

DAQ Asbestos Abatement/Renovation/Demolition eNotification Submittal Instruction Instructions

To login to your account:

- <https://dep.gateway.ky.gov/eForms/Account/Home.aspx> (Website works best with Chrome or Firefox)

To register for a new account:

- Go to <https://kog.chfs.ky.gov/public/faq> and click on “Are you a citizen or business partner needing to create a KOG Account?”
- View a short video that will aid in new account creation.

Q: [Are you a citizen or business partner needing to create a KOG account?](#)

A: View a short video on account creation



To view a detailed user guide [click here](#)

Once you have reviewed the video or document, [click here](#) to get started. Then select the “Citizen or Business Partner” radio button and click on the “Create Account” button.

Next, log into your KOG Dashboard, where you will can access messages, incomplete eForms, eForms pending EEC review and completed forms.

Notification of Asbestos Abatement/Demolition/Renovation use the same form.

To submit notification:

- Click on **FORMS**

Submittal Id	Form Name	Date	Status	Form Info
209210	DAQ Notification of Asbestos Abatement/Demolition /Renovation	10-26-2020	eForm created but never saved by user	

- A list of all available forms will appear. Select **DAQ Notification of Asbestos Abatement/Demolition/Renovation** (form ID 70)
- Click the arrow to display a short description.
- To begin using form, click the blue +.

			DEP	
+	DAQ ASBESTOS ABATEMENT Course Registration Form ▶	Division of Air Quality	DEP	69
+	DAQ Application For Asbestos Accreditation ▶	Division of Air Quality	DEP	67
+	DAQ Application for Asbestos Certification (Contractors or Facilities) ▶	Division of Air Quality	DEP	68
+	DAQ Field Operations Branch Electronic Submittal ▶	Division of Air Quality	DEP	34
+	DAQ Notification of Asbestos Abatement/Demolition/Renovation ▶	Division of Air Quality	DEP	70
+	DAQ Permit Application Electronic Submittal ▶	Division of Air Quality	DEP	54
+	DAQ Source Sampling Section Electronic Submittal ▶	Division of Air Quality	DEP	32
+	DCA Application for Reciprocity ▶	Division of Compliance Assistance	DEP	20
+	DCA Registration Form For Exams and Training ▶	Division of Compliance Assistance	DEP	18
+	DCA Registration Form For Exams and Training (Solid Waste) ▶	Division of Compliance Assistance	DEP	25

- A new screen will load as seen below. *Note: Unless the same company is performing both demolition/renovation AND asbestos abatement, the first section will be for the demolition/renovation Contractor, NOT the asbestos abatement Contractor.*

ENERGY AND ENVIRONMENT CABINET
 DEPARTMENT FOR ENVIRONMENTAL PROTECTION
 DIVISION FOR AIR QUALITY
 300 Sower Blvd, 2nd Floor
 Frankfort, Kentucky 40601
 (502)-782-6780
 Fax: 502-564-4666
 Email: jennifer.spradlin@ky.gov

DEP-7036

NOTIFICATION OF ASBESTOS ABATEMENT/DEMOLITION/RENOVATION

[Click here for Instructions](#)

(*) Indicates a required field; (✓) indicates a field may be required based on user input or is an optionally required field

DEMOLITION/RENOVATION CONTRACTOR

Company Name:(*) <input type="text" value="Company Name"/>			
Address(*) <input type="text" value="Mailing address"/>		City(*) <input type="text" value="City"/>	State(*) <input type="text" value="State"/>
Business Telephone no: ###-###-####(*) <input type="text" value="Telephone No"/>		Contact Person First Name(*) <input type="text" value="First Name"/>	M.I.: <input type="text" value="MI"/>
		Last Name(*) <input type="text" value="Last Name"/>	
Zip Code(*) <input type="text" value="Zipcode"/>			

- If applicable, the next section is the information for the Asbestos Abatement Contractor. In the case of a non-asbestos demolition notification, this section can be left blank.
- “Owner” refers to the owner of the property being renovated, demolished, or having asbestos abated.

ASBESTOS ABATEMENT CONTRACTOR			
Company Name:(✓) Company Name		Agency Interest Number: Enter Company Certification Number	
Address(✓) Mailing address	City(✓) City	State(✓) ▼	Zip Code(✓) Zipcode
Business Telephone no: ####-###-####(✓) Telephone No	Contact First Name(✓) First Name	M.I.: MI	Last Name(✓) Last Name
OWNER			
Company Name:(*) Company Name		First Name:(*) First Name	
Address(*) Mailing address		City(*) City	
Business Telephone no: ####-###-####(*) Telephone No		Contact Person(*) Contact Person	

- “Project Location & Type of Project”: The project location is the **name and address of the building**. Latitude and Longitude can be obtained from Google Earth or Google Maps.
Google Maps: From satellite view, right click on the building to obtain coordinates in the correct format. Example: 38.18484, -84.84877. Latitude is indicated by the first number, Longitude the second. It is important for the minus (-) sign to be in front of the second number as it indicates the number is West longitude.

