



ENVIRONMENTAL SERVICES DEPARTMENT ASBESTOS SURVEY INFORMATION PACKET

City of Grand Prairie Ordinance Chapter 13, Article XXI and Texas Department of State Health Services (DSHS) regulations require an asbestos survey to be conducted in all public and commercial buildings before performing any renovation or demolition on a regulated structure. The City requires proof of the survey prior to issuance of a building permit for all renovation and demolition activities.

The asbestos survey must be completed by a qualified person licensed by the DSHS to perform asbestos surveys in public and commercial buildings. Qualified persons include all individuals licensed by DSHS as:

- Individual Asbestos Consultants
- Individual Asbestos Management Planners
- Consultant Agencies
- Management Planner Agencies

Additional information and support including a list of licensed individuals who can conduct asbestos surveys can be obtained at City of Grand Prairie website:

www.gptx.org/EnvironmentalServices/WaterQuality/AsbestosAbatementPermitInfo.aspx

or by calling the DSHS regional office.

Public Health Region 2/3
1302 S. Bowen Road
Arlington, Texas 76013
817-264-4500

Structures exempt from asbestos surveys include residential homes and apartment buildings with four or less units and any building, facility or portion there of which has been determined to be structurally unsound and in danger or imminent collapse by a professional engineer, registered architect, or city, county or state government official. Also excluded are industrial or manufacturing facilities, in which access is controlled and limited principally to employees therein because of processes or functions dangerous to human health and safety. Federal buildings and military installations are excluded from coverage by these rules.

****NOTE****

Submit this entire information packet to the City of Grand Prairie Environmental Services Department. ONLY COMPLETE PACKETS WILL BE PROCESSED. Incomplete information will delay the approval of your project. Additional information concerning this packet may be obtained by calling Terri Blocker, Sr. Env. Specialist at 972/237-8461.



DEMOLITION / REMODEL INFORMATION SHEET

Date: _____ Building Permit number: _____

Project name: _____

Address: _____

Contractor: _____

Address: _____ Phone: _____

Drivers license number: _____

This project is a **DEMOLITION** or a **REMODEL** (Circle One)

*Remodels include any additions, renovations, alterations, restorations etc.

DEMOLITION:

Check one

- Asbestos survey indicates presence of asbestos. (Complete Form A and attach copy of state notification¹)
- Asbestos survey is negative. (Complete Form A and attach copy of state notification¹)
- Letter from licensed engineer or architect. (Complete Form B and attach copy of state notification¹)

¹ demolition shall mean operations in which load-bearing structural members of a building are wrecked or removed.

REMODEL:

Check one

- Asbestos survey indicates presence of asbestos and the asbestos will be disturbed by the remodel project. (Complete Form A and attach copy of state notification)
- Asbestos survey indicates presence of asbestos and the asbestos will be **not** be disturbed by the remodel project. (Complete Form A)
- Asbestos survey is negative. (Complete Form A)
- Letter from licensed engineer or architect. (Complete Form B)

FORM A



Asbestos Survey Letter

Date: _____ Building permit number: _____

Address of facility: _____

I hereby certify that an asbestos survey has been conducted in accordance with the Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) for the area(s) being renovated and/or demolished.

I certify under penalty of law that this document and all attachments were prepared under my direction in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violation.

Asbestos Consultant/Inspector Signature: _____

Asbestos Consultant/Inspector Printed Name: _____

Address: _____

Phone Number: _____ Drivers License # _____

State License/Registration # _____

This Form must be completed by an individual licensed/registered by the Texas Department of State Health Services in accordance with the Texas Asbestos Health Protection Rules.

A copy of your state license/registration or the asbestos survey is not required to be submitted with this form, but must be made available upon request of the Environmental Services Department.

FORM B



Licensed Engineer's / Architect's Asbestos Survey Letter

Date: _____ Building project number: _____

Address of facility: _____

Name of Licensed Engineer or Architect:

_____ License number: _____

Address _____ Telephone _____

I certify that I have reviewed the material safety data sheets for the material used in the original construction, the subsequent renovations or alterations of all parts of the building affected by the planned renovation or demolition, and any asbestos surveys of the building previously conducted in accordance with this ACT; and in my professional opinion, all parts of the building affected by the planned renovation or demolition do not contain asbestos

Signature

Attach Professional seal



**Environmental Services Department
Asbestos Survey
State notification exemption**

Address of project _____

I certify that demolition to be preformed at this address is considered soft demolition and will not include load bearing walls.

