

# San Joaquin Valley Unified Air Pollution Control District

## Asbestos Notification

Operator Project #	Postmark Date	Received Date	Fee Received \$	District Notification #			
Completed by:		Company:		Phone:			
<b>1. TYPE OF NOTIFICATION:</b>	Original <input type="checkbox"/>	Revised (Dates) <input type="checkbox"/>	Revised (Others) <input type="checkbox"/> (Highlight Changes)	Canceled <input type="checkbox"/> Courtesy <input type="checkbox"/>			
<b>2. TYPE OF OPERATION:</b>	Demo <input type="checkbox"/>	Ordered Demo <input type="checkbox"/>	Renovation <input type="checkbox"/>	Emergency Renovation <input type="checkbox"/>			
<b>3. FACILITY DESCRIPTION:</b> (Include building name, number, and floor or room number)							
Building Name:			Lease Name:				
Address:			City:	County:			
Site Location on property:							
<b>Is demolition in preparation for construction?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Building Size:	Sq Ft	Number of Floors: Age:			
Present Use:		Prior Use:		Future Use:			
<b>4. IS ASBESTOS PRESENT:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>SURVEY COMPLETED:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> TO BE CONDUCTED							
<b>5. A COPY OF THE INSPECTION REPORT WITH PROCEDURE, INCLUDING ANALYTICAL METHOD USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL MUST BE INCLUDED WITH THIS NOTIFICATION.</b>							
<b>6. Approximate amount of asbestos, including:</b> 1. Regulated ACM to be removed. 2. Category I/II ACM not removed. 3. Non-friable ACM to be removed.	(1) RACM to be removed	Friable ACM (<1%)	(2) Non-friable ACM not to be removed Category I    Category II	(3) Non-friable ACM to be removed (Courtesy) Category I    Category II			
Pipes (Linear Feet)							
Surface Area (Square Feet)							
Volume (Cubic Feet-If Lnft Or Sqft 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 (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. REMOVAL DATES:</b> (MM/DD/YY)		Start:		Complete:			
<b>8. DEMO/RENOVATION DATES</b> (MM/DD/YY)		Start:		Complete:			
<b>9. FACILITY OWNER INFORMATION:</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:			

<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 NON-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	

*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.

*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.