

For ARB Use Only:

POSTMARK:	
DATE RECEIVED:	
NOTIFICATION #:	

## ASBESTOS NESHAP NOTIFICATION OF DEMOLITION AND RENOVATION FORM

Attention – This Form is for Non-Delegated Air Districts in California Only (More Information http://www.arb.ca.gov/enf/asbestos/asbestos.htm)

I. TYPE OF NOTIFICATION: (check one) ORIGINAL   CANCELED	)	REV	ISION	(IF REVISIO	N, WR	ITE REVISION	#:)	
II. FACILITY INFORMATION (Identify Owner, Removal Contractor, and Other Operator)								
Owner Name:								
Address:								
City:	City:		nty:	State:		ZIP:		
Contact:					1	Telephone:		
Asbestos Removal Contractor:								
Address:								
City:	ity:			State: ZIP:				
Contact:	tact: Telephone:			Title:				
Demolition Contractor:								
Address:								
City:				State:		ZIP:		
Contact:	Contact: Telephone:				1	Title:		
III. TYPE OF OPERATION: (check one)  DEMOLITION   ORDERED DEMOLITION   RENOVATION   EMERGENCY RENOVATION								
IV. IS ASBESTOS PRESENT? (check one) YES   NO Please attach Asbestos Inspection Report (40 CFR 61.145(a) )  What Asbestos Containing Materials are Going to be Removed:								
V. NAME OF FACILITY AND DESCRIPTION:								
Address:								
City:	City:		County:		State:		ZIP:	
Site Location:				·				
Building Size:		Number o	f Floors:		Age i	ge in Years:		
Current Use:		Prior Use(s):						
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:								
CONTAINING MATERIAL (ACM), INCLUDING:		ASBESTOS M		ABLE ASBESTOS IATERIAL EE REMOVED		NONFRIABLE ASBESTOS MATERIAL NOT TO BE REMOVED		
MAT	MATERIALS (RACM)		Category I	Category II		Category I	Category II	
Pipes (Linear Feet ):								
Surface Area (Square Feet ):								
Volume RACM Off Facility Component (Cubic Feet):								
VIII. SCHEDULED DATES OF DEMOLITION (MM/DD/YY) Start:			Complete:					
IX. SCHEDULED DATES OF ASBESTOS REMOVAL (MM/DD/YY) Start: Complete:								
Weekday Work Hours: Weekend Work Hours:								

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:						
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTHE DEMOLITION AND RENOVATION SITE:	TROLS TO BE USI	ED TO PREVENT	EMISSIONS OF ASBESTOS AT			
XII. WASTE TRANSPORTER: Name:						
Address:						
City:		State:	ZIP:			
Contact Person:	ontact Person:					
Contact Person:  XIII. NAME OF WASTE DISPOSAL SITE:						
Address:						
City:		State:	Zip:			
Telephone:						
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PL	EASE IDENTIFY 7	THE AGENCY BEI	LOW:			
Name:		Title:				
Authority:						
Date of Order (MM/DD/YY):	D/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)			