General contractor's name:

Drivers License # _____

Telephone number: _____

Signature: _____

Date: _____

For Office Use Only:

Notification #: _____

ASBESTOS/DEMOLITION NOTIFICATION FORM

DO NOT WRITE IN THIS BOX- FOR DEPARTMENT USE ONLY

Date received: ___/___/___ Postmark date: ___/___/___ Walk-in date: ___/___/___

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 #: _____ and name of the Regional or EHNG representative with whom you spoke? _____
Date: ___/___/___ Time: _____ a.m. p.m.

•Describe the reason for Emergency: _____

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

Name: _____ Registration No. _____

Title: _____

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

(x)
Below if
Amended

AMENDMENTS: *You must complete the entire form and mark the appropriate check box(es) along the left-hand side of this form to indicate amended information.*

TYPE OF WORK

Asbestos Abatement Demolition Annual Consolidated O&M Abatement/Demolition

Is this a phased project? Yes No

FACILITY INFORMATION

1. Facility Location

..... Description or Facility Name: _____

..... Physical Address: _____

..... County: _____ City: _____ Zip: _____

..... Facility Contact: _____ Phone #: (____) _____ - _____

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 TACAPA Section 295.61.)*

1. Asbestos Abatement Work Schedule:

..... Start date: ___/___/___ and End date: ___/___/___

..... Work days: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

..... Working hours: _____ a.m. p.m. to _____ a.m. p.m.

2. Demolition Work Schedule:

..... Start date: ___/___/___ and End date: ___/___/___

..... Work days: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

..... 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*)

Asbestos-Containing Building Material Type	Approximate amount of Asbestos						
	Pipes	Ln Ft	Ln M	Surface Area	SQ Ft	SQ M	Cu Ft
<i>*Only mark the boxes below on this chart if they are being amended</i>							
<input type="checkbox"/> RACM to be removed		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> RACM left in place during demolition		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Interior Category I non-friable removed		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Exterior Category I non-friable removed		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Category I non-friable left in place during demolition		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Interior Category II non-friable removed		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Exterior Category II non-friable removed		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Category II non-friable left in place during demolition		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> RACM Off-Facility Component							

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: _____

..... 2. Description of planned demolition or abatement work, type of material, and method(s) to be used: _____

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

PROJECT INFORMATION

..... **A. FACILITY OWNER**

Facility Owner Name: _____
Phone #: () - _____
Attention: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

..... **B. ASBESTOS ABATEMENT CONTRACTOR #1**

DSHS Asbestos Contractor License #: _____
Contractor Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Office Phone #: () - _____ Job-Site Phone #: () - _____

..... **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 #: _____ Site Supervisor: _____
..... DSHS Supervisor License #: _____ Site Supervisor: _____

(x)

Below if

Amended **E. NESHAP TRAINED INDIVIDUAL**

..... NESHAP Trained Individual: _____
Certification Date: ___/___/___

..... **F. DEMOLITION CONTRACTOR**

Demolition Contractor: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: (____) _____ - _____

..... **G. PROJECT CONSULTANT OR OPERATOR**

DSHS License No.: _____
Project Consultant or Operator: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: (____) _____ - _____

..... **H. Waste Transporter**

DSHS Waste Transporter License #: _____
Waste Transporter: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone #: (____) _____ - _____

..... **I. Waste Disposal Site**

TCEQ Permit #: _____
Waste Disposal Site: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: (____) _____ - _____

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.

