NORTH DAKOTA
DEPARTMENT *of* HEALTH

ENVIRONMENTAL HEALTH SECTION
Gold Seal Center, 918 E. Divide Ave.
Bismarck, ND 58501-1947
701.328.5200 (fax)
www.ndhealth.gov

MEMO TO : City and County Officials Responsible for Building Permits

FROM : Terry O'Clair, P.E.
Director
Air Quality Division

RE : Asbestos Regulations Pertaining to Demolition and Renovation Projects of Facilities

DATE : December 13, 2016

This memorandum is to inform you of the North Dakota Asbestos Control Rules which affect demolition and renovation projects of facilities and the handling and disposal of asbestos-containing materials. We are distributing this information to you and requesting that you make it available to the appropriate individuals in your community. We are requesting, in particular, that you make building owners and contractors aware of these requirements when they request permits for demolition and renovation projects.

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). Residential homes are usually exempt from the asbestos regulations unless a group of residences (more than one) under the same ownership are demolished or renovated as part of a larger project. These residences must then be treated as facilities.

General Requirements of the Asbestos Control Rules:

1. All affected parts of a facility being renovated or demolished must be inspected for the presence of asbestos-containing materials (ACM) prior to beginning a renovation or demolition project. The inspector must be certified with the North Dakota Department of Health (Department).

2. All regulated asbestos-containing material (RACM) that would be disturbed as part of a renovation or demolition must be properly removed before beginning the project. The individuals removing the material must be certified and the asbestos abatement contractor licensed with this Department. RACM includes all friable ACM and non-friable ACM that will be made friable during the project.

3. Regulated asbestos-containing waste material must be properly disposed of in an approved landfill. A waste shipment record (WSR) must be started prior to transportation of asbestos-containing waste material. The WSR must be delivered to the landfill operator at the time the material is deposited for disposal. A copy of the completed WSR must then be submitted to this Department within ten (10) days of depositing the waste material. Asbestos-containing materials that are not considered RACM must also be disposed of at an approved landfill; a WSR is not required for non-regulated asbestos-containing materials.

4. A "Notification of Demolition and Renovation" form, SFN 17987 (copy enclosed), must be submitted in accordance with the following:

   a. For a facility being **demolished,** a "Notification of Demolition and Renovation" form must be submitted to this Department ten (10) working days prior to beginning any demolition activity. This form is required even if asbestos is not present.

   b. For a facility being **renovated,** where more than 160 square feet or more than 260 linear feet of RACM will be disturbed, a "Notification of Demolition and Renovation" must be submitted to the Department ten (10) working days prior to beginning the removal of the asbestos-containing materials.

Unsafe and/or Fire Damaged Buildings:

A facility that is unsafe to enter or has significant structural deterioration or fire damage may be demolished without completing an asbestos inspection or conducting asbestos abatement. A letter from an appropriate governmental representative describing the unsafe condition of the building needs to be submitted to the Department with the Notification of Demolition and Renovation. The facility would be assumed to contain asbestos and must be managed in accordance with the North Dakota Air Pollution Control Rules. The debris from a fire damaged or unsafe facility that has not been inspected must be deposited at an approved landfill as asbestos waste and accompanied by a WSR. The Department can offer assistance when dealing with a facility that has been fire damaged or is considered unsafe for entry.

The Department appreciates your cooperation in assisting individuals to comply with these requirements. The Department suggests copies of the enclosed brochure be given to anyone considering a renovation or demolition project. If you require assistance or copies of the brochure, please contact this Department at (701)328-5188. Forms and additional information may also be found at the Department's website at http://www.ndhealth.gov/aq/iaq/asb/.

TLO/JO:saj
Attach:

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Asbestos - Steps to follow when you demolish or renovate a facility

A **Facility** means any institutional, commercial, public, industrial, or residential structure, installation, church 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). Residential homes are usually exempt from the asbestos regulations unless a group of residences (more than one) under the same operator or owner are demolished or renovated as part of a larger project. These residences must then be treated as facilities.

