

**10. DESCRIPTION OF PLANNED DEMOLITION/RENOVATION WORK:**  
 Thermal System Insulation     Ceiling Texture/Tiles     Duct/Seam Tape     Regulated Drywall System     Asbestos-Containing R. Removal  
 Asbestos Cement Pipe     Asbestos Cement Shingles     VAT/Mastic     Asbestos Cement Siding     ≥5580 sq ft w/rotating blade cut  
Other, please specify: \_\_\_\_\_  
**REMOVAL METHODS:**  Hand/Non-Mechanical Tools     Mechanical/Power Tools     Mastic Solvents     Blast Trac™ Machine  
Other, please specify: Excavator

**11. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT ASBESTOS EMISSIONS:**  
 Adequately Wet     Full Containment     Critical Barriers     Negative Air Machines, No. \_\_\_\_\_ of units to be used  
 Glove-Bag     Leak-Tight Wrap     6-mil Bags     Mini-containment  
 Decontamination Unit with Hot/Cold Water and Soap for OSHA Class I work     Other, Describe \_\_\_\_\_

**12a. ASBESTOS WASTE TRANSPORTER #1:** N/A - under 16050 lb

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**12b. ASBESTOS WASTE TRANSPORTER #2:** N/A

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**13. ASBESTOS WASTE DISPOSAL SITE:** N/A

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**14. FOR ORDERED DEMOLITIONS (40 CFR 61, §61.145(A)(3), ATTACH A COPY OF THE AGENCY'S ORDERED DEMOLITION LETTER**

Name: N/A Title: \_\_\_\_\_  
State or Local Government Agency: \_\_\_\_\_ Authority: \_\_\_\_\_  
Date of Order (MM/DD/YY): \_\_\_\_\_ Date Demolition Ordered to Begin (MM/DD/YY): \_\_\_\_\_

**15. FOR EMERGENCY RENOVATIONS (40 CFR 61, §61.145(a)(4)(iv))**

Date and Hour of Emergency (MM/DD/YY - HH:MM): N/A  
Description of the Sudden, Unexpected Event: \_\_\_\_\_  
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: \_\_\_\_\_

**16. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED RACM IS FOUND OR CATEGORY I or CATEGORY II NONFRIABLE ACM BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:**  
 Stop Work     Notify Owner     Revise Notification     Follow 40 CFR 61, §61.145(c) Procedures     AHERA Certified Contractor/Supervisor on-site

**17. I CERTIFY THAT AT LEAST ONE AHERA CERTIFIED CONTRACTOR/SUPERVISOR WILL SUPERVISE THE STRIPPING AND REMOVAL OF RACM DESCRIBED IN THIS NOTIFICATION AND THAT THE TRAINING CERTIFICATE WILL BE POSTED OR READILY AVAILABLE ON-SITE.**  
N/A  
(Print Name, Owner/Operator) \_\_\_\_\_ (Title) \_\_\_\_\_ (Signature of Owner/Operator) \_\_\_\_\_ (Date) \_\_\_\_\_

**18. CERTIFICATION OF INSPECTION BY AN AHERA CERTIFIED ASBESTOS BUILDING INSPECTOR (All areas of Arizona):**  
Rob L. Lackey    The Asbestos Institute G-2614    1/9/16  
(Print Name of Inspector)    (Training Provider)    (AHERA Certificate Number)    (Expiration Date)

**19. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:** Company Name: Old Trails Rev. Date \_\_\_\_\_  
Rob Lackey    Owner    Rob Lackey    4/9/15  
(Print Name, Owner/Operator)    (Title)    (Signature of Owner/Operator)    (Date)