

# Asbestos Regs in Florida

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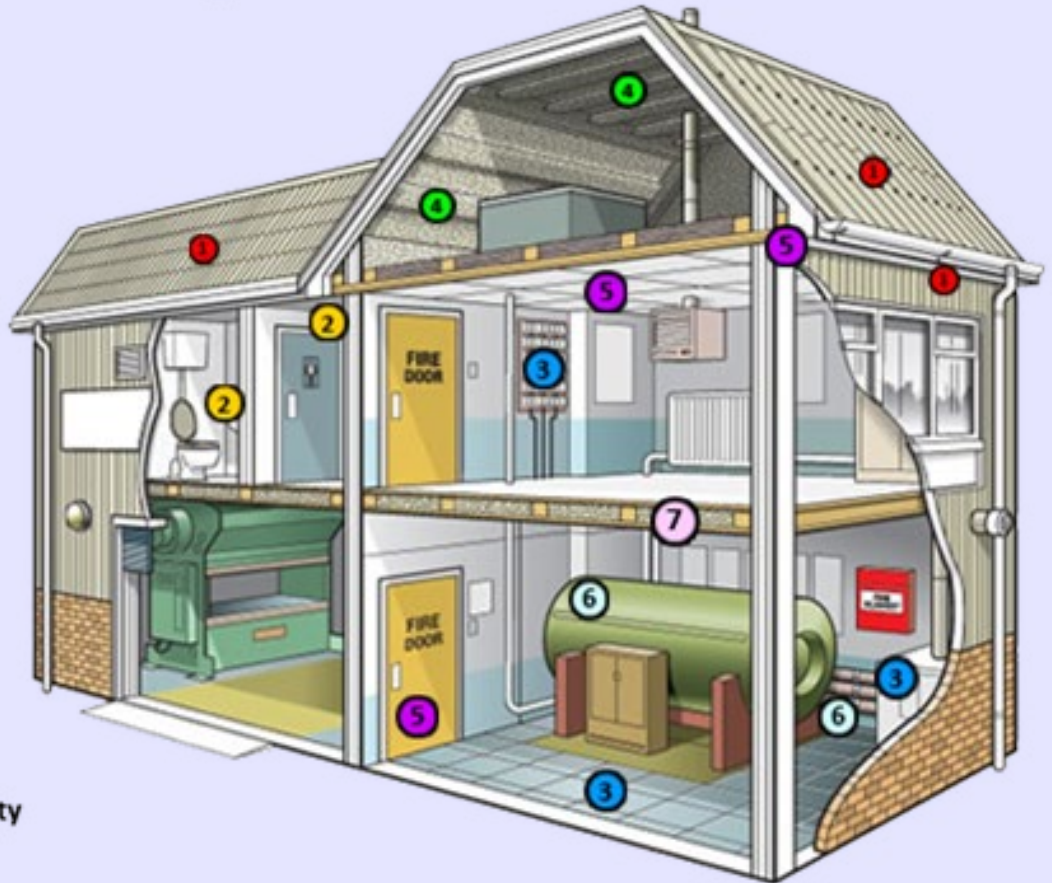
**Window Caulk**



**Exterior Stucco**

# Asbestos Materials: Likely Locations

- 1** Asbestos Cement Products
- 2** Textured Coatings
- 3** Floor Tiles, Textiles & Composites
- 4** Sprayed coatings on walls, beams/columns
- 5** Asbestos insulating board
- 6** Lagging
- 7** Loose Asbestos in ceiling or floor cavity



# Friable Asbestos (**RACM**)

Can be reduced to powder by the pressure of an ordinary human hand

- Thermal system insulation
- Popcorn ceiling
- Spray-on insulation



# Non-friable Asbestos

- **Category I**

Rarely friable unless:

- Sanded
- Ground
- Cut

- Asphalt roofing
- Flooring
- Gaskets



- **Category II**

Likely to be reduced to powder

- Old ceiling tile
- Cement asbestos pipe
- Asbestos shingles



# I thought there was a ban?

In 1991 the ban was **ONLY** for:


- Flooring Felt
- Commercial & Corrugated Paper Rollboard
- Specialty Paper after Aug 1996
- Certain Spray Applied ACM
- Pipe & Boiler Insulation
- Nothing Else is Banned...

