

KERN COUNTY AIR POLLUTION CONTROL DISTRICT

Asbestos Notification

Operator Project # <i>(For APCO use only)</i>	Notification #	Postmark	Amount : \$ _____ Receipt #: _____ Date: _____	Date Received
I. TYPE OF NOTIFICATION: (PLEASE CIRCLE ONE) Original Revised Cancelled Courtesy				
II. FACILITY OWNER, REMOVAL CONTRACTOR AND OTHER OPERATOR:				
OWNER NAME:				
ADDRESS:				
CITY:		STATE:	ZIP:	
CONTACT:		TELEPHONE:		
REMOVAL CONTRACTOR:				
ADDRESS:				
CITY:		STATE:	ZIP:	
CONTACT:		TELEPHONE:		
OTHER CONTRACTOR:				
ADDRESS:				
CITY:		STATE:	ZIP:	
CONTACT:		TELEPHONE:		
III. TYPE OF OPERATION: D-Demo O-Ordered Demo R-Renovation E-Emergency Renovation				
IV. IS ASBESTOS PRESENT? YES NO				
V. FACILITY DESCRIPTION: (Include building name, number and floor or room number)				
BUILDING NAME:				
ADDRESS:				
CITY:		COUNTY:	ZIP:	
SITE LOCATION:				
BUILDING SIZE:		NUMBER OF FLOORS:	AGE IN YEARS:	
PRESENT USE:		PRIOR USE:		
VI. A COPY OF THE INSPECTION REPORT WITH PROCEDURE, INCLUDING ANALYTICAL METHOD USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL MUST BE INCLUDED WITH THIS REPORT:				
VII. Approximate amount of asbestos, including: 1. Regulated ACM to be removed. 2. Category I/II ACM not removed. 3. Non-friable ACM to be removed.	RACM <u>to be</u> <u>removed</u>	Non-friable asbestos material <u>not to be removed</u> Category I Category II		Non-friable ACM <u>to be</u> <u>removed</u>
PIPES - Linear Feet				
SURFACE AREA - Square Feet				
VOL RACM OFF FACILITY COMPONENT - Cubic Feet				
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY): START: COMPLETE:				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY): START: COMPLETE:				

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK AND METHOD(S) TO BE USED:		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS AT THE DEMOLITION AND RENOVATION SITE:		
XII. WASTE TRANSPORTER:		
NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
CONTACT:	TELEPHONE:	
XIII. WASTE DISPOSAL SITE:		
NAME:		
LOCATION:		
CITY:	STATE:	ZIP:
CONTACT:	TELEPHONE:	
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
NAME:	TITLE:	
AUTHORITY:		
DATE OF ORDER (MM/DD/YY):	DATE ORDER TO BEGIN (MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS:		
DATE AND HOUR OF 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:		
XVI. 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:		
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 ONE (1) YEAR AFTER PROMULGATION).		
_____ Signature of Owner/Operator		_____ Date
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
_____ Signature of Owner/Operator		_____ Date