

**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.

<b>TYPE OF NOTIFICATION:</b> <input type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled <input type="checkbox"/> Demolition <input type="checkbox"/> Renovation										
Circle Type of Project Below				Notice will not be accepted unless one and only one type of project is circled below.						
Friable School Project    Non-friable School Floor Tile Project    Both Friable & Non-friable School Project    CPB (Friable and Non-friable)										
<b>*CHANGE IS MADE BY:</b> (Circle One)      Owner's Representative      Contractor      Owner      Project Designer										
<b>1. FACILITY INFORMATION</b>										
FACILITY NAME:				SCHOOL BLDG ID:						
LOCATION OF ASBESTOS CONTAINING MATERIAL (ACM) IN STRUCTURE:										
Bldg Size:		SqFt:		#Flrs:		Age:				
Prior Use:				Present Use:						
				Future Use (Demo)						
Address:										
City:				County:		Zip:				
Contact Person:				Phone:						
<b>2. SCHOOL DISTRICT/FACILITY OWNER</b>										
District Name and Number:				Address:						
City		State:		Zip:						
Contact Person:		Phone:								
COPIES OF ABATEMENT PERMISSION AND WRITTEN VERIFICATION OF NOTIFICATION TO ALL BUILDING OCCUPANTS AND USERS FROM THE BUILDING OWNER OR SCHOOL BOARD SHALL BE SUBMITTED FOR PUBLIC AND PRIVATE SCHOOL FACILITIES AS REQUIRED BY SECTION 855..350 OF THE IDPH ASBESTOS CODE.										
<b>3. ASBESTOS CONTRACTOR:</b>						<b>ID#:</b>				
Address:										
City:				State:		Zip:				
Contact:				Phone:						
<b>4. DEMOLITION CONTRACTOR:</b>										
Address:										
City:				State:		Zip:				
Contact:				Phone:						
<b>5. ABATEMENT INFORMATION:</b>						IS ASBESTOS PRESENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				
DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:										
METHODS TO BE EMPLOYED INCLUDING DEMOLITION OR RENOVATION TECHNIQUES:										
DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS USED TO PREVENT EMISSIONS AT THE DEMOLITION OR RENOVATION SITE:										
<b>6. REGULATED ASBESTOS CONTAINING MATERIALS TO BE REMOVED (RACM)</b>		Non-friable asbestos not to be removed (demolition)		Non-friable asbestos to be removed		TOTAL ASBESTOS TO BE REMOVED	NESHAPS (Circle one)			
		CAT I	CAT II	CAT I	CAT II					
		Pipes (Ln. Ft.)							Y	N
		Surface Area (Sq Ft)							Y	N
Volume (Cu Ft)						Y	N			
<b>7. ABATEMENT DATES AND TIMES:</b>				Start:		Finish:				
SCHEDULED DEMOLITION DATE:				Start:		Finish:				
WORKING WEEKENDS?				<input type="checkbox"/> YES		<input type="checkbox"/> NO				

<b>8. PROJECT DESIGNER ID#: 100-</b>		NAME:	
Complete Project Designer Name and License ID# if this project was designed by a Designer			
<b>9. INSPECTOR ID#: 100-</b>		NAME:	
<b>10. PROCEDURE, INCLUDING ANALYTICAL METHOD, USED TO DETECT THE PRESENCE OF ASBESTOS</b>			
NAME OF ANALYTICAL TESTING LABORATORY:			
<b>11. ASBESTOS PROJECT MANAGER ID#: 100-</b>		NAME:	
<b>12. AIR SAMPLING PROFESSIONAL ID#: 100-</b>		NAME:	
<b>13. DISPOSAL SITE</b>		LANDFILL NAME:	
Address:		Landfill Permit#:	
City:	State:	Zip:	Phone:
<b>14. WASTE TRANSPORTER</b>		NAME:	
Address:		Contact:	
City:	State:	Zip:	Phone:
<b>15. IS DEMOLITION ORDERED BY A GOVERNMENT AGENCY? Y N</b> (If Yes, a signed copy of Order must be attached)			
Government representative ordering the activity:			
Title:	Date of Order:	Ordered Demolition Date:	
<b>16. FOR EMERGENCY RENOVATION</b>			
Date and hour of emergency (mm/dd/yy):		AM/PM	
Description of the sudden, unplanned event (e.g. structure in danger of imminent collapse):			
<b>17. Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable asbestos material becomes crumbled, pulverized or reduced to powder.</b>			
THE ABOVE INFORMATION IS REQUIRED PER NESHA 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 # _____		NAME OF TRAINING COURSE _____	
I CERTIFY THE ABOVE INFORMATION IS CORRECT.			
SIGNATURE OF CONTRACTOR OR THE BUILDING OWNER'S REPRESENTATIVE _____		DATE _____	

<b>ILLINOIS. EPA AGENCY USE ONLY</b>					
This form shall be mailed to III. Environmental Protection Agency, P.O. Box 19276, Springfield, IL 62794-9276. (Original signature only, photocopy not valid) - <b>FOR ILEPA ONLY.</b>					
Date Received:		Input to ACTS:		Post Mark Date:	
Champaign	LaSalle	Springfield	Rockford	Moline	Marion
<b>For Cook County Departmental Use Only.</b>		Mail to Cook Co Dept. of Env. Control, 69 W. Washington, Suite 1900, Chicago, IL 60602-3004			
Date Received CCDEC:		Post Mark Date:		Input Into Computer:	
Inspection Fee Received:		Inspection priority Top _____ High _____ Low _____		Must be Inspected	
Date(s) of Inspections					
Inspection Report Attached YES _____ NO _____		Violation Copies Attached YES _____ NO _____			

Submit this form to the Illinois Department of Public Health at 525 W. Jefferson St., Springfield, IL 62761 or fax to 217-785-5897.