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| DEPARTMENT OF HEALTH SERVICESDivision of Public HealthF-00041 (12/2015) | STATE OF WISCONSIN Bureau of Environmental & Occupational Health  DHS 159, Wis. Adm. Code  Page 1 of 4 |
| ASBESTOS PROJECT NOTIFICATION | |
| Notification to the Department of Health Services (DHS) is required for regulated asbestos projects under Wis. Adm. Code, ch. DHS 159. Do not use this form to notify the DNR. This form is for DHS use only. Refer to Guidance and Instructions beginning on Page 2 for further assistance. | |

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| COMPANY PROJECT NO. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PROPERTY INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Property type(check most accurate response)  Commercial/Industrial/Business  Public (church, library, etc.)  K-12 School  Government  University  Residential/No. Units      [  Owner-occupied  Rental ]  Other: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility/building name, if applicable | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Property contact person | | | | | | | | | | | | | | | | | | | Telephone No.  (    )     - | | | | | | | |
| Name of owner | | | | | | | | | | | | | | | | | | | Telephone No.  (    )     - | | | | | | | |
| Street or fire code address | | | | | | | | | | | | | City | | | | | | | | | Zip        - | | | | |
| Location of project on premises | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ASBESTOS PROJECT TYPE** Check all that apply | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Removal  Enclosure  Encapsulation  Repair  Other (describe): | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Structure will be:  Occupied  Vacant (If occupied, complete and post Form F-44016, Asbestos Occupant Protection Plan,) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NOTICE TYPE** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Original | | Cancellation | | Revision, No.    Revising:  Schedule  Type/amount of ACM  Other: | | | | | | | | | | | | | | | | | | | | | | |
| Planned renovation project Start date(mm/dd/yy):       End date: | | | | | | | | | | | | | | | | | | | | Sub-project No: | | | | | | |
| **PROJECT SCHEDULE** Start date includes project set-up | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Abatement dates(mm/dd/yy) Start date:       End date: | | | | | | | | | | | | | | | | | Work hrs:        a.m.  p.m. | | | | | | | | | |
| Work days (Check all that apply)  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.  Sun. | | | | | | | | | | | | | | | | | to        a.m.  p.m. | | | | | | | | | |
| **PRE-PROJECT ASBESTOS INSPECTION** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inspection date(s) (mm/dd/yy)        to | | | | | | | Inspector name | | | | | | | | | | | Inspector DHS certification No. | | | | | | | | |
| **ABATEMENT CONTRACTOR INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company name | | | | | | | | | | | | | | | | | | DHS Certification No. & Expiration Date | | | | | | | | |
| Address | | | | | | | | Contact person name | | | | | | | | | | Office Telephone No.  (    )     - | | | | | | | | |
| City | | | | | | | | State | | | | | | | Zip        - | | | Cellular Telephone No.  (    )     - | | | | | | | | |
| **TYPE AND AMOUNT OF ASBESTOS**  See Page 2 for guidance Location:  Interior  Exterior **Total Amount of Asbestos** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Friable** - Submit notification for:  < 260 linear feet  < 160 square feet  < 35 cubic feet  Any amount of asbestos in residential buildings with fewer than 5 units  Type:  Pipes/ducts  Surfacing  Other friable ACM:  **Non-Friable** - Submit notification for asbestos projects involving:  Flooring:  Any amount, intact manual methods, or,  <160 square feet, mechanical chipping  Roofing:  Any amount, intact manual methods, or,  <5,580 square feet, power-sawing  Siding: Any amount, intact methods only  Other non-friable ACM: | | | | | | | | | | | | | | | | | | | | | | | Linear Feet | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | Square Feet | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | Cubic Feet | | | |
| **FEES** See Page 2 for acceptable payment methods and Page 4 for information on determining the fee  No fee | | | | | | | | | | | | | | | | | | | | | | | **Fee Enclosed** | | | | |
| Original notice, 2 or more working days | | | | | | Sub-project  Revision, less than 2 working days | | | | | | | | | | | | | | | | | $50 | | | | |
| Original notice, less than 2 working days | | | | | | Planned renovation project notice | | | | | | | | | | | | | | | | | $100 | | | | |
| **PROJECT NOTIFICATION AFFIDAVIT --** I am an authorized representative of the abatement company named above. I certify that the information provided on this form is correct to the best of my knowledge and that this project complies with Ch. DHS 159, Wis. Adm. Code. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SIGNATURE** – Authorized Representative | | | | | | | |  | | DHS certification number | | | | | | | | | | | | |  | Date Signed | | | |
