



Department of
**Environment &
Conservation**

May 1, 2019

The Honorable Robert T. Keeton, III
Mayor of Town of Bruceton
209 Cheatham Street
Bruceton, TN 38317

Dear Mayor Keeton,

I am writing you today to let you know about TDEC's regulations concerning the demolition or renovation of buildings and to request your assistance in making contractors and building owners aware of these regulations. Chapter 1200-03-11-.02 of the Tennessee Air Pollution Control Regulations require building owners and/or operators to thoroughly inspect buildings for asbestos-containing material (ACM) prior to demolition or renovation. The person inspecting the facility for ACM must be accredited by the state of Tennessee. The regulations also require owners and/or operators to file a notification with the state ten (10) working days prior to demolition of a building (even if no asbestos), or any renovation involving the removal of regulated ACM. There have been a number of violations issued for demolition without notifying the state. Many building owners and contractors have stated they were not aware of the notification requirements.

Since your codes enforcement office may issue permits for the activities listed above, the state requests your assistance in making applicants aware of the asbestos inspection and notification requirements. For your reference, I am enclosing a Notification of Demolition and/or Asbestos Renovation form (Form CN-1055).

The regulations may be accessed through the TDEC's website at <https://www.tn.gov/environment/program-areas/apc-air-pollution-control-home/apc/air-pollution-control-regulations.html>, Chapter 1200-03-11. You may go to <https://www.tn.gov/environment/toxic-substances-program/asbestos-program.html> to find a link to a searchable database of accredited firms and asbestos professionals in Tennessee.

Your assistance in distributing this information will be greatly appreciated. If anyone needs additional information regarding the regulations, I may be contacted at (615) 532-6828.

Sincerely,

Randall Harrison

Randall Harrison
Environmental Consultant
Asbestos NESHAP Program



STATE OF TENNESSEE
DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF AIR POLLUTION CONTROL
Nashville Environmental Field Office
711 R.S. Gass Boulevard
Nashville, Tennessee 37216

NOTIFICATION OF DEMOLITION AND/OR ASBESTOS RENOVATION

SUBMIT 10 WORKING DAYS PRIOR TO ACTIVITY

Email to Asbestos.NESHAP.Program@tn.gov

Operator Project #	Postmark	Date Received	Notification #				
I. TYPE OF NOTIFICATION <input type="checkbox"/> Original <input type="checkbox"/> Revision <input type="checkbox"/> Courtesy <input type="checkbox"/> Annual <input type="checkbox"/> Cancellation							
II. FACILITY INFORMATION							
Owner Name: _____							
Address: _____							
City: _____		State: _____	Zip Code: _____				
Contact: _____		Telephone: _____					
Asbestos Removal Contractor: _____							
Address: _____							
City: _____		State: _____	Zip Code: _____				
Contact: _____		Telephone: _____					
Other Contractor/Operator: _____							
Address: _____							
City: _____		State: _____	Zip Code: _____				
Contact: _____		Telephone: _____					
III. TYPE OF OPERATION <input type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Ordered Demolition <input type="checkbox"/> Emergency Renovation							
IV. IS ASBESTOS PRESENT? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide a copy of inspection report.							
V. FACILITY DESCRIPTION							
Building Name: _____							
Address: _____							
City: _____		State: TN	Zip Code: _____ County: _____				
Site Location: _____							
Building Size (square feet) _____		# of Floors: _____	Age in years: _____				
Present Use: _____		Prior Use: _____					
VI. PROCEDURE AND ANALYTICAL METHOD USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Identify any consultant or inspector involved in building inspection)							
VII. AMOUNT OF ASBESTOS MATERIALS:							
	RACM to be Removed	Nonfriable Asbestos Material					
		To be Removed		NOT to be removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)							
Surface Area (square feet)							
Facility Components (cubic feet)							
Other							
VIII. SCHEDULED DATES FOR PREPARATION		Start: _____		Complete: _____			
SCHEDULED DATES FOR ASBESTOS REMOVAL		Start: _____		Complete: _____			
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:							
IX. SCHEDULED DATES FOR DEMOLITION OR RENOVATION		Start: _____		Complete: _____			

Failure to notify the Division of a change in the start date (sections VIII and IX above) prior to activity may result in enforcement action.

