

# NORTH COAST UNIFIED AIR QUALITY MANAGEMENT DISTRICT

NOTIFICATION OF DEMOLITION OR RENOVATION SUBJECT TO 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 #	
<b>I. TYPE OF NOTIFICATION</b> Circle One: <b>O</b> = Original <b>R</b> = Revised <b>C</b> = Canceled				
<b>II. FACILITY INFORMATION</b> ( <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:			
<b>III. TYPE OF OPERATION</b> Circle One: <b>D</b> = Demolition <b>O</b> = Ordered Demolition <b>R</b> = Renovation <b>E</b> = Emergency Renov.				
<b>IV. IS ASBESTOS PRESENT</b> Circle One:            (Yes    No)				
<b>V. FACILITY DESCRIPTION</b> ( <i>Include building name, number and floor or room numbers</i> )				
Bldg. Name:				
Address:				
City:	State:	County:		
Site Location:				
Building Size:	# of Floors:	Age in Years:		
Present Use:		Prior Use:		
<b>VI. PROCEDURE USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL</b> {An asbestos survey performed by a California "Certified Asbestos Consultant", is required to process this notification}				
<b>VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:</b>				
1. Regulated ACM to be Removed	RACM To Be Removed	Nonfriable Asbestos Material To Be Removed		Indicate Unit of Measurement Below
2. Category I ACM to be Removed		Category I	Category II	
3. Category II ACM to be Removed				Units
Pipes				Ln Ft:      Ln m:
Surface Area				Sq Ft:      Sq m:
Vol. RACM Off Facility Component				Cu Ft:      Cu m:
<b>VIII. SCHEDULED DATES ASBESTOS REMOVAL</b> ( <i>MM/DD/YY</i> )		Start:	Complete	
<b>IX. SCHEDULED DATES DEMO/RENOVATION</b> ( <i>MM/DD/YY</i> )		Start:	Complete	
<b>X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b>				
<b>District Use Only</b>	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 DEMOLITION OR RENOVATION SITE (*attach work plan, if appropriate*):**

**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 (*attach copy of demolition order*):**

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 PREVIOUS 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.