



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. Only complete notification forms are acceptable. **A complete accredited asbestos survey must accompany the notification in order to be complete.** Please email to: asbestos@slocleanair.org If choosing the email option, please also attach an accredited asbestos survey.

The original notification should be typewritten and **emailed (preferred), postmarked, or delivered** no later than **ten working days** prior to the beginning of the asbestos removal activity (dates specified in Section IX) or demolition (dates specified in Section X). Notification fees apply (See attached fee schedule). Please submit the notification form to:

- **Email (PDF Required):** asbestos@slocleanair.org (If emailed, notification fee can be paid by credit card by calling 805-781-5912; service fee applies.)
- **Mail or Hand Delivery:**
San Luis Obispo County Air Pollution Control District
Compliance Division
3433 Roberto Court
San Luis Obispo, CA 93401
(805) 781-5912 Phone (805) 781-1002 Fax asbestos@slocleanair.org Email

Revisions are required if there are any changes to removal or demolition dates, amounts of asbestos present or to be removed, or to contractors, transporters, or disposal site. There is a \$270.00 Revision Fee. Revisions may be faxed in addition to email, mail, or hand delivery. (If emailed or faxed, the revision fee can be paid by credit card by calling 805-781-5912; service fee applies.)

- I. **Type of Notification:** Enter "O" if the notification is a first time or original notification, "R" if the notification is a revision of a prior notification, or "C" if the activity has been cancelled.
- II. **Facility Information:** Enter the names, addresses, contact persons and telephone numbers of the following:
Owner: Legal owner of the site at which asbestos is being removed or demolition planned.
Asbestos Removal Contractor: Contractor hired to remove asbestos.
Demolition 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, "R" for facility renovation, "O" for ordered demolitions, or "E" for emergency renovations.
- IV. **Is Asbestos Present?** Answer "Yes" or "No" regardless of the amount or type of asbestos.
- V. **Is a Survey Attached?** Answer "Yes", "No", or "RACM Assumed". Pursuant to Section 61.145.a, submit a complete accredited asbestos survey with the original notification. Survey can be emailed to: asbestos@slocleanair.org
- VI. **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 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. This must be performed by a licensed asbestos consultant or site surveillance technician.

VII. **Approximate Amount of Asbestos Including:** (1) Regulated ACM to be removed (including nonfriable ACM to be sanded, ground, or abraded); (2) Category I ACM not removed; and (3) Category II ACM not removed.

For both removals and demolitions, enter the amount of RACM to be removed by entering a number in the appropriate box and an "X" for the unit. For demolitions only, enter the amount of Category I and II nonfriable asbestos not to be removed in the appropriate boxes.

Category I nonfriable material includes packing, gaskets, resilient floor covering and asphalt roofing materials containing more than one percent asbestos. Category II nonfriable material includes any material, excluding Category I products, containing more than one percent asbestos, that when dry, cannot be crumbled, pulverized, or reduced to powder.

VIII. **Scheduled Dates of Asbestos Removal (MM/DD/YY):** Enter scheduled dates (month/day/year) for asbestos removal work. Asbestos removal work includes any activity, including site preparation, which may break up, dislodge, or disturb asbestos material.

IX. **Scheduled Dates of Demo/Renovation (MM/DD/YY):** Enter scheduled dates (month/day/year) 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 of 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 Control Emissions of Asbestos at the Demolition and Renovation 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:** Name, address, and telephone number of the asbestos waste transporter.

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. **If Demolition Ordered by a Government Agency, please identify the Agency below:** 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.

XV. **Emergency Renovation Information:** 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.

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:** 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.

XVII. **Certification of Presence of Trained Supervisor:** One year after promulgation of the applicable regulation, 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.

XVIII. **Certification:** Please certify the accuracy and completeness of the information provided by signing and dating the notification form.



Asbestos NESHAP Fees

Demolition/Renovation/Tenant Improvement (TI) Base Fees:	
Fee for each structure less than 9,999 square feet	\$630
Fee for each structure equal to or greater than 10,000 square feet, but less than 49,999 square feet	\$1,260
Fee for each structure greater than 50,000 square feet	\$2,520
Regulated Asbestos Containing Material (RACM) Project Fees	
Demo only: Less than 260 lineal feet of material; less than 160 square feet of material; or less than 35 cubic feet of material (<i>Material = RACM</i>)	\$810
Demo/Reno/TI: 260 lineal feet or more of material but less than 1,000 lineal feet of material; 160 square feet or more of material but less than 1,000 square feet of material; or 35 cubic feet or more of material but less than 1,000 cubic feet of material	\$1,170
Demo/Reno/TI: 1,000 lineal, square, or cubic feet or more of material but less than 2,500 lineal, square, or cubic feet of material	\$1,620
Demo/Reno/TI: 2,500 lineal, square, or cubic feet or more of material, but less than 7,000 lineal, square, or cubic feet	\$2,880
Demo/Reno/TI: 7,000 lineal square, or cubic feet or more of material, but less than 10,000 lineal, square, or cubic feet	\$3,600
Demo/Reno/TI: 10,000 lineal, square, or cubic feet or more of material	\$5,400
General Fees	
Any notification revision	\$270
Any notification cancellation	\$270
Approved emergency notification	\$270

NOTIFICATION SUBMITTAL: Original notifications may be submitted by email (PDF required), mail, or hand delivered. Revisions may be faxed or emailed. **Notifications are valid for one calendar year.**

FEE PAYMENT: Payment may be made by check, cash, or credit card (service fee of 2.35% applies) To pay by credit card, call (805) 781-5912.

