

ASBESTOS NESHAP NOTIFICATION OF DEMOLITION AND RENOVATION FORM

Northern Sonoma County Air Pollution Control District

For office use only:	POSTMARK	DATE RECEIVED	NOTIFICATION # A-				
I. TYPE OF NOTIFICATION: O - ORIGINAL C - CANCELLED R - REVISION IF REVISION, WRITE REVISION # :							
II. FACILITY INFORMATION (Identify Owner, Removal Contractor, and Other Operator)							
Owner name:							
Address:							
City:	County:	State:	ZIP:				
Contact:			Telephone:				
Asbestos Removal Contractor:							
Address:							
City:		State:	Zip:				
Contact:		Telephone:	Title:				
Demolition Contractor or General Contractor:							
Address:							
City:		State:	Zip:				
Contact:		Telephone:	Title:				
III. TYPE OF OPERATION: D - DEMO O - ORDERED DEMO R - RENOVATION E - EMERGENCY RENOVATION							
IV. IS ASBESTOS PRESENT? YES or NO		Which Asbestos Material(s) will be Removed?					
V. FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)							
Facility/Building Name:							
Address:			Major Cross Street:				
City:	County:	State:	Zip:				
Site Location:							
Building Size:		Number of floors:	Age in years:				
Present Use:		Prior Use:					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:							
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: 1. REGULATED ACM TO BE REMOVED 2. CATEGORY I ACM NOT REMOVED 3. CATEGORY II ACM NOT REMOVED	RACM TO BE REMOVED	NONFRIABLE ASBESTOS MATERIAL TO BE REMOVED		NONFRIABLE ASBESTOS MATERIAL NOT TO BE BEREMOVED			
		CAT I	CAT II	CAT I	CAT II		
Pipes: (Linear Feet)							
Surface Area (Square Feet)							
Volume RACM Off Facility Component (Cubic Feet)							
VIII. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY)				Start Date:		Complete Date:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY)				Start Date:		Complete Date:	
				Weekdays Work Hours: _____		Weekend Work Hours: _____	

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED (i.e.: are you using mechanical equipment to remove asbestos?):

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE.

XII. WASTE TRANSPORTER:
Name:

Address:

City: _____ **State:** _____ **Zip:** _____

Contact Person: _____ **Telephone:** _____

XIII. WASTE DISPOSAL SITE:
Name:

Address:

City: _____ **State:** _____ **Zip:** _____

Telephone:

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: _____ **TITLE:** _____

Authority:

Date Of Order: (MM/DD/YY) _____ **Date Ordered To Begin: (MM/DD/YY)** _____

XV. FOR EMERGENCY RENOVATIONS

a) Date And Hour Of Emergency: (MM/DD/YY)

b) Description Of The Sudden, Unexpected Event:

c) 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 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)