

Figure 3  
**STATE OF WYOMING**  
 NOTIFICATION OF DEMOLITION AND RENOVATION

<b>I. FACILITY DESCRIPTION (INCLUDE BUILDING NAME, NUMBER, AND FLOOR OR ROOM NUMBER)</b>					
BLDG NAME:					
ADDRESS:					
CITY:		STATE:		CONTACT:	
SITE DESCRIPTION (type of material being removed)					
<b>II. FACILITY INFORMATION (IDENTIFY OWNER, REMOVAL CONTRACTOR, AND OTHER OPERATOR)</b>					
OWNER NAME:					
ADDRESS:					
CITY:		STATE:		ZIP:	
CONTACT:				TEL:	
REMOVAL CONTRACTOR:					
ADDRESS:					
CITY:		STATE:		ZIP:	
CONTACT:				TEL:	
OTHER OPERATOR:					
ADDRESS:					
CITY:		STATE:		ZIP:	
CONTACT:				TEL:	
BUILDING SIZE:		NUM OF FLOORS:		AGE IN YEARS:	
PRESENT USE:		PRIOR USE:			
<b>III. TYPE OF OPERATION (D=DEMO O=ORDERED DEMO R=RENOVATION E=EMER. RENOVATION):</b>					
<b>IV. IS ASBESTOS PRESENT? (YES/NO)</b>					
<b>V. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b>					
<b>VI. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY)    START:                      COMPLETE:</b>					
<b>VII. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY)    START:                      COMPLETE:</b>					
<b>VIII. SCHEDULED WORK HOURS:                      START:                      COMPLETE:</b>					
<b>IX. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:</b> 1. REGULATED ACM TO BE REMOVED 2. CATEGORY I ACM NOT REMOVED 3. CATEGORY II ACM NOT REMOVED	RACM TO BE REMOVED	NONFRIABLE ASBESTOS MATERIAL TO BE REMOVED		NONFRIABLE ASBESTOS MATERIAL NOT TO BE REMOVED	
		CAT I	CAT II	CAT I	CAT II
PIPES					
SURFACE AREA					
VOL. RACM OFF FACILITY COMPONENT					
<b>X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b>					
<b>XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:</b>					

Figure 3. NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

XII. TYPE OF NOTIFICATION (O=ORIGINAL R=REVISED C=CANCELLED):		WPR Notice?
XIII. WASTE TRANSPORTER #1		
NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
CONTACT PERSON:		TELEPHONE:
WASTE TRANSPORTER #2		
NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
CONTACT PERSON:		TELEPHONE:
XIV. WASTE DISPOSAL SITE		
NAME:		
LOCATION:		
CITY:	STATE:	ZIP:
TELEPHONE:		CONTACT PERSON:
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
NAME:		TITLE:
AUTHORITY:		
DATE OF ORDER (MM/DD/YY):		DATE ORDERED TO BEGIN (MM/DD/YY):
XVI. FOR EMERGENCY RENOVATIONS		
DATE AND HOUR OF EMERGENCY (MM/DD/YY):		
DESCRIPTION OF THE SUDDEN, UNEXPECTED EVENT:		
EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN:		
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.		
XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (REQUIRED 1 YEAR AFTER PROMULGATION).		
_____		(SIGNATURE OF OWNER/OPERATOR) (DATE)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
_____		(SIGNATURE OF OWNER/OPERATOR) (DATE)