DEMOLITION AND RENOVATION WITH NO RACM: Notification, demolition/renovation fees based on the structure size and ten-working-day wait required on all subject demolitions even if Regulated Asbestos Containing Material (RACM) is not present.

DEMOLITION AND RENOVATION WITH RACM: Notification, demolition/renovation fees based on the structure size, a ten-working-day waiting period AND RACM project fees are required on all subject demolitions/renovations when RACM is present.

RESIDENTIAL DEMOLITION AND RENOVATION: NESHAP notification requirements may not apply to a single-family residential structure demolition or renovation projects **unless** the residential property is subject to NESHAP by other means. Call the San Luis Obispo County Air Pollution Control District (APCD) for applicability before you demolish any structure.

REVISIONS: Revisions are required if there are any changes to removal or demolition dates, amounts of asbestos present or to be removed, or to contractors, transporters, or disposal site.

ANNUAL NOTIFICATIONS: Annual notifications for small, unexpected jobs are assessed the appropriate fee and are due upon notification submittal.

*Additional fees **MAY** apply to any project if significant APCD staff time is needed to determine compliance.

For additional information, an Asbestos NESHAP Notification Form, or other Asbestos related issues, visit our website at www.slocleanair.org/business/asbestos.asp or call the APCD at 805-781-5912.

NOTIFICATION OF DEMOLITION AND RENOVATION

OPERATOR PROJECT #	POSTMARK/EMAILED	NOTIFICATION #	DATE RECEIVED		
I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled CO - Courtesy)					
II. FACILITY INFORMATION (Identify Owner, Removal Contractor, and Other Operator)					
OWNER NAME:					
ADDRESS:					
CITY:		STATE:	ZIP:		
CONTACT:		EMAIL:	TELEPHONE:		
ASBESTOS REMOVAL CONTRACTOR:					
ADDRESS:					
CITY:		STATE:	ZIP:		
CONTACT:		EMAIL:	TELEPHONE:		
DEMOLITION CONTRACTOR:					
ADDRESS:					
CITY:		STATE:	ZIP:		
CONTACT:		EMAIL:	TELEPHONE:		
III. TYPE OF OPERATION D - Demo O - Ordered Demo (<i>must have written order from municipality</i>) R - Renovation E - Emergency Renovation/Demolition (<i>written approval/authorization issued by APCD</i>)					
IV. ASBESTOS PRESENT? Yes <input type="checkbox"/> No <input type="checkbox"/>					
V. SURVEY SUBMITTED? Yes <input type="checkbox"/> No <input type="checkbox"/> RACM Assumed <input type="checkbox"/>			An accredited asbestos survey is required for notification to be accepted. Survey can be emailed to: asbestos@slcleanair.org		
VI. FACILITY DESCRIPTION (Include building name, number, and floor or room number)					
BUILDING NAME:					
ADDRESS:					
CITY:		STATE:	COUNTY:		
SITE LOCATION:					
BUILDING SIZE:		NUMBER OF FLOORS:	AGE IN YEARS:		
PRESENT USE:		PRIOR USE:			
VII. PROCEDURE INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL					
VIII. APPROXIMATE AMOUNT OF		RACM TO BE REMOVED	NONFRIABLE ASBESTOS MATERIAL NOT TO BE REMOVED		UNIT OF MEASURE
1. Regulated ACM to be removed					
2. Category I ACM not removed					
3. Category II ACM not removed					
NOTE: Asbestos Amount Changes Require Revisions. Revision fee is \$270.00 per revision.			CAT I	CAT II	
PIPES					Linear Feet
SURFACE AREA					Square Feet
VOL RACM OFF FACILITY COMPONENT					Cubic Feet
IX. SCHEDULED DATES ASBESTOS REMOVAL			START:	COMPLETE:	
X. SCHEDULED DATES DEMO/RENOVATION			START:	COMPLETE:	
NOTE: Date Changes Require Revisions. Revision fee is \$270.00 per revision.					

NOTIFICATION OF DEMOLITION AND RENOVATION *(continued)*

XI.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
XII.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS AND TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		
XIII.	ASBESTOS WASTE TRANSPORTER #1:		
	TRANSPORTER OWNER NAME:		
	ADDRESS:		
	CITY:	STATE:	ZIP:
	CONTACT:		TELEPHONE:
	ASBESTOS WASTE TRANSPORTER #2:		
	NAME:		
	ADDRESS:		
	CITY:	STATE:	ZIP:
	CONTACT:		TELEPHONE:
XIV.	ASBESTOS WASTE DISPOSAL SITE:		
	NAME:		
	ADDRESS:		
	CITY:	STATE:	ZIP:
	CONTACT:		TELEPHONE:
XV.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH ORDER		
	NAME:	TITLE:	
	AUTHORITY:		
	DATE OF ORDER (MM/DD/YY):	DATE ORDERED TO BEGIN (MM/DD/YY):	
	ADDRESS:		
XVI.	FOR EMERGENCY RENOVATIONS <i>(written authorization from the APCD is required)</i> :		
	DATE AND HOUR OR 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:		
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:		
XVIII.	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).		
	_____	_____	_____
	<i>(print name)</i>	<i>(signature of owner/operator)</i>	<i>(date)</i>
XIV.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
	_____	_____	_____
	<i>(print name)</i>	<i>(signature of owner/operator)</i>	<i>(date)</i>