(Signature of Owner, Operator or Delegated Agent)

Date: ___/___/___

(Printed Name & Title)

E-mail Address: _____ Phone #: (____) _____ - _____

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



DEMOLITION / RENOVATION NOTIFICATION FORM INSTRUCTION GUIDE

The Department of State Health Services Demolition/Renovation Notification form combines the requirements of the National Emission Standards for Hazardous Air Pollutants, 40 CFR, Subpart M (NESHAP) and the Texas Asbestos Health Protection Rules (TAHPR). Both of these regulations require that written notification be submitted before beginning renovation projects which include the disturbance of any asbestos-containing building material in a public building or the disturbance of the NESHAP threshold amount of asbestos-containing material in a facility. A notification form is required before the demolition of a building or facility, even when no asbestos is present. This form must be used to fulfill either of these requirements. Please call either 512-834-6747 or 1-888-778-9440 (within Texas), or your local regional office for assistance in completing this form.

This form must be used whether you are notifying in accordance with NESHAP, TAHPR, or both. The notification form must be postmarked at least 10 working days (not calendar days) prior to the project start date (except for emergencies or ordered demolitions). Notifications that do not meet the 10-day requirement or are incomplete are considered to be "improper" and may result in enforcement proceedings. If an item on the form is not applicable to the project in question, you must write "N.A." in that space, which shows that you have considered the item, but it does not apply to your operation.

INSTRUCTIONS

- I) The notification type must be checked. An original must be postmarked 10 working days (Mon. - Fri.) prior to the start date. An amendment is required for any stop date, which changes by more than one working day for each week for which the project has been scheduled. An amendment must be submitted for any changes from the original notification and must be provided to DSHS no less than 24 hours prior to the change, including stop date changes. Please note these changes by circling or highlighting them on the form. Attach a **copy** of the original notification or previous amendment to the back of the amendment (Example: If you are sending in Amendment 2 attach a copy of Amendment 1 behind it. When marking which Amendment you are sending in, **do not** count the Original notification as Amendment 1. The start date can be any day **after** the 10th working day and must be specified in Section IV. A cancellation must be postmarked 24 hours or more prior to the scheduled start date. If asbestos abatement or demolition will begin earlier than scheduled, an amendment must be postmarked at least 10 working days prior to the new start date. If the start date is to be delayed, the amendment must be postmarked 24 hours prior to the scheduled original start date. **The appropriate DSHS Regional or Local Program inspector must be notified by phone of all start or stop date changes.**

The appropriate DSHS Regional or Local Program inspector should be contacted in the event of an emergency. All information regarding an emergency must be provided. Emergency notifications must be postmarked no later than the following working day after the emergency incident.

If the demolition is ordered, then all information in this section must be provided. The appropriate DSHS Regional or Local Program inspector should be notified, by telephone or in person, prior to beginning the ordered demolition. Notifications for ordered demolition must be postmarked as soon as practicable, but no later than the following working day after the demolition. A copy of the demolition order must be submitted with the notification.

- II) One type of work must be checked. An asbestos-related activity (asbestos abatement project) is marked as a renovation. A project that includes the removal of load-bearing structural members is marked as a demolition. If the project involves both a renovation and demolition portion check the one which will be occurring last as far as project dates are concerned. An annual consolidated notification can be submitted for a calendar year of January 1 through December 31. The annual consolidated notification will predict all asbestos O&M operations and all small, separate abatement projects that are less than 160 square feet, 260 linear feet or 35 cubic feet. The predicted, additive amount of asbestos to be removed or stripped during the one-year period must be listed in the chart in Section V.

A phased project classification can be added to the type of work; **it cannot be marked alone.** (The project may be a

phased renovation or a phased demolition - the phased box **AND** either the renovation box or demolition box must be checked). A description of the phased project schedule must be sent to the appropriate DSHS or Local Program inspector. The DSHS policy regarding phased projects must be strictly followed, if that box is checked. (A copy of the phased project policy letter can be obtained by calling any DSHS inspector). The scheduled work time must be checked. A description of the work schedule must be provided, if the schedule varies from that listed as the project dates (Section 16 and/or Section 17). Example: If a project is scheduled to last one month, but the contractor will not be working on the weekends, a statement should be included that say "Working Monday - Friday." The statement must be accurate; an inspection will be based upon the provided information.

- III) Provide the name of the building or an identifying description. Example: vacant warehouse. A physical address must be provided (**not a post office box**) and a sufficient description must be provided to locate the site in the event that the address alone is inadequate. The **ZIP CODE** for the building **MUST** be provided. The name of a contact person at the facility **MUST** be provided for inspection purposes, even if the building or facility is vacant. If the building does not have a phone, list the contact person's phone number.

