STATE OF ILLINOIS ASBESTOS ABATEMENT PROJECT NOTIFICATION FORM

Projects greater than 3 sq/ft and/or 3 ln.ft. and ALL SCHOOL projects shall be submitted to IDPH. Projects greater than 160 sq/ft and/or 260 ln.ft. and demolition projects shall be submitted to IEPA.

Date:
Revision #:
Item Numbers Revised:
* If revision, complete section below
Fax # (217)785-5897 (IDPH ONLY)

This form shall be used for all Original and Revised Notifications submitted to ILLINOIS ENVIRONMENTAL PROTECTION AGENCY, ILLINOIS DEPARTMENT OF PUBLIC HEALTH. For Original Notices only to COOK COUNTY DEPARTMENT OF ENV. CONTROL.

ILLINOIS DEPARTMENT OF I	PUBLIC HEAL							OF ENV. (CONTR
TYPE OF NOTIFICATION:	☐ Origin	al 🗆 I	Revise	d □ Ca	nceled	☐ Dem	olition 🛭 Reno	vation	
Circle Type of Project Below	No	otice will	not be a	ccepted unle	ess one a	nd only one	type of project is cir-	cled below	
Friable School Project Non-friable School Floor Tile Project Both Friable & Non-friable School Project CPB (Friable and Non-friable)									
*CHANGE IS MADE BY: (0	Circle One)	Owner'	s Repres	sentative	Con	tractor	Owner Project D	esigner	
1. FACILITY INFORMATION	ON								
FACILTY NAME: SCHOOL BLDG ID:									
LOCATION OF ASBESTOS O	CONTAINING I	MATERIA	AL (ACI	M) IN STR	UCTURI	Ξ:			
Bldg Size:	SqFt:	#F	lrs:	Age		Present			
Prior Use:		Future Use (Demo)							
Address:								,·	
City: Contact Person:				Cou	nty:	Phone:		Zip:	
2. SCHOOL DISTRICT/FAC	TH ITV OWNE	'ID				riiolie.			
District Name and Number		/ IX			Addre	ss:			
City				State:	110010	Zip:			
Contact Person:				Phone:		Zip.			
COPIES OF ABATEMENT PERMISS	SION AND WRITTI	EN VERIFI	CATION (TION TO	ALL BUILDI	NG OCCUPANTS AND I	JSERS FROM	M
THE BUILDING OWNER OR SCHO		L BE SUBM	IITTED F	OR PUBLIC A	AND PRIV	ATE SCHOOL	L FACILITIES AS REQU	IRED BY SE	CTION
855350 OF THE IDPH ASBESTOS CONTRACTO							ID#:		
Address:	OK.						ΙD#.		
City:	L				State:		Zip:		
Contact:					Phone:		1 2.5.		
4. DEMOLITION CONTRA	CTOR:								
Address:									
City:					State:		Zip:		,
Contact:					Phone:				
5. ABATEMENT INFORMATION: IS ASBESTOS PRESENT? \square YES \square NO									
DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:									
METHODS TO BE EMPLOYED INCLUDING DEMOLITION OR RENOVATION TECHNIQUES:									
DESCRIPTION OF WORK PRACTICES AND ENINEERING CONTROLS USED TO PREVENT EMISSIONS AT THE DEMOLITION OR RENOVATION SITE:									
	T						T	Т	
6. REGULATED ASBESTOS	Non-friable asbest	tos not to be	removed	Non-friable	asbestos to	o be removed	TOTAL ACDECTOR	MECHADO	
CONTAINING MATERIALS TO BE REMOVED (RACM)	(demolition) CAT I	CAT II		CAT I		CAT II	TOTAL ASBESTOS TO BE REMOVED	NESHAPS (Circle one	
Pipes (Ln. Ft.)								Y	N
Surface Area (Sq Ft)								Y	N
Volume (Cu Ft)								Y	N
7. ABATEMENT DATES ANI	TIMES:		Start:	1			Finish:	1 -	
SCHEDULED DEMOLITION DATE: Start: Finish:									
	DATE.	YE				NO	i iiiioii.		
WORKING WEEKENDS?		I L I I E	N .						

8. PROJECT DESIGNER ID#: 100-	NAME:							
Complete Project Desig	gner Name and License	e ID# if this projec	t was designed by a Designer					
9. INSPECTOR ID#: 100-	NAME:							
10. PROCEDURE, INCLUDING ANALYTICAL METHOD, USED TO DETECT THE PRESENCE OF ASBESTOS								
NAME OF ANALYTICL TESTING LABORATORY:								
11. ASBESTOS PROJECT MANAGER	ID#: 100-	NAME:						
12. AIR SAMPLING PROFESSIONAL I		NAME:						
13. DISPOSAL SITE	LANDFILL NAME:							
Address:			Landfill Permit#:					
City:	State:	Zip:	Phone:					
14. WASTE TRANSPORTER	NAME:	*	-					
Address:			Contact:					
City:	State:	Zip:	Phone:					
-	GOVERNMENT AG	•	(If Yes, a signed copy of Order must be attached)					
Government representative ordering the activ	vity:							
Title:	Date of Order:		Ordered Demolition Date:					
16. FOR EMERGENCY RENOVATION								
Date and hour of emergency (mm/dd/yy):			AM/PM					
Description of the sudden, unplanned event	(e.g. structure in dange	er of imminent coll	apse):					
17. Description of procedures to be followe	d in the event that une	xpected asbestos is	found or previously nonfriable asbestos material					
becomes crumbled, pulverized or reduced to		Apected dispessos is	round of previously nonfituoic assessos material					
becomes crambled, purverized or reduced to	powder.							
THE ABOVE INFORMATION IS REQUIRED PER NESHAP 40 CFR-SUBPART M-61.145, REV. NOV. 20, 1990. ALL SECTIONS MUST BE COMPLETED TO AVOID NOTICE VIOLATION.								
I CERTIFY THAT AT LEAST ONE REPRESENTATIVE TRAINED IN THE PROVISIONS OF 40 CFR PART 61, SUBPART M, SHALL BE ON SITE DURING DEMOLITION OR RENOVATION, HAVING IN HIS OR HER POSSESSION FOR INSPECTION EVIDENCE THAT THE REQUISITE TRAINING HAS BEEN ACCOMPLISHED.								
CERTIFICATE #	NA	ME OF TRAINI	NG COURSE					
I CERTIFY THE ABOVE INFORMATION IS CORRECT.								
SIGNATURE OF CONTRACTOR OR THE BUILDING OWNER'S REPRESENTATIVE DATE								
		PA AGENCY USE						
This form shall be mailed to III. Environmental Protection Agency, P.O. Box 19276, Springfield, IL 62794-9276. (Original signature only, photocopy not valid) - FOR ILEPA ONLY.								
Date Received: Input to ACT		Post Mark Date:	To Cook/City:					
Champaign LaSalle	Springfield	Rockford	Moline Marion					
For Cook County Departmental Use Only.	Mail to Cook Co De	ept. of Env. Control 6	69 W.Washington, Suite 1900, Chicago, Il 60602-3004					
Date Received CCDEC:	Post Mark Date:	r. or zarr. control, (Input Into Computer:					
Inspection Fee Received:	Inspection priority To	op High	Low Must be Inspected					
Date(s) of Inspections	Inspection priority 1	<u> </u>						
Inspection Report Attached YES	NO	Violation Copies	s Attached YES NO					
mspection report Attached 1 Es	NO	v ioiation Copies	o Anacheu I Eo NU					