



ASBESTOS DEMOLITION AND RENOVATION NOTIFICATION FORM GENERAL INFORMATION

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

This notification should be typewritten and postmarked or delivered no later than ten days prior to the beginning of the asbestos removal activity (dates specified in Section VIII) or demolition (dates specified in Section IX). Please submit the form, along with the appropriate fee, to:

NORTH COAST UNIFIED AQMD
707 L STREET, EUREKA, CA 95501

INSTRUCTIONS:

- I. Type of Notification: Enter "O" if the notification is a first time or original notification, "R" if the notification is a revision of a prior notification, or "C" if the activity has been cancelled.
- II. Facility Information: Enter the names, addresses, contact persons and telephone numbers of the following:
 - Owner: Legal owner of the site at which asbestos is being removed or demolition planned
 - Asbestos Removal Contractor: Certified asbestos contractor hired to remove asbestos (include DOSH registration #)
 - Other Demolition or Renovation Operator: Demolition contractor, general contractor, or other person who leases, operates, controls, or supervises the site (fire dept if training burn).
- III. Type of Operation: Enter "D" for facility demolition, "R" for facility renovation, "O" for ordered demolition, or "E" for emergency renovation. Fire training burns are considered facility demolitions ("D").
- IV. Is Asbestos Present?: Answer "yes" or "no" regardless of the amount of asbestos present.
- V. 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 site in event that the address alone is inadequate.
 - Building Size: Provide in square meters or square feet.
 - No. of Floors: Enter the number of floors including basement or ground floors.
 - Age in Years: Enter approximate age of the facility.
 - Present Use / Prior Use: Describe the primary use of the facility or enter the following codes: H - hospital; S - school; P - public building; O - office; I - industrial; U - university or college; B - ship; C - commercial; or R - residential.
- VI. Asbestos Detection Procedure: Describe methods and procedures used to determine whether asbestos is present at the site, including a description of the analytical methods employed. **Building inspections must be performed by an AHERA-accredited Building Inspector** (40 CFR 763, Subpart E, App. C). Include copy of current accreditation. If an inspection report has been prepared by a consultant for the facility please include a copy with the notification.
- VII. Approximate Amount of Asbestos, Including: (1) Regulated asbestos containing material (RACM) to be removed (including nonfriable ACM to be sanded, ground, or abraded); (2) Category I ACM not removed ; and (3) Category II ACM not removed. For both removals and demolition, enter the amount of RACM to be removed by entering a number in the appropriate box and an "X" for the unit. For demolition only, enter the amount of Category I and II nonfriable asbestos not to be removed in the appropriate boxes. Category I nonfriable material includes packing, gasket, resilient floor covering, and asphalt roofing materials containing more than one percent asbestos. Category II nonfriable material includes any material, excluding Category I products, containing more than one percent asbestos, that when dry, cannot be crumbled, pulverized, or reduced to powder. Facilities to be used for fire training purposes must have all materials containing more than one percent asbestos removed.
- VIII. Scheduled Dates of Asbestos Removal: Enter scheduled dates (month/day/year) for asbestos removal work. Asbestos removal work includes any activity, including site preparation, which may break up, dislodge, or disturb asbestos material. **These dates must be accurate.** Asbestos removal work occurring prior to the start date or after the end date is a violation and could result in substantial enforcement action. If these dates change, notify the District immediately, by submitting a revision request form.
- IX. Scheduled Dates of Demo/Renovation: Enter scheduled dates (month/day/year) for beginning and ending of the planned demolition or renovation. For fire training burns this is the time period when the actual fire training burn will take place. **These dates must be accurate.** Demolition or renovation activity occurring prior to the start date or after the end date is a violation and could result in substantial enforcement action. If these dates change, notify the District immediately, by submitting a revision request form.