**Imports from Outside U.S. were Never banned**

# What do We Need to do?

- **Get a Through Asbestos Inspection &**
- **Submit Notification (10 Days Prior)**
  - All Commercial Demolitions
  - Home Demos > 4 Dwelling Units (Apts.)
  - Homes used for Commercial Purposes
  - Demo > 1 Residential Home (Same Owner)
  - Commercial Renovations (>160 SF Friable)  
& friable material contains > 1% ACM


# Property Appraiser Website

 PROPERTY FEATURES

 VALUES, EXEMPTIONS AND TAXES

 SALES

 MARKET STATS

 LOCATION

**2023 Values will be available in August of 2023. To see the certified values, go to the Values, Exemptions and Taxes Tab.**

[View Plat](#)

## Property Description

BEG 400 FT E OF NW COR OF SE1/4 OF NW1/4 RUN TH E 100 FT S 250 FT W 100 FT N 250 FT TO POB IN SEC 02-22-30

### Total Land Area

25,000 sqft (+/-) | 0.57 acres (+/-)

GIS Calculated

Notice

### Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
1200 - Store/office/res I	C-3	25000 SQUARE FEET	Working Value...	Working Value...	Working Value...	Working Value...

«« « 1 » »»

Page 1 of 1 (Total Records: 1)

## Building

[View Orange County Permits](#)

 More Details	Model Code:	04 - Commercial	Actual Year Built:	1950	Gross Area:	2083 sqft
	Type Code:	1210 - Store/Office/Res II	Beds:	0	Living Area:	1771 sqft
	Building Value:	Working Value...	Baths:	0	Exterior Wall:	Concrete/Cinder Block
	Estimated New Cost:	Working Value...	Floors:	0	Interior Wall:	Plastered



# When is Notification Required?

- Any Commercial Demolition
- Any renovation if:
  - Greater than 260 feet ACM on pipes, *or*
  - Greater than 160 feet<sup>2</sup> other regulated ACM, *or*
  - Greater than 5,580 feet ACM roofing (Saw Cut)



# Use Licensed Contractors

- Florida Statute 469.003 requires asbestos license for abatement, except:
  - Resilient flooring (Non-friable Category I)
  - Roofing (licensed roofer)
- Training provided all workers
- Competent person in charge