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| NOTIFICATION GUIDANCE – Follow these instructions to determine if asbestos project notification to DHS is required: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Choose the table below that matches the property type. 2. In that table, choose the row that describes the type of activity and amount of ACM involved in the activity. 3. In that row, choose the column that describes the type of material (friable or non-friable). 4. The cell at the intersection of the chosen row and column indicates whether notice to DHS is required. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Table 1: Residential buildings with 1 to 4 dwelling units** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Abatement Activity | | | | | | | | | | | **Friable Asbestos** | | | | | | | | | **Non-friable Asbestos** | | | | | | |
| Removal of *more than* 1 bag\* of ACM and up to any amount of removal | | | | | | | | | | | Notify DHS | | | | | | | | | Notify DHS | | | | | | |
| Enclosure, encapsulation or repair of *more than* 3 square ft. or *more than* 3 linear ft. of ACM | | | | | | | | | | | Notify DHS | | | | | | | | | No DHS notice required | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Table 2: All other structures, including residential with 5 or more dwelling units\*\*** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Abatement Activity | | | | | | | | | | | **Friable Asbestos** | | | | | | | | | **Non-friable Asbestos** | | | | | | |
| Removal of *more than* 1 bag\* of ACM but *less than* 160 square ft., *less than* 260 linear ft., or *less than* 35 cubic ft. | | | | | | | | | | | Notify DHS | | | | | | | | | Notify DHS | | | | | | |
| Removal of 160 square ft. *or more*, 260 linear ft. *or more*, or 35 cubic ft. *or more of ACM* | | | | | | | | | | | No DHS notice required\*\* | | | | | | | | | Notify DHS | | | | | | |
| Enclosure, encapsulation or repair of *more than* 3 square ft. or *more than* 3 linear ft. of ACM | | | | | | | | | | | Notify DHS | | | | | | | | | No DHS notice required | | | | | | |
| \* “Bag” means a disposal bag or glove bag *no larger than* 60” x 60”, properly filled and sealed. \*\* Notice to DNR may be required. Notice is required to DNR for removal of any amount of friable or non-friable ACM on DNR-regulated demolition projects and for friable asbestos or RACM in amounts more than 160 square feet, 260 linear feet, or 35 cubic feet in residential buildings with 5 or more dwelling units and in all other facilities. Contact DNR at 608-266-3658 for more assistance. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SUBMITTING NOTIFICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Notification delivery methods allowed based on timing of submittal and type of notice** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Original - 2 or more working days\* | | Original - less than 2 working days\* | | Revision | | | | | | | | | Planned Renovation Project | | Sub-project - 2 or more working days\* | | | | | | | | | | Sub-project - less than 2 working days\* | | | |
| - Delivery service | | - Delivery service | | - Fax | | | | | | | | | - Delivery service | | - Fax | | | | | | | | | | - Delivery service | | | |
| - Personal delivery | | - Personal delivery | | - Email | | | | | | | | | - Personal delivery | | - Email | | | | | | | | | | - Personal delivery | | | |
| - Postal service | |  | | - Personal delivery | | | | | | | | | - Postal service | | - Personal delivery | | | | | | | | | |  | | | |
|  | |  | |  | | | | | | | | |  | | - Postal service | | | | | | | | | |  | | | |
| **\*** “Working day” means any day except Saturday or Sunday. For notification purposes a working day ends at 4 p.m. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CANCELLATIONS** –Submit project cancellation **before the start date on the original or most recently revised notice** by fax, email, or personal delivery. Call (608) 261-6876 with questions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **REVISIONS** –Whenever information for a project changes, submit a revised notice to DHS on a copy of the original notice. Be sure the original project number is clearly identified. In the ‘Notice Type’ section, check ‘Revision’ and enter the number of the revision in sequential order. Circle or otherwise highlight all revised information. Revised notices may be submitted by fax, email, or personal delivery. Any fee required shall be submitted with the revision. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mailing and Delivery Address**  Lead and Asbestos Section  PO Box 2659  1 W Wilson Street, Room 137  Madison WI 53701-2659 | | | Postal service delivery *must* be postmarked 4 working days or more before project or sub-project start.  Fax: 608-266-9711  Email: [DHSAsbestosLead@wi.gov](mailto:DHSAsbestosLead@wi.gov) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PAYMENT METHODS** – **Payment must accompany the notification.** See Page 4 for additional information on fees.  - For notifications submitted using this form the fee is payable only by check or money order.  - Cash is not accepted.  - To pay by VISA or MasterCard credit or debit card, notify online through the Department of Natural Resources (DNR) Asbestos Renovation Demolition Notification (ARDN) system at [www.dnr.wi.gov/topic/Switchboard](http://www.dnr.wi.gov/topic/Switchboard). | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Instructions for Completing Asbestos Project Notifications** | |