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION ACTIVITIES:
XI. DESCRIPTION OF WORK PRACTICES & ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS:
XII. WASTE TRANSPORTER #1 Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: _____ WASTE TRANSPORTER #2 Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: _____
XIII. TEMPORARY WASTE STORAGE LOCATION: _____ WASTE DISPOSAL SITE Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: _____
XIV. ORDERED DEMOLITION 1. Attach a copy of the government issued order. 2. Name of authority issuing order: _____ Title: _____ 3. Date of Order: _____ Date Ordered to Begin: _____
XV. EMERGENCY RENOVATION (Attach a separate sheet with the following information.) 1. Date and Hour of the emergency. 2. Description of the Sudden, Unexpected Event 3. Explanation of how the event caused unsafe conditions, equipment damage, and/or an unreasonable financial burden.
XVI. DESCRIBE THE PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED RACM IS FOUND. EXPLAIN HOW NONFRIABLE ACM WILL BE REMOVED WITHOUT RENDERING IT FRIABLE (CRUMBLed, PULVERIZED, OR REDUCED TO POWDER).
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN ACCORDANCE WITH 40 CFR PART 61, SUBPART M WILL BE ONSITE DURING THE STRIPPING AND REMOVAL DESCRIBED BY THIS NOTIFICATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN COMPLETED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION. Printed Name of Owner or Operator: _____ Signed Name of Owner or Operator: _____ Date: _____
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. AS SPECIFIED IN TENNESSEE CODE ANNOTATED SECTION 39-16-702(a)(4), THIS DECLARATION IS MADE UNDER PENALTY OF PERJURY. Printed Name of Owner or Operator: _____ Signed Name of Owner or Operator: _____ Date: _____

Submit completed form to Asbestos.NESHAP.Program@tn.gov. Call (615) 532-6828 with any questions.

INSTRUCTIONS

NOTIFICATION OF DEMOLITION AND/OR ASBESTOS RENOVATION ACTIVITY (FORM CN-1055)

This form serves as a written notification of a facility demolition and/or an asbestos renovation as defined and required by 40 CFR 61.145 and Tennessee Division of Air Pollution Control Regulation 1200-03-11-.02(2)(d). This notification form is required for the following activities:

1. All demolition projects (including intentional burning). Demolition means the wrecking or taking out of any load-supporting structural member of a facility together with any related handling operations. **This form is required for a demolition project even if no asbestos is present at the site.**
2. All renovation projects that include the removal of regulated asbestos containing material (RACM) equaling or exceeding 260 linear feet on pipes, 160 square feet on facility components, or 35 cubic feet where the amount of RACM could not be measured prior to the renovation.

All demolition and renovation projects are subject to the regulations insofar as owners and operators must determine if and how much asbestos is present at the site. All information pertinent to the removal, renovation and/or demolition must be completed by the building owner/operator or designee and mailed electronically to Asbestos.NESHAP.Program@tn.gov or delivered to the following address by at least 10 working days prior to commencement of activity:

**Department of Environment and Conservation
Division of Air Pollution Control
Nashville Environmental Field Office
711 R.S. Gass Boulevard
Nashville, Tennessee 37216**

Holidays that fall between Monday and Friday count as "working days." Saturday and Sunday does not count as a working day.

If information contained in the original notice has changed, a notification must be revised as soon as possible after it is realized a revision is necessary. For example, you must revise the notification if you change the start date of an operation. If the change relates to the amount of material involved, you need only revise the notification if the amount changes by more than 20 percent. If you revise the start date of a project, the revised notification must be postmarked or delivered no later than the original start date, and at least 10 working days before the revised start date.