Once you have determined that your structure meets the definition of a "facility", the following apply:

1. A North Dakota certified asbestos inspector must inspect all portions of the structure being affected by the demolition or renovation prior to beginning work.
   a. Current list of certified asbestos inspectors http://www.ndhealth.gov/AQ/IAQ/ASB/Contractors.pdf

2. All regulated asbestos-containing material that will be disturbed must be removed before beginning the project.

3. All individuals and/or contractors removing more than three square feet or more than three lineal feet of regulated asbestos-containing material must be certified by the Department.

4. Renovation – A "Notice of Demolition and Renovation" must be filed with the Department 10 days prior to start of renovation if asbestos-containing material will be disturbed.
   a. http://www.ndhealth.gov/AQ/Forms/Asbestos/SFN17987.pdf
   b. The Department will provide a response letter to the individual submitting the notification indicating that the Notification has been approved.

5. Demolition – "Notice of Demolition and Renovation" must be filed with the department 10 days prior to the start of the demolition if asbestos-containing material is present or not.
   a. http://www.ndhealth.gov/AQ/Forms/Asbestos/SFN17987.pdf
   b. The Department will provide a response letter to the individual submitting the notification indicating that the Notification has been approved.

6. Disposal - All asbestos-containing waste material must be properly disposed of in an approved and permitted landfill. To find out if your local landfill is authorized to accept asbestos-containing waste, contact the local landfill operator or a list of approved landfills can be found at: https://www.ndhealth.gov/wm/Publications/ApprovedlandfillFacilitiesThatWillAcceptFriableAsbestosContainingMaterialsForDisposal.pdf

7. For more information – 701-328-5188 or WWW.ndhealth.gov/aq/iaq/asb

ASBESTOS NOTIFICATION OF DEMOLITION AND RENOVATION

North Dakota Department of Health
Division of Air Quality
SFN 17987 (12/16)

I. Type of Notification **THIS NOTICE MUST BE SUBMITTED 10 WORKING DAYS BEFORE BEGINNING THE ACTIVITY**

☐ Original ☐ Revised ☐ Cancelled	Date:

II. Type of Operation **III. Is Asbestos Present?**

☐ Demolition ☐ Renovation ☐ Ordered Demolition ☐ Emergency Renovation	☐ Yes ☐ No

IV. Dates of Asbestos Removal (MM-DD-YY) **V. Dates of Demolition or Renovation (MM-DD-YY)**

Start: Stop:	Start: Stop:

VI. Facility Information (identify owner and operator, if applicable)

Owner Name			
Owner Address	City	State	Zip Code
Contact Person	Email	Telephone Number	
Operator (if different than owner)			
Operator Address	City	State	Zip Code
Contact Person	Email	Telephone Number	

VII. Facility Description (include building name, number and floor or room number)

Building Name				
Building Address	City	State	Zip Code	County
Site Location (floor or room number(s))				
Building Size (Sq. Ft.)	Number of Floors			Age of Building/Year Built
Present Use	Prior Use			

VIII. Asbestos Contractor (If applicable, please enter Demolition or Renovation Contractor information on page 2)

Contractor Name			ND License Number
Contractor Address	City	State	Zip Code
Contact Person		Telephone Number	

IX. Asbestos Inspector

Firm Name			ND License Number
Firm Address	City	State	Zip Code
Name of Inspector		Telephone Number	

X. Approximate Amount of Asbestos, Including:

	Regulated Asbestos-Containing Material (RACM) to be Removed	Nonfriable Asbestos-Containing Material to be Removed		Nonfriable Asbestos-Containing Material not to be Removed	
		Category I	Category II	Category I	Category II
Pipe (Linear Ft.)					
Surface Area (Sq. Ft.)					
Volume from Facility Component(s) (Cu. Ft.)					

XI. Testing Procedure for Determining Asbestos and Type of Asbestos Material(s)

☐ PLM ☐ TEM ☐ Other:	Type of Asbestos-Containing Material(s)

XII. Description of Work Practices and Engineering Controls to Prevent Asbestos Emissions (check all that apply)

☐ Adequately Wet Materials	☐ Glove Bag	☐ Seal in Leaktight Containers	☐ Encapsulate
☐ Negative Air Containment	☐ Seal in Leaktight Wrapping	☐ Mini-enclosure	☐ Other:

XIII. Description of Planned Demolition or Renovation Work (backhoe, bulldozer, hand removal, etc.)

Will the Facility or Facility Debris be Burned?

