



KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT ASBESTOS NOTIFICATION FORM

General Instructions: Business entities, state agencies, or political or taxing subdivisions of the state who propose to engage in an asbestos abatement project, that is subject to departmental regulations K.A.R. 28-50-1 et. seq., must provide the information requested in this form in order to comply with the requirements of K.A.R. 28-50-8. Except as otherwise provided for in the regulation, this form is to be completed and returned to the Department not less than 10 working days before the project is intended to start. Any notification that is incomplete or indicates that the proposed work practice activities will violate the applicable regulations will be considered an invalid notification.

Separate notifications must be provided for each building or other individual facility where a project is to be carried out. Additional copies of this form should be reproduced as needed.

The Project Review Fee Calculation Form, Page 1a, is to be completed by **licensing contracting firms** only. The Total Adjusted Project Review Fee is required to be submitted with the Notification Form and the payment must be made by check or money order and payable to the Kansas Department of Health and Environment. **Note:** When the Department is requested to waive the 10 working day pre-notification requirement, for other than an emergency situation, the required fee is **double** the Total Non-Adjusted Project Review Fee. For situations where the additional fee, i.e. 0.5% or 1% of Sub Total Contract Correction, cannot be calculated at the time a notification is submitted, the \$50.00 or \$100.00 baseline fee must accompany the Notification Form **and** a separate sheet explaining why it cannot be calculated must be submitted with the notification. Firms that submit such an explanation will normally be contacted by a representative of the Department within 5 days of receipt of the Notification Form to verify that the failure to pay the fee is justified and to negotiate an alternate plan for payment of the fee.

Parts A, B, C, E and F must be completed for each notification. Part D must be completed for all dismantling operations. Consecutively numbered Asbestos Notification Form Supplemental Sheets are to be provided as described in the Notification Form. Each Supplemental Sheet must be referenced to the Project Site and the Notification Date to which they pertain. Supplemental Sheets will be used to provide other information that cannot be clearly entered on the Notification Forms.

Mail the **original, signed** and **completed** form and applicable fee to:

**KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT
BUREAU OF AIR
1000 SW JACKSON, SUITE 310
TOPEKA, KANSAS 66612-1366
(785) 296-6024- Phone
(785) 559-4256 - Fax**

PLEASE DO NOT INCLUDE THIS PAGE WHEN SUBMITTING NOTIFICATION(S).

These are instructions for your use. Also, PLEASE TYPE or PRINT CLEARLY on ALL NOTIFICATION FORMS, if not, the notification forms will be returned to you.

Postmarked Date: _____ Check Number: _____ Project Number: _____ <p style="text-align: center;">Office Use Only</p>
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PROJECT REVIEW FEE CALCULATION FORM

Name of Firm _____ License No. _____

Project Location _____ City _____

- Total Contract Price (TCP) – Enter complete cost of project. If project is less than 160 square feet or 260 linear feet proceed to line 7.
- Associated Contract Charge (ACC) Calculation-Identify and total all charges included in the Total Contract Price (TCP) for work other than asbestos removal, such as reinstalling thermal insulation or fireproofing, remodeling work, demolishing structure. List type of work and charge.

Associated Contract Charge(s) (ACC)	Charge
2a.	
2b.	
2c.	

Associated Contract Charge (ACC) Total

- Non-Regulatory Cost (NRC) Calculations – Identify and total all charges included in the Total Contract Price (TCP) for asbestos removal related work that pertain to activities or items that are not required by the State’s asbestos control regulations such as insurance, bonds, sampling, etc.

Non-Regulated Costs(s) (NRC)	Cost
3a.	
3b.	
3c.	

Non-Regulated Cost (NRC) Total

- Add Line 2 (ACC) and Line 3 (NRC)
- Sub Total Contract Correction – Subtract Line 4 from Line 1
- Fee Correction – Multiply Line 5 by 0.5% (.005); ***Round Off To Nearest Dollar.***
- Baseline Project Review Fee
- Total Non-Adjusted Project Review Fee – Add Line 6 and Line 7
- If 10 day pre-notification requirement waiver is requested, multiply Line 8a by 2
- Total Adjusted Project Review Fee – Enter 8a or 8b, whichever is greater

2	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
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7	
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8a	
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8b	
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8c	
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I hereby certify, to the best of my knowledge and understanding, the information provided above is true and correct.

Signed _____ Date _____

Postmarked Date: _____
Amount of Project: _____
Amount Paid: _____
10-day Waiver: YES NO
Office Use Only

PART A AUTHENTICATION

I hereby certify, to the best of my knowledge and understanding, the information provided in this notification is **true, complete, and correct.**

Signed _____ Date _____

Print or Type Name _____ Telephone No. (_____) _____

Name of Firm (or Agency) _____ License No. _____

Mailing Address of Firm (or Agency): Street or Box _____

City _____ State _____ Zip Code _____

Email _____

PART B PROJECT DESCRIPTION

Type of Notification: Original _____ Amended _____ Emergency _____ 10-day Waiver _____

APPROVED BY: _____ Date _____

Purpose of Project (check one): Renovation ____ Demolition ____ Time & Materials ____ Operation & Maintenance ____

1. Building/Structure Owner

Owner Name: _____

Owner Address: Street _____ City _____

Owner Contact: Name _____ Telephone No. (_____) _____

2. Building/Structure Description

Address: Street _____ City _____

County _____ Building Age: (Years) _____

Past/Present Use: _____

Future Use: _____

Building Size: Total Floor Space (ft²) _____ Number of Floors _____

3. Total Amounts of Friable Asbestos to be removed from Building/Structure

a) Friable asbestos removed from pipe surfaces (linear feet) _____

b) Pipe removed by dismantling, with friable asbestos left in place (linear feet) _____

c) Friable asbestos removed from other surfaces:

