

## Asbestos Notification

Operator Project #	Postmark Date:	Received Date:	Fee Received \$	District Notification #			
Completed by:	Company:	Phone:	Email:				
<b>1. TYPE OF NOTIFICATION:</b>	Original <input type="checkbox"/>	Revised <input type="checkbox"/> (Highlight Changes)	Courtesy <input type="checkbox"/>	Canceled <input type="checkbox"/>			
<b>2. TYPE OF OPERATION:</b>	Demolition <input type="checkbox"/>	Ordered Demo <input type="checkbox"/>	Renovation <input type="checkbox"/>	Emergency Renovation <input type="checkbox"/>			
<b>3. FACILITY DESCRIPTION:</b>	Building Name:		Lease Name:				
Address:		City:	County:				
Site Location on property:		Building Size: Sq Ft	Number of Floors:	Age:			
Present Use:	Prior Use:	Future Use:	Is demolition in preparation for construction? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>4. IS ASBESTOS PRESENT?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>5. WAS THE PRESENCE OR ABSENCE OF ASBESTOS DETERMINED BY AN ASBESTOS SURVEY?</b>							
<input type="checkbox"/> Yes – The complete Asbestos Survey report is included with this notification.							
Survey Conducted By:		DOSH Certification #	Survey Date:				
<input type="checkbox"/> No – The material being removed is presumed to be Regulated Asbestos Containing Material (RACM) and is being handled and disposed of as such.							
<b>6. APPROXIMATE AMOUNT OF ASBESTOS</b> including: A. Regulated ACM to be removed. B. Category I/II ACM not removed. C. Non-friable ACM to be removed.	(A) RACM to be removed	Friable ACM (<1%)	(B) Non-friable ACM <i>not to be removed</i> Category I      Category II	(C) Non-friable ACM to be removed (Courtesy) Category I      Category II			
Pipes (Linear Feet)							
Surface Area (Square Feet)							
Volume (Cubic Feet) (If linear feet or square feet could not be measured)							
<b>ASBESTOS REMOVED FROM</b>	Surfaces: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pipes: <input type="checkbox"/> Yes <input type="checkbox"/> No	Components: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>AMOUNT OF EACH TYPE OF ASBESTOS MATERIAL (in square feet)</b>	Acoustic Ceiling	Sheet Vinyl	Insulation	Fire Proofing	Ducting	Stucco	Mastic
Floor Tile (VAT)	Dry Wall	Plaster	Transite	Roofing	Others (Describe)		
<b>7. ACM/RACM REMOVAL DATES (MM/DD/YY)</b>		Start:	Complete:				
<b>8. DEMO/RENOVATION DATES (MM/DD/YY)</b>		Start:	Complete:				
<b>9. FACILITY OWNER:</b>							
Address:			City:	State:	Zip:		
Contact:		Telephone:	Site Supervisor:				
<b>10. REMOVAL CONTRACTOR:</b>				<b>CAL-OSHA REGISTRATION #</b>			
Address:			City:	State:	Zip:		
Contact:		Telephone:	Site Supervisor:				
<b>11. OTHER CONTRACTOR:</b>				<b>CSLB LICENSE #</b>			
Address:			City:	State:	Zip:		
Contact:		Telephone:	Site Supervisor:				

*(continued on next page)*

<b>12. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b>			
<b>13. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT ASBESTOS EMISSIONS AT THE SITE:</b>			
<b>14. ACWM WASTE TRANSPORTER:</b>			
Address:	City:	State:	Zip:
Contact:	Telephone:		
<b>15. ACWM WASTE DISPOSAL SITE:</b>			
Address:	City:	State:	Zip:
Contact:	Telephone:		
<b>16. RECYCLING OF WASTE MATERIAL (<u>NO ACM MAY BE RECYCLED</u>):</b>			
Name:			
Location:	City:	State:	Zip:
Contact:	Telephone:		
<b>17. DEMOLITION ORDERED BY A GOVERNMENT AGENCY; identify the agency, attach copy of the order)</b>			
Name:	Title:		Authority:
Date of order (MM/DD/YY):		Date order to begin: (MM/DD/YY):	
<b>18. FOR EMERGENCY RENOVATIONS:</b>			
<b>GIVE THE NAME AND PHONE NUMBER OF THE PERSON DECLARING/AUTHORIZING THE EMERGENCY, DATE AND HOUR OF EMERGENCY AND DESCRIPTION OF THE SUDDEN, UNEXPECTED EVENT:</b>			
<b>EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN:</b>			
<b>19. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY ON-FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:</b>			
<b>20. IF RACM IS PRESENT 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.</b>			
<b>21. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.</b>			
PRINT NAME OF OWNER/OPERATOR		SIGNATURE OF OWNER/OPERATOR	DATE

**Regulated asbestos-containing material (RACM)** means (a) Friable asbestos material, (b) Category I nonfriable ACM that has become friable, (c) Category I nonfriable ACM that will be or has been subjected to sanding, grinding, cutting, or abrading, or (d) Category II nonfriable ACM that has a high probability of becoming or has become crumbled, pulverized, or reduced to powder by the forces expected to act on the material in the course of demolition or renovation operations regulated by this subpart.

**Category I non-friable asbestos-containing material (ACM)** means asbestos-containing packings, gaskets, resilient floor covering, and asphalt roofing products containing more than 1 percent asbestos.

**Category II non-friable ACM** means any material, excluding Category I non-friable ACM, containing more than 1 percent asbestos.

