

**NORTH COAST UNIFIED AIR QUALITY MANAGEMENT DISTRICT**

**NOTIFICATION OF DEMOLITION OR RENOVATION SUBJECT TO ASBESTOS NESHAP's (40 CFR 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:	Zip:	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>C.A.C. Certification #</b>		<b>Certification Expiration Date:</b>	
<b>VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:</b> 1. Regulated ACM to be Removed 2. Category I ACM to be Removed 3. Category II ACM to be Removed		<b>RACM To Be Removed</b>	<b>Nonfriable Asbestos Material To Be Removed</b>
		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:
<b>VIII. SCHEDULED DATES ASBESTOS REMOVAL</b> ( <i>MM/DD/YY</i> )		<b>Start:</b>	<b>Complete</b>
<b>IX. SCHEDULED DATES DEMO/RENOVATION</b> ( <i>MM/DD/YY</i> )		<b>Start:</b>	<b>Complete</b>
<b>X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED</b> (attach additional sheets as necessary):			
<b>District Use Only</b>		Date Payment Received:	Payment Method:
		Check Number:	Amount:

NOTIFICATION OF DEMOLITION OR RENOVATION (continued)

**XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE 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 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 NCUAQMD shall submit the following fee with the notification form (for latest "X" value, go to [www.ncuaqmd.org/index.php?page=rules.regulations](http://www.ncuaqmd.org/index.php?page=rules.regulations)):*

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.*