESIGNER ID#: 100-		Name:	
Complete Project Designer Name and License ID# if this project was designed by a Designer.			
9. INSPECTOR ID#: 100-		Name:	
<i>Tip: If procedure utilized is visual inspection, the inspector ID# must be provided.</i>			
10. PROCEDURE, INCLUDING ANALYTICAL METHOD, USED TO DETECT THE PRESENCE OF ASBESTOS			
Name of Analytical Testing Laboratory:			
11. ASBESTOS PROJECT MANAGER ID#: 100-		Name:	
12. AIR SAMPLING PROFESSIONAL ID#: 100-		Name:	
13. DISPOSAL SITE/LANDFILL NAME:			
Address:		Contact:	
City:	State:	Zip:	Phone:
14. WASTE TRANSPORTER/NAME:			
Address:		Contact:	
City:	State:	Zip:	Phone:
15. IS DEMOLITION ORDERED BY A GOVERNMENT AGENCY?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If yes, a signed copy of Order must be attached.)</i>			
Government representative ordering the activity:			
Title:	Date of Order:	Order Demolition Date:	
16. FOR EMERGENCY RENOVATION:			
Date and hour of emergency (mm/dd/yy):		AM	PM
Describe sudden unplanned event. (example: boiler explosion) Explain how the event caused unsafe conditions or would cause equipment failure or an unreasonable financial burden.			
17. Description of procedures to be followed in the event that unexpected asbestos is found or previously non friable asbestos material becomes crumbled, pulverized or reduced to powder.			
I certify that at least one representative trained in the provisions of 40 CFR Part 61, Subpart M, shall be on site during demolition or renovation, having in his or her possession for inspection, evidence that the requisite training has been accomplished.			
CERTIFICATE # _____		NAME OF TRAINING COURSE _____	
I certify the above information is correct.			
Signature of Demolition/Abatement Contractor or the Owner			Date
Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h)).			
<i>Tip: All notification forms must be hand signed and dated. Hand stamps are not acceptable. IEPA and Cook County require original signatures on their notification forms. IDPH will accept photocopies. All notifications submitted to IEPA & Cook County must be accompanied by the appropriate fee. There is no fee for notification to IDPH.</i>			
ILLINOIS EPA AGENCY USE ONLY			
Date Received:	Input to ACTS:	Post Mark Date:	To Cook/City:
Champaign	LaSalle	Springfield	Rockford Moline Marion
For Cook County Departmental Use Only.			
Date Received CCDEC:	Post Mark Date:	Input Into Computer:	
Inspection Fee Received:	Inspection Priority: Top <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/>	Must be Inspected:	
Date(s) of Inspections:			
Inspection Report Attached:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Violation Copies Attached:	Yes <input type="checkbox"/> No <input type="checkbox"/>

The Illinois EPA is authorized to require, and you shall disclose, the information requested on this Agency form utilizing this form pursuant to the Illinois Environmental Protection Act (Act), 415 ILCS 5. Failure to disclose the requisite information on this Agency form may result in your notification being denied, and/or penalties being imposed as provided for in the Act, 415 ILCS 5/42-45.