



RHODE ISLAND DEPARTMENT OF HEALTH

Instructions for Preparing: ASBESTOS ABATEMENT PLAN APPLICATION

Forms ASB-16/ASB-16A/ASB-16B

To remove, encapsulate, enclose, repair, or otherwise disturb or abate asbestos at a facility in Rhode Island, the property owner must complete an Asbestos Abatement (Management) Plan Application (“Application,” Forms ASB-16/ASB-16A/ASB-16B) which includes all required information. The work cannot begin until the Asbestos Abatement (Management) Plan (“Plan”) is approved by the Rhode Island Department of Health (RIDOH) in accordance with the Rules and Regulations for Asbestos Control (216-RICR-50-15-1).

1. Submit the Application to:

**Rhode Island Department of Health
Center for Healthy Homes and Environment - Asbestos Program
3 Capitol Hill, Room 206
Providence, RI 02908-5097**

2. The time necessary for review by RIDOH varies with the complexity of the plan and completeness of the Application. For planning purposes, allow 30 calendar days from the time of submission to approval.
3. The appropriate application fee, specified in item 17 on Form ASB-16, must be submitted. Applications submitted without the proper fee will not be processed until the correct fee has been paid.
4. The Asbestos Project Designer who prepared the Plan must sign item 18 on Form ASB-16. A consultant may not sign Form ASB-16B.
5. Form ASB-16B must be signed by an owner or an individual legally authorized to make binding commitments on behalf of the building owner(s). Form ASB-16B must accompany Forms ASB-16 and ASB-16A and cannot be submitted under separate cover.
6. Missing items and/or attachments not clearly marked for identification with a specific item on the forms will delay the review process. In some cases, the Application may be denied and returned for resubmission.
7. The content of the subject Plan may be considered public information under the Rhode Island Access to Public Records Act (APRA).
8. All subsequent related documentation (e.g., start work notification, clearance air sampling, waste manifest) must indicate the approved Plan number.
9. Questions about the Application process can be directed to doh.asbestos@health.ri.gov.



RHODE ISLAND DEPARTMENT OF HEALTH
Center for Healthy Homes and Environment – Asbestos Program

ABATEMENT PLAN APPLICATION

1. Owner/Contact Name: _____

Title: _____

If owned by an organization, organization name: _____

Address: _____

City/State: _____ ZIP: _____

Phone: _____ Email: _____

2. Application prepared by:

Name: _____ RIDOH License No.: _____

Phone: _____ Email: _____

4. Location of abatement work:

Facility/Building Name: _____

Street Address: _____

City/Town: _____ ZIP: _____

5. Reason for Application: (Check all that apply)

Emergency Plan No. _____

Standard Plan

Annual Plan

Response to a Notice or Order (attach copy)

6. Asbestos contractor (if known):

Name: _____ RIDOH License No.: _____

7. Estimated Abatement Work Dates

Start Date: _____ Completion Date: _____

8. Abatement Method: **(Check all that apply)**

Removal	Glovebag
Encapsulation	Asphalt Roofing
Enclosure	Operations & Maintenance Only
Demolition	
Other (Specify): _____	

9. Facility Type: **(Check one)**

Child Care Facility	Private Residential Dwelling
College/University	Public Housing
Hospital	School/School Building
Other (Specify): _____	

10. Building Access: **(Check one)**

Public Access	No Public Access
Limited Public Access	Other (specify) _____

11. Bulk Sampling:

A. Samples collected by:

Name: _____ RIDOH License No.: _____

B. Sampling Methodology: **(Check one)**

EPA AHERA Sampling requirements [40 CFR 763.86].

Other (Specify): _____

C. Analytical Service:

Name: _____ RIDOH License No.: _____

D. Analytical Method: **(Check one)**

PLM (Phase Light Microscopy)

TEM (Transmission Electron Microscopy)

Other (Specify): _____

12. Pre-Abatement Air Sampling:

A. Samples collected by:

Name: _____ RIDOH License No.: _____

Affiliation: _____

B. Analytical Service:

Name: _____ RIDOH License No.: _____

C. Analytical Method: **(Check one)**

PCM (Phase Contrast Microscopy)

TEM (Transmission Electron Microscopy)

Other (Specify): _____

13. Removal and Disposal of Asbestos-Containing Material (ACM):

A. How will ACM be removed from the abatement site? If a hauler or broker will be used to transport the ACM to a disposal site, they must also be identified.

B. Provide the name and location of the authorized asbestos waste facility where the ACM will be transferred for disposal (if known).

14. Project Monitor: **(not required)**

Name: _____ RIDOH License No.: _____

Affiliation: _____

15. In-Process & Clearance Air Sampling:

A. If in-process air samples will be collected, describe in an attachment the type, number and location of air samples that will be collected outside the work area during the abatement project.

B. Describe in an attachment the plan of action to be followed if the Indoor Non-Occupational Air Exposure Standard for Asbestos (0.01 fibers per cubic centimeter) is exceeded outside the work area during the abatement project.

C. Required: Describe in an attachment the type, number and location of air samples that will be collected as part of the final clearance testing.

D. Describe in an attachment the plan of action to be followed if the Indoor Non-Occupational Air Exposure Standard for Asbestos (0.01 fiber per cubic centimeter) is exceeded during final clearance testing.

16. A separate and fully completed Form ASB-16A must be submitted for *each area* to be abated. List below the entry in Item 1 from each attached ASB-16A.

