

**GEORGIA PROJECT NOTIFICATION FORM  
FOR LIVE FIRE TRAINING**

**\*\*\*This notification form can only be used by fire departments for acquired structures for live fire training.\*\*\***

USE AN ATTACHMENT TO PROVIDE ADDITIONAL INFORMATION FOR ANY SECTION WHEN NEEDED TO PROVIDE COMPLETE DETAILS.  
**DO NOT LEAVE ANY SECTION BLANK – INSERT UNKNOWN OR N/A IF NEEDED.**

**MAIL ORIGINAL NOTIFICATIONS TO THIS ADDRESS:**

EPD ASBESTOS PROGRAM  
ATTN: LIVE FIRE TRAINING NOTIFICATIONS  
4244 INTERNATIONAL PARKWAY, SUITE 104  
ATLANTA, GEORGIA 30354

**MAIL COPY OF NOTIFICATION  
AND REQUEST TO BURN ACQUIRED STRUCTURE FORM  
TO LOCAL EPD DISTRICT OFFICE.  
See page 6 for local EPD District office addresses.**

**SECTION 1A - TYPE OF NOTICE (USE THE APPROPRIATE CHECKBOX TO INDICATE THE TYPE OF NOTICE YOU ARE SUBMITTING)**

ORIGINAL – INITIAL

REVISION # \_\_\_\_\_

**SECTION 1B - TYPE OF PROJECT**

DEMOLITION BY LIVE FIRE TRAINING

**SECTION 2 – SITE INFORMATION**

CHECK IF SECTION REVISED

PROJECT NAME:

PROJECT ADDRESS:

PROJECT CITY:

ZIP:

COUNTY:

NEAREST MAJOR INTERSECTION:

BLDG SIZE IN SQ. FT:

NUMBER OF FLOORS IN BUILDING:

YEAR OF CONSTRUCTION:

**SECTION 3 – FIRE DEPARTMENT**

CHECK IF SECTION REVISED

NAME OF FIRE DEPARTMENT:

NAME OF CHIEF OR RESPONSIBLE OFFICIAL:

STREET ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL:

**SECTION 4 – ACM INFORMATION\* Required for Compliance of Georgia Rules**

CHECK IF SECTION REVISED

IS ASBESTOS PRESENT?  YES  NO  UNKNOWN

FRIABLE

NON-FRIABLE

BOTH

DID AN AHERA ACCREDITED INSPECTOR INSPECT THIS SITE?

YES

NO

INSPECTOR NAME:

INSPECTOR PHONE:

ACCREDITATION COURSE:

CERTIFICATE NUMBER:

EXPIRES:

**PLEASE NOTE: ASBESTOS CAN NOT BE PRESENT OR REMAIN IN ACQUIRED STRUCTURES FOR LIVE FIRE TRAINING. IF THE STRUCTURE WAS PREVIOUSLY ABATED, PLEASE SEE SECTION 9.**

**SECTION 5 – WORK SCHEDULES (10 WORKING DAY ADVANCE NOTIFICATION REQUIRED.)**

CHECK IF SECTION REVISED

LIVE FIRE TRAINING START DATE

LIVE FIRE TRAINING END DATE

WORK DAYS (MON-SUN)

WORK HOURS (EX : 7A – 4P)

