

NORTH COAST UNIFIED AIR QUALITY MANAGEMENT DISTRICT

NOTIFICATION OF DEMOLITION OR RENOVATION SUBJECT TO ABESTOS NESHAP's (40 CFR PART 61.145)

IMPORTANT: Notifications must be signed in ink. All numbered items must be addressed, regardless of applicability – e.g., enter N/A where numbered items don't apply to your project. Only originals accepted.

Operator Project #	Postmark	Date Received	Notification #	
I. TYPE OF NOTIFICATION Circle One: O = Original R = Revised C = Canceled				
II. FACILITY INFORMATION (<i>Identify owner, removal contractor and any other contractors</i>)				
OWNER NAME:				
Address:				
City:	State:	Zip:		
Contact:		Tel:		
ASBESTOS REMOVAL CONTRACTOR:			DOSH Reg #	
Address:				
City:	State:	Zip:		
Contact:		Tel:		
OTHER DEMOLITION OR RENOVATION OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:		Tel:		
III. TYPE OF OPERATION Circle One: D = Demolition O = Ordered Demolition R = Renovation E = Emergency Renov.				
IV. IS ASBESTOS PRESENT Circle One: (Yes No)				
V. FACILITY DESCRIPTION (<i>Include building name, number and floor or room numbers</i>)				
Bldg. Name:				
Address:				
City:	State:	Zip:	County:	
Site Location:				
Building Size:	# of Floors:	Age in Years:		
Present Use:		Prior Use:		
VI. PROCEDURE USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL {An asbestos survey performed by a California "Certified Asbestos Consultant", is required to process this notification}				
C.A.C. Certification #		Certification Expiration Date:		
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM to be Removed 3. Category II ACM to be Removed				
	RACM To Be Removed	Nonfriable Asbestos Material To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	Units
Pipes				Ln Ft: Ln m:
Surface Area				Sq Ft: Sq m:
Vol. RACM Off Facility Component				Cu Ft: Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY)		Start:	Complete	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY)		Start:	Complete	
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:				
District Use Only		Date Payment Received:	Payment Method:	Check Number:
				Amount:

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE (<i>attach work plan, if appropriate</i>):		
XII. WASTE TRANSPORTER #1		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIII. WASTE DISPOSAL SITE		
Name:		Tel:
Address:		
City:	State:	Zip:
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY PLEASE IDENTIFY THE AGENCY BELOW (<i>attach copy of demolition order</i>):		
Name:		Title
Authority		
Date of Order (MM/DD/YY):	Date Ordered to Begin (mm/dd/yy):	
XV. FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (mm/dd/yy):		
Description of the Sudden, Unexpected Event:		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND, OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES FRIABLE:		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING ALL ASBESTOS ABATEMENT, AND EVIDENCE THAT THE REQUIRED CERTIFICATION ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION BY REGULATING AUTHORITIES DURING NORMAL BUSINESS HOURS.		
_____		_____
(Print Name of Owner/Operator)		(Signature of Owner/Operator)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
_____		_____
(Print Name of Owner/Operator)		(Signature of Owner/Operator)

Any owner or operator of a demolition or renovation project which is subject to 40 CFR-61, Subpart M (NESHAPS) for asbestos and is required to submit a written notification of the demolition/renovation to the District shall submit with the notification form the following fee:

- SINGLE DEMOLITION – OR – RENOVATION PROJECTS 2 X
- ASBESTOS ABATEMENT accompanying a demolition (Regulation IV, Rule 401, §1.1.2) 4 X

Fire Department training burns shall be exempted from the fees noted above.