

## NOTIFICATION OF BRIDGE DEMOLITION

1. TYPE OF NOTIFICATION: Original Revised	Cancelled	
2. FACILITY INFORMATION: (Identify owner, removal contractor, and other operator)		
OWNER:		
Address:		
City:	State:	Zip:
Contact Person (Engineer): Telephone:		Telephone:
PRIME CONTRACTOR FOR DEMOLITION WORK:		
Address:		
City:	State:	Zip:
Contact Person:		Telephone:
REMOVAL CONTRACTOR (if different from Prime Contractor):		
Address:		
City:	State:	Zip:
Contact Person:		Telephone:
3. TYPE OF OPERATION: Demolition and Removal of Existing Bridge		
4. IS ASBESTOS PRESENT?: Yes No		
5. FACILITY DESCRIPTION: FHWA Structure No.: Present/Prior Use:		
Route: City:	(	County:
Directions to Bridge:		
Bridge Size: sq. ft. # of Decks:	A	Age:
6. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETERMINE THE PRESENCE OF ASBESTOS MATERIAL:    PLM		
7. SCHEDULED DEMOLITION DATES Start:	Comple	ete:
8. 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. Call certified asbestos contractor.		
9. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.		
(Signature of Prime Contractor Representative)		(Date)
ATTENTION:		
This form is specific to Contract Line No for County Project No		
Complete items 1, 2, 4, 5, 7, and 9. Mail a copy to the Engineer shown in Item 2. Mail a copy to the Department of Natural Resources at the following address:		
Air Quality Bureau Attn.: Asbestos NESHAP Coordinator Iowa Department of Natural Resources 7900 Hickman Road, Suite 1 Windsor Heights, IA 50324		
Contract No.: /		