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MENDOCINO COUNTY
AIR QUALITY MANAGEMENT DISTRICT

ASBESTOS DEMOLITION/RENOVATION NOTIFICATION

DATE: _____ Project Job # _____

Please Check One: _____ Renovation: 10 Day Notice Required unless <160 sq. ft. or 260 linear ft.)
_____ Demolition: 10 Day Notice (Required for all demolitions)
_____ Revision of Original

Please read the instructions on Page 3 before filling out this form

Site Information

Site: _____
City: _____ State _____ Zip _____
Owner Name: _____ Phone _____
Specific Location of Project: _____
 Single Family Dwelling Commercial Apartment Building
 Government Building School
 Renovation Demolition -- Fire Training Yes ___ No ___
 Planned Renovation *
 Weekend Work Night Work (After 5 PM *(Attached Work Schedule))
 Cumulative Renovations (each less than 100 square or linear feet)
Start Date: _____ Completion Date: _____
Material Description: _____
Method(s): _____
 Check box if **DRY REMOVAL**. In addition to filing this form, please attach a letter requesting conditional approval for dry removal. (This includes, but is not limited to, shot/bead blasting of mastic.)
Total removal amounts of (**circle one**): **Non-Friable** **Friable** Asbestos Material**
_____ lin.ft/ _____ sq ft/ _____ cu ft
** Indicate how much of this involves **Dry, Bead-Blast, or Shot-Blast Removal**:

Abatement Contractor Information

Name: _____ Contact: _____
Mailing Address _____ Phone: _____
City: _____ Zip: _____ Contractor Job No.: _____

Disposal Contractor Information

Name: _____ Contact: _____
Mailing Address _____ Phone: _____
City: _____ Zip: _____ Contractor Job No.: _____

This form prepared by: _____ Title: _____
Company: _____ Address: _____
City: _____ State: _____ Zip: _____

Project Job#: _____

Disposal Site Information

Name: _____ Contact: _____
Mailing Address _____ Phone: _____
City: _____ Zip: _____ Contractor Job No.: _____

Waste Transportation Information

Name: _____ Contact: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

Survey Information

Name of person who completed the survey: _____
Company Name: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Procedure, including analytical laboratory method employed, to locate and identify the presence of RACM.
(PLM is the required method.)

Is asbestos present? Yes ____ No ____

Government Ordered Demolition

Name: _____ Title: _____
Agency: _____ Phone: _____
Date of Ordered Demolition: _____

Emergency Renovation

Date and Hour of Emergency: _____
Description of event and an explanation of how the event has caused unsafe conditions or would cause equipment damage. _____

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 and will be available for inspection during normal business hours.

Signature of Contractor

Date

I certify that the above information is correct, and that I will comply with all of the requirements of the Mendocino County AQMD's Regulations, as well as all other applicable federal, state, and local requirements.

Signature of Contractor

Date

Instructions For completing the Asbestos Demolition/Renovation Notification Form

Notification must be postmarked at least 10 days before startup of project.

- Renovation:** Means altering in any way one or more facility components. 10-Day notice required for all NESHAP (40 CFR 60 Subpart M) renovations.
- Demolition:** Means the wrecking or taking out of load-supporting structural members of a facility together with any related handling operations. 10-Day notice for all demolitions.
- Facility:** Means any institutional, commercial or industrial structure, installation, or building.
- Project Job#:** Your in-house I.D. for a specific job site. This Number is optional, but it expedites communication concerning notifications.

1. **Operator/Contractor:** Provide complete information concerning the person doing the work.
2. **Property Owner:** Provide complete information.
3. **Facility Name:** Must have complete address and/or directions to the job site.
4. **Facility Description:** The current use of the building and the project location within the facility. Provide other descriptive information as necessary.
5. **Start And Completion Date:** Provide Month, Day and Year. Must be revised if dates change. (See revision form below)
6. Estimate the amount of material to be removed (must be in square or linear feet). A Revision form must be filed for any additional material uncovered.
7. Examples of methods: glovebag, scrape, remove in sections, etc.
8. Examples: Adequate wetting prior to and during work, double bag etc.
9. **Dry removal must receive prior written approval from the Mendocino County AQMD.**

If more space is needed, additional sheets should be attached. To revise a notification already on file with the Mendocino County Air Quality Management District, use the form provided below.

Project Name: _____ **Project Job#:** _____

Original Notification Date: _____ **Revision Notice #** **1 2 3 4 5**
(Please circle one)

This is to advise that the above referenced notification presently on file is being revised. Please note the revision listed.

Changes For This Revision: _____ **Project () Cancellation ()**

1. New Location: _____
2. New Scope of Work: _____
3. Additional Quantity of Asbestos: _____
4. New Start Date: _____
5. New Completion Date: _____
6. New Disposal Site: _____