



**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

**FOR OFFICE USE ONLY**

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:

- Emergency Notification (submit justification from owner)
- Greater than or equal to 160 square feet or 260 linear feet of friable asbestos containing material
- Less than 160 square feet or 260 linear feet of friable asbestos containing material.

NOTE: a non-refundable review fee of \$175.00 must be submitted for any asbestos abatement 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.**

**FOR AIR QUALITY USE ONLY**

DATE RECEIVED	CHECK DATE
CASH RECEIPT DATE	CHECK #
CASH RECEIPT #	POST DUE DATE

**PART A AUTHORIZATION**

1. ASBESTOS ABATEMENT CONTRACTOR NAME

2. ADDRESS CITY STATE ZIPCODE TELEPHONE NUMBER

3. MISSOURI REGISTRATION NUMBER REGISTRATION EXPIRATION DATE

3a. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF FEDERAL REGULATION (40 CFR PART 61 SUBPART m) WILL BE ON-SITE DURING THE PROJECT AND PROOF THAT THIS PERSON HAS COMPLETED THE REQUIRED TRAINING WILL BE AVAILABLE FOR INSPECTION BY THE DEPARTMENT.

3b. THE ASBESTOS CONTROL MEASURES PRACTICES ON THIS PROJECT WILL COMPLY WITH CHAPTER 8 SECTION 8-9 AND THE STANDARDS FOR WORKER PROTECTION ESTABLISHED BY OSHA IN 29 CFR 1926.1101 AND 1910.1001.

BY MY SIGNATURE, I ATTEST THAT ALL ASBESTOS ABATEMENT PROCEDURES SHALL BE PERFORMED IN COMPLIANCE WITH ALL APPLICABLE CITY AND FEDERAL REGULATIONS.

3c. I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND UNDERSTANDING, THE INFORMATION PROVIDED IN THIS NOTIFICATION IS TRUE AND CORRECT.

SIGNED DATE

PRINTED NAME AND TITLE

**PART B AIR SAMPLING AND LABORATORY INFORMATION**

1. IF AN UNSAFE STRUCTURE IS BEING DEMOLISHED UNDER ORDER OF A STATE OR LOCAL GOVERNMENT AGENCY, GIVE NAME, TITLE, AND AUTHORITY OF INDIVIDUAL WHO ORDERED THE DEMOLITION. INCLUDE COPY OF SIGNED ORDER.

NAME TITLE AUTHORITY OF INDIVIDUAL TELEPHONE NUMBER

2. IF A WAIVER OF ANY PORTION OF CHAPTER 8 SECTION 8-9 IS REQUIRED, INDICATE THE WAIVER DESIRED AND THE JUSTIFICATION FOR SUCH A WAIVER. IDENTIFY ITEM NUMBER. USE SUPPLEMENTAL SHEET TO DESCRIP PROPOSED ALTERNATIVE WORK PRACTICE.

WAIVER JUSTIFICATION

3. NAME AND MISSOURI CERTIFICATION NUMBER OF AIR SAMPLING PROFESSIONAL PERFORMING CLEARANCE AIR MONITORING FOR THIS PROJECT.

ADDRESS CITY STATE ZIPCODE 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 (CONTINUED)**

12b. DESCRIBE WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSION OF ASBESTOS

12c. DESCRIBE THE CONTINGENCY PLAN IF UNEXPECTED RACM IS DISCOVERED

13. APPROXIMATE AGE OF STRUCTURE

14. PRESENT USE OF STRUCTURE

15. FORMER USE OF STRUCTURE

**PART D PROJECT SCHEDULE**

No phase of the project may begin during the twenty-day notification review period without explicit waiver from the department.

	START DATE	COMPLETE 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 ASBESTOS CONTRACTOR

ADDRESS CITY STATE ZIPCODE

2. NAME OF DISPOSAL SITE

ADDRESS CITY STATE ZIPCODE TELEPHONE NUMBER

