

**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: Initial Notification Revision Cancellation			
IV. IS ASBESTOS PRESENT Select One: YES NO			
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 2. Category I ACM to be Removed 3. Category II ACM to be Removed	RACM To Be Removed	Nonfriable Asbestos Material To Be Removed	
		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:
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)