☐ Yes ☐ No If yes, you must contact your local Health Unit or the Air Quality Division at 701.328.5188, to complete an Open Burn Variance Application: **SFN 8509.**

XIV. Demolition Contractor

Firm Name		Secretary of State License Number	
Firm Address	City	State	Zip Code
Contact Person		Telephone Number	

XV. Waste Transporter

Name		Waste Hauler Permit Number	
Address	City	State	Zip Code
Contact Person		Telephone Number	

XVI. Waste Disposal Site for Asbestos-Containing Materials

Name	Permit Number	Telephone Number	
Address	City	State	Zip Code

Will the waste be disposed of at a site other than a Landfill approved for asbestos? ☐ Yes ☐ No
If yes, you must contact the Waste Management Division at 701.328.5166 to complete an Inert Waste Disposal Variance Application: SFN 50278.

XVII. Waste Disposal Site for Demolition or Renovation Materials (other than asbestos)

Name	Permit Number	Telephone Number	
Address	City	State	Zip Code

XVIII. If Demolition was Ordered by Government Agency, Identify the Agency and Attach a Copy of the Order

Authority/Agency	Date of Order (MM/DD/YY)	Telephone Number

XIX. Emergency Demolition or Renovation

Is this an emergency demolition or renovation? ☐ Yes ☐ No **If yes, you must contact the Department at 701.328.5188.**

XX. Description of Procedures to be Followed in the Event of an Unexpected Asbestos Fiber Release

XXI. General Comments

XXII. I certify to the best of my knowledge that the above information is true and correct. I further certify that all asbestos abatement work on this project will be performed by individuals certified in accordance with the North Dakota Air Pollution Control Rules 33-15-13.

Signature of Owner/Operator	Print Name	Date
Business/Organization	Telephone Number	

Return form to: North Dakota Department of Health
Division of Air Quality, 2nd Floor
918 East Divide Avenue
Bismarck, ND 58501-1947

Telephone: 701.328.5188 or Fax: 701.328.5185 (If faxing, original copy must be mailed with valid signature)

INSTRUCTIONS FOR COMPLETING THE ASBESTOS DEMOLITION AND RENOVATION NOTIFICATION FORM

GENERAL INFORMATION

The Asbestos NESHAP, Section 33-15-13-02 of the North Dakota Air Pollution Control Rules, requires written notification of demolition or renovation activities in facilities under Subsection 02.6. In most cases, a facility includes all types of structures except single family homes and apartment buildings having no more than four units. The enclosed form must be used to fulfill this requirement. Only complete notification forms will be accepted.

The notification should be typewritten or neatly printed and postmarked or delivered no later than ten working days prior to the beginning of either the asbestos removal activity (Section IV) or demolition activity (in Section V) whichever is applicable.

INSTRUCTIONS

I. Type of Notification: Check "Original" if the notification is a first time or original notification," Revised" if the notification is a revision of a prior notification, or "Canceled" if the activity has been canceled. On the right side enter the date that the notification is being submitted.

II. Type of Operation: Check as appropriate for facility demolition, for facility renovation, for ordered demolitions, or for emergency renovations.

III. Is Asbestos Present? Answer "Yes" or "No."

IV. Scheduled Dates of Asbestos Removal (MM-DD-YY): Enter scheduled dates (month/day/year) for asbestos removal work. Asbestos removal work includes any activity, including site preparation, which may break up, dislodge or disturb asbestos material.

V. Scheduled Dates of Demolition/Renovation (MM-DD-YY): Enter scheduled dates (month/day/year) for beginning and ending the planned demolition or renovation project.

VI. Facility Information: Enter the names, addresses, contact persons and telephone numbers of the following:

Owner: Legal owner of the site at which asbestos is being removed or demolition planned.

Operator: Demolition contractor, general contractor, or any other person who leases, operates, controls or supervises the site.

If known, the name of the site supervisor should be entered as the contact person for the notification. If additional parties share responsibility for the site, demolition activity, renovation or ACM removal, include complete information (including name, address, contact person and telephone number) on additional sheets submitted with the form.

