

8. PROJECT DESIGNER ID#: 100-		NAME:	
Complete Project Designer Name and License ID# if this project was designed by a Designer			
9. INSPECTOR ID#: 100-		NAME:	
10. PROCEDURE, INCLUDING ANALYTICAL METHOD, USED TO DETECT THE PRESENCE OF ASBESTOS			
NAME OF ANALYTICAL TESTING LABORATORY:			
11. ASBESTOS PROJECT MANAGER ID#: 100-		NAME:	
12. AIR SAMPLING PROFESSIONAL ID#: 100-		NAME:	
13. DISPOSAL SITE		LANDFILL NAME:	
Address:		Landfill Permit#:	
City:	State:	Zip:	Phone:
14. WASTE TRANSPORTER		NAME:	
Address:		Contact:	
City:	State:	Zip:	Phone:
15. IS DEMOLITION ORDERED BY A GOVERNMENT AGENCY? Y N (If Yes, a signed copy of Order must be attached)			
Government representative ordering the activity:			
Title:	Date of Order:	Ordered Demolition Date:	
16. FOR EMERGENCY RENOVATION			
Date and hour of emergency (mm/dd/yy):		AM/PM	
Description of the sudden, unplanned event (e.g. structure in danger of imminent collapse):			
17. Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable asbestos material becomes crumbled, pulverized or reduced to powder.			
<p>THE ABOVE INFORMATION IS REQUIRED PER NESHAP 40 CFR-SUBPART M-61.145, REV. NOV. 20, 1990. ALL SECTIONS MUST BE COMPLETED TO AVOID NOTICE VIOLATION.</p> <p>I CERTIFY THAT AT LEAST ONE REPRESENTATIVE TRAINED IN THE PROVISIONS OF 40 CFR PART 61, SUBPART M, SHALL BE ON SITE DURING DEMOLITION OR RENOVATION, HAVING IN HIS OR HER POSSESSION FOR INSPECTION EVIDENCE THAT THE REQUISITE TRAINING HAS BEEN ACCOMPLISHED.</p> <p>CERTIFICATE # _____ NAME OF TRAINING COURSE _____</p> <p>I CERTIFY THE ABOVE INFORMATION IS CORRECT.</p> <p>_____ SIGNATURE OF CONTRACTOR OR THE BUILDING OWNER'S REPRESENTATIVE</p> <p>_____ DATE</p>			

ILLINOIS. EPA AGENCY USE ONLY					
This form shall be mailed to III. Environmental Protection Agency, P.O. Box 19276, Springfield, IL 62794-9276. (Original signature only, photocopy not valid) - FOR ILEPA ONLY.					
Date Received:	Input to ACTS:	Post Mark Date:	To Cook/City:		
Champaign	LaSalle	Springfield	Rockford	Moline	Marion
For Cook County Departmental Use Only.		Mail to Cook Co Dept. of Env. Control, 69 W. Washington, Suite 1900, Chicago, IL 60602-3004			
Date Received CCDEC:	Post Mark Date:		Input Into Computer:		
Inspection Fee Received:	Inspection priority Top _____ High _____ Low _____			Must be Inspected	
Date(s) of Inspections					
Inspection Report Attached	YES _____ NO _____	Violation Copies Attached	YES _____ NO _____		

Submit this form to the Illinois Department of Public Health at 525 W. Jefferson St., Springfield, IL 62761 or fax to 217-785-5897.