# Asbestos Disposal RACM

## Permitted asbestos landfill only

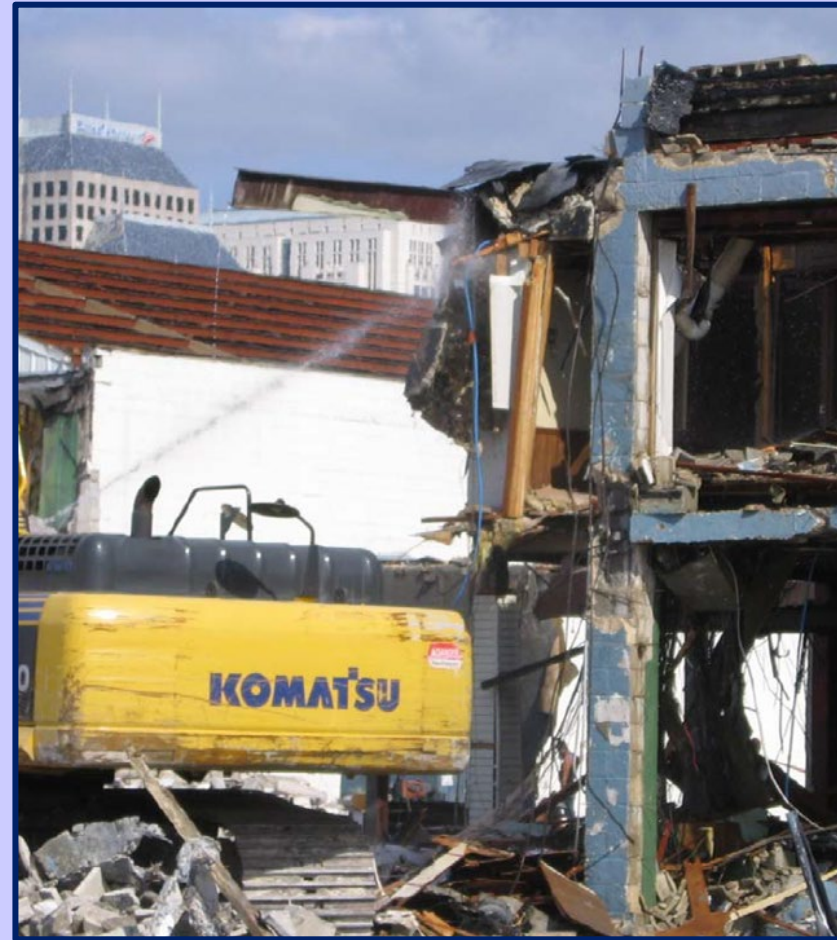
- Wet
- Bag
- Seal
- Label



*You are protecting landfill workers, too!*

# Demolition Requirements

- Thorough asbestos inspection
- Notify (submit Notice of Demolition or Asbestos Renovation form) at least *10 working days prior* to the start of the demolition, *even if no asbestos is detected*
- Remove regulated asbestos-containing materials above threshold limits (160 square feet or 260 linear feet) prior to demolition



# Renovation Requirements

- Thorough asbestos inspection (disturbance area > 160 sq. ft.)\*
- If negative for asbestos, no further action is needed
- If positive (>1%), submit notification at least 10 working days prior to the start of renovation activities that would disturb RACM (i.e., threshold amounts of RACM)

**\*Material may become friable due to sanding, crushing, or grinding**





# Filling out a Notification

Online

<https://floridadep.gov/air/permitting-compliance/content/asbestos>

Or send a hardcopy!



**Florida Department of  
Environmental Protection**  
Division of Air Resources Management

DEP Form 62-257.900(1)  
Effective 2-9-99  
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# NOTICE OF ASBESTOS RENOVATION OR DEMOLITION

TYPE OF NOTICE (CHECK ONE ONLY):     ORIGINAL             REVISED             CANCELLATION             COURTESY

TYPE OF PROJECT (CHECK ONE ONLY):     DEMOLITION             RENOVATION

IF DEMOLITION, IS IT AN ORDERED DEMOLITION?     YES     NO

IF RENOVATION:

IS IT AN EMERGENCY RENOVATION OPERATION?     YES     NO

IS IT A PLANNED RENOVATION OPERATION?     YES     NO

I. Facility Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Site \_\_\_\_\_ Consultant Inspecting Site \_\_\_\_\_

Building Size \_\_\_\_\_ (Square Feet) # of Floors \_\_\_\_\_ Age in Years \_\_\_\_\_

Prior Use:     School/College/University     Residence     Small Business     Other \_\_\_\_\_

Present Use:     School/College/University     Residence     Small Business     Other \_\_\_\_\_

II. Facility Owner \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

III. Contractor's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Florida License No. \_\_\_\_\_ Is the contractor exempt from licensure under section 469.004(7), F.S.?     YES     NO

IV. Scheduled Dates: (Notice must be postmarked 10 working days before the project start date)

Asbestos Removal (mm/dd/yy) Start: \_\_\_\_\_ Finish: \_\_\_\_\_

Demo/Renovation (mm/dd/yy) Start: \_\_\_\_\_ Finish: \_\_\_\_\_



V. Procedures to be Used (Check All That Apply):

<input type="checkbox"/>	Strip and Removal	<input type="checkbox"/>	Glove Bag	<input type="checkbox"/>	Bulldozer	<input type="checkbox"/>	Wrecking Ball
<input type="checkbox"/>	Wet Method	<input type="checkbox"/>	*Dry Method	<input type="checkbox"/>	Explode	<input type="checkbox"/>	Burn Down
OTHER: _____							

\*MUST OBTAIN PRIOR DEP APPROVAL BEFORE USING A DRY METHOD

VI. Procedures for Unexpected RACM: \_\_\_\_\_

VII. Asbestos Waste Transporter: Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

VIII. Waste Disposal Site: Name \_\_\_\_\_ Class \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

IX. Amount of RACM or ACM

- \_\_\_\_\_ square feet surfacing material
- \_\_\_\_\_ linear feet pipe
- \_\_\_\_\_ cubic feet of RACM off facility components
- \_\_\_\_\_ square feet cementitious material
- \_\_\_\_\_ square feet resilient flooring
- \_\_\_\_\_ square feet asphalt roofing

X. Fee Invoice Will Be Sent to Address in Block Below: (Print or Type)


I certify that the above information is correct and that an individual trained in the provisions of this regulation (40 CFR Part 61, Subpart M) will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.

\_\_\_\_\_  
(Signature of Owner/Operator)

\_\_\_\_\_  
(Date)

**DEP USE ONLY**

Postmark/Date Received

ID#





# Questions?

