## STATE OF ILLINOIS DEMOLITION/RENOVATION/ASBESTOS PROJECT NOTIFICATION FORM

**Environmental Protection Agency (IEPA):** Projects of at least 160 sq./ft or 260 linear ft., or 1 cubic meter and all demolition projects shall be submitted to IEPA. This form shall be submitted for all original notifications and revisions to IEPA (\$150) Attach Illinois E-Pay receipt if paid electronically.

Illinois Department of Public Health (IDPH): Abatement projects greater than 3 sq./ft and or 3 linear ft. up to 160 sq.ft or 260 linear feet and all school projects shall be submitted to IDPH. This form shall be submitted for all original notifications and revisions to IDPH (no fee).

Cook County (excluding the City of Chicago):

The Department of Environment and Sustainability no longer accepts paper notifications. Visit: <a href="https://www.cookcountyil.gov/agency/environmental-control">www.cookcountyil.gov/agency/environmental-control</a> for electronic submission of notifications.

City of Chicago: All projects in the City of Chicago, except residential renovations in buildings with fewer than two dwelling units, must notify the City & IEPA if applicable. This form and appropriate fee shall be submitted for all notifications to the City of Chicago (see bottom pg 2 for fee amount).

	Соріє	es of this form	i may be iou	na at: <u>www.i</u>	<u>naceo.neve</u>	<u>nviro</u>				
Date:					Illinois E	E-Pay Authorization C	ode:			
	ICATION:   origin		n 🗌 renovatio	n 🗌 cancellat	tion 🗌 revisi	ion   ordered der	molition   annual			
1 ''	ject Below: (Check	,	_							
	ject			mercial Public Bu						
	Contractor	☐ Project Designe	er #of times revi	ised: L	List Section #'s	being revised:				
1. FACILITY INFO	ORMATION:									
Facility name:				Schoo	ol Bldg ID:					
	os Containing Materi									
Bldg Size:	Sq.Ft.:	#Flrs:	Age: Present Use:							
Prior Use:			Future Use (demo):							
Address:			City:		County:	Zip:				
Contact:					Į.	Phone:				
2. FACILITY OW	NER OR SCHOOL	DISTRICT: (7	ip: Complete fo	or all projects (	Commercial/F	Public or Schools)				
Facility Owner Nam	ne:									
Address:			City:		(	State:	Zip:			
Contact:		Er	nail:		F	Phone:				
Copies of abatement submitted for IDPH pu	permission and written vublic and private school	verification certifica facilities as require	tion to all building d by Section 855	g occupants and i.350 of the IDPH	users from the Asbestos Cod	building owner or sch	ool board shall be			
3. ASBESTOS C	ONTRACTOR NAI	ME:				ID#:				
Address:			City:		(	State:	Zip:			
Contact:		Er	Email:			Phone:				
4. DEMOLITION	CONTRACTOR NA	AME:								
Address:			City:			State:	Zip:			
Contact:		Er	Email:			Phone:				
5. ABATEMENT INFORMATION:			Is Asbestos Present? ☐ Yes			□ No				
Description of Planned Demolition or Renovation Work and Methods to be Employed Including Demolition or Renovation Techniques:										
Description of Work	Practice(s) and Eng	ineering Controls	s used to Preve	nt Emissions a	t the Demoliti	on or Renovation S	ite:			
'										
6. QUANTITIES:										
0.007					le asbestos					
	Containing Material to be removed (RACM)	be removed CAT I	(demolition) CAT II	to be r	removed CAT II		SBESTOS REMOVED			
Pipes (Ln. Ft.):	20 101110100 (11110111)	9	<u> </u>	07.11	<u> </u>	10 221				
Surface Area (Sq. Ft.):										
Volume (Cu. Ft.):										
Tip: CAT I non-friable AGACM are considered CAACM that will be or has	CM are asbestos-containing AT II non-friable ACM. (RA been subjected to sanding reduced to powder by the	ČM) is (a) friable asi g, grinding, cutting o	bestos material, (b) r abrading, or (d) C	Category I non-fri Category II non-fria	iable ACM that ha ble ACM that has	as become friable, (c) C s a high probability of be	ategory I non-friable			
crumbled, pulverized or reduced to powder by the forces expected 7. ABATEMENT START DATE:			Finish Date:		k hours:	AM PM	AM□ PM□			
	DLITION START DA	TE:	Finish Date:		k hours:	AM D PM D	AM D PM D			
Working Weeker		□ No		orking Evening		Yes  No	, uvi [ 1 1VI [			
Tip: Ten day notification requires at minimum, ten (10) working days (Monday-Friday including holidays) prior to the commencement date. Ten days begin with the US postmark date or date received in office by commercial services or hand delivery. IEPA and City of Chicago cannot accept faxed copies, however, IDPH will accept										
postmark date or date	received in office by con ased projects will not be a	nmercial services or	hand delivery. IE.	PA and City of Ch	nicago cannot ac	ccept faxed copies, how	vever, IDPH will accept			