| **Each section on the notification form must be completed. The form must be signed and dated by an authorized representative of the asbestos company conducting the project.** | |
| **COMPANY PROJECT NUMBER** – Assign a unique project number. This number must be included on any revised or cancelled notice. | |
| **PROPERTY INFORMATION –** Provide information needed to locate the actual asbestos project worksite on the property. Enter in the ‘Property Contact Person’ box the owner, owner representative, or property manager to be contacted regarding the project.  **Property Type.** Check the box that best describes the use of the portion of the property where the asbestos activity will be conducted.  **Commercial/Industrial/Business.** Property used for money-making purposes such as retail, business offices, healthcare facilities, wholesale and warehousing, manufacturing and production.  **Public.** Property not otherwise described that is routinely used by the public, such as a church, library, private college, YMCA or other club, community center, or community arts theater or facility.  **K-12 School.** Public or private academic school for children in grades kindergarten through 12.  **Government/University.** Building owned, managed or leased by a local, state or federal governing body or organization, or by a 2-year or 4-year public college or university.  **Residential.** Single-family or multi-family dwelling, apartment, condominium, loft, dormitory, or other facility where any person resides. Include the total number of dwelling units in the structure and whether the property is owner-occupied or rental.  **Other.** Any other type of building or structure, including facilities such as: water towers, bridges, tunnels, parking structures. | |
| **ASBESTOS PROJECT TYPE** – Check all boxes that apply.  **Removal.** Activity that takes out any or all ACM or suspect ACM in or on a structure or takes out any or all structural components that contain or are covered with ACM or suspect ACM.  **Enclosure.** Activity that creates an airtight, impermeable, permanent barrier over or around ACM.  **Encapsulation.** Activity that treats ACM with a product specifically designed to surround or embed asbestos fibers in an adhesive matrix.  **Repair.** Activity that returns damaged ACM to an undamaged condition or to an intact state.  **Other.** Activity not covered by standard abatement activities, such as chemical or mechanical conversion.  **Occupancy:** Check ‘Occupied’ if any part of the attached structure will be occupied by persons or furnishings. Check ‘Vacant’ if the structure will be empty of both occupants and furnishings for the duration.  **Note:** If occupied, Form F-44016, Occupant Protection Plan, must be completed and posted in plain view outside each regulated area. | |
| **NOTICE TYPE** – Check appropriate box.  **Original**. Provides first written notice for a project.  **Cancellation**. Cancels a project already notified. If a project is re-scheduled after being cancelled, a new notice with fee is required.  **Revision.** Changes information on a previously submitted project notice. Enter the number of the revision in the space provided (the first revision is Revision No. 1). Check box or boxes to indicate the information being revised. Circle all changed information on the notice form.  **-** For a later start date, submit before the start date on the original notice.  **-** For an earlier start date, submit at least 2 working days before the revised start date. Revised notice submitted less than 2 working days before the new start date shall include a $50 fee.  **-** For an earlier end date, submit as soon as known.  **-** For a later end date, submit before the project end date on the current active notice.  - A notice may not be revised after the project end date. A new original notice with fee must be submitted.  **Planned Renovation Project.** Provides notice for a planned renovation project expected to include a series of asbestos abatement activities conducted within a given time period not to exceed one year.  **-** Notice shall be submitted at least 2 working days before the start of the planned renovation project.  - Provide the renovation project start and end dates, not to exceed one year.  **Sub-project number.** Sub-projects under planned renovation project notices must be separately notified to DHS and must include the company project number for the planned renovation project notice. For each sub-project notice assign a sub-project number that sequentially numbers the sub-projects for the planned renovation project (with the first sub-project numbered 1). Submit separate notice for each new sub-project.  **Note**: Keep a copy of any notice you submit. Use the copy for any future revisions. Make sure copies are clear and legible. | |
