



ASBESTOS ABATEMENT NOTIFICATION

Air Resources Division/Compliance Bureau/
Asbestos Management and Control Program



RSA/Rule: RSA 141-E:4, I and II and Env-A 1800

See [instructions for completing this form](http://www.des.nh.gov/waste/asbestos) located at:
www.des.nh.gov/waste/asbestos

OFFICE USE ONLY		OFFICE USE ONLY	
Notification No.:			
Check No.:	Paid By: <input type="checkbox"/> Entity <input type="checkbox"/> Applicant		
Check amount:	<input type="checkbox"/> Other:		
I. TYPE OF NOTIFICATION (Check One)		II. Fee Enclosed:	
<input type="checkbox"/> New <input type="checkbox"/> Revised			
III. EMERGENCY PROJECT INFORMATION			
Does this work qualify as an emergency asbestos abatement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, then	Date of the Emergency:	Time of the Emergency:	
<i>Describe the sudden, unexpected event and why immediate action is needed to address a public health or safety hazard or to avoid imposing an unreasonable economic hardship.</i>			
IV. DESIGN PLAN		For work at a school subject to AHERA, attach a copy of the design plan.	
V. FACILITY OWNER INFORMATION			
Owner's Name:			
Mailing Address:	Town/City:	State:	ZIP Code:
Contact Name:	Email:		
Phone number:	Phone Type: <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile <input type="checkbox"/> Other		
VI. ASBESTOS ABATEMENT CONTRACTOR INFORMATION			
Company Name:		License Number:	
Mailing Address:	Town/City:	State:	ZIP Code:
Contact Name:	Email:		
Phone number:	Phone Type: <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile <input type="checkbox"/> Other		
VII. FACILITY INFORMATION			
Facility Name:		Floor/room:	
Physical Address:	Town/City:	State:	ZIP Code:

Year Constructed:	Size (ft ²):	Number of Floors:	County:
Current Use: <input type="checkbox"/> Commercial <input type="checkbox"/> Hospital <input type="checkbox"/> Industrial <input type="checkbox"/> Office <input type="checkbox"/> Public Building <input type="checkbox"/> Residence <input type="checkbox"/> School <input type="checkbox"/> University/College <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Vacant <input type="checkbox"/> Unknown			
Prior Use: <input type="checkbox"/> Commercial <input type="checkbox"/> Hospital <input type="checkbox"/> Industrial <input type="checkbox"/> Office <input type="checkbox"/> Public Building <input type="checkbox"/> Residence <input type="checkbox"/> School <input type="checkbox"/> University/College <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Vacant <input type="checkbox"/> Unknown			
VIII. INSPECTION FOR ASBESTOS-CONTAINING MATERIAL AND WORK DETAILS			
Asbestos Inspection Conducted by:			Certification Number:
Type of Inspection (Check all that apply): <input type="checkbox"/> Visual <input type="checkbox"/> Analytical Testing			Inspection Date:
Describe Analytical Testing:			
Asbestos Abatement		Weekly Work Schedule	
Start Date:		S M T W R F S	
Completion Date:		Days of Work: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		Time of Day of Work: to	
IX. QUANTITY, TYPE AND LOCATION OF ASBESTOS-CONTAINING MATERIAL			
RACM to be Abated	Types of Asbestos and Location in Facility		
ft			
ft ²			
ft ³			
<i>Describe the planned asbestos abatement work and method(s) to be used.</i>			
<i>Briefly describe work practices or engineering controls to be employed. Attach additional pages if needed.</i>			
X. OTHER PROCEDURES			
Description of the procedures to be followed if unexpected RACM is found or Category II nonfriable ACM becomes crumbled, pulverized, or reduced to powder.			
XI. STATEMENTS OF COMPLIANCE			
<input type="checkbox"/> I certify that at least one person certified as required by Env-A 1816.02 will, at all times, supervise the asbestos abatement described by this notification. <input type="checkbox"/> I certify that I have read and understand the New Hampshire asbestos management and control rules, Env-A 1800. I further certify that the notification is prepared in conformity with Env-A 1800 and that all information contained herein, including any supplements attached hereto, is true, complete and not misleading to the best of my knowledge and belief.			
Signature:		Print Name:	
Title:		Date:	

Mail or Hand Deliver to: NHDES Asbestos Management Section, Air Resources Division
29 Hazen Drive, PO Box 95, Concord, NH 03302-0095
<https://www.des.nh.gov/>