Include the following in the notice:

(I) TYPE OF NOTIFICATION: Indicate original, revision, courtesy, annual, or cancellation.

(II) FACILITY INFORMATION: Identify the owner of the facility, address, telephone number, and contact person.

ASBESTOS REMOVAL CONTRACTOR: If RACM is to be removed, identify the name, address and telephone number of the asbestos removal contractor.

OTHER CONTRACTOR/OPERATOR: Where demolition of the facility immediately follows the removal of RACM, or when no asbestos removal is required prior to demolition, identify the demolition contractor's name, address and telephone number.

(III) TYPE OF OPERATION: Demolition, Ordered Demolition, Renovation, or Emergency Renovation.

(IV) Indicate whether or not asbestos is present in the building. **Provide a copy of the inspection report.**

(V) FACILITY DESCRIPTION: Identify the building name of the facility to be renovated or demolished, the physical address including street number, street name, city, state, and county. Asbestos removal site location should

include the building number, floor and room number(s). Include the building size in square feet, number of floors, age, and present and prior use of the facility.

(VI) Describe the procedure, including analytical methods, used to detect the presence of RACM, category I and category II nonfriable ACM. If an asbestos survey was conducted, please submit a copy of it with the notification form. Materials may be assumed to be RACM and therefore handled as such.

(VII) AMOUNT OF ASBESTOS IN WORK AREA: Indicate the approximate amount of RACM to be removed from the facility in terms of linear feet for pipes, square feet for surface area, or cubic feet if otherwise not measurable. Also, estimate the amount of Category I and Category II nonfriable ACM in the affected part of the facility that will or will not be removed during renovation or before demolition.

(VIII) SCHEDULED DATES - ASBESTOS REMOVAL: Indicate the scheduled starting and completion dates of asbestos removal work. Include dates for any other activity, such as site preparation, that would break up, dislodge, or similarly disturb asbestos material in a demolition or renovation. Planned renovation operations involving individual nonscheduled operations shall only include the beginning and ending dates of the report period. **This notification is required to be submitted at least 10 working days prior to the start date.** Circle all days when asbestos removal activities are to occur. Indicate the working hours that asbestos removal activities will be conducted (i.e., 7:00 AM – 5:00 PM).

(IX) SCHEDULED DATES – DEMOLITION: Indicate the scheduled starting and completion dates of demolition or renovation. **This notification is required to be submitted at least 10 working days prior to the start date.**

(X) Describe the planned work methods to be performed and types of machinery to be used during demolition or renovation.

(XI) Describe the work practices and engineering controls to be used to prevent emissions of asbestos during asbestos removal and waste-handling at the demolition/renovation site.

(XII) ASBESTOS WASTE TRANSPORTER: Identify the name, address, phone number and contact of the firm who will transport the asbestos material to the waste disposal site. If a second transporter is involved, also list this firm.

(XIII) ASBESTOS WASTE DISPOSAL SITE: Identify the name, location, and telephone number of the waste disposal site where the asbestos-containing waste material will be deposited.

(XIV) IF DEMOLITION ORDERED BY GOVERNMENT AGENCY: Identify the name, title, and authority of the state or local government representative who has ordered the demolition, the date that the order was issued, and the date on which the demolition was ordered to begin. A copy of the order shall be attached to the notification.

(XV) EMERGENCY RENOVATIONS: Attach a separate sheet that indicates the date and hour that the emergency occurred. Describe the sudden, unexpected event resulting in the emergency. Explain how the event caused an unsafe condition or would cause equipment damage or an unreasonable financial burden.

(XVI) Describe the procedures to be followed in the event that unexpected RACM is found. Explain how nonfriable ACM will be removed without rendering it friable (crumbled, pulverized, or reduced to powder) during a renovation or demolition operation.

(XVII) A certification that only a person trained as required by Division Rule 1200-3-11-.02(2)(d)3(viii) will supervise the stripping and removal described by this notification.

(XVIII) The signature of the Owner/Operator and the date certifying that the notification information is correct.