

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 #	
I. TYPE OF NOTIFICATION Circle One: (O = Original R = Revised C = Canceled)				
II. FACILITY INFORMATION (Identify owner, removal contractor and any other contractors)				
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 Renovation)				
IV. IS ASBESTOS PRESENT Circle One: (Yes No)				
V. FACILITY DESCRIPTION (Include building name, number and floor or room numbers)				
Bldg. Name:				
Address:				
City:	State:	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 inspection report can be attached instead of completing items VI and VII):				
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Category I	Category II	
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:				

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:		
Address:		
City:	State:	Zip:
Tel:		

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 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)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

_____ (Signature of Owner/Operator) _____ (Date)

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:

DEMOLITIONS AND RENOVATION PROJECTS \$200

If a Fire Department receives a fee or donation from the property owner of a structure that is to be used for fire training purposes, the demolition/renovation fees noted above shall apply. Otherwise, Fire Department training burns shall be exempted from fees as noted above.