SECTION 6 - WASTE TRANSPORTER, DISPOSAL SITE, AND BUILDING OWNER INFORMATION				
<input type="checkbox"/> CHECK IF SECTION REVISED				
WASTE TRANSPORTER NAME:			TRANSPORTER CONTACT PERSON:	
TRANSPORTER'S MAILING ADDRESS:				
CITY:	STATE:	ZIP:	PHONE:	FAX:
ALL WASTE FROM THE FIRE MUST GO TO A PERMITTED LANDFILL.				
DISPOSAL SITE NAME:			DISPOSAL SITE COUNTY:	
DISPOSAL SITE ADDRESS:				
CITY:	STATE:	ZIP:	PHONE:	FAX:
PROJECT OWNER NAME:			OWNER'S REPRESENTATIVE:	
OWNER'S STREET ADDRESS:				
OWNER'S MAILING ADDRESS (IF DIFFERENT):				
CITY:	STATE:	ZIP:	PHONE:	FAX:
SECTION 7 - ADDITIONAL PROJECT INFORMATION				
<input type="checkbox"/> CHECK IF SECTION REVISED				
WILL ASBESTOS REMAIN IN THE PROJECT AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				
EXPLAIN 'YES' OR 'UNKNOWN':				
WAS THIS SITE PREVIOUSLY ABATED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				
PRIOR ABATEMENT COMPANY:			YEAR ABATED:	
PRIOR COMPANY CONTACT PERSON:			PHONE:	
CERTIFICATION OF INFORMATION AND ACKNOWLEDGEMENT				
<input type="checkbox"/> CHECK IF SECTION REVISED				
I, THE UNDERSIGNED, CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF FEDERAL REGULATIONS (NESHAP/40 CFR PART 61 SUBPART M) WILL BE ON THE PROJECT SITE DURING DEMOLITION (LIVE FIRE TRAINING) ACTIVITIES DESCRIBED IN THE NOTIFICATION. EVIDENCE THAT THIS PERSON AND ALL OTHER PROJECT PERSONNEL HAVE ACCOMPLISHED APPROPRIATE TRAINING AND TRAINING CERTIFICATES WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS AND ANYTIME REGULATED ACTIVITIES ARE BEING CONDUCTED ON SITE.				
I FURTHERMORE UNDERSTAND THAT I AM RESPONSIBLE FOR THE ACCURACY AND COMPLETENESS OF THE INFORMATION SUBMITTED WITH THIS NOTIFICATION AND I SHALL PROMPTLY SUBMIT REVISIONS, SUPPORTING DOCUMENTS, AND PROJECT FEES.				
PRINTED NAME:			PHONE:	
SIGNATURE:			DATE:	
NAME OF FIRE DEPARTMENT:				
TITLE:				
<ul style="list-style-type: none"> <li>• Refer to the detailed instructions when in doubt about proper completion of any section.</li> <li>• Never leave blank spaces. Insert "N/A" or "Unknown" for any blank where you do not have the information requested.</li> <li>• Print responses neatly and legibly.</li> <li>• ALWAYS keep a copy of this form for your records and provide copies to all other involved parties.</li> <li>• EPD no longer accepts Fax only documents. <b><u>SUBMIT THE ENTIRE FORM VIA MAIL.</u></b></li> </ul>				
<b><u>HOW TO SUBMIT</u></b>				
<b>Mail original notification to the EPD Office Address at 4244 International Parkway, Suite 104, Atlanta, GA 30354. Do not submit two-sided photo copies. Mail copy of notification and Request To Burn Acquired Structure form to local EPD District Office. See page 6 for local EPD District office addresses.</b>				
<b>IT IS YOUR RESPONSIBILITY TO SUBMIT THIS FORM ACCURATELY AND COMPLETELY.</b>				

## DETAILED INSTRUCTIONS FOR COMPLETING THE GEORGIA EPD

### PROJECT NOTIFICATION FOR LIVE FIRE TRAINING PROJECTS

The following instructions are a step-by-step guide through the notification completion process. If you have questions or need assistance with completion of the notification documents, please call the daily duty officer available Monday through Friday 8:00AM until 4:30PM at (404) 363-7026.

#### HOW TO SUBMIT YOUR NOTIFICATION?

<p><b><u>MAIL ORIGINAL NOTIFICATIONS TO THIS ADDRESS:</u></b> EPD ASBESTOS PROGRAM ATTN: LIVE FIRE TRAINING NOTIFICATIONS 4244 INTERNATIONAL PARKWAY, SUITE 104 ATLANTA, GEORGIA 30354</p>	<p><b>MAIL COPY OF NOTIFICATION AND REQUEST TO BURN ACQUIRED STRUCTURE FORM TO LOCAL EPD DISTRICT OFFICE.</b> See page 6 for local EPD District office addresses.</p>
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#### SECTION 1A – WHAT TYPE OF NOTICE SHOULD YOU SUBMIT?

Live Fire Training Project Notifications will always fall into one of the following categories. ALWAYS check the box applicable to your current submittal:

- **ORIGINAL INITIAL** - The first time a project notification is submitted for the project to which the notification applies.
- **REVISION** – To notify the EPD of any changes to the project after the Original Initial notification has been submitted. To submit a revision, CHECK THE BOX in Section 1A and list the revision number. Also check the box in the heading of the section you are revising, strike through the incorrect information, and insert the correction. For all revisions, re-sign and re-date the certification section of the project notification before resubmitting.

