

San Joaquin Valley Unified Air Pollution Control District

Asbestos Notification

Operator Project #	Postmark	Date Received	Notification #
1. TYPE OF NOTIFICATION: (PLEASE CIRCLE ONE) Original Revised Canceled Courtesy			
II. Facility Owner, Removal Contractor, and Other Operator:			
OWNER NAME:			
ADDRESS:			
CITY:		STATE:	ZIP:
CONTACT:		TELEPHONE:	
REMOVAL CONTRACTOR:			
ADDRESS:			
CITY:		STATE:	ZIP:
CONTACT:		TELEPHONE:	
OTHER CONTRACTOR:			
ADDRESS:			
CITY:		STATE:	ZIP:
CONTACT:		TELEPHONE:	
III. TYPE OF OPERATION: D-Demo O-Ordered Demo R-Renovation E-Emergency Renovation			
IV. IS ASBESTOS PRESENT? Yes No			
V. FACILITY DESCRIPTION: (Include building name, number, and floor or room number)			
BUILDING NAME:			
ADDRESS:			
CITY:		COUNTY:	ZIP:
SITE LOCATION:			
BUILDING SIZE:		NUMBER OF FLOORS:	AGE IN YEARS:
PRESENT USE:		PRIOR USE:	
VI. A COPY OF THE INSPECTION REPORT WITH PROCEDURE, INCLUDING ANALYTICAL METHOD USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL MUST BE INCLUDED WITH THIS REPORT:			
VII. Approximate amount of asbestos, Including: <ol style="list-style-type: none"> 1. Regulated ACM to be removed. 2. Category I/II ACM not removed. 3. Non-friable ACM to be removed. 	RACM to be removed.	Non-friable asbestos Material <u>not</u> to be removed. Category I Category II	Non-Friable ACM <u>to be</u> removed
PIPES - Linear Feet:			
SURFACE AREA - Square Feet:			
VOL RACM OFF FACILITY COMPONENT - Cubic Feet:			
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:		
XI. Description of work practices and engineering controls to be used to prevent emissions at the demolition and renovation site:		
XII. WASTE TRANSPORTER:		
NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
CONTACT:	TELEPHONE:	
XIII. WASTE DISPOSAL SITE:		
NAME:		
LOCATION:		
CITY:	STATE:	ZIP:
CONTACT:	TELEPHONE:	
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
NAME:	TITLE	
AUTHORITY:		
DATE OF ORDER (MM/DD/YY):	DATE ORDER 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 NON-FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:		
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 (REQUIRED 1 YEAR AFTER PROMULGATION).		
_____ SIGNATURE OF OWNER/OPERATOR		_____ DATE
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
_____ SIGNATURE OF OWNER/OPERATOR		_____ DATE

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ASBESTOS DEMOLITION/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.

The notification should be typewritten and postmarked or delivered no later than ten working days prior to the beginning of the asbestos removal activity (dates specified in section VIII) or demolition (dates specified in Section IX). Please submit this form and corresponding fees to the appropriate office:

For Tulare and Kern Counties:
SJVUAPCD
Attention: Asbestos Program
2700 "M" Street, Suite 275
Bakersfield, CA 93301 (805) 861-3682

For San Joaquin, Stanislaus and Merced Counties
SJVUAPCD
Attention: Asbestos Program
4230 Kiernan Avenue, Suite 130
Modesto, CA 95356
(209) 545-7000

For Fresno, Madera and Kings Counties:
SJVUAPCD
Attention: Asbestos Program
1999 Tuolumne Street, Suite 200
Fresno, CA 93721
(209) 497-1000

INSTRUCTIONS

I. Type of Notification: Circle "Original" if the notification is a first time or original notification; "Revised" if the notification is a revision of a prior notification; "Canceled" if the activity has been cancelled; or "Courtesy" if the activity is not regulated. When submitting a revised notification add a number (starting with the number 1) after "revised" to differentiated between revisions.

II. Facility Information: Enter the names, and contact persons and telephone numbers of the following:

Owner: Legal owner of the site at which asbestos removal or demolition is planned.

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.

If known, the name of the site supervisor should be entered as the 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) on additional sheets submitted with the form.

III. Type of Operation: Enter "D" for facility demolition, O-for ordered demolition, r-for facility renovation, or E-for Emergency renovations.

IV. Is Asbestos Present? Answer "Yes" or "No" regardless of the amount or type of asbestos.

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 the site in the 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 level 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 - Residence.

- VI. Asbestos Detection Procedure: Describe methods and procedures used to determine whether ACM is present at the site, including a description of the analytical methods employed.
- VII. 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.
- VIII. 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.
- IX. Demo/Renovation Dates (MM/DD/YY): Enter scheduled dates for beginning and ending the planned demolition or renovation.
- X. Description of Planned Demolition or Renovation Work and Method(s) to be Used: Include in this description the demolition and renovation techniques to be used and a description of the areas and types of facility components which will be affected by this work.
- XI. 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.
- XII. Waste 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.
- 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. Disposal of Non Asbestos Containing Waste Material (ACWM)-Recycling: Identify the site, including the complete name, location and telephone number of the facility, where any material is to be taken for recycling.
- XV. If Demolition Ordered by a Government Agency, Please Identify 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.
- XVI. 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.
- XVII. 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.
- XVIII. 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 training has been completed by the supervisor must be available for inspection during normal business hours.
- XIX. Verification: Please certify the accuracy and completeness of the information provided by signing and dating the notification form.