

HEALTH DEPARTMENT OF KANSAS CITY, MISSOURI AIR QUALITY PROGRAM

2400 TROOST, SUITE 3200 KANSAS CITY, MO 64108 Office: (816) 513-6314

Fax: (816) 513-6173

ASRESTOS DOO IECT NOTIFICATION

FOR	OFFICE	USE	ONLY
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This notification must be submitted a minimum of ten (10) days prior to the start date of the project.

	ASBESTOS PROJECT NOTIFICATION			
Check	all that apply:	FOR	AIR QUAI	LITY USE ONLY
	Emergency Notification (submit justification from owner)	DATE RECEI	/ED	CHECK DATE
	Greater than or equal to 160 square feet or 260 linear feet of friable asbestos			
	containing material	CASH RECEIF	PT DATE	CHECK #
	Less than 160 square feet or 260 linear feet of friable asbestos containing material.			
_	2000 than 100 oquato 100t of 200 infour 100t of mable abbotice containing material.	CASH RECEIF	PT#	POST DUE DATE
NOTE	a non-refundable review fee of \$175.00 must be submitted for any asbestos abatement			
NOIL	project involving 10 or more square feet or 16 or more linear feet of friable asbestos		-	
	containing material, and for planned renovation projects as defined in U.S. EPA			
	Regulation 40 CFR 61 Subpart M. Missouri Department of Natural Resources			
	Registration and Certification must be current. Make checks payable to: CITY			
	TREASURER.			
	IREASURER.			
PART	A AUTHORIZATION			
1. ASBE	STOS ABATEMENT CONTRACTOR NAME			
2. ADDF	ESS CITY STATE ZIPCOD		TELEPHONE	NUMBER
3. MISS	OURI REGISTRATION NUMBER		REGISTRATION	ON EXPIRATION DATE
_				
3a.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF FEDERAL REGU	•		,
	WILL BE ON-SITE DURING THE PROJECT AND PROOF THAT THIS PERSON HAS CO	MPLETED	THE REQU	JIRED TRAINING WILL
	BE AVAILABLE FOR INSPECTION BY THE DEPARTMENT.			
3b.	THE ASBESTOS CONTROL MEASURES PRACTICES ON THIS PROJECT WILL COMP		UADTED 0	SECTION 9 0 AND
JD.	THE STANDARDS FOR WORKER PROTECTION ESTABLISHED BY OSHA IN 29 CFR			
	THE STANDARDS FOR WORKER PROTECTION ESTABLISHED BY OSHA IN 29 CFR	1920.1101 F	ו.טופו טאוי	001.
	BY MY SIGNATURE, I ATTEST THAT ALL ASBESTOS ABATEMENT PROCEDURES SH	HALL BE PE	RFORMED	IN COMPLIANCE
	WITH ALL APPLICABLE CITY AND FEDERAL REGULATIONS.			
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Зс.	I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND UNDERSTANDING	IG, THE INF	ORMATIO	N PROVIDED IN THIS
	NOTIFICATION IS TRUE AND CORRECT.			
SIGNED			DATE	
PRINTE	D NAME AND TITLE			
PART	B AIR SAMPLING AND LABORATORY INFORMATION			
1. IF A	N UNSAFE STRUCTURE IS BEING DEMOLISHED UNDER ORDER OF A STATE OR LO	CAL GOVE	RNMENT A	AGENCY, GIVE
	ME, TITLE, AND AUTHORITY OF INDIVIDUAL WHO ORDERED THE DEMOLITION. INCL			
NAME	TITLE AUTHORITY OF INDIDIVU		TELEPHONE	
2. IF A	WAIVER OF ANY PORTION OF CHAPTER 8 SECTION 8-9 IS REQUIRED, INDICATE TI	IE WAIVER	DESIRED	AND THE
	TIFICATION FOR SUCH A WAIVER. IDENTIFY ITEM NUMBER. USE SUPPLEMENTAL S			
	ERNATIVE WORK PRACTICE.			
WAIVEF	JUSTIFICATION			
3. NAME	AND MISSOURI CERTIFICATION NUMBER OF AIR SAMPLING PROFESSIONAL PERFORMING CLEARANCE A	R MONITORIN	G FOR THIS F	PROJECT.
ADDRES	SS CITY STATE ZIPCOD	1	TELEPHONE	NUMBER
4. NAME	AND CERTIFICATION NUMBER OF INSPECTOR AND DATE OF INSPECTION			
5. NAME	AND MISSOURI CERTIFICATION NUMBER OF MANAGEMENT PLANNER			
6. NAME	AND MISSOURI CERTIFICATION OF PROJECT DESIGNER			