# San Joaquin Valley Unified Air Pollution Control District

## ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM INSTRUCTIONS

The Asbestos NESHAP, 40 CFR Part 61, Subpart M, requires written notification of demolition or renovation operations under Section 61.145. The form below may be used to fulfill this requirement. Only complete notification forms are acceptable. Incomplete notification may result in enforcement action.

The notification must be postmarked or delivered no later than ten working days prior to the beginning of the asbestos removal activity (dates specified in section 7) or demolition (dates specified in Section 8). Please submit this form and corresponding notification fees (per District Rule 3050) to the appropriate office:

For San Joaquin, Stanislaus and Merced Counties:

SJVUAPCD  
Attention: Asbestos Program  
4800 Enterprise Way  
Modesto, CA 95356  
asbestos.north@valleyair.org

For Fresno, Madera and Kings Counties:

SJVUAPCD  
Attention: Asbestos Program  
1990 E. Gettysburg Avenue  
Fresno, California 93726  
asbestos.central@valleyair.org

For Tulare and Kern Counties:

SJVUAPCD  
Attention: Asbestos Program  
34946 Flyover Court Bakersfield,  
CA 93308  
asbestos.south@valleyair.org

### INSTRUCTIONS

- Type of Notification:** Check Original if the notification is a first time or original notification; Revised (Dates) if the notification is a revision dates only; Revised (Others) if the notification is a revision of other data (highlight changes); Canceled if the project has been canceled; or "Courtesy" if the activity is not regulated. When submitting a revised notification add a number (starting with the number 1) after "revised" to differentiate between revisions.
- Type of Operation:** Check for facility demolition, ordered demolition, facility renovation, or Emergency renovations.
- Facility Description:** Provide detailed information on the areas being renovated or demolished. If applicable, provide the floor numbers and room numbers where renovations are to be conducted.  
  
Site Location: Provide information needed to locate the site in the event that the address alone is inadequate.  
  
Present Use/Prior Use/Future Use: Describe the primary use of the facility or enter the following: Hospital; School; Public Building; Office; Industrial; University or College; Ship; Commercial; Residence; or Subdivision.
- Is Asbestos Present?** Answer "Yes" or "No" regardless of the amount or type of asbestos.
- Include a complete asbestos report (survey) that accurately depicts amounts, percent, analytical method used
- Approximate Amount of Asbestos including:** (1) Regulated ACM to be removed (including non-friable ACM to be sanded, ground or abraded); (2) Category I/II ACM not removed; and for "courtesy notices" (3) Non-friable ACM to be removed. Enter amounts in square feet or linear feet. Describe volume in cubic feet only if the amount cannot be approximated in square feet or linear feet.
- Removal Dates (MM/DD/YY):** Enter scheduled dates for asbestos removal work. Asbestos removal work includes any activity, including site preparation, which will break up, dislodge or disturb asbestos material.
- Demo/Renovation Dates (MM/DD/YY):** Enter scheduled dates for beginning and ending the planned demolition or renovation.
- FACILITY OWNER INFORMATION:** Enter the name of the site supervisor and contact person for the notification. If additional parties share responsibility for the site, demolition activity, renovations or ACM removal, include complete information (including name, address, contact person and telephone number) below.
- Removal Contractor:** Contractor hired to remove asbestos.
- Other Contractor:** Demolition contractor, general contractor, or any other person, who leases, operates, controls or supervises the site.

12. Description of Planned Demolition or Renovation Work and Method(s) to be Used: Include in this area a description of the demolition and renovation techniques to be used and the types of facility components and materials which will be affected by this work.
13. Description of Engineering Controls and Work Practices to be Used to Prevent Emissions at the Site: Describe the work practices and engineering controls selected to ensure compliance with the requirements of the regulations, including both asbestos removal and waste-handling emission control procedures.
14. ACWM Transporter(s): Enter the names, addresses, contact persons and telephone numbers of the persons or companies responsible for transporting ACM from the removal site to the waste disposal site. If the removal contractor or owner is the waste transporter, state "same as owner" or "same as removal contractor." If additional parties are responsible include complete information on an additional sheet submitted with the form.
15. ACWM Disposal Site: Identify the waste disposal site, including the complete name, location and telephone number of the facility. If ACM is to be disposed of at more than one site, provide complete information on an additional sheet submitted with the form.
16. Recycling of Waste Material (No ACM may be recycled): Identify the site, including the complete name, location and telephone number of the facility, where any material is to be taken for recycling.
17. If Demolition Ordered by a Government Agency, Please Identity the Agency: Provide the name of the responsible official, title and agency, authority under which the order was issued, the dates of the order and the dates of the ordered demolition. A copy of the order shall be attached to the notification.
18. For Emergency Renovation: Provide the date and time of the emergency, a description of the event and a description of unsafe conditions, equipment damage or financial burden resulting from the event. The information should be detailed enough to evaluate whether a renovation falls within the emergency exception.
19. Description of Procedures to be Followed in the Event that Unexpected Asbestos is Found or Previously Nonfriable Asbestos Material Becomes Crumbled, Pulverized, or Reduced to Powder: provide adequate information to demonstrate that appropriate actions have been considered and can be implemented to control asbestos emissions adequately, including at a minimum, conformance with applicable work practice standards.
20. Certification of Presence of Trained Supervisor: The notifier must certify that a person trained in asbestos-removal procedures will supervise the demolition or renovation. The supervisor is responsible for the activity on-site. Evidence that the supervisor has completed the training must be available for inspection during normal business hours.
21. Verification: Please certify the accuracy and completeness of the information provided by signing and dating the notification form.