

TO: OWNERS/CONTRACTORS

FROM: STATE DEPARTMENT OF HEALTH  
INDOOR AND RADIOLOGICAL HEALTH BRANCH  
ASBESTOS ABATEMENT OFFICE

SUBJECT: STATE OF HAWAII, DEPARTMENT OF HEALTH  
HAWAII ADMINISTRATIVE RULES (HAR), TITLE 11,  
CHAPTERS 11-501, 11-502, 11-503, AND 11-504  
(ASBESTOS REGULATIONS)



## **ASBESTOS**

Title 11, Hawaii Administrative Rules (HAR), Department of Health (DOH), Chapter 501, "Asbestos Requirements."

## **NOTIFICATION**

Under HAR Title 11, Chapter 501, owners of buildings and/or their contractors are required to notify applicable State and local agencies and/or EPA Regional Office prior to all demolitions, or renovations of "facilities: where asbestos material will be disturbed. In addition, the asbestos rules require special removal, handling, and disposal practices to be followed during demolitions and renovations of all facilities. Regulated facilities are institutional, commercial, public, industrial or residential structures, installations or buildings containing condominiums, or individual dwelling units operated as residential units; ships; or active or inactive waste disposal sites.

Notification must contain the information indicated on the attached State notification form, postmarked at least ten working days prior to the start of any demolition (including demolition of facilities where no asbestos is present) or renovation activity that will disturb asbestos, and mailed to:

**State Department of Health  
Indoor and Radiological Health Branch  
Asbestos Abatement Office  
591 Ala Moana Boulevard, 1<sup>st</sup> Floor  
Honolulu, HI 96813**

## **PROJECTS REQUIRING NOTIFICATION**

Notifications are mandatory for the jobs indicated below:

1. All demolition projects, including for facilities in which no asbestos is present. These include or cover:
  - ❖ Commercial and industrial facilities
  - ❖ Institutional buildings, structures or installations
  - ❖ Public facilities
  - ❖ Houses which are part of an urban renewal project, a highway construction project or a project to develop a shopping mall
  - ❖ Mobile structures used for non-residential purposes
  
2. Renovation projects which involve the disturbance of friable or regulated asbestos containing material (RACM) meeting or exceeding the minimum of:
  - ❖ 260 linear feet (80 linear meters) on pipes
  - ❖ 160 square feet (15 square meters) on other facilities components
  - ❖ 35 cubic feet (one cubic meter) on other facility components

3. Planned renovation operations involving individual non-scheduled operations:
  - ❖ Predict the combined amount of RACM to be removed or stripped during a calendar year January 1<sup>st</sup> through December 31<sup>st</sup>.

### **EXCEPTIONS**

The DOH does not require notifications for renovations or removal of non-friable ACM where the material is in good condition and there is no likelihood of rendering the material friable. Also, not covered by the State asbestos rules are:

- ❖ Single family private residences
- ❖ Mobile homes used as single family dwellings
- ❖ Residential buildings or structures which have four or fewer dwelling units unless they are part of an army base, company housing, or group of houses subject to condemnation for a highway, right of way, or conversion to commercial facilities and/or used as training facilities by fire department, etc.

### **FEE SCHEDULES FOR NOTIFICATIONS:**

The fee schedule for demolition and renovation notifications shall be as follows:

<b>Quantity of RACM to be Disturbed</b>	<b>Fee</b>
Demotion Only – No asbestos	\$50.00
Greater than or equal to 260 linear feet, 160 square feet, or 35 cubic feet, but less than 500 linear, square or cubic feet	\$100.00
Greater than or equal to 500 linear feet, square feet, or cubic feet, but less than 1000 linear, square or cubic feet	\$225.00
Greater than or equal to 1000 linear feet, square feet, or cubic feet, but less than 2500 linear, square or cubic feet	\$300.00
Greater than or equal to 2500 linear feet, square feet, or cubic feet, but less than 5000 linear, square or cubic feet	\$375.00
Greater than or equal to 5000 linear feet, square feet, or cubic feet, but less than 10,000 linear, square or cubic feet	\$450.00
Greater than 10,000 linear feet, square feet, or cubic feet	\$525.00
Revision to or cancellation of notifications	\$10.00

### **DEFINITIONS**

1. **Regulated Asbestos Containing Material (RACM)**

- ❖ Friable asbestos material
- ❖ Category I non-friable ACM that has become friable
- ❖ Category I non-friable ACM that will be or has been subjected to sanding, cutting, or abrading
- ❖ Category II non-friable ACM that has a high probability of becoming or has become crumbled, pulverized, or reduced to powder by the forces expected to act on the material in the course of demolition or renovation operations

2. **Category I Non-friable Asbestos Containing Material (ACM)**

Asbestos containing packing, gaskets, resilient floor coverings, and asphalt roofing products containing more than one percent asbestos (as determined by Polarized Light Microscopy) (PLM). The DOH allows these materials, when in good conditions, to be demolished in place using standard demolition techniques.

3. **Category II Non-friable ACM**

Any material, excluding Category I non-friable ACM, containing more than one percent asbestos (such as transite, asbestos/cement products). The DOH requires these materials to be removed prior to demolition.

