



Asbestos Demolition/Renovation Notification Form

Air Resources Division/Compliance Bureau
Asbestos Management and Control Program

RSA/Rule: RSA 141-E:4, I and II and Env-A 1800



See Instructions for Completing the Asbestos Demolition/Renovation Notification Form

I. TYPE OF NOTIFICATION (Check One)

☐ New Notification
 ☐ Revised Notification
 ☐ Corrected Notification
 ☐ Cancelled Project Notification

II. PROJECT TYPE (Check All That Apply)

Fee Enclosed: \$

☐ Demolition
 ☐ Renovation
 ☐ Transport & Disposal - date:

☐ *Emergency Asbestos Abatement - Unexpected event date:

**For emergency projects, describe the sudden, unexpected event, and why immediate action is needed due to public health, safety, or economic hardship on a supplemental page. Attach any government order requiring the work.*

For Official Use, Do not write in this box

III. FACILITY INFORMATION

Facility Name

Street Address

Town/City

State

ZIP Code

Year Constructed

Size (ft²)

Number of Floors

Current Use

Prior Use

IV. INSPECTION FOR ASBESTOS-CONTAINING MATERIAL AND WORK DETAILS

Asbestos Abatement Supervisor to Perform Abatement:

Cert #: AS

Asbestos Inspection Conducted by:

Date:

Type of inspection (Check all that apply): ☐ Visual ☐ Analytical Testing; or ☐ No ACM Present

Asbestos Abatement

Start Date:

End Date:

Demolition

Start Date:

End Date:

Weekly Work Schedule

Days of Work:

Time of Day of Work: to

ACM Present/ Transport & Disposal

ACM to be Abated

List Types of Asbestos and Location in Facility

Friable

Non-Friable

Friable

Non-Friable

ft

ft

ft

ft

ft²

ft²

ft²

ft²

ft³

ft³

ft³

ft³

Briefly describe work practices to be employed. Attach additional pages if needed.

Mail or hand deliver to: NHDES Asbestos Management Section, Air Resources Division
29 Hazen Drive, PO Box 95, Concord, NH 03302-0095

December 1, 2021

Phone: (603) 271-1373

Page 1 of 2

V. PROPERTY OWNER INFORMATION			
Owner's Name			
Owner's Mailing Address	Town/City	State	ZIP Code
Owner Contact (If this is the owner, list the name of owner)			
Contact's Phone	Email (Optional)		

VI. ASBESTOS ABATEMENT CONTRACTOR INFORMATION			
Company Name			
Company Mailing Address	Town/City	State	ZIP Code
Company Contact	Phone	Email (Optional)	

VII. DEMOLITION CONTRACTOR INFORMATION			
Company Name			
Company Mailing Address	Town/City	State	ZIP Code
Company Contact	Phone	Email (Optional)	

VIII. ASBESTOS-CONTAINING MATERIAL WASTE TRANSPORTER			
Transporter Name	Transporter Contact Name	Phone Number	
Mailing Address	Town/City	State	ZIP Code

IX. FINAL WASTE DISPOSAL FACILITY			
Facility Name	Phone Number		
Street Address	Town/City	State	ZIP Code

X. I Certify That the Above Information Is Correct	
Signature	Print Name
Title	Date

Mail or hand deliver to: NHDES Asbestos Management Section, Air Resources Division
29 Hazen Drive, PO Box 95, Concord, NH 03302-0095

December 1, 2021

Phone: (603) 271-1373

Page 2 of 2