A building owner, in order to remove, encapsulate, enclose, repair or otherwise disturb or abate asbestos in a building in Rhode Island, must complete an Application for Approval of an Asbestos Abatement (Management) Plan (Forms ASB–16/ASB-16A/ASB–16B), and must attach to the completed Application the additional information required. Work cannot begin until the Plan is approved by the Agency. The Application should be submitted to:

Rhode Island Department of Health
Asbestos Control Program
3 Capitol Hill, Room 206
Providence, RI 02908-5097

The Application form elicits the information required by Part C of the Rhode Island Rules and Regulations for Asbestos Control, which should be used for reference.

The following general guidance is provided:

1. Materials included with the Application, which do not specifically pertain to the items on the Application, will delay the review process. Generic materials should not be submitted. Be aware that the content of the plan that you submit may be considered public information under Freedom of Information guidance.

2. Attachments not clearly marked for identification with a specific item of the Application forms will delay the review process.

3. If required items are missing, review and approval of the Application may be considerably delayed. In some cases the Application may be rejected and returned for resubmission.

4. The time necessary for review by the Agency varies with the complexity of the plan, level of workload, and quality of submissions. No assurances can be given. It is suggested for planning purposes that at least four (4) weeks be allowed from time of submission to approval. Contact the Agency for a current estimate of this timeframe.

5. The consultant identified in Item 2 of Form ASB-16 must sign item 19 of Form ASB-16.

6. The appropriate application fee must be included. See Item 20 of Form ASB-16A. Applications submitted without the proper fee will not be processed until the correct fee has been paid.

7. Form ASB-16B must be signed by an individual legally authorized to make binding commitments on behalf of the building owner(s). A consultant may not sign Form ASB-16B.

8. Form ASB-16B must accompany the referenced Asbestos Abatement Plan (Forms ASB-16 & ASB-16A) and cannot be submitted under separate cover.
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
              Department of Health
              Office of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

1. Building Owner’s Name: ________________________________

2. Application Prepared By: ________________________________

   RI certification No: AAC-______________

   Telephone No: _______________________
   (Area code, No., Ext.)

3. Building Owner’s Mailing Address and Telephone Number:

   Street: ________________________________

   City/Town: ________________________________

   Zip: ________________________________

   Telephone No.: _______________________
   (Area code, No., Ext.)

4. Person to be contacted regarding this application:

   Name: ________________________________

   Telephone No: _______________________
   (Area Code, No., Ext.)

5. Location where abatement work will be performed:

   Name (if applicable): ________________________________

   Street: ________________________________

   City/Town: ________________________________ Zip: __________

6. Is this application being submitted in response to a “Notice of Requirement to Submit an
   Asbestos Abatement plan”? ( ) Yes ( ) No

   If Yes, what is the due date for submittal of Abatement plan? ____________________________
   (Mo.) (Day) (Yr.)

   Evaluation Number on the Notice: _________________________________________________

7. Contractor who will be performing abatement work (if selected):

   Name: ________________________________ R.I. License No.: LAC-__________

FORM ASB – 16 (11/2003) REPLACES FORM ASB 16 (3/92) WHICH IS OBSOLETE
8. Estimated Starting Date of Abatement Work: ___________________________________ (Month) (Day) (Year)

9. Estimated Completion Date of Abatement Work: ___________________________________ (Month) (Day) (Year)

10. Type of Asbestos Abatement: (Check all that apply)

( ) Removal ( ) Enclosure
( ) Encapsulation ( ) Demolition
( ) Operations and Maintenance Only
( ) Other (Specify) _______________________________________________________

11. Type of Building: ( ) School
( ) Privately Owned Building
( ) Publicly Owned Building
( ) Residence
( ) Other (Specify) _________________________

12. Building Access: ( ) Public Access (≥ 25% of Building Area)
( ) Limited Public Access (< 25% of Building Area)
( ) No Public Access

13. Bulk Sample Collection and Analysis:

A). Person collecting bulk samples:
Name: ________________________________ RI Certification No.: AAC___________

B). Sampling Methodology:
( ) EPA AHERA Sampling requirements [40 CFR 763.86].


( ) Other (Specify) ___________________________________________________

C). Laboratory performing the analysis of the bulk samples
Name: ________________________________ RI Certification No.: AAL-___________

D). Analytical Methodology:
( ) EPA Interim Method for the Determination of Asbestos in Bulk Insulation Samples [PLM method only].

( ) Other (Specify) ___________________________________________________
14. Pre-Abatement Air Sample Collection and Analysis:

A). Person collecting pre-abatement air samples:

Name: _________________________ Affiliation: _____________________________

B). Laboratory performing analysis of pre-abatement air samples.
Name: _________________________ RI Certification No.: AAL-________________

C). Methodology used in the collection and analysis of pre-abatement samples:

(  ) NIOSH Method 7400 [Most Current Revision]
(  ) OSHA 29 CFR 1926.1101 – Appendix A & B
(  ) Other (Specify) ___________________________________________________

15. A. Indicate how the regulated asbestos containing material (RACM) will be removed from the abatement site. If a hauler or broker will be used to transport the RACM to a disposal site, they must also be identified.

