

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT ASBESTOS DEMOLITION NOTIFICATION FORM

GENERAL INSTRUCTIONS: This Asbestos Demolition Notification Form is to be completed and submitted before a building or structure is to be demolished. **NOTE: IF THE BUILDING OR STRUCTURE CONTAINS FRIABLE ASBESTOS-CONTAINING MATERIALS, THE ASBESTOS NOTIFICATION FORM (ET-ASB8) MUST BE COMPLETED AND SUBMITTED TO THE DEPARTMENT. THIS ASBESTOS DEMOLITION FORM WILL NOT BE ACCEPTED FOR REPORTING THE REMOVAL OF FRIABLE ASBESTOS-CONTAINING MATERIALS FROM BUILDINGS SCHEDULED FOR DEMOLITION.** This form is to be received by the Department not less than 10 working days before the demolition project is scheduled to start. Any notification that is incomplete or any notification indicating site activities to be in violation of applicable regulations will be considered an invalid notification.

Separate notifications must be provided for each building or other individual facility where demolition of said building or facility is to be demolished. Additional copies of this form should be reproduced as needed.

Under most circumstances, the removal of Category I nonfriable asbestos-containing materials will not be required prior to demolition unless the building is to be burned or the materials are considered to be friable. Category II nonfriable asbestos-containing materials must be removed prior to demolition if the materials would be subject to crushing, crumbling or pulverizing during the process of demolition of the building or structure.

Mail the **original, signed and completed** form to: **KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
ASBESTOS CONTROL SECTION
1000 SW JACKSON, SUITE 310
TOPEKA, KANSAS 66612-1366
(785) 296-6024**

PART A AUTHENTICATION

I hereby certify that, to the best of my knowledge and understanding, the information provided is complete, true and correct.

Print or Type Name _____ Title _____

Signature _____ Date _____

Name of Firm _____

Telephone No. __ (____) _____

PART B PROJECT DESCRIPTION

Building/Structure Owner _____

Owner Address: Street _____

City _____ State _____ Zip _____

Owner Contact: Name _____ Telephone No. __ (____) _____

Building Address: Street _____ City _____ County _____

Present Use: _____ Past Use: _____ Age of Building: _____

Building Floor Space: (sq ft) _____ No. of Floors: _____

Scheduled Demolition Start _____/_____/_____ Completion _____/_____/_____

Describe how building will be demolished: _____

PART C INSPECTION INFORMATION

Was an inspection for asbestos conducted for this project? _____ Yes _____ No

If yes, provide the following information:

Inspector Name _____ Date Inspected _____

Address _____ City _____ State _____

Telephone No. (_____) _____

Accreditation by _____ Exp. Date _____

Provide method used to detect the presence of asbestos material, including analytical methods: _____

PART D DEMOLITION CONTRACTOR INFORMATION

Contractor: _____

Address: _____

City: _____ State _____ Zip _____

Contact: _____ Telephone No. (_____) _____

PART E IDENTIFIED ASBESTOS CONTAINING MATERIALS

Nonfriable Category I: _____ s.f. _____ l.f. _____ c. yd.

Nonfriable Category II: _____ s.f. _____ l.f. _____ c. yd.

Friable Asbestos _____ s.f. _____ l.f. _____ c. yd.

If friable asbestos-containing materials are present state who will be removing the material and when it will be removed:

If nonfriable Category II asbestos-containing materials are present, briefly state the work practices intended to be used to insure these materials do not become friable (crushed, crumbled, or pulverized):

Is building or structure to be burned? _____ Yes _____ No If yes, attach a copy of the required approval letter from KDHE. **NOTE:** All asbestos-containing materials and any additional materials, as required by the Department, must be removed prior to burning.

Was demolition ordered by a Local Government because the structure is structurally unsafe and in danger if imminent collapse? _____ Yes _____ No **If yes, attach copy of the order**

PART F WASTE DISPOSAL

Disposal Site: _____

KDHE Licensed Municipal Solid Waste (Sanitary) or Construction/Demolition (C&D) Landfill Permit Number _____

Location: City _____ County _____ State _____

Waste Transporter: _____