17. Asbestos Abatement Plan Application Fee:	
State Agency, fee waived	\$0
Operation & Maintenance Program Only	\$75
Up to One (1) NESHAP Unit	\$75
More than One (1) and up to Ten (10) NESHAP Units	\$300
More than Ten (10) and less than Fifty (50) NESHAP Units	\$600
More than (50) NESHAP Units	\$900
Annual Plan	\$900
Asbestos Abatement Plan Amendment Fee	\$150*

**If the amendment increases the scope of work to a higher fee category, pay the difference between the two fee categories. The amendment fee is waived.*

One (1) NESHAP Unit = 260 linear feet or 160 square feet or 35 cubic feet

18. I certify that this plan was prepared by me, and I am responsible for its content.

Name: _____ RIDOH License No.: _____

Signature: _____ Date: _____

Affiliation: _____

Email: _____ Phone: _____



RHODE ISLAND DEPARTMENT OF HEALTH
Center for Healthy Homes and Environment – Asbestos Program
ASBESTOS ABATEMENT PLAN APPLICATION

Supplemental Information: Area Description and Proposed Plan

Facility/Building: _____

INSTRUCTIONS:

A separate and fully completed Form ASB-16A must be submitted for *each area* to be abated. All items on this form must be addressed. All references to attachments must be clearly identified. All attachments must be marked with the specific item numbers on this form to which they pertain.

1. Area Location/Identification (Room Name/No., etc.):

2. Attach a description of each type (e.g., pipe, ceiling, etc.) of asbestos-containing material (ACM) in this area, including condition, location, quantity, and asbestos content. Attach a copy of the laboratory report(s) for all samples. All laboratory reports must include the name of the building(s) and the location(s) of the sample(s).

3. Attach a current scale drawing of this area, showing direction of North and East, which has been clearly annotated to show the type, location, and quantity of all ACM in this area. This drawing must include a legend which acts as a guide to the scale, symbols and nomenclature used in the drawing. If a master plan or multiple drawings are provided, indicate the specific location(s) and drawing number(s) which depict this area. The location of the decontamination chamber must also be so indicated on the appropriate drawing(s).

4. Proposed Plan:

A. Attach a description of the interim Operations and Maintenance Plan that will be implemented in accordance with 1.17.2(B).

B. Will any portion of this area be abated by use of 1.14 work procedures?

Yes No

If yes, indicate below which ACM in this area will be abated by use of the following 1.14 work procedures: **(Check all that apply)**

1.14.2 & 1.14.3 Removal _____

- 1.14.2 & 1.14.4 Encapsulation _____
- 1.14.2 & 1.14.5 Enclosure _____
- 1.14.6 Demolition _____
- 1.14.7 Glovebag _____
- 1.14.8 Asphalt Roofing _____
- Other (Specify) _____

C. Are you requesting any waivers to the above selected 1.14 procedure for any of the abatement activities in this area?

Yes No

If yes, attach a detailed description of the waivers requested you are proposing to utilize. ***All items must be keyed to the specific section(s) of the regulations for which waivers are requested.***

D. Are you proposing alternative procedures under 1.16 for any of the abatement activities in this area?

Yes No

If yes, attach a detailed description of the alternate procedures requested you are proposing to utilize. ***Alternate procedures must include a justification for not following specific section(s) of the regulations and be as protective of public health.***

E. Will any ACM remain in this area after abatement?

Yes No Beyond scope of inspection

If yes, attach a description of the ACM that will remain and the details of the on-going Operations and Maintenance Plan that will be implemented in accordance with 1.17.2(B).



RHODE ISLAND DEPARTMENT OF HEALTH

NOTARIZED CERTIFICATION OF ASBESTOS ABATEMENT PLAN

Facility/Building: _____

Address: _____

City/Town: _____ ZIP: _____ Amendment Phase No: _____

Abatement Plan Prepared By: _____ RIDOH License No.: _____

Summary of specific waivers/variances being requested:

Abatement Information

Abatement Method: (Check all that apply)

Removal

Demolition

Encapsulation

Glovebag

Enclosure

Asphalt Roofing

Other (specify): _____

Asbestos Contractor: _____ RIDOH License No.: _____

Estimated Starting Date: _____

Pre-Abatement Sampling Information

Bulk samples collected by: _____ RIDOH License No.: _____

Bulk samples analyzed by: _____ RIDOH License No.: _____

Air samples collected by: _____ RIDOH License No.: _____

Air samples analyzed by: _____ RIDOH License No.: _____

Clearance Air Sampling Information

Air samples to be collected by: _____

Air samples to be analyzed by: _____ RIDOH License No.: _____

CERTIFICATION

I certify that: this asbestos abatement plan is prepared and submitted under the provisions of Rhode Island General Laws Chapter 23-24.5 and the Rules and Regulations for Asbestos Control (216-RICR-50-15-1); all abatement/management activities performed in conjunction with this plan will be in compliance with the specifications prescribed in this plan (when approved) and the most current revision of all applicable federal and state regulations; and the asbestos abatement/management activities described in this plan will be performed by a Rhode Island licensed asbestos abatement contractor.

State of Rhode Island, County of _____, On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), and proved to me through satisfactory evidence of identification to be the person whose name is signed on the preceding or attached document, and acknowledged that they signed it voluntarily for its stated purpose.

Signature of Building Owner or Agent

Printed Name of Building Owner or Agent

(official signature and stamp of notary)

My Commission expires: _____

Printed Name, ID Number Notary Public