VII. Facility Description: Provide the following information on the areas being renovated or demolished:

Building Address:	Physical location of site.
Building Size:	The building size in square feet.
Number of Floors:	Enter the number of floors including basement, if applicable.
Year Facility was Built or Age:	Enter approximate age of the facility.

Present Use/Prior Use: Describe the primary use of the facility or enter the following codes: H -- Hospital; S -- School; P -- Public Building; O -- Office; I -- Industrial; U -- University or College; C -- Commercial; or R -- Residence.

VIII. Asbestos Contractor: Name and address of contractor hired to remove asbestos.

IX. Asbestos Inspector: The firm who conducted the asbestos inspection prior to demolition/renovation.

X. Approximate Amount of Asbestos Including: (1) Regulated ACM to be removed (including nonfriable ACM to be sanded, ground or abraded); (2) Category I and Category II nonfriable asbestos containing material (ACM) to be removed; and (3) Category I and Category II nonfriable asbestos containing material not to be removed. For both renovations and demolitions, enter the amount of RACM to be removed by entering a number in the appropriate box. If applicable, enter the amount of nonfriable ACM to be removed during a demolition or renovation, and/or enter the amount of nonfriable ACM not to be removed during a demolition or renovation.

Category I nonfriable material includes packing, gaskets, resilient floor covering and asphalt roofing materials. Category II nonfriable material includes any material, excluding Category I materials, that when dry, cannot be crumbled, pulverized or reduced to powder by hand pressure, or mechanical forces expected to operate on the material during the demolition or renovation activity. All Category II materials must be removed prior to demolition.

Complete the volume from facility component(s) if asbestos-containing materials have been removed from facility components and the volume is known.

XI. Asbestos Testing Procedure and Type of Asbestos Materials Present: Check the appropriate box for the procedure that was used to determine asbestos content. Also, describe the kinds of asbestos-containing materials that are present.

XII. Description of Work Practices and Engineering Controls to Prevent Asbestos Emissions: Check the appropriate box(s) for work practices that will be employed to prevent asbestos emissions.

XIII. Description of Planned Demolition or Renovation Work: Include a brief description of the renovation/demolition technique(s) to be used. Also, indicate if the facility or facility debris will be burned.

XIII. Demolition or Renovation Contractor: Name and address of contractor hired to perform demolition or renovation work.

XV. Waste Transporter(s): Enter the name(s), addresses(s), contact person(s) and telephone number(s) of the person(s) or company(ies) responsible for transporting ACM from the removal site to the waste disposal site. If the removal contractor or owner is the waste transporter, state "same as owner" or "same as removal contractor." If multiple parties are responsible include complete information on an additional sheet and submit with this form.

XVI. Waste Disposal Site for the Asbestos-Containing Materials: Identify the waste disposal site, including the complete name, location, and telephone number of the facility. If ACM is to be disposed of at more than one site, provide complete information on an additional sheet submitted with the form. Permit number(s) must be included. If the waste will not be disposed of at a landfill approved for asbestos, then an Inert Waste Disposal Variance Application must be completed and approved by the Department.

XVII. Waste Disposal Site for Demolition or Renovation Materials: Identify the waste disposal site, including the complete name, location, and telephone number of the facility. If the waste will not be disposed of at a landfill approved for waste materials, then an Inert Waste Disposal Variance Application must be completed and approved by the Department.

XVIII. If Demolition Ordered by a Government Agency, Please Identify the Agency below: Provide the name of the responsible official, title and agency, authority under which the order was issued and the date of the order. A copy of the order from the government agency must be attached to this form.

XIX. Emergency Demolition or Renovation Information: Please identify if the work is an emergency demolition or renovation. If yes, please immediately contact the Department.

XX. Description of Procedures to be Followed in the Event that Unexpected Asbestos Fiber Release: Provide adequate information to demonstrate that appropriate actions have been considered and can be implemented to control asbestos emissions adequately, including at a minimum, conformance with applicable work practice standards. Attach an additional sheet of paper if needed and submit with this form.

XXI. General Comments: as necessary. Attach an additional sheet of paper if needed and submit with this form.

XXII. Verification and Certification: Certify the accuracy and completeness of the information provided and the intent to comply with the North Dakota Air Pollution Control Rules by signing and dating the notification form. Please sign and print the name of the owner or operator and list the business or organization the owner or operator is affiliated with.