



10124 OLD GROVE ROAD  
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FOR APCD USE ONLY		
Postmark	Received	Fee/Receipt
Notification#	Entered	Sector
Inspector Assigned/Date		

**NOTIFICATION OF ASBESTOS REMOVAL, RENOVATION, AND DEMOLITION OPERATIONS**

Completed by (Full Name/Title): \_\_\_\_\_ Company: \_\_\_\_\_

**NOTIFICATION**       Original       Cancellation       Courtesy       Other (specify): \_\_\_\_\_  
 Revision       Increase 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**

<b>Facility Name:</b>			
Address:		Suite/Room#(if applicable):	
Cross Street(s):		City:	Zip Code:
<b>Facility Owner:</b>			
Address:		City/State/Zip:	
Contact:		Title:	Phone No:
<b>Building Size (sq. ft.):</b>	<b>Building Age (years):</b>	<b>Number of Floors:</b>	<b>Number of Units:</b>
<b>Building prior/present use:</b>	<input type="checkbox"/> Commercial	<input type="checkbox"/> Hospital	<input type="checkbox"/> Industrial
	<input type="checkbox"/> Public Bldg.	<input type="checkbox"/> Residential	<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**

<b>FACILITY SURVEY INFORMATION</b>	Individual who conducted Survey:	EPA Approved Building Inspector Course Certification Number:	Expiration date:
Survey Company:	Mailing Address:	Phone No:	
<input type="checkbox"/> Survey not conducted because suspect materials presumed to contain asbestos (asbestos to be handled/disposed of per Rule 1206)			
Is Asbestos Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will the asbestos be removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prev. removed	Will the building be demolished? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Asbestos amount to be removed (sq. ft.):</b>	<b>Friable</b> Surface Area: _____ Facility Component: _____	<b>Category I</b> Surface Area: _____ Facility Component: _____ Poor Condition: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Category II</b> Surface Area: _____ Facility Component: _____ Poor Condition: <input type="checkbox"/> Yes <input type="checkbox"/> No
Revised Amounts (if a revision)			<b>Total (sq. ft.) Regulated Asbestos Containing Materials to be Removed:</b> _____
<b>Asbestos Removal</b> Removal Start Date: _____ Removal End Date: _____		<b>Demolition Operation</b> Demo Start Date: _____ Demo End Date: _____	
<b>For revisions only</b> Revised Removal Start Date: _____ Revised Removal End Date: _____		<b>For revisions only</b> Revised Demo Start Date: _____ Revised Demo End Date: _____	
<b>Removal Contractor:</b>	Name: _____	Phone No: _____	Contact Person: _____
Address: _____		City/State/Zip: _____	Title: _____
<b>Demolition Contractor:</b>	Name: _____	Phone No: _____	Contact Person: _____
Address: _____		City/State/Zip: _____	Title: _____

\*Asbestos Surveys are required prior to Renovation or Demolition. A copy of the survey must be maintained on site for the duration of the project.

**NOTIFICATION OF ASBESTOS REMOVAL, RENOVATION, AND DEMOLITION OPERATIONS (PG. 2)**

<b>Waste Transporter (asbestos)</b>		<b>Waste Transporter (non-asbestos)</b>	
Name:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Contact Person:	Phone:	Contact Person:	Phone:
<b>Landfill Site (asbestos)</b>		<b>Landfill Site (non-asbestos)</b>	
Name:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Contact Person:	Phone:	Contact Person:	Phone:
<b>Asbestos Detection Procedures</b>	Check the procedures and analytical methods used to detect the presence of asbestos.		
<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: _____			
<b>Describe work practices and engineering controls to be used. Check applicable methods below:</b>			
<b><u>Asbestos Removal Practices</u></b>		<b><u>Demolition Work Practices</u></b>	
<input type="checkbox"/> Water <input type="checkbox"/> Infrared Machines <input type="checkbox"/> Amended Water <input type="checkbox"/> Pry Bars <input type="checkbox"/> Cutting Saw <input type="checkbox"/> <i>Negative</i> Air Machines <input type="checkbox"/> Pressure Water Blast <input type="checkbox"/> Full containment <input type="checkbox"/> Bead Blast <input type="checkbox"/> 3 Stage Deacon <input type="checkbox"/> Floor Buffer <input type="checkbox"/> Glove Bