

Notification for Demolition and/or Renovation and Application for Permit Exemption

Notice: Completion of this information is mandatory under ch. NR 406.04, 410.05 and 447.07, Wis. Adm. Code. Penalties for failure to provide complete information requested include forfeitures of \$10 to \$25,000, fines of up to \$25,000 and imprisonment for up to six months [s. 285.87, Wis. Stats.]. This form may be used to meet the notification requirements for the Department of Health Services, ch. DHS 159, Wis. Adm. Code. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.].

Instructions: Notification to the Department of Natural Resources (DNR) or the Department of Health Services (DHS) may be submitted using Form 4500-113, online system (<http://dnr.wi.gov/topic/demo/asbestos.html>) or this paper version. Return completed form to the appropriate office listed on page 4. The DNR does not accept FAXed copies of original or revised notifications.

| 1. Project Information | | |
|---|------------------------|---------------|
| Notification Type <input type="radio"/> After-the-Fact <input type="radio"/> Cancellation <input type="radio"/> On Hold <input type="radio"/> Original <input type="radio"/> Revised | Contractor Project No. | Date Received |

| | | |
|---|--|---|
| Project Type | | |
| <input type="radio"/> Abatement/Demolition | <input type="radio"/> Enclosure, Encapsulation or Repair (DHS) | <input type="radio"/> Planned Renovation/Abatement (Annual-DNR) |
| <input type="radio"/> Abatement/Renovation | <input type="radio"/> Fire Training Burn | <input type="radio"/> Planned Renovation Project (DHS) |
| <input type="radio"/> Demolition | <input type="radio"/> Ordered Demolition (See page 2, 4b) | <input type="radio"/> Planned Renovation Subproject (DHS) |
| <input type="radio"/> Emergency Renovation/Abatement (See page 2, 4a) | | |

| 2. Date of DNR Required Pre-Project Asbestos Inspection | | Inspector Certification Information | |
|---|------------------|-------------------------------------|------------------|
| Start (mm/dd/yyyy) | End (mm/dd/yyyy) | Name | WI Inspector No. |

Asbestos present? Yes No

| 3. Dates of Asbestos Abatement and Renovation/Demolition | | | |
|--|----------------------------|---------------------------------|----------------------------|
| a. Abatement Start (mm/dd/yyyy) | Abatement End (mm/dd/yyyy) | b. Reno/Demo Start (mm/dd/yyyy) | Reno/Demo End (mm/dd/yyyy) |

Work Days Mon. Tues. Wed. Thurs. Fri. Sat. Sun. Work Hours: Start _____ : _____ End _____ : _____

Describe the project location (building or room), project schedule or other site specific information.

4. Facility Information

| | | | | |
|----------------|--|------------|-------------------|------------------|
| Facility Name | | | County | |
| Address Line 1 | | City | State | ZIP Code |
| Address Line 2 | | Age (yrs.) | Size (square ft.) | Stories (#) |
| | | | | Living Units (#) |

| Prior and Current Uses | | | | | | | | |
|------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|
| | Prior | Current | | Prior | Current | | Prior | Current |
| Bridge | <input type="checkbox"/> | <input type="checkbox"/> | Industrial | <input type="checkbox"/> | <input type="checkbox"/> | Residence | <input type="checkbox"/> | <input type="checkbox"/> |
| Commercial/Business | <input type="checkbox"/> | <input type="checkbox"/> | Miscellaneous | <input type="checkbox"/> | <input type="checkbox"/> | K-12 School | <input type="checkbox"/> | <input type="checkbox"/> |
| Farm Building | <input type="checkbox"/> | <input type="checkbox"/> | Office | <input type="checkbox"/> | <input type="checkbox"/> | Ship/Boat | <input type="checkbox"/> | <input type="checkbox"/> |
| Hospital | <input type="checkbox"/> | <input type="checkbox"/> | Public Building (Church, Library, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | University/College | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | Vacant | <input type="checkbox"/> | <input type="checkbox"/> |

During abatement the structure will be: Vacant Occupied *If occupied, complete and post an Asbestos Occupant Protection Plan, Form DPHF-44016.*

Single family home/garage/less than 5 living/apartment units? Yes No

Does the project have one or more houses that are part of an urban renewal, city/county condemnation, highway construction project or project to develop a shopping mall, industrial facility or other private development? Yes No

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a. If an emergency abatement/renovation, complete the following information (attach additional sheets if necessary):

| | |
|---|----------------------|
| Date (mm/dd/yyyy) | Time (12-hour clock) |
| <input type="radio"/> am <input type="radio"/> pm | |

Description of sudden, unexpected event.

Explanation of how event caused unsafe condition, potential equipment damage or an unreasonable financial burden.

b. If an ordered demolition, identify the government agency issuing the order and attach a copy of the order. To meet the requirements of an ordered demolition under NR 447, the building must be in imminent danger of collapse.

| | | |
|-----------|----------------------------|----------------------------------|
| Name | Title | |
| Authority | Date of Order (mm/dd/yyyy) | Date Order to Begin (mm/dd/yyyy) |

5. Owner Information

Owner Name _____

| | | | |
|----------------|------------------|----------|--|
| Address Line 1 | Address Line 2 | | |
| City | State | ZIP Code | |
| Contact | Telephone Number | Email | |

6. Asbestos Information

a. No. of Structures to be Demolished _____ Will mechanical means be used for abatement or is the material in poor condition?
 Yes No If yes, see 6b.

b. Removal Methods and Conditions: If any Cat I or II nonfriable materials on this project will be removed by mechanical chipping or drilling, cutting or sawing, abrading or grinding, add these material amounts to the Friable/RACM Surface Area box. If any Cat I or II nonfriable materials are in "poor condition" meaning the material is peeling, cracking or crumbling, add these material amounts to the Friable/RACM Surface Area box.

| Amount of Asbestos, including: A. Regulated Friable Asbestos/RACM to be removed. B. Category I & II ACM <u>TO BE</u> removed. C. Category I & II ACM <u>NOT</u> removed. | A. Friable Asbestos/RACM <u>TO BE</u> removed | B. Nonfriable Asbestos Material <u>TO BE</u> removed | | C. Nonfriable Asbestos Material <u>NOT</u> removed before demolition | |
|---|---|--|--------|--|--------|
| | | CAT I | CAT II | CAT I | CAT II |
| Pipes (linear feet) | | | | | |
| Surface (square feet) | | | | | |
| Volume (cubic feet) | | | | | |

c. Indicate the inspection procedure, including analytical methods, used to detect the presence of the ACM.

d. Description of the asbestos material involved and its location in the facility to be demolished/renovated.

e. Description of abatement, renovation and/or demolition work, including specific abatement/demolition methods to be used.

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f. Description of abatement work practices/engineering controls and waste handling procedures, specific to this site, used in preventing ACM emissions.

g. Description of procedures to be followed if asbestos not previously identified is found or not previously nonfriable asbestos becomes crumbled, pulverized or reduced to a powder.

7. Asbestos Contractor Information

Contractor Name _____

| | | | |
|------------------|--------|-------|----------|
| Address Line 1 | County | | |
| Address Line 2 | City | State | ZIP Code |
| Contact | | | |
| Telephone Number | Email | | |

8. Fee Information

Based on the values in Table 1, use the charts below to determine the fee for the notification. Fees are payable to the appropriate agency, DNR OR DHS.

a. DNR Fees

| Project Type | Quantities to be Abated * Refer to the table in Section 6 to determine fee submittal amount * Make checks payable to WI Dept. of Natural Resources | Check Amount Due | Amount Rec'd By DNR |
|-------------------|--|----------------------------------|---------------------|
| Demolition | Fire department training exercise on a single residential structure | <input type="checkbox"/> \$100 | |
| Demolition | Less than 160 square and 260 linear feet of friable or any amount of nonfriable ACM | <input type="checkbox"/> \$135 | |
| Reno/Demo | Original notification estimate of friable asbestos/RACM has changed by at least 20% during the project | <input type="checkbox"/> \$100 | |
| Reno/Demo | At least 160 sq. or 260 in. ft. friable asbestos/RACM but less than 1000 combined feet | <input type="checkbox"/> \$400 | |
| Reno/Demo | Combined square & linear feet friable asbestos/RACM quantities of at least 1000 feet but less than 5000 feet | <input type="checkbox"/> \$700 | |
| Reno/Demo | Combined square & linear feet friable asbestos/RACM quantities of at least 5000 feet | <input type="checkbox"/> \$1,325 | |
| Reno/Demo | After-the-Fact notifications require double the appropriate fee listed above. | <input type="checkbox"/> \$_____ | |

Asbestos Renovation/Demolition Fees - **Check or money order must be submitted with notification to DNR Asbestos Coordinator**

b. DHS Fees

| | | |
|--|---|---------------------------------|
| TYPE AND AMOUNT OF ASBESTOS: | Location: <input type="checkbox"/> Interior <input type="checkbox"/> exterior | Total Amount of Asbestos |
| <input type="checkbox"/> Friable - Submit notification for: <input type="checkbox"/> < 260 linear feet <input type="checkbox"/> < 160 square feet <input type="checkbox"/> < 35 cubic feet <input type="checkbox"/> Any amount of asbestos in residential buildings with fewer than 5 units Type: <input type="checkbox"/> Pipes/ducts <input type="checkbox"/> Surfacing <input type="checkbox"/> Other friable ACM: _____ | | Linear Feet |
| <input type="checkbox"/> Non-Friable - Submit notification for asbestos projects involving: <input type="checkbox"/> Flooring: <input type="checkbox"/> Any amount, intact manual methods, or, <input type="checkbox"/> < 160 square feet, mechanical chipping <input type="checkbox"/> Roofing: <input type="checkbox"/> Any amount, intact manual methods, or, <input type="checkbox"/> < 5,580 square feet, mechanical chipping <input type="checkbox"/> Siding: Any amount, intact methods only <input type="checkbox"/> Other non-friable ACM: _____ | | Square Feet |
| | | Cubic Feet |
| For payment methods see Instructions and fees. <input type="checkbox"/> No Fee Required | | Fee |
| <input type="checkbox"/> Original notice, 2 or more working days <input type="checkbox"/> Sub-project <input type="checkbox"/> Revision, less than 2 working days | | <input type="checkbox"/> \$50 |
| <input type="checkbox"/> Original notice, 2 or less than working days <input type="checkbox"/> Planned renovation project notice | | <input type="checkbox"/> \$100 |

PROJECT NOTIFICATION AFFIDAVIT -- I am an authorized representative of the abatement company named above. I certify that the information provided on this form is correct to the best of my knowledge and that this project complies with Ch. DHS 159.Wis. Adm. Code.

| | | |
|-----------|--------------------------|-------------|
| Signature | DHS Certification Number | Date Signed |
|-----------|--------------------------|-------------|

If DHS fees apply, this notification is complete. Fax notification and credit card payment to 608-266-9711. To mail, see address on page 4. If DNR fees apply, complete page 4.

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9. Demolition Contractor Information

Contractor Name

| | | | |
|------------------|--|--------|----------------|
| Address Line 1 | | County | |
| Address Line 2 | | City | State ZIP Code |
| Contact | | | |
| Telephone Number | | Email | |

10. Transporter Information

Name

| | | | |
|------------------|--|--------|----------------|
| Address Line 1 | | County | |
| Address Line 2 | | City | State ZIP Code |
| Contact | | | |
| Telephone Number | | Email | |

11. Disposal Information

Disposal Site

| | | | |
|------------------|--|--------|----------------|
| Address Line 1 | | County | |
| Address Line 2 | | City | State ZIP Code |
| Contact | | | |
| Telephone Number | | Email | |

12. DNR Certification

I certify that the above submitted information is correct to the best of my knowledge.

| | | | |
|--------------|--|-------------------|--|
| Printed Name | | Company and Title | |
| Signature | | Date Signed | |

13. Agency Notification

Indicate which of the following agencies/offices were sent a copy of the demolition/renovation notification. DNR has been delegated notification authority-- USEPA no longer requires a copy of the notification. Note: Dry asbestos removal requests must be pre-approved by DNR, prior to required notification.

Department of Natural Resources
Asbestos Coordinator, AM/7
Bureau of Air Management
P.O. Box 7921
Madison, WI 53707-7921

Department of Health Services
Division of Public Health
Asbestos/Lead(Pb) Section
P.O. Box 2659
Madison, WI 53701-2659