



CLARK COUNTY DEPARTMENT OF AIR QUALITY AND ENVIRONMENTAL MANAGEMENT

500 S. Grand Central Pkwy, 1st floor • PO Box 555210 • Las Vegas
NV 89155-5210
(702) 455-5942 • Fax (702)383-9994 or 455-1537

If you are engaged in **RENOVATION** and/or **DEMOLITION** activities, please read this!

Under the Clark County Air Quality Regulations, prior to the commencement of a demolition or renovation (remodel) operation, the owner or operator of the demolition or renovation activity must thoroughly inspect the affected facility or part of the facility (regardless of the date of construction) where the demolition or renovation operation will occur, for the presence of asbestos, including Category I and Category II non-friable asbestos containing materials (reference: 40 CFR 61.145(a)). The inspection must be conducted by a qualified AHERA building inspector licensed by Nevada OSHA.

****** You need to notify the Department of Air Quality Management and Environmental Management (DAQEM), if demolition or asbestos abatement will occur anywhere in Clark County. ******

For Demolition Projects:

For all demolitions, regardless of whether asbestos is present in the building, and including ordered demolitions, submit the Demolition Notification Form (DNF) to DAQEM at least 10 working days prior to beginning work. The age and size of the building is irrelevant, however a dust control permit is required if the structure is 1000 square feet or larger, or where ¼ acre of dirt will be disturbed.

For Asbestos Abatement Projects:

For renovations where asbestos removal is required or for any other asbestos abatement project where at least 260 linear feet, 160 square feet, and/or 35 cubic feet of regulated asbestos containing material (RACM) will be disturbed or removed, submit the Asbestos NESHAP Notification of Asbestos Abatement form to DAQM at least 10 working days prior to beginning the abatement work. Supervisors and workers of asbestos abatement projects must be licensed by Nevada OSHA.

For projects involving less than the amounts noted above, a notification is required so DAQM can issue a waste certificate in order for the waste to be accepted into the Apex landfill. All asbestos containing waste materials must be disposed of at a landfill licensed to accept asbestos wastes.

These forms can be found under Permits & Applications on the DAQEM website at www.accessclarkcounty.com. They may also be found at your local building department and at the Air Quality office at 500 S. Grand Central Parkway.

DEFINITIONS

RENOVATION means:

“Altering a facility or one or more facility components in any way, including the stripping or removal of RACM from a facility component. Operations in which load-supporting structural members are wrecked or taken out are demolitions.”

DEMOLITION means:

“The wrecking or taking out of any load-supporting structural member of a facility together with any related handling operations or the intentional burning of any facility.”

FACILITY means:

“Any institutional, commercial, public, industrial, or residential structure, installation, or building (including any structure, installation, or building containing condominiums or individual dwelling units operated as a residential cooperative but excluding residential buildings having four or fewer dwelling units) any ship; and any active or inactive waste disposal site. For purposes of this definition, any building, structure, or installation that contains a loft used as a dwelling is not considered a residential structure, installation or building. Any structure, installation or building that was previously subject to this subpart (Subpart M – National Emission Standard for Asbestos) is not excluded, regardless of its current use or function.” If a business is being operated out of a private home, it is a facility. If a private home used to have a business run out of it, it is still considered a facility. Bridges are also considered facilities.

REGULATED ASBESTOS-CONTAINING MATERIAL (RACM) means:

- (a) Friable asbestos material (e.g. fireproofing, thermal system insulation on steam/hot water pipes, acoustical insulation such as popcorn ceiling texture),
- (b) Category I nonfriable asbestos containing material (ACM) that has become friable (e.g. asphalt roofing products such as shingles, packings, gaskets, linoleum, vinyl asbestos tile),
- (c) Category I nonfriable ACM that will be or has been subjected to sanding, grinding, cutting, or abrading (e.g. roofing materials, packings, vinyl asbestos tile, linoleum), or
- (d) Category II nonfriable ACM that has a high probability of becoming or has become crumbled, pulverized, or reduced to powder by the forces expected to act on the material in the course of demolition or renovation operations regulated by this subpart (cement siding, transite shingles/pipes).

