



**EASTERN KERN AIR POLLUTION CONTROL DISTRICT**

2700 "M" STREET SUITE 302, BAKERSFIELD, CA 93301-2370  
 PHONE: (661) 862-5250 • FAX: (661) 862-5251 • [www.kernair.org](http://www.kernair.org)

**ASBESTOS NOTIFICATION**

**Notification required for All Commercial Demolitions & Renovations**

<b>I. TYPE OF NOTIFICATION</b>				
Original	Revision- <i>Date of Original Notice:</i> _____	Courtesy	Cancelation	
<b>II. BUILDING/STRUCTURE OWNER, REMOVAL CONTRACTOR AND OTHER OPERATOR</b>				
OWNER NAME:				
ADDRESS:				
CITY:		STATE:	ZIP:	
CONTACT:		TELEPHONE:		
REMOVAL CONTRACTOR:				
ADDRESS:				
CITY:		STATE:	ZIP:	
CONTACT:		TELEPHONE:		
OTHER CONTRACTOR:				
ADDRESS:				
CITY:		STATE:	ZIP:	
CONTACT:		TELEPHONE:		
<b>III. TYPE OF OPERATION</b>				
Demolition	Renovation	Ordered Demolition	Emergency	
<b>IV. IS ASBESTOS PRESENT (All demolitions require \$175 Fee)</b>				
YES	NO			
<b>V. BUILDING/STRUCTURE DESCRIPTION (Include building name, number, and floor/room number)</b>				
BUILDING NAME:				
ADDRESS:				
CITY:		COUNTY:	ZIP:	
SITE LOCATION:				
BUILDING SIZE:		NUMBER OF FLOORS:	AGE IN YEARS:	
PRESENT USE:		PRIOR USE:		
Reviewed By:	Start Dates:	Postmark	Date Received	Amount: \$
See Comments Page 3	Removal: _____	(For APCO use only)		Receipt #:
	Demo/Reno: _____			Date:

VI. INSPECTION REPORT WITH PROCEDURE, INCLUDING ANALYTICAL METHOD USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL, MUST BE INCLUDED WITH THIS REPORT <i>See Rule 306 for Fee Schedule</i>					
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.		<b>RACM</b> <u>to be removed</u>	Non-friable asbestos material <u>not to be removed</u> Category I      Category II		Non-friable ACM <u>to be removed</u>
PIPES - Linear Feet					
SURFACE AREA - Square Feet					
VOL RACM OFF FACILITY COMPONENT - Cubic Feet					
VIII. PLANNED DATES FOR ASBESTOS REMOVAL (MM/DD/YY)					
START:		COMPLETE:			
IX. PLANNED DATES OF DEMOLITION/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 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:			
XIII. 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):			

**XIV. FOR EMERGENCY RENOVATIONS**

DATE AND HOUR OF EMERGENCY (MM/DD/YY):

DESCRIPTION OF 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 CRUMBLLED, PULVERIZED OR REDUCED TO POWDER**

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

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

\_\_\_\_\_  
Signature of Owner/Operator

\_\_\_\_\_  
Date

**DISTRICT COMMENTS**