#### SECTION 1B – WHAT TYPE OF PROJECT ARE YOU CONDUCTING?

- **DEMOLITION BY LIVE FIRE TRAINING** – Where the project only involves demolition of any structure that has been thoroughly inspected for the presence or absence of asbestos. "Demolition" means the wrecking or taking out of any load supporting structural member of a facility together with related handling operations, or the intentional burning of any structure. Asbestos may not remain in the acquired structure for live fire training.

#### SECTION 2 – SITE INFORMATION

- **PROJECT NAME** – Identify the exact location where Live Fire Training is being performed. Provide the name of the building, company, or other description of all structures involved in the project. For example: "Vacant House", "Residence", "Commercial Bldg", "ABC Company", "Office Bldg"). If the project is part of a DOT road-widening project, please include parcel number and structure number.
- **PROJECT ADDRESS** – Street address that Live Fire Training will be performed.
  - If project involves multiple buildings/structures at one location, list all addresses, building names, unit numbers, etc. Use a separate sheet of paper as an attachment, if necessary.
  - If project involves multiple buildings/structures at different addresses, you may group together those addresses on the same street and/or adjacent streets, (within a few block radius). Use a separate sheet of paper as an attachment, if necessary. Include a site map or diagram showing locations.
- **PROJECT CITY/ZIP/COUNTY** – Complete all areas. **YOU MUST LIST THE COUNTY.**
- **NEAREST MAJOR INTERSECTION** – For example: "State Hwy 41 near Windy Hill Rd"; "South Houston Lake Rd near State Hwy 96")
- **BLDG SIZE IN SQ. FEET** – Square foot measurement of the entire building (all floors and spaces) combined.
- **NUMBER OF FLOORS IN BUILDING** – Total number of floors in building, including sub-basement, basement, mezzanine, attic, and penthouse. Each level that can be occupied should be counted as a separate floor.
- **YEAR OF CONSTRUCTION** – For example, "1978".

#### SECTION 3 – FIRE DEPARTMENT

- **NAME OF FIRE DEPARTMENT** – Name of the Fire Department that will perform the live fire training activities.
- **NAME OF CHIEF OR RESPONSIBLE OFFICIAL** – Name of the Fire Chief or Responsible Official of the Fire Department.
- **STREET ADDRESS** – The actual physical location of the Fire Department Office. **DO NOT USE A POST OFFICE BOX IN THIS SPACE!**

- **CITY/STATE/ZIP/PHONE/FAX** – You must complete each space.

#### **SECTION 4 – ASBESTOS CONTAINING MATERIAL(S) (ACM) INFORMATION**

- **IS ASBESTOS PRESENT?**

- **YES** – A thorough inspection for the presence of asbestos has been conducted and the written results indicate that asbestos **IS** present. **STOP! YOU MAY NOT PROCEED WITH LIVE FIRE TRAINING UNTIL ASBESTOS IS PROPERLY REMOVED.**
- **NO** – A thorough inspection for the presence of asbestos has been conducted and the written results indicate that asbestos **IS NOT** present.
- **UNKNOWN** – It is unknown if an asbestos inspection has been performed, or an inspection has been performed but the results are unknown at this time. **STOP! YOU MAY NOT PROCEED WITH LIVE FIRE TRAINING UNTIL ASBESTOS IS PROPERLY REMOVED.**
- **FRIABLE** – “Friable Asbestos-Containing Material” means any material containing more than 1 percent asbestos, by weight, and which when dry may be crumbled, pulverized, or reduced to powder by hand pressure or non-friable material that will be subjected to sanding, grinding, abrading or crushing.
- **NON-FRIABLE** – “Non-Friable Asbestos-Containing Material” means any asbestos-containing material that does not meet the definition of “FRIABLE”.
- **BOTH** – Both “Friable” and “Non-friable” materials are present on this project.

- **DID AN AHERA ACCREDITED INSPECTOR INSPECT THIS SITE?**

Was the acquired structure described in Section 2 of this form, thoroughly inspected by an AHERA Accredited Asbestos Inspector? Check YES or NO.