PROJECT LOCATION & TYPE OF PROJECT			
Project Location Project Location		Address(*) Physical address	
City(*) City	State(*) ▼	County(*) ▼	Zip Code(*) Zipcode
Latitude(decimal degrees)(✓)DMS to DD Converter Latitude	Longitude(decimal degrees)(✓) Longitude		#Floors Affected(*)
Present and Prior Use of Facility(*)		Type of Project(*) ▼	

- Select the type of project. Project Dates area will appear.
- Start/End Removal are for asbestos abatement dates.
- In the case of non-asbestos demolitions, use the same dates of demolition in Start/End Removal.
- **The Start Date must be at least 10 working days from the submittal date.**

Present and Prior Use of Facility(*)	Type of Project(*) Demolition ▼
PROJECT DATES	
Start Removal(*) ⓘ Date	End Removal(*) Date
Start Renovation/Demolition(*) ⓘ Date	End Renovation/Demolition(*) Date

- The next section is Amount of ACM to be Removed. If no ACM is involved, check the small box at the top or enter all zeros in the amount boxes for zero asbestos demolitions.

Amount of ACM to be Removed			
Check the checkbox if Amount of ACM to be removed is unknown.			
<input type="checkbox"/> Check the checkbox if ACM is Category I and Category II or non-existing			
	Regulated ACM (RACM)(*)	Category II nonfriable ACM (optional)	Category I nonfriable ACM (optional)
Linear Feet	<input type="text"/>	<input type="text"/>	<input type="text"/>
Square Feet	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cubic Feet	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Provide a thorough description for each area shown in Description.

DESCRIPTION	
Description of planned renovation/demolition, including abatement methods & demo/renewal methods: (*)	<input type="text"/>
Description of affected facility components (*)	<input type="text"/>
Asbestos Detection Technique (*)	<input type="text"/>
Amount of Cat. I & II nonfriable ACM involved but will not be removed: (✓)	<input type="text"/>
Describe physical characteristics that make it nonfriable and methods to keep it nonfriable (optional): (✓)	<input type="text"/>
Describe contingency plan should nonfriable ACM become friable or additional ACM be uncovered during renovation/demolition: (*)	<input type="text"/>

- Transporter and Disposal Site: Fill in all boxes.

TRANSPORTER			
Waste Transporter (*)			
Name of Transporter Company			
Address (*)	City (*)	State (*)	Zip Code (*)
Mailing address	City	<input type="text"/>	Zipcode
Business Telephone no: ###-###-#### (*)			
Telephone No			
DISPOSAL SITE			
Disposal Site (*)			
Disposal Site			
Address (*)	City (*)	State (*)	Zip Code (*)
Mailing address	City	<input type="text"/>	Zipcode
Business Telephone no: ###-###-#### (*)			
Telephone No			

- Attach any pertinent documents (asbestos surveys, declarations of a building being in imminent danger of collapse, descriptions of emergencies, etc.)
- PDF is preferred for documents, JPG for images.
- Complete the Signature Area, Company Name, and Date Signed. *The Date Signed **must** be the current date.*

ATTACHMENTS (If any)	
<input type="button" value="Upload file"/>	
SIGNATURE	
Signature: I hereby certify that at least one person trained as required by 40 CFR 61.145(c)(8) will supervise the abatement work described herein. (optional for strictly non-friable work)	
First Name (*) <input type="text"/>	Last Name (*) <input type="text"/>
Company Name (*) <input type="text"/>	Date Signed(*) <input type="text"/>
<input type="button" value="Click to Save Values for Future Retrieval"/> <input type="button" value="Click to Submit to EEC"/>	

- Click “Save Values for Future Retrieval” to save and return later to edit. It will be located in Dashboard under Incomplete Forms. The Division for Air Quality will not be able to see any saved notifications until the Submit to EEC button is clicked.
- Click “Submit to EEC” to submit when finished. No changes can be made once submitted. The inspector for that region will review your submittal. Please refer to the Asbestos Regional Office Boundary Map to locate and email the appropriate asbestos inspector to alert them to submittal of eNotification.
- The inspector may reach out to you through the KOG Dashboard with descriptions of what additional or missing information is required after review. You can respond and/or make corrections and resubmit the form.
- Once satisfied, the inspector will accept the form as complete, where you should receive receipt via email. If you have not received an email within **48 hours**, contact the regional inspector to verify receipt.