Types of Surface _____ Amount (ft²) _____

PART B **PROJECT DESCRIPTION (Continued)**

d) Other surfaces removed by dismantling with friable asbestos left in place:

Type of Surface _____ Amount (ft²) _____

e) Will any of the above surfaces be **hot** during removal? YES _____ NO _____

Type of Hot Surface(s) _____

Temperature(s) of Hot Surface(s) _____ F⁰

Total Amounts of Non-friable Asbestos Materials Which May Become Friable:

f) Category I Non-friable Asbestos Material(s) that will or have been subjected to Sanding, Cutting, Grinding or Abrading:

Amount(s) _____ Ft² _____ Linear Ft

Type(s) of Material _____

g) Category II Non-friable Asbestos Material(s) that have a high probability of becoming or have become crumbled, pulverized, or reduced to powder in the course of demolition or renovation activities:

Amount(s) _____ Ft² _____ Linear Ft

Type(s) of Material _____

4. Project Schedule

Actual Removal Dates: Start _____ Finish _____

Overall Project Dates: Start _____ Finish _____

PART C **PROPOSED ASBESTOS REMOVAL WORK PRACTICES**

Attach one or more supplemental sheets that provide a general plan view of the area(s) where friable asbestos-containing materials are to be removed. The plan must indicate the following:

- a. Location and size of work area boundaries as defined by existing entryways or temporary partitions.
- b. Locations within the work area from which asbestos is to be removed.
- c. Proposed locations of HEPA equipped ventilating fans, when required, and the location of their inlets and outlets.
- d. Proposed locations of viewing windows, decontamination facilities, waste loadout facilities and any enclosed passageways constructed to provide access to them.

For glove bag removal projects that are identified in Part C, Item 2, the plan need only indicate the locations from which the asbestos is to be removed.

PART C PROPOSED ASBESTOS REMOVAL WORK PRACTICES (Continued)

1. Proposed work practices and procedures to comply with K.A.R. 28-50-9(a)(11) and (12):
 _____ Clearance monitoring procedures as described in 40 C.F.R. 763-90(i)
 _____ High speed leaf blower and ventilation work practices and procedures
 _____ Not applicable – proposed work procedures listed under Part C 3, 4, 5 or Part D only.

2. Type and Amount of Material that will be Removed in Full Compliance with Basic Gross Removal Work Practice Requirements Contained in K.A.R. 28-50-9(a):
Type of Material _____ Amount _____ Ft² _____ Linear Ft

3. Type and Amount of Material that will be Removed in Full Compliance with Glove Bag Removal Work Practice Requirements Contained in K.A.R. 28-50-9(c):
Type of Material _____ Amount _____ Ft² _____ Linear Ft

4. Type and Amount of Material that will be Removed in Full Compliance with Outdoor Removal Work Practice Requirements Contained in K.A.R. 28-50-9(d):
Type of Material _____ Amount _____ Ft² _____ Linear Ft

5. Type and Amount of Material that will be Removed in Full Compliance with Demolition Removal Work Practice Requirements Contained in K.A.R. 28-50-9(e):
Type of Material _____ Amount _____ Ft² _____ Linear Ft

6. Type and Amount of Material that will be Removed under a Requested Waiver of Full Compliance with Basic Gross Removal Work Practice Requirements Contained in K.A.R. 28-50-9(a):
Type of Material _____ Amount _____ Ft² _____ Linear Ft

NOTE: If a waiver is to be considered, attach supplemental sheets which contain the following:

- a. A brief description of **each** individual work practice intended to be waived.
- b. The reason the waiver is being requested.
- c. The subsection of K.A.R. 28-50-9 under which the waiver is being requested.
- d. A brief description of the work practices that will be followed in place of those that are identified in item (a) above.

PART D SPECIAL CONSIDERATIONS – DISMANTLING (K.A.R. 28-50-12)

1. Amount of Asbestos – containing Material that will be Left Intact on the Disassembled Items that are to be removed from the Premises, same as Part B Items 3b and 3d:
Amount _____ Ft² _____ Linear Ft

2. Work Practices and Amount of Asbestos to be Removed to facilitate Dismantling Activities must be reported in Part C.

3. Describe how the Disassembled Items will be Handled and Disposed of:

PART E WASTE DISPOSAL

1. Indicate Name and Address of Firm that will Transport Asbestos-containing Waste to Disposal Site:

Address _____ Location _____

2. Indicate Disposal Site:

Name _____ Location _____

3. Describe Method of Collecting and Disposing of Asbestos-containing Waste Water from Showers and Equipment Cleanup:

Shower Water: _____

Equipment Cleanup: _____

4. Describe Methods of Collecting and Disposing of Other Sources of Asbestos-contaminated Waste Water that will be Generated by this Project:

Types of Waste Water _____ Estimated Amount (Gal.) _____

Disposal Method _____

5. Will a Trailer/Truck Mounted Vacuum System be used to Remove Asbestos-containing Waste?

_____ **YES** _____ **NO**

If yes, provide location of the trailer or truck on the general plan view that is required in Part C. On a Supplemental Sheet, describe measures to secure the area around the trailer/truck and associated equipment.

PART F SUPERVISOR CERTIFICATION

Indicate Name(s) of the Class II Supervisor(s) who will be Responsible for On-site Supervision:

On a Supplemental Sheet or Sheets, List the Names and Certification Number of the Supervisors/Workers Involved with This Project.

ASBESTOS NOTIFICATION FORM SUPPLEMENTAL SHEET

Reference: Project Site _____ Notification Date _____