The type of building/facility must be checked. **Only one box may be checked.** An example of a NESHAP-Only Facility would be a house that was being demolished as part of a Texas Department of Transportation right-of-way project, or a ship.

Detailed information must be provided in all spaces, including the age and size of the building or facility. Check whether the building/facility is occupied. If the building/facility is vacant during the time of the renovation, but will later be re-occupied (not demolished), then indicate that the building/facility is occupied.

An asbestos survey/inspection must be performed prior to any renovation or demolition. A DSHS licensed inspector must perform the inspection if the project is in a public building. Provide the DSHS Inspector License Number, if required. If the survey/inspection was performed in a public building prior to January 1993, or if the project is not in a public building, "N.A." should be placed in the space for the DSHS License Number. The date that the survey was performed must be provided. The analytical method used to detect the presence of asbestos must be checked. TAHPR requires that a DSHS licensed laboratory perform the analysis of samples from public buildings. Provide the DSHS Laboratory Number if the samples are collected from a public building. The **assumption** of asbestos-containing building material (for renovations) in a public building must be made by a DSHS licensed inspector. The date that the survey (assessment) was performed would be provided, the DSHS Inspector License Number would be provided, and the "assumed" analytical method box would be checked on the notification form, for an assumption of any asbestos-containing materials that would be abated during a renovation project. When an assumption of asbestos-containing material is done in a non-public building, all of the above must be completed except for the DSHS Inspector and Laboratory License Numbers (not required). If there was no suspect material discovered, such as a garage, built of concrete and steel only, indicate that no suspect material was found.

- IV) If ACBM is to be removed before a building is to be demolished or renovated, enter the removal dates (start and completion) in this section. Asbestos abatement work includes any activity which will disturb ACBM. The asbestos abatement start date is the date that asbestos will be disturbed. The asbestos abatement activity stop date is the date upon which air monitoring clearance has been achieved. **In no event shall an abatement start or be completed on a date other than the dates entered in this section (see Section 295.61(f)).** Refer to Section I for information on notifying of any change in the start and completion dates.

Enter the scheduled dates for the start and completion of the building demolition. **In no event shall a demolition start or be completed on a date other than the dates entered in this section.** Refer to Section I for information on notifying of any changes in the start or completion dates. When the building will not be demolished, but an abatement will be performed, the dates of the total renovation (remodeling) project can be provided in this section. The notification will remain active, if the renovation dates are provided.

- V) If asbestos is present, the chart must be completed. If no asbestos is present (as revealed by the survey), check the box provided. Category I non-friable ACBM includes floor tile, when removed intact, floor tile mastic, gaskets, and roofing material. Category II non-friable ACBM includes transite siding. Use the appropriate row to designate whether the "Category I or Category II non-friable ACBM removed" is located on the interior or exterior of the

building. If Category I or II materials are to be sanded, ground, abraded, crumbled, pulverized, reduced to powder, or have the potential to become friable because of the abatement procedures, then list them with RACM. "Category I and II left in place during demolition" would be listed for demolitions or for enclosure or encapsulation. (Transite does not remain Category II during demolition and must be removed prior to demolition). "RACM left in place during demolition" would be listed for enclosure or encapsulation or in the event of a demolition under very specific conditions (such as the demolition of a structurally unsound building). RACM Off-Facility Component (material that is not attached to the facility) shall only be measured in cubic feet or cubic meters. All other material must be measured in linear feet or meters (pipes) or in square feet or meters (surface material). If an abatement will be performed in a portico, or a HVAC system that conditions the inside of a public building, list the amount as "Interior Category I non-friable removed, Interior Category II non-friable removed, or RACM to be removed", depending on the type of ACBM that will be removed. The amounts listed should always reflect the **TOTAL** amount removed during the project.

- VI) Provide adequate information to demonstrate that appropriate actions have been considered and can be implemented to control asbestos emissions adequately, including conformance with applicable work practice standards. This section must be completed, **even if no asbestos was discovered in the survey**. Example: stop work; contact owner/consultant and DSHS; demarcate area; secure critical barriers.