#### 4. Demolition

The wrecking or taking out of any load-supporting structural member of a facility together with any related handling operations or the intentional burning of any facility. The DOH requires a facility to be inspected prior to demolition.

#### **REQUIREMENTS FOR INSPECTION AND TRAINING**

Any projects that will entail demolition and renovation activity, Chapter 11-501 would require inspection to all affected areas to determine whether asbestos is present.

An Asbestos **Renovation/Demolition Survey** would include, but is not limited to the following basic elements:

1. Inspector's name and certification number
2. Date of the inspection
3. Scope of work (i.e. facility name, address, city, island, **specific areas to be or not to be inspected**) as directed by client.
4. Homogeneous material(s)/area(s) to include:
  - ❖ Type: surfacing (S), thermal system insulation (TSI), and miscellaneous (M). To include description (i.e., color, texture, size, shape, etc.)
  - ❖ Friability: Non-friable Category I or II
  - ❖ Condition of material: measured in square or linear feet and if debris, cubic feet
  - ❖ Assumed: Material(s)/area(s) assumed to be asbestos containing
  - ❖ Number and location of samples: diagrams, photos are helpful
  - ❖ Complete Laboratory Report: including chain-of-custody
  - ❖ No Suspect Asbestos-Containing Material (ACM) found in the surveyed area(s) stated above

It is imperative that a building owner/operator be given clear and factual information on the presence of ACM by abatement entities holding themselves as being experts in the asbestos abatement industry. This will help to avoid the potential confusion that can occur particularly when no asbestos is found during a partial/limited survey. This could result in the new or another owner/operator assumes inspection scope of the negative results beyond intent and/or regulatory rule requirements.

Failure to conduct proper asbestos inspection surveys may cause the Hawaii DOH to proceed with enforcement action as provided in HAR 11-501, 11-502, & 11-504.

To comply with Chapter 504 requirements, individuals performing asbestos related activities as the inspector, management planner, project designer, abatement supervisor, and abatement worker must have an active State of Hawaii asbestos certification/identification card.

If you have any questions visit our website ([www.hawaii.gov/health/environmental/noise/index.html](http://www.hawaii.gov/health/environmental/noise/index.html)) or call the DOH at (808) 586-5800



**Asbestos Notification of Demolition & Renovation  
(Ref. HAR Chapter 11-501)**



**SEND TO: STATE DEPARTMENT OF HEALTH  
INDOOR AND RADIOLOGICAL HEALTH BRANCH  
591 ALA MOANA BOULEVARD, 1<sup>ST</sup> FLOOR  
HONOLULU, HAWAII 96813  
Phone (808) 586-5800 Fax (808) 586-5811**

<b>I. Type of notification:</b> O=original R=revised C=cancelled		
<b>II. Type of operation:</b> D=Demolition R=Renovation OD=Ordered Demolition ER=Emergency Renovation		
<b>III. Facility information</b>		
Owner name:		
Address:		
City:	State:	Zip code:
Contact person:		Telephone #:
Removal contractor:		License #:
Address:		
City:	State:	Zip code:
Contact person:		Telephone #:
Other operator:		
Address:		
City:	State:	Zip code:
Contact person:		Telephone #:
<b>IV. Is asbestos present (y/n):</b>		
Inspector's name:	Certification #:	State of certification:
<b>V. Facility description (Include building number, floor and room number)</b>		
Building name:		
Address:		
City:	State:	Zip code:
Site location:		
Building size (sq. ft.):	# Floors:	Age:
Present use:	Prior use:	
<b>Official Use Only</b>		
Postmark Date:	Received by:	State Record Number:

<b>VI. Procedure used to detect the presence of asbestos</b>			
Laboratory name:		Analytical method	
<b>VII. Specify the nature of the asbestos material (TSI, surfacing, VAT, miscellaneous):</b>			
Amount of asbestos, including: 1. RACM to be removed 2. CAT I left in place, and 3. CAT II left in place	RACM to be removed	Nonfriable ACM not to be removed	
		Category I	Category II
Pipes (linear ft.)			
Surfacing (square ft.)			
Facility components (cu. ft.)			
<b>VIII. Scheduled asbestos abatement dates</b>			
Start (mm/dd/yy):		Finish (mm/dd/yy)	
Circle workdays and times:	weekdays:	daytime	nighttime
	weekends:	daytime	nighttime
<b>IX. Scheduled renovation/demolition dates</b>			
Start (mm/dd/yy):		Finish (mm/dd/yy)	
Circle workdays and times:	weekdays:	daytime	nighttime
	weekends:	daytime	nighttime
<b>X. Description of the planned renovation/demolition work and methods to be used:</b>			
<b>XI. Description of the work practices and engineering controls to be used to prevent emissions of asbestos from the work-site:</b>			
Project designer name:		Certification #:	State:
<b>XII. Waste transporter #1</b>			
Name:			
Address:			
City:	State:	Zipcode:	
Contact Person:		Telephone:	
<b>Waste transporter #2</b>			
Name:			
Address:			
City:	State:	Zipcode:	
Contact Person:		Telephone:	
<b>XIII. Waste disposal site:</b>			
Facility Name:		Telephone:	
Address:			
City:	State:	Zipcode:	

