

SAN DIEGO AIR POLLUTION CONTROL DISTRICT
10124 OLD GROVE ROAD, SAN DIEGO, CA 92131
PHONE (858) 586-2650 FAX (858) 586-2651

FOR APCD USE ONLY

Postmark	Received	Fee/ Receipt
Notification #	Entered	Sector
Inspector Assigned/Date		

NOTIFICATION OF ASBESTOS RENOVATION OR DEMOLITION OPERATIONS

Completed by: _____ Company: _____

NOTIFICATION

Original Cancellation Other (specify): _____

Revision Change in asbestos amount Change in start/end date
(Indicate type of revision) (greater than 20%)

PROJECT TYPE

Demolition Ordered Demolition Renovation (removal)

Emergency Removal Emergency Demolition Planned Renovation (annual)

FACILITY INFORMATION

Facility Name:			
Address:		Cross Street:	
City:		Zip Code:	
Facility Owner:			
Address:			
City:		State:	Zip Code:
Contact:		Title:	Phone No:
Building Size (sq. ft):	Building Age (years):	Number of Floors:	Number of Units:
Building prior/present use:	<input type="checkbox"/> Commercial	<input type="checkbox"/> Hospital	<input type="checkbox"/> Industrial
	<input type="checkbox"/> Public Bldg	<input type="checkbox"/> House/Condo	<input type="checkbox"/> Ship
		<input type="checkbox"/> Office	<input type="checkbox"/> K-12 School
		<input type="checkbox"/> Univ/College	<input type="checkbox"/> Other

PROJECT INFORMATION

Asbestos Survey Performed?*	Is Asbestos Present?	Will the asbestos be removed?	Is the building to be demolished?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Asbestos Amount to be removed (sq/ln ft):	Friable	Category I	Category II	Total
	Pipes: _____	Pipes: _____	Pipes: _____	_____
	Surface Area: _____	Surface Area: _____	Surface Area: _____	_____
	Facility Component: _____	Facility Component: _____	Facility Component: _____	_____
Revised Amounts (if a revision)				
Asbestos Removal Start Date: _____		Demolition Operation Start Date: _____		
Asbestos Removal End Date: _____		Demolition Operation End Date: _____		
For revisions only		For revisions only		
Revised Start Date: _____		Revised Start Date: _____		
Revised End Date: _____		Revised End Date: _____		
Removal Contractor:	Name: _____	Phone No: _____	CSLB License#: _____	
Address: _____		City/State/Zip: _____	Site Supervisor: _____	
Demolition Contractor:	Name: _____	Phone No: _____	CSLB License#: _____	
Address: _____		City/State/Zip: _____	Site Supervisor: _____	

*Asbestos Surveys are required prior to Renovation and Demolition, however the actual survey is not required to be submitted with the notification.

NOTIFICATION OF ASBESTOS RENOVATION OR DEMOLITION OPERATIONS

Waste Transporter#1:		Waste Transporter#2:	
Name:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Contact Person:	Phone:	Contact Person:	Phone:
Waste Disposal Site (Landfill):	Name:		
Address:		City/State/Zip:	
Contact Person:		Phone:	
Asbestos Detection Procedures:	Check the appropriate procedures and analytical methods used to detect the presence of asbestos containing materials.		
<input type="checkbox"/> Survey	<input type="checkbox"/> Inspection	<input type="checkbox"/> TEM	<input type="checkbox"/> PCM
<input type="checkbox"/> Bulk Sampling	<input type="checkbox"/> PLM	<input type="checkbox"/> Other: _____	
Describe work practices and engineering controls to be used. Check applicable methods below:			
<input type="checkbox"/> Water	<input type="checkbox"/> Demolition w/roofing materials in place using sledge hammers.	<input type="checkbox"/> Skid Loaders/bobcats/Top Loaders	
<input type="checkbox"/> Amended Water	<input type="checkbox"/> Axes	<input type="checkbox"/> Shovels	<input type="checkbox"/> Terminator™
<input type="checkbox"/> Roofing Cutting Saws	<input type="checkbox"/> Demolition w/Cat I Floor tiles in place	<input type="checkbox"/> Implosion	
<input type="checkbox"/> High Pressure Water Blast	<input type="checkbox"/> Ice Chippers	<input type="checkbox"/> Pry Bars	<input type="checkbox"/> Explosion
<input type="checkbox"/> Infrared Machines	<input type="checkbox"/> Bulldozer	<input type="checkbox"/> Negative Air Machines	
<input type="checkbox"/> Cranes (wrecking ball, clamshell, bucket)	<input type="checkbox"/> Intentional Burning	<input type="checkbox"/> Full Containment	
<input type="checkbox"/> Zamboni	<input type="checkbox"/> Backhoes	<input type="checkbox"/> 3 Stage Decon	
<input type="checkbox"/> Bead Blast	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Glove Bag	
<input type="checkbox"/> Floor Buffer		<input type="checkbox"/> Critical Barriers	
For Ordered Demolition provide a copy of the order and complete the information below:			
Agency Name:	Authorizing Person:	Title:	
Date of Order:	Date Ordered to Begin:	Phone:	
Contingency Plan	Describe actions to be followed if unexpected asbestos is found during demolition or removal or asbestos material becomes disturbed, crumbled, pulverized or reduced to powder.		
Training Certification	I certify that an individual trained in the provisions of this regulation (CFR Part 61, Subpart M) will be on site during the removal and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.		
Date:	Print Name: (Owner/Operator)	Signature: (Owner/Operator)	
Information Certification:	I certify that the above information is correct.		
Date:	Print Name: (Owner/Operator)	Signature: (Owner/Operator)	

Original notifications are to be submitted to the District at least 10 working days prior to removal or demolition. Revised notices are to be submitted as soon as possible but no later than the original start date. Original notifications cannot be accepted without the required fee(s) (Rule 40(f)(2)), however revised notifications will be accepted without the required fee provided the fee is paid prior to the start date of the original notification.