Include in this section the demolition and renovation techniques to be used and a description of the areas and types of facility components, which will be affected by this work. The specific type of asbestos-containing building material that will be abated must be listed. Example: Vinyl asbestos-containing floor tiles to be removed by wet methods recommended by the Resilient Floor Covering Institute.

Describe the work practices and engineering controls selected to ensure compliance with the requirements of the regulations, including both the asbestos removal and waste-handling emission control techniques. Example: describe a glove-bag procedure, including the use of a HEPA vacuum. Work practices that vary from the provisions of TAHPR, §295.60 must be clearly described in this section.

- VII) A. Provide information on the legal owner of the facility. The invoice for the notification fee will be sent to the owner of the building, and the billing address for the invoice will be obtained from the information that is provided in this section. The company's name should be written on the first line. A specific person's name should be written following "Attention..." on the third line. This person will be receiving the notification fee information.
- B. The Department of State Health Services (DSHS) Contractor License Number is required if the project falls under TAHPR. The contractor's name, address, and office phone number must be provided. The contractor's address must match that which was submitted on the DSHS license application, if the company has more than one office.
- C. In the event that two asbestos abatement contractors are used, provide all information for the second contractor in the space provided. For a demolition in which the building does not contain asbestos, or in which the non-friable asbestos will not be removed prior to demolition, write "N.A." in the spaces provided for the abatement contractor information.
- D. The site supervisor must be stated and the DSHS Supervisor License Number is only required for public building projects as defined in TAHPR. Two site supervisors may be listed, if there are two work shifts, etc
- E. The trained on-site NESHAP individual and the certification date must be stated for NESHAP projects. The site supervisor and the trained on-site NESHAP individual may be the same person, if qualified. List the individual's name in both spaces. Since the DSHS License satisfies the requirements for NESHAP training, provide the supervisor's name and DSHS License Number and write "N.A." in the spaces for the NESHAP individual and certification date.
- F. The demolition contractor's name, address, and office phone number must be provided for all demolition projects.

- G. A DSHS licensed asbestos project consultant is required to design all asbestos response actions in public buildings. A DSHS licensed asbestos project consultant is also required to design all asbestos abatement projects which involve non-friable asbestos-containing building materials in quantities greater than 160 square feet, 260 linear feet, or 35 cubic feet, in accordance with TAHPR. Provide all other information. The consultant's address must match that which was submitted on the DSHS license application, if the company has more than one office. If the project is not in a public building, the general contractor, or any other person who controls the project site, may be listed as the "operator."
- H. Provide all information for the waste transporter. The TAHPR requires that a DSHS Licensed Transporter transport ACBM from the public building removal site to the waste disposal site. Provide the license number if the project is a public building. If you are performing a demolition without ACBM you still need to list who will be transporting the waste from the project site. If two waste transporters are utilized, one to transport to a holding site and one to transport from the holding site to the waste disposal site, list the first transporter on the notification. However, the waste manifest must contain information for both transporters.
- I. Provide all information for the waste disposal site. State regulations require that all waste disposal sites be permitted by the Texas Commission on Environmental Quality (TCEQ), including disposal sites located at industrial facilities. Provide the permit number.

An amendment must be submitted if any of these items are changed.

VIII) **The notification for the abatement in a public building shall only be signed by the legal owner, his designated legal representative, the DSHS licensed abatement contractor, or the DSHS licensed consultant.** The TAHPR allows for this task to be delegated to the DSHS licensed contractor or the DSHS licensed consultant **IN WRITING**; however, the responsibility continues to be shared with the owner. For a NESHAP abatement or demolition, the notification form may be signed by the legal owner or the operator of the site. The name must also be printed, and the date and telephone number must be provided. The signature must be an original; a copied signature will not be accepted. Please Sign in blue or red ink to avoid confusion.

MAIL TO:

ENVIRONMENTAL HEALTH NOTIFICATIONS GROUP
DEPARTMENT OF STATE HEALTH SERVICES
PO BOX 143538
AUSTIN, TEXAS 78714-3538

An invoice for the notification fee will be sent to the facility owner (c/o the person identified in Section VII, A) after the project has been completed. DO NOT submit the fee with the notification. Revised 6/01/2007