Asbestos Notification Form

Use the most current asbestos notification form found on the Texas Department of State Health Services (DSHS) asbestos web site. [http://www.dshs.state.tx.us/asbestos/forms.shtm#notification](http://www.dshs.state.tx.us/asbestos/forms.shtm#notification)

For University purposes, use the building name on the current building.

Additionally, the form must include the work order number after the facility name. The work order number will be provided by the University Project Manager.

The form must also include the following address for the facility owner.

The University of Texas at Austin
Attention: James Wichman
Mailing Address: P.O. Box 7729
City: Austin  State: TX  Zip: 78713
Owner Phone Number: (512) 471-2028

See attached example of a partially completed form.

A copy of the completed form shall be sent electronically to EHS upon submittal to DSHS.
ASBESTOS/DEMOLITION NOTIFICATION FORM

TYPE OF NOTIFICATION: (Select one and fill in the requested information)

☒ ORIGINAL  ☐ AMENDMENT No.  ☐ CANCELLATION

☐ EMERGENCY  ☐ Was emergency request made to the Regional Office or Environmental Health Notifications Group (EHNG) by phone?
☒ Yes ☐ No

☒ If yes, the DSHS reference #: N/A and name of the Regional or EHNG representative with whom you spoke?

Date: /N/A/ Time: N/A a.m. ☐ p.m.

☒ Describe the reason for Emergency: N/A

☐ ORDERED: (For structurally unsound facilities, attach copy of demolition order and identify Governmental Official)

Name: N/A Registration No. N/A

Title: N/A

Date of order (MM/DD/YY): /N/A/ Date order to begin (MM/DD/YY): /N/A/

FACILITY INFORMATION

1. Facility Location

☐ Description or Facility Name: Hal C. Weaver Power Plant (PPL) WO# 3677-2123

☐ Physical Address: 301 E. 24th St.

☐ County: Travis City: Austin Zip: 78712

☐ Facility Contact: James L. Wichman Phone #: (512) 471-2028

2. Type of Facility (Select one)

☒ Public ☐ Federal ☐ Industrial/Manufacturing ☐ NESHAP-Only ☐ Public School K-12

3. Facility Details

☐ Description of Area/Room Number: ______

☐ Age of Building: ______ Size: ______ Number of Floors: ______

☐ Is this building occupied? ☒ Yes ☐ No

☐ Prior Use: ______

☐ Future Use: ______

☐ Date of Asbestos Survey/NESHAP Inspection: / / ______

☐ DSHS Inspector License #: ______

☐ Analytical Method: ☒ PLM ☐ TEM ☐ Assumed Asbestos ☐ No Suspect Material

☐ DSHS Laboratory License #: ______
WORK SCHEDULE/ASBESTOS AMOUNTS  (Note: if the start date(s) entered below cannot be met, the DSHS Regional or Local Program office must be notified prior to the scheduled start date. Failure to do so is a violation of TAHPA Section 295.61.)

1. Asbestos Abatement Work Schedule:
   □ Start date: / /  and End date: / /  
   □ Working hours: ___ ☑ a.m. ☑ p.m. to ___ ☑ a.m. ☑ p.m.

2. Demolition Work Schedule:
   □ Start date: / /  and End date: / /  
   □ Working hours: ___ ☑ a.m. ☑ p.m. to ___ ☑ a.m. ☑ p.m.

(x) Below if Amended

C. ASBESTOS AMOUNTS
   □ Is Asbestos Present? ☑ Yes   □ No (Complete the table below if asbestos is present)

<table>
<thead>
<tr>
<th>Asbestos-Containing Building Material Type</th>
<th>Approximate amount of Asbestos</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pipes</td>
</tr>
<tr>
<td>*Only mark the boxes below on this chart if they are being amended</td>
<td></td>
</tr>
<tr>
<td>☑ RACM to be removed</td>
<td></td>
</tr>
<tr>
<td>☑ RACM left in place during demolition</td>
<td></td>
</tr>
<tr>
<td>☑ Interior Category I non-friable removed</td>
<td></td>
</tr>
<tr>
<td>☑ Exterior Category I non-friable removed</td>
<td></td>
</tr>
<tr>
<td>☑ Category I non-friable left in place during demolition</td>
<td></td>
</tr>
<tr>
<td>☑ Interior Category II non-friable removed</td>
<td></td>
</tr>
<tr>
<td>☑ Exterior Category II non-friable removed</td>
<td></td>
</tr>
<tr>
<td>☑ Category II non-friable left in place during demolition</td>
<td></td>
</tr>
<tr>
<td>☑ RACM Off-Facility Component</td>
<td></td>
</tr>
</tbody>
</table>

DESCRIPTION OF WORK PRACTICES AND PROCEDURES
□ 1. Description of procedures to be followed in the event that unexpected asbestos is found or previously non-friable asbestos material becomes crumbled, pulverized, or reduced to powder: Stop work, notify consultant, consult with owner, ensure no breaches in containment, seal off area, keep negative air units in operation, contact DSHS, submit Amended notification.

□ 2. Description of planned demolition or abatement work, type of material, and method(s) to be used: sink undercoating, 10 linear feet of vibration dampner, 80 square feet of transite countertops, 80 linear feet of cold/hot water pipe insulation.

□ 3. Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition site:

□

□
A. FACILITY OWNER
   Facility Owner Name: The University of Texas at Austin
   Phone #: (512) 471-2028
   Attention: James L. Wichman
   Mailing Address: P.O. Box 7729
   City: Austin State: Texas Zip: 78713

B. ASBESTOS ABATEMENT CONTRACTOR #1
   DSHS Asbestos Contractor License #: 80-0010
   Contractor Name: AAR Incorporated
   Address: 6640 Signat Road
   City: Houston State: Texas Zip: 77041
   Office Phone #: (512) 778-6800 Job-Site Phone #: (512) 296-1217 / (512) 731-5016

C. ASBESTOS ABATEMENT CONTRACTOR #2 (Only if there is more than one Contractor)
   DSHS Asbestos Contractor License #: 
   Contractor Name: 
   Address: 
   City: State: Zip: 
   Office Phone #: ( ) - Job-Site Phone #: ( ) - 

D. ASBESTOS SUPERVISOR
   DSHS Supervisor License #: 80-4328 Site Supervisor: Douglas Torrez
   DSHS Supervisor License #: 80-4423 Site Supervisor: James Hendrix

(x)
Below if Amended

E. NESHAP TRAINED INDIVIDUAL
   NESHAP Trained Individual: N/A
   Certification Date: / /

F. DEMOLITION CONTRACTOR
   Demolition Contractor: N/A
   Address: N/A
   City: N/A State: N/A Zip: N/A Phone #: ( ) N/A-

G. PROJECT CONSULTANT OR OPERATOR
   DSHS License No.: 10-0334
   Project Consultant or Operator: Lonestar Environmental Services
   Address: 12407 North Mopac Expressway, Suite 100, #364
   City: Austin State: Texas Zip: 78758 Phone #: (512) 931-2513

H. Waste Transporter
   DSHS Waste Transporter License #: 40-0039
   Waste Transporter: AAR Incorporated
   Address: 6640 Signat Road
   City: Houston State: Texas Zip: 77041
   Contact Person: Bill Post Phone #: (512) 751-4007

I. Waste Disposal Site
   TCEQ Permit #: 2123
   Waste Disposal Site: TDS
   Address: 7500 FM 1327
   City: Buda State: Texas Zip: 78610

FORM APB #5, REV 5/07
CERTIFICATION STATEMENT
I hereby declare that I have examined this notification and, to the best of my knowledge and belief, all information provided is complete, true, and correct. I affirm that I am the owner, operator, or delegated agent and that I am responsible for the fee associated with this notification. I also understand that the owner, operator, or delegated agent is responsible for notification to the department.

__________________________  Date: 06/29/09
(Signature of Owner, Operator or Delegated Agent)

Tonya Bosher as Agent for The University of Texas at Austin
(Printed Name & Title)

E-mail Address: Tonya.Bosher@lonestar-environmental.com  Phone #: (512) 931-2513

IMPORTANT INFORMATION
NOTIFICATION TIMELINESS REQUIREMENT:
Your Asbestos/Demolition Notification form must be postmarked no less than ten working days (not calendar days) prior to the start of any asbestos abatement or demolition.

FILING FEE: An invoice will be mailed to the facility owner upon completion of the project.

CALL FOR ASSISTANCE:  (512) 834-6747 or (888) 778-9440 (toll free in Texas)

MAIL FORM TO:  ENVIRONMENTAL HEALTH NOTIFICATIONS GROUP
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
PO BOX 143538
AUSTIN, TX  78714-3538