___________________________________________________________________________
___________________________________________________________________________

B. Provide the name and location of the authorized asbestos waste facility to which the removed material will be transferred for disposal (if known).

___________________________________________________________________________
___________________________________________________________________________

16. Person designated as compliance monitor for abatement work. [NOT REQUIRED]

Name: ________________________________
Affiliation: __________________________
17. In-Process & Clearance Air Sampling:

A. Describe on an attachment the type, number and location of air samples that will be collected outside the work area during the abatement project.

B. Describe on 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. Describe on an attachment the type, number and location of air samples that will be collected as part of the final clearance testing.

D. Describe on 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 exceed during final clearance testing.

18. 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.

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

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

Signature: ______________________________ Date _________________________
(Month) (Day) (Year)

Affiliation: _____________________________________________________________

20. ASBESTOS ABATEMENT PLAN APPLICATION FEE:

(   ) Operation & Maintenance Only $  75
(   ) Up to One (1) NESHAP Unit $  75
(   ) Between One (1) & Ten (10) NESHAP Units $ 300
(   ) Between Ten (10) & Fifty (50) NESHAP Units $ 600
(   ) Over Fifty (50) NESHAP Units $ 900
SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: ________________________________________________________

INSTRUCTIONS:  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., Evaluation Number, etc.):

(2) Attach a description of each type (e.g. pipe, ceiling, etc.) of regulated asbestos containing material (RACM) in this area, including condition, location, quantity and asbestos content.  Attach a copy of the laboratory report(s) for all samples.  (NOTE: 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 RACM 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 REMEDIES:

A). Attach a description of the interim Operations and Maintenance Plan that will be implemented in accordance with C.1.2 (b).
(4) PROPOSED REMEDIES (cont.):

B). Will any portion of this area be abated by use of B.8 work procedures?
   ( ) Yes    ( ) No

   If Yes, indicate below which RACM in this area will be abated by use of the following B.8 work procedures:

   B.8.2 & B.8.3 [REMOVAL] _________________________
   B.8.2 & B.8.4 [ENCAPSULATION] _________________________
   B.8.2 & B.8.5 [ENCLOSURE] _________________________
   B.8.6 [DEMOLITION] _________________________
   B.8.7 [GLOVEBAG] _________________________
   B.8.8 [ASPHALT ROOFING] _________________________

C). Are you requesting any waivers to the above selected B.8 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 B.11 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 RACM remain in this area after abatement?
   ( ) Yes    ( ) No    ( ) Beyond scope of inspection

   If Yes, attach a description of the RACM that will remain and the details of the ongoing Operations and Maintenance Plan that will be implemented in accordance with C.1.2(b).
RHODE ISLAND DEPARTMENT OF HEALTH
NOTARIZED CERTIFICATION OF ASBESTOS ABATEMENT PLAN

Facility: _____________________________________________________________________
Address: _____________________________________________________________________
City/Town: ________________________ Zip: __________ Amendment Phase No: __________
Abatement Plan Written By: __________________________ Certification No: AAC-__________
Summary of specific waivers/variances being requested: ____________________________________________

Type of Asbestos Abatement (   ) Removal (   ) Enclosure (   ) Encapsulation
(   ) Demolition (   ) Glovebag (   ) Asphalt Roofing
(   ) Other (specify) ________________________________

Is this plan being submitted in response to a Notice of Violation and/or a Notice of Requirement
to Submit an Asbestos Abatement Plan? (   ) Yes (   ) No
If yes, Indicate Notice/Building Evaluation No(s): _______                  __________________
Contractor: _____________________________ License No: LAC-____________________
Estimated Starting Date: ___________________

Pre-Abatement Sampling Information
Bulk Samples Collected By: ___________________________ Certification No: AAC-__________
Bulk Samples Analyzed By: ___________________________ Certification No: AAL-__________
Air Samples Analyzed By: ___________________________ Certification No: AAL-__________

Clearance Air Sampling Information
Air Samples to be Collected By: _________________________________________________
Air Samples to be Analyzed By: _______________________ Certification No: AAL-__________

CERTIFICATION
I certify that: this asbestos abatement plan is prepared and submitted under the provisions of Section 23-24.5-6 of
the RI Asbestos Control Act and Parts A and C of the RI Rules and Regulations for Asbestos Control; all
abatement/management activities performed in conjunction with this plan must 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 must be performed by a
RI licensed asbestos abatement contractor.

Certified by: ______________________________  Title: __________________________
(Signature of Building Owner or Agent)  Date: __________________________
(Typed/Printed Name of Certifier)  My Commission Expires: __________________

Subscribed and sworn before me this _________ day of __________________, 20________

(Notary Public)
AFFIX NOTARY SEAL HERE

FORM ASB-16B (11/2003) REPLACES FORM ASB-16B (3/92) WHICH IS OBSOLETE