	STATE OF I		Date:			
	ASBESTOS ABATE		Revision # :			
NOTIFICATION FORM Projects greater than 3 sq/ft and/or 3 ln.ft. and ALL SCHOOL projects shall be submitted to 1					Item Numbers Revi	sed:
Projects greater than 3 sq/f Projects greater than 160 s	and/or 3 ln.ft. and ALL q/ft and/or 260 ln.ft. and	mitted to IEDA	* If revision, complete se Fax # (217)785-5897 (II			
This form shall be used for	or all Original and Revi	sed Notifications	submitted to			
LLINOIS DEPARTMEN						
TYPE OF NOTIFICATI	on: 🛛 🗆 Origin	nal 🛛 Revise	ed 🗆 Ca	nceled 🛛 De	emolition 🛛 Ren	ovation
Circle Type of Project B	elow No	otice will not be a	accepted unl	ess one and only o	one type of project is c	ircled below.
Friable School Project N	on-friable School Floor T	ile Project Both I	Friable & Nor	n-friable School Pro	ject CPB (Friable and I	Non-friable)
*CHANGE IS MADE	BY : (Circle One)	Owner's Repre	esentative	Contractor	Owner Project	Designer
1. FACILITY INFOR	MATION					
FACILTY NAME:				SCHOOL BL	DG ID:	
LOCATION OF ASBES	STOS CONTAINING	MATERIAL (AC	CM) IN STR	UCTURE:		
Bldg Size:	SqFt:	#Flrs:	Age		ent Use:	
Prior Use:				Futu	ire Use (Demo)	
Address:						
City:			Cou			Zip:
Contact Person:				Pho	ne:	
2. SCHOOL DISTRIC		CR		4 1 1		
District Name and N	umber:	,	~	Address:		
City			State:	Zip:		
Contact Person:			Phone:			
COPIES OF ABATEMENT F THE BUILDING OWNER OB 855350 OF THE IDPH ASB	R SCHOOL BOARD SHAL					
3. ASBESTOS CONT	RACTOR:				ID#:	
Address:						
City:				State:	Zip:	
Contact:				Phone:		
4. DEMOLITION CO	NTRACTOR:					
Address:						
City:				State:	Zip:	
Contact:				Phone:		
5. ABATEMENT INF DESCRIPTION OF PLAN			TOS PRESI	ENT?	YES	NO
DESCRIPTION OF PLAN	NED DEMOLITION OF	KENUVATION V	WORK:			
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METHODS TO BE EMPL	OYED INCLUDING DE	MOLITION OR R	ENOVATIO	N TECHNIQUES:		
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DESCRIPTION OF WORK P 5. REGULATED ASBESTO CONTAINING MATERIAI	RACTICES AND ENINEER OS Non-friable asbes (demolition)	RING CONTROLS U	SED TO PREV	ENT EMISSIONS A	ed TOTAL ASBESTOS	NESHAPS
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Complete Project Designer Name and License ID# if this project was designed by a Designer 9. INSPECTOR DP: 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 ID#: 100- NAME: 13. DISPOSAL SITE LANDFILL NAME: 14. WASTE TRANSPORTER NAME: 14. WASTE TRANSPORTER State: 21/12: State: 21/2: Phone: 14. WASTE TRANSPORTER NAME: Address: Contact: City: State: 21/2: Phone: 14. WASTE TRANSPORTER NAME: Address: Contact: City: State: 21/2: Phone: 14. WASTE TRANSPORTER NAME: Address: Contact: City: State: 21/2: Phone: 15. IS DEMOLITION ORDELED BY A GOVERNMENT AGENCY? Y N (If Yes, a signed copy of Order must be attached) Government representative ordering the activity: Mate of Order: 10/2: <td< th=""><th>8. PROJECT DESIGNER ID#: 100-</th><th>NAME:</th><th></th><th></th></td<>	8. PROJECT DESIGNER ID#: 100-	NAME:								
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Submit this form to the Illinois Department of Public Health at 525 W. Jefferson St., Springfield, IL 62761 or fax to 217-785-5897. Printed by Authority of the State of Illinois P.O #533539 SM 3/03