- **YES or ASSUMED ASBESTOS** – A thorough inspection for the presence of asbestos HAS NOT been conducted but based on the type of material(s) being disturbed, the decision has been made to treat the material(s) as ACM. **STOP! YOU MAY NOT PROCEED WITH LIVE FIRE TRAINING UNTIL ASBESTOS IS PROPERLY REMOVED.**

- **INSPECTOR NAME** – Name of individual who performed the inspection.
- **INSPECTOR PHONE** – Number at which the Inspector may be reached, starting with area code.
- **ACCREDITATION COURSE** – Name of course taken to obtain **ASBESTOS INSPECTOR** accreditation. For example: “Asbestos Inspector Initial” OR “Inspector Refresher”
- **CERTIFICATE NUMBER** – Number on the Asbestos Inspector Certificate of Course Completion issued by the Training Provider.
- **EXPIRES** – Expiration date on certificate issued by Training Provider.

#### **SECTION 5 – WORK SCHEDULES**

**IMPORTANT NOTICE: A 10 (TEN) WORKING DAY NOTIFICATION IS REQUIRED PRIOR TO COMMENCING ANY REGULATED ASBESTOS ACTIVITY INCLUDING LIVE FIRE TRAINING.**

Working days are considered Monday through Friday. A holiday falling on these days will be counted as a working day.

Working days are counted from the date of:

- US Post Office Postmark Date
- FedEx/UPS shipping date
- Electronic filing of project notification

Notifications postmarked on a Saturday or Sunday do not begin the 10 working day notification period until the following Monday.

- **LIVE FIRE TRAINING START DATE/END DATE** – Provide the project START date and END dates. **IF THE DATE CHANGES, THE FIRE DEPARTMENT MUST SUBMIT A REVISION TO UPDATE THE PROJECT DATES BEFORE WORK BEGINS.**
- **WORK DAYS** - Provide actual days of the week on which work will be performed – NOT the number of days worked per week. For example: “M, Tu, Th” or “M-F”
- **WORK HOURS** – Provide the actual times of the day the crew will be on site – NOT the number of hours worked per day. For example “7A – 4P” or “5P – MIDNIGHT”. **PHASED PROJECTS** - If multiple buildings/structures are involved, break project into Phases, and identify project dates per Phase. Use an additional page to described phased project start and stop dates and work hours in detail.

**SECTION 6 – WASTE TRANSPORTER, DISPOSAL SITE AND BUILDING OWNER INFORMATION**

**WASTE TRANSPORTER:** Complete all areas

- NAME OF WASTE TRANSPORTER COMPANY
- TRANSPORTER CONTACT PERSON: Name of person at Transport Company to call, if necessary.
- ADDRESS/CITY/STATE/ZIP/PHONE/FAX: Complete all areas.

**DISPOSAL SITE INFORMATION**

- WASTE DISPOSAL SITE NAME: Name of Landfill.
- DISPOSAL SITE COUNTY: Provide County name where the disposal site is located.
- ADDRESS/CITY/STATE/ZIP/PHONE/FAX: Complete all areas.

**BUILDING OWNER**

- NAME: Name of legal owner of facility/property.
- OWNER'S REPRESENTATIVE: Name of person (other than Contractor) acting on behalf of Owner, particularly if completing and submitting this form, i.e. Consultant.
- OWNER'S STREET ADDRESS: For service of legal process if required.
- OWNER'S MAILING ADDRESS: If different than the street address.
- CITY/STATE/ZIP/PHONE/FAX: Complete all areas.
- TELEPHONE NUMBER: Number at which Contact person may be reached, starting with area code.