PART C PROJECT DESCRIPTION			
1. COUNTY WHERE PROJECT IS TO BE PERFORMED	2. PROJECT NAME		
3. NAME AND MISSOURI CERTIFICATION NUMBER OF CONTRACTORS ON-SITE SU	PERVISOR	4. PROJECT SITE TE	ELEPHONE NUMBER
5. PROJECT SITE ADDRESS (PHYSICAL LOCATION)	CITY	STATE	ZIPCODE
6. OWNER NAME	OWNER CONTACT PERSON	TELEPHONE	NUMBER
OWNER ADDRESS	CITY	STATE	ZIPCODE
7. PROJECT TYPE			
☐ DISMANTL☐ DEMOLITION ☐ RENOVATION ☐ ENCLOSU		☐ ENCAPSULATIONS	TION S AND MAINTENANCE
8. DESCRIBE PROCEDURE USED FOR DETECTION OF REGULATED ASBESTOS CO	NTAINING MATERIAL, INCLUDING	ANALYTICAL METHOD EM	PLOYED, IF APPROPRIATE
9. DESCRIPTION AND QUANTITY OF FRIABLE ASBESTOS MATE	RIALS TO BE DISTURBED	(REPORT ONLY DEB	RIS IN CUBIC FEET)
MATERIAL		LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
TOTAL FRIABLE ACM	SQUARE FEET	LINEAR FEET	CUBIC FEET
Section 8-9 (c)(3) a 5, OSHA Material Safety Data Shecontenet. 10. QUANTITY OF MATERIAL THAT WILL BE ABOVE 150oF WHEN PRACTICES SUBMITTED FOR WORK OF THIS NATURE.	•		
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
11. DESCRIPTION AND QUANTITY OF NON-FRIABLE ASBESTOS	MATERIALS TO BE DISTU	RRED	
MATERIAL		LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
NOTE If chemical mastic removers are to be used to remove f to be used.	loor covering mastics, attach	Material Safety Data S	Sheet for the remover
12a. DESCRIBE ABATEMENT WORK INCLUDING LOCATION IN BUILDING, PLANNED	DEMOLITION/RENOVATION, AND	METHODS TO BE USED.	

PART C PROJECT DESCRIPTION (CONTIN	NUED)				
12b. DESCRIBE WORK PRACTICES AND ENGINEERING (CONTROLS TOBE USED TO	O PREVENT EMISSION (OF ASBESTOS		
12c. DESCRIBE THE CONTINGENCY PLAN IF UNEXPECT	TED RACM IS DISCOVERED)			
	Laboration		Les sopuso		IOTUPE
13. APPROXIMATE AGE OF STRUCTURE	14. PRESENT USE OF S	TRUCTURE	15. FORMER	USE OF STRU	JCTURE
PART D PROJECT SCHEDULE					
No phase of the project may begin during the to	wenty-day notification	review period withou	ut explicit waiver fron	n the depart	ment.
		START DAT	TE COMPLE	TE DATE	TIME
1. Site Preparation					
2. Asbestos Abatement Phase					
3. Enclosure Tear-Down Phase					
4. Daily Work Schedule		START TIME	QUIT TIME		LUNCH BREAK
PART E DISPOSAL 1. NAME OF WASTE HAULER IF OTHER THAN ASPESTO:	S CONTRACTOR				
ADDRESS		CITY	STATE		ZIPCODE
2. NAME OF DISPOSAL SITE					
ADDRESS	CITY	STATE	ZIPCODE	TELEPHONE	NUMBER
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PART F SUPPLEMENTAL INFORMATION (COPY THIS PAGE IF	EXTRA SPACE IS NEEDED)
PART F SUPPLEMENTAL INFORMATION (COPY THIS PAGE IF PROJECT SITE	NOTIFICATION DATE
PART NUMBER	ITEM NUMBER