- X. Description of Planned Demolition or Renovation Work, and Method(s) to be Used: Include here a description of the overall work being done and the techniques being used. A work plan can be attached to address this item.
- XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site: Describe the work practices and engineering controls selected to ensure compliance with the requirements of the regulation, including removal and waste handling emission control procedures. A work plan can be attached to address this item.
- XII. Waste Transporter(s): Enter the name, 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".
- XIII. Waste 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.
- XIV. If Demolition Ordered by a Government 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. Include a copy of the order with the notification.
- XV. Emergency Renovation Information: 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.
- XVI. 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. Typically these will include a work stoppage, wetting of material, and notification to the District.
- XVII. Certification of Presence of Trained Supervisor: Certify that a person trained in asbestos removal procedures and the provisions of this regulation will be on-site and supervise the demolition or renovation. **When handling RACM, the supervisor must be a current AHERA-accredited contractor/supervisor, and the workers must be AHERA-accredited workers** (40 CFR 763 Subpart E App. C). The supervisor is responsible for the activity on-site. Evidence that the training has been completed by the supervisor must be available for inspection during normal business hours.
- XVIII. Verification: Please certify the accuracy and completeness of the information provided by signing and dating the notification form.

FEES AND OTHER REQUIREMENTS:

Demolition - OR - Renovation Notifications	2 X	(Regulation IV, Rule 401(B))
Asbestos Abatement (with Demolition Projects)	4 X	(Regulation IV, Rule 401(B))

- All fees must accompany the notification form.
- Notification forms must be mailed or hand delivered to the District office; faxes are acceptable, if followed by the original within three (3) days.
- Notifications must be received or post-marked at least 10 business days prior to the start of demolition or renovation.
- Incomplete forms will be returned for correction. The 10 day clock does not start until a correctly completed notification is received by the District office.
- If a person cancels a notification, they may request a fee refund provided:
 1. the fee has been paid,
 2. the District has not performed an inspection,
 3. the request is in writing,
 4. and the request is made within ten days following cancellation.
- When 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 notification/inspection fee noted above shall be paid. Coordinated Burn Authorization Permits are required for Fire Department training burns; however they are exempt from the permit fees (Regulation II, Rule 408(C)(4)).
- **Rule 401 (B) - Where a demolition project includes the removal of Regulated Asbestos Containing Material from a facility prior to the wrecking of the structure, the removal is treated as a separate renovation project for the purposes of fees, although they may be included in a single notification. This requires a **second 2 X fee**.**
- Any demolition or renovation project that requires physical barriers for the purpose of controlling asbestos emissions (containment) shall install transparent viewing ports which allow observation, to the extent possible, of all stripping and removal of regulated asbestos containing material from outside the containment area.

Questions on completing the asbestos demolition / notification form, or on the NESHAP regulations covering asbestos, can be directed to District staff at (707) 443-3093.

**NORTH COAST UNIFIED AIR QUALITY MANAGEMENT DISTRICT
NOTIFICATION OF DEMOLITION OR RENOVATION
SUBJECT TO ASBESTOS NESHAP's (40 CFR 61.145)**



Operator Project #:	Postmark:	Date Received:	Notification #:	
I. TYPE OF NOTIFICATION Select One:				
II. FACILITY INFORMATION <i>(Identify owner, removal contractor and any other contractors)</i>				
OWNER NAME:				
Address:				
City:	State:	Zip:		
Contact:	Email:	Phone:		
ASBESTOS REMOVAL CONTRACTOR:			DOSH Reg #	
Address:				
City:	State:	Zip:		
Contact:	Email:	Phone:		
OTHER DEMOLITION OR RENOVATION OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:	Email:	Phone:		
III. TYPE OF OPERATION Select One:				
IV. IS ASBESTOS PRESENT Select One:				
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 <i>(An asbestos survey performed by a California Certified Asbestos Consultant may be required. Contact Staff for information).</i>				
C.A.C. Certification #		Certification Expiration Date:		
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:				
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				
3. Category II ACM to be 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 <i>(MM/DD/YY)</i>		Start:		Complete:
IX. SCHEDULED DATES DEMO/RENOVATION <i>(MM/DD/YY)</i>		Start:		Complete:
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED <i>(attach additional sheets as necessary):</i>				

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>):	
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XII. WASTE TRANSPORTER #1		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Email:	Phone:

WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Email:	Phone:

XIII. WASTE DISPOSAL SITE		
Name:		Phone:
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:	
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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)	(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
_____	_____	_____
(Print Name of Owner/Operator)	(Signature of Owner/Operator)	(Date)