**SECTION 7 - ADDITIONAL PROJECT INFORMATION**

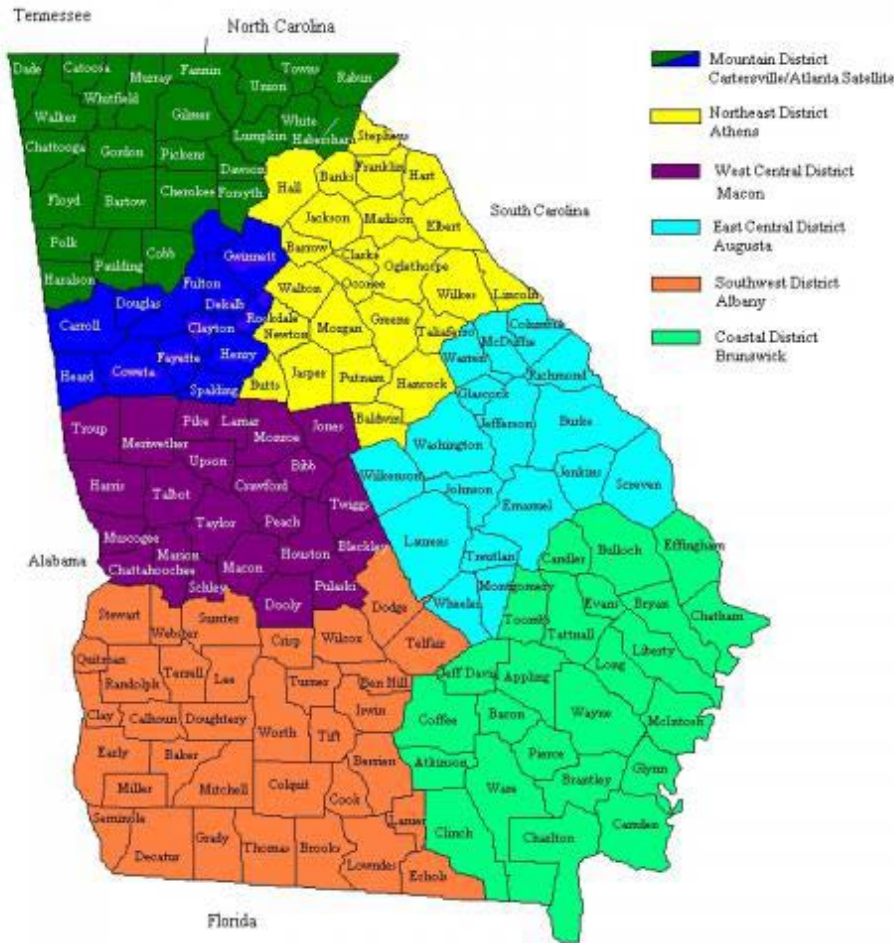
- **WILL ASBESTOS REMAIN IN THE PROJECT AREA?** – Check YES, NO or UNKNOWN, and explain a YES or UNKNOWN answer. IF YES OR UNKNOWN, **STOP! YOU MAY NOT PROCEED WITH LIVE FIRE TRAINING UNTIL ASBESTOS IS PROPERLY REMOVED.**
- **WAS THIS SITE PREVIOUSLY ABATED?** – Check YES, NO or UNKNOWN
- **PRIOR ABATEMENT COMPANY/YEAR ABATED/CONTACT PERSON/PHONE** – If the project was previously abated, provide all requested information for the prior abatement company.

**CERTIFICATION OF INFORMATION AND ACKNOWLEDGEMENT**

Provide all requested information – Do not leave any spaces blank and include signature.

- **PRINTED NAME** – Print or type full name of Fire Chief or Responsible Official submitting form.
- **PHONE** – Phone number of Fire Chief or Responsible Official submitting the Project Notification.
- **SIGNATURE** – The Fire Chief or Responsible Official submitting this form must submit with their signature.
- **DATE** – Date project notification is signed.
- **NAME OF FIRE DEPARTMENT** – Name of the Fire Department that will perform the live fire training activities.
- **TITLE** – Enter Fire Chief or Responsible Official's title.

# Georgia Environmental Protection Division District Offices



<p><b>Coastal District (Brunswick)</b></p> <p>400 Commerce Center Dr. Brunswick, GA 31523 Ph: 912.264.7284 Fax: 912.262.3160</p>	<p><b>Mountain District (Atlanta)</b></p> <p>4244 International Parkway Atlanta, GA 30354 Ph: 404.362.2671 Fax: 404.362.2712</p>	<p><b>Northeast District (Athens)</b></p> <p>745 Gaines School Rd. Athens, GA 30605 Ph: 706.369.6376 Fax: 706.369.6398</p>
<p><b>East Central District (Augusta)</b></p> <p>3525 Walton Way Ext. Augusta, GA 30909 Ph: 706.667.4343 Fax: 706.667.4376</p>	<p><b>Mountain District (Cartersville)</b></p> <p>P.O. Box 3250 16 Center Rd. Cartersville, GA 30120 Ph: 770.387.4900 Fax: 770.387.4906</p>	<p><b>Southwest District (Albany)</b></p> <p>2024 Newton Rd. Albany, GA 31701 Ph: 229.430.4144 Fax: 229.430.4259</p>
<p><b>West Central District (Macon)</b></p> <p>2640 Shurling Dr. Macon, GA 31211 Ph: 478.751.6612 Fax: 478.751.6660</p>		