| **PROJECT SCHEDULE** – Project dates include the date set up begins, and ends after the regulated areas are removed or dismantled.  **Abatement dates.** Enter the start date and the end date for the project or sub-project, including set up dates.  **Work days.** Check the boxes for the days of the week workers will be on the job.  **Work hours.** Enter the standard daily work hours for the project – daily start and stop times.  **Note: You must submit** a revised notice whenever a start or end date or standard work schedule changes. Accurate information is necessary to allow DHS to conduct onsite inspections as work is being conducted. If no one is present on site when a DHS representative arrives, the contractor may be found in non-compliance with Wis. Adm. Code, ch. DHS 159. | |

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| **PRE-PROJECT ASBESTOS INSPECTION** – If the structure was inspected prior to the asbestos abatement project (required in schools), complete the information requested, including the date the inspection was completed, the inspector’s name and DHS certification number. | |
| **ABATEMENT CONTRACTOR INFORMATION** – Enter all information requested in this section. The contact person should be an authorized representative of the company who is knowledgeable about the project. This person should be readily available to DHS by telephone throughout the project.  **Note:** The company certification number and expiration date are located on the company certificate mailed to the asbestos company after certification is granted. This number must be provided with all notices submitted to DHS. | |
| **TYPE AND AMOUNT OF ASBESTOS** –Check location of abatement project, type of asbestos and amount of asbestos to be abated.  Refer to page 2 for guidance on determining when notice to DHS is required and to determine if notice to DNR is required. This Asbestos Project Notification form may be used only for notifications to DHS. Check with DNR at 608-266-3658 for DNR notification requirements.  **Interior / Exterior.** Check one or both boxes to indicate the project location or locations.  **Friable / Non-Friable.** Check one or both boxes to indicate the type(s) of ACM to be abated.  **Friable.**  -Check the box or boxes that describe the amount of ACM or that project is at a residential structure with fewer than 5 units  - Check the box or boxes for the types of material - pipes/ducts, surfacing, or other friable ACM.  - If ‘other’ is checked, describe the material.  **Non-Friable.**  - Check the box or boxes for the types of materials - flooring, roofing, siding, or other non-friable ACM  - If ‘flooring’ or ‘roofing’ is checked, also check whether manual or mechanical methods will be used.  - If ‘other’ is checked, describe the material.  **Amount of Asbestos.** Enter the total amount of ACM to be abated in linear, square or cubic feet. Use cubic feet only if unable to describe amount in linear or square feet. | |
| **FEES -** Determine the notification fee, if any, and check the appropriate box. Note: A ‘working day’ means any day except  Saturday, Sunday, or a state or federal holiday. Notices submitted after 4:00 p.m. are considered submitted the next working day.  **Original notice:**  **$50** for an original notice submitted 2 working days or more before the project start date.  **$100** for an original notice submitted less than 2 working days before the project start date.  **Revised notice:**  **$50** when a revision to an earlier start date is submitted less than 2 working days before the new start date.  **No fee** is required for any other revision.  **Planned Renovation Project and Sub-Project notices:**  **$100** for a planned renovation project notice.  **$50** for a sub-project notice submitted less than 2 working days before the start date of the sub-project.  **No fee** is required for a sub-project notice submitted 2 working days or more before the start date.  **Completing the fee section.**  - If no fee applies, check the ‘No fee required’ box.  - If a fee applies, check the box that best describes the notification: original, sub-project, revision or planned renovation.  - Check the appropriate fee amount in the **Fee Enclosed** column.  - Enclose a check or money order in full payment of the applicable fee. | |
| **PROJECT NOTIFICATION AFFIDAVIT** – an authorized company representative who can confirm the accuracy of the information provided must sign the notification form. | |