



CITY OF ST. LOUIS DEPARTMENT OF HEALTH  
 AIR POLLUTION CONTROL  
**ASBESTOS PROJECT NOTIFICATION**

**GENERAL INSTRUCTIONS**

**NOTE: There is a review fee for this notification. Make checks payable to the City of St. Louis Department of Health.**

Anyone who intends to do an asbestos abatement project subject to the regulations of the City of St. Louis Department of Health must provide the information requested in this form to comply with the requirements of the Missouri Air Conservation Law, Chapter 643 RSMo and Missouri Rule 10 CSR 10-6.241. Except as provided in 10 CSR 10-6.241, this form is to be completed and returned to the department at least 10 working days before the intended start date of the project. This notification is for asbestos abatement activities only, and it does not satisfy the requirement for demolition/renovation notification stipulated by 40 CFR Part 61, Subpart M.

**1. NOTIFICATION INFORMATION**

- Type of Notification: First-time notices = "Original." Amended projects = "Revision." Notice of cancellation = "Cancelled." Minor changes should be submitted via the Asbestos Notification Amendment, Form 780-1556.
- Scope of Project: If this project involves over -threshold quantities of friable asbestos-containing material (ACM), or material that is >1% ACM that will be rendered into a regulated state, select the first or second box. If not, select the third box and write "Courtesy" at the top of the notification. **Note:** Courtesy notifications do not require payment of the review fee.
- If this project is part of an emergency demolition or renovation and requires a waiver of the 10-working-day waiting period, indicate the entity declaring this an emergency and attach any documentation supporting this claim.

**2. CONTRACTOR INFORMATION AND AUTHORIZATION**

- Complete all fields with contractor information.
- Sign and print your name and date of the signature.

**3. PROJECT DESCRIPTION**

- Complete all fields of the project description. Failure to complete these fields may delay processing of your notification.

**4. ASBESTOS MATERIALS TO BE DISTURBED**

- A. List all friable ACM to be disturbed and non-friable ACM that will be rendered into a regulated state. List the quantity of the material in square, linear or cubic feet.
- B. List all non-friable asbestos-containing material to be disturbed. List the quantity in square, linear or cubic feet.
- C. Explain the procedure used to identify asbestos in the building materials.

**5. PROJECT SCHEDULE**

- A. Indicate the start and end dates for site preparation. **Note:** Site preparation may take place before the 10-working-day waiting period, but no ACM may be disturbed at this time.
- B. Indicate the start and end dates for asbestos abatement. **Note:** For projects involving over-threshold quantities of regulated material, choose a start date at least 10 working days from the date of submission of this notification.
- C. Provide the daily work schedule, including lunch breaks.

**6. OTHER MISSOURI -CERTIFIED PERSONNEL INVOLVED WITH PROJECT**

- If an air sampling professional, inspector, management planner, or project designer will be involved with this project, please provide his or her name, Missouri certification number, and contact information. **Note:** Always provide inspector information for regulated projects.

**7. PROJECT DESCRIPTION**

- Explain the processes involved in this project. Explain how the asbestos will be managed to reduce the risk of fiber release and how you will proceed if new asbestos containing material is discovered during this project.

**8. WASTE DISPOSAL**

- A. Provide the name and contact information of the waste transporter for this project. **Note:** If you or your company will be transporting the waste yourself, insert your information here.
- B. Provide the name and contact information of the waste disposal site you will be using for this project. **Note:** This information should be the same when you submit the post-notification.

**9. SUPPLEMENTAL INFORMATION**

- Provide any additional information about this project not previously stated. You may attach additional pages if necessary.

**NOTE: For all regulated abatement projects, include a complete copy of your asbestos inspection report with the notification form.**

Send completed forms to:  
 City of St. Louis Department of Health  
 Air Pollution Control  
 PO Box 14702  
 St. Louis, MO 63178

If using priority mail, send to:  
 City of St. Louis Department Health  
 Air Pollution Control  
 1520 Market Street, Room 4051  
 St. Louis, MO 63103



CITY OF ST. LOUIS DEPARTMENT OF HEALTH  
 AIR POLLUTION CONTROL  
**ASBESTOS PROJECT NOTIFICATION**

NOTIFICATION INFORMATION	
TYPE OF NOTIFICATION (CHECK ONE)	
<input type="checkbox"/> Original	<input type="checkbox"/> Revision <input type="checkbox"/> Cancellation

**1. NOTIFICATION INFORMATION**

SCOPE OF PROJECT  
 160 square feet, 260 linear feet, 35 cubic feet or more of friable asbestos-containing material (ACM) involved\*  
 10 square feet, 16 linear feet 3 cubic feet or more (up to NESHAP level) of friable ACM involved\*\*.  
 Less than 10 square feet, 16 linear feet, or 3 cubic feet of friable ACM involved (Courtesy Notification)  
 Does this project involve structural renovation  or demolition \*\*\*

**\*Note:** A non-refundable review fee of **\$200** must be submitted for any asbestos abatement project involving 160 square feet, 260 linear feet, 35 cubic feet, or more of friable ACM, and for planned renovation projects as defined in U.S. EPA Regulation 40 CFR Part 61 Subpart M.

**\*\*Note:** A non-refundable review fee of **\$100** must be submitted for any asbestos abatement project involving 10 square feet, 16 linear feet, 3 cubic feet, or more of friable ACM, up to NESHAP level, as defined in City of St. Louis Ordinance 70607, Section 11, Part D-7.

\*\*\*This notification does **not** satisfy the requirement for demolition notification. Use form 780-1923 for demolition notification.

Make checks payable to the City of St. Louis Department of Health.

If an unsafe structure is being demolished under the order of a state or local government agency, include a copy of the unsafe building declaration and complete the following:

NAME OF INDIVIDUAL ORDERING DEMOLITION	TITLE
AUTHORITY OF THE INDIVIDUAL	TELEPHONE NUMBER WITH AREA CODE

For emergency renovations complete the following:

DATE AND HOUR OF THE EMERGENCY
DESCRIPTION OF THE SUDDEN, UNEXPECTED EVENT
EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN

If a waiver of any requirement is requested, indicate the waiver desired and the justification for such a waiver.  
 (Use supplemental sheet if necessary)

WAIVER	JUSTIFICATION
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**2. CONTRACTOR INFORMATION AND AUTHORIZATION**

ASBESTOS ABATEMENT CONTRACTOR'S NAME	EMAIL	
CONTRACTOR'S ADDRESS		
CITY	STATE	ZIP CODE
MISSOURI REGISTRATION NUMBER	REGISTRATION EXPIRATION DATE	
ON-SITE SUPERVISOR AND CERTIFICATION NUMBER	CONTRACTOR'S TELEPHONE NUMBER WITH AREA CODE	

I certify that an individual trained in the provisions of federal regulation (40 CFR Part 61 Subpart M) will be on-site during the project and proof that this person has completed the required training will be available for inspection by the department.  
 By my signature, I attest that all asbestos abatement procedures shall be performed in compliance with all applicable state and federal regulations.  
 I hereby certify that, to the best of my knowledge and understanding, the information provided in this notification is true and correct.

SIGNATURE	DATE
PRINTED NAME AND TITLE	

**3. PROJECT DESCRIPTION**

FACILITY PROJECT NAME			
ADDRESS			
PROJECT CITY	COUNTY	STATE	ZIP CODE
OWNER'S NAME			
OWNER'S ADDRESS	EMAIL		
OWNER'S CITY		STATE	ZIP CODE
OWNER CONTACT	OWNER'S TELEPHONE NUMBER WITH AREA CODE		
BUILDING SIZE	NUMBER OF FLOORS	AGE IN YEARS	
PRESENT USE(S)	PRIOR USE(S)		

**4. ASBESTOS MATERIALS TO BE DISTURBED**

A. Describe the quantity of friable asbestos materials to be disturbed.

MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET

B. Describe the quantity of non-friable asbestos materials to be disturbed

MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET

C. Describe the procedure for detection of ACM, including the analytical method employed. Include a copy of the asbestos inspection report.

**5. PROJECT SCHEDULE**

A. SITE PREPARATION PHASE	START DATE	COMPLETION DATE	TIME
B. ASBESTOS ABATEMENT PHASE	START DATE	COMPLETION DATE	TIME
C. DAILY WORK SCHEDULE	START TIME	ENDING TIME	LUNCH BREAK

**6. OTHER MISSOURI -CERTIFIED PERSONNEL INVOLVED WITH PROJECT**

DISCIPLINE	NAME	CERTIFICATE NUMBER	TELEPHONE NUMBER WITH AREA CODE
A. AIR SAMPLING PROFESSIONAL			
B. INSPECTOR			
C. MANAGEMENT PLANNER			
D. PROJECT DESIGNER			

**7. PROJECT DESCRIPTION**

A. Describe abatement work, including location in building, planned demolition/renovation and methods to be used.

B. Describe work practices and engineering controls to be used to prevent emissions of asbestos.

C. Describe the contingency plan if unexpected RACM is discovered.

**8. WASTE DISPOSAL**

**A. NAME OF WASTE TRANSPORTER**

ADDRESS

CITY

STATE

ZIP CODE

CONTACT PERSON

TELEPHONE NUMBER WITH AREA CODE

**B. WASTE DISPOSAL SITE**

ADDRESS

CITY

STATE

ZIP CODE

CONTACT PERSON

TELEPHONE NUMBER WITH AREA CODE

**9. SUPPLEMENTAL INFORMATION**

PROJECT SITE	NOTIFICATION DATE
PART NUMBER	ITEM NUMBER