ASBESTOS means:

One of six minerals from the serpentine or amphibole groups that readily separate into long flexible fibers suitable for use as an incombustible, non-conducting, or chemically resistant material. These minerals include chrysotile, amosite, crocidolite (riebeckite), anthophyllite, cummingtonite/grunerite, and actinolite/tremolite.

Questions? Call the Department of Air Quality and Environmental Management at 455-5942 or 455-1646.



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NESHAP NOTIFICATION OF ASBESTOS ABATEMENT

Operator Project # _____ Waste Certificate # _____ End Date: _____

1. Type of Notification:

2. Facility Information:

Owner's Name: _____

Owner's Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Office Number: _____ Cellular Number: _____ Fax: _____

Email address: _____

3. Removal Contractor:

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Office Number: _____ Cellular Number: _____ Fax: _____

Email address: _____

4. Other Operator/Consultant:

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Office Number: _____ Cellular Number: _____ Fax: _____

Email address: _____

5. Type of Operation: _____ PNR Year: _____

6. Description of ACM type and nature: _____

7. Facility Description:

Building Name: _____

Building Address: _____

City: _____ State: _____ Zip Code: _____

Specific Work Location: _____

Building Size: _____ Number of Floors: _____ Structure age in years: _____

Present use: _____ Prior use: _____

8. Procedure Used To Detect Presence Of ACM: _____

9. Approximate Amounts of Asbestos:

	Amount of RACM to be removed	Amount of non-friable ACM to be Removed		Amount of non-friable ACM to Remain	
		Category I	Category II	Category I	Category II
Pipe (linear ft.)	_____	_____	_____	_____	_____
Surface (sq. ft.)	_____	_____	_____	_____	_____
Volume (cu. ft.)	_____	_____	_____	_____	_____

Note: this notice must be revised if the amount of RACM changes by 20%.

10. Scheduled Dates of Asbestos Abatement/Removal

Start Date: _____ End Date: _____

11. Expected Hours of Abatement Operation:

Start Time: _____ End Time: _____

12. Description of work practices and engineering controls to prevent emissions. Check all that apply:

- | | | | |
|---------------------------------|--------------------------|---------------------------------|--------------------------|
| Full Containment | <input type="checkbox"/> | Critical Barriers | <input type="checkbox"/> |
| 3 Stag Decon | <input type="checkbox"/> | Glove Bag | <input type="checkbox"/> |
| Maintain Adequately Wet | <input type="checkbox"/> | Amended Water | <input type="checkbox"/> |
| Negative Air Pressure | <input type="checkbox"/> | Number of Negative Air Machines | _____ |
| Hand removal of non-friable ACM | <input type="checkbox"/> | Mechanical removal of ACM | <input type="checkbox"/> |
| | | Machines: | _____ |

Other Work Practices:

13. Waste Transporter:

Company Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact Person: _____
 Office Number: _____ Cellular Number: _____ Fax: _____
 Email address: _____

14. Waste Disposal Site:

Company Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact Person: _____
 Office Number: _____ Cellular Number: _____ Fax: _____
 Email address: _____

15. If Demolition ordered by a Government Agency, identify below and attach a copy of the order:

Agency Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact Person: _____
 Office Number: _____ Cellular Number: _____ Fax: _____
 Email address: _____

16. Emergency Renovations: Submit a letter by the authorizing agency for the work:

Date and Time of the Emergency: Date: _____ Time: _____

Description of the sudden UNEXPECTED Event:

Explanation of how the event caused an unsafe condition:

17. Description of procedures to be followed in the event that unexpected asbestos is found or previously non-friable asbestos material becomes crumbled, pulverized, or reduced to powder.

18. An individual trained in the provisions of the regulation (40 CFR Part 61 Subpart M) will be on site during this project and will have evidence that the required training has been accomplished.

Yes No

CERTIFICATION

19. I certify that the information contained in this notification (sections 1 through 18) are current and correct.

Signature: _____

Date: _____

Printed Name: _____