8. PROJECT DESIG	NER ID#:	100-	Name:			
	Complete P	roject Desigr	ner Name and License	ID# if this project was d	esigned by a Designe	r.
9. INSPECTOR ID#:	100-		Name:			
Tip: If procedure utilized is 10. PROCEDURE, INC.				O TO DETECT THE P	PRESENCE OF AS	BESTOS
Name of Analytical Testi	ng Laborate	ory:				
11. ASBESTOS PRO	JECT MAN	NAGER ID	#: 100-	Nar	me:	
12. AIR SAMPLING F	ROFESSI	ONAL ID#	<i>t</i> : 100-	Nar	me:	
13. DISPOSAL SITE/	LANDFILL	NAME:				
Address:				Contact:		
City:			State:	Zip:	Phone:	
14. WASTE TRANSP	ORTER/N	AME:				
Address:				Contact:		
City:			State:	Zip:	Phone:	
15. IS DEMOLITION (If yes, a signed copy of Or			VERNMENT AGEN	CY?	No	
Government representat	ive ordering	the activity:				
Title:			Date of Order:	Order	Demolition Date:	
16. FOR EMERGENC	Y RENOV	ATION:				
Date and hour of emerge	ency (mm/d	d/yy):		AM □ PM □		
Describe sudden unplan failure or an unreasonab			iler explosion) Explain	how the event caused u	unsafe conditions or w	ould cause equipment
17. Description of prod material becomes crui				nexpected asbestos is	found or previously	non-friable asbestos
				0 CFR Part 61, Subpar that the requisite training		
CERTIFICATE #			NAME OF TRAINING	COURSE		
I certify the above inf	ormation i	s correct.				
Class 4 felony. A seco	ngly makes nd or subse t be hand signe	a false, ficti equent offens ed and dated. Ha	tious, or fraudulent ma se after conviction is a nd stamps are not acceptable	aterial statement, orally a Class 3 felony. (415 IL e. IEPA and Cook County requir accompanied by the appropri	.CS 5/44(h)). re original signatures on thei	r notification forms. IDPH will
For Cook County Depa	artmental U	se Only.				
Date Received CCDES:			Post Mark Date:		Input Into Computer:	
Inspection Fee Receive			Inspection Priority:	Top ☐ High ☐ Low ☐	· · · · · · · · · · · · · · · · · · ·	nspected:
Date(s) of Inspections:				<u> </u>		<u> </u>
Inspection Report Attach	ned: Ye	s 🗆 No 🗆	Viol	ation Copies Attached:	Yes ☐ No ☐	
The Illinois EPA is authorized to rec		all disclose the in	oformation requested on this Ag	ency form utilizing this form pursu	ant to the Illinois Environment	al Protection Act (Act) 415 II CS 5

Failure to disclose the requisite information on this Agency form may result in your notification being denied, and/or penalties being imposed as provided for in the Act, 415 ILCS 5/42-45.



IL Environmental Protection Agency P.O. Box 19276 MC 41 2520 West Iles Avenue Springfield, IL 62794-9276 \$150 fee (Attach payment or Illinois E-Pay receipt if paid electronically.)



Submit this form to the appropriate agencies:



IL Department of Public Health 525 W. Jefferson St. Springfield, IL 62761 (FAX: 217-785-5897) Email: DPH.Asbestos@illinois.gov



Cook County Department of Environment & Sustainability no longer accepts the combined form and all notifications must be filed with the Department at the web address below.

www.cookcountyil.gov/agency/environmental-control



Chicago Department of Public Health Permitting and Inspections 333 S. State St., Room 200 Chicago, IL 60604 Fees apply as follows:

Residential Unit with less than 4 units ... \$300.00\*\*
Residential Units with 4 units or more ... \$450.00
Commercial/Industrial facilities ....... \$600.00

\*\* except that asbestos abatement in residential buildings with fewer than two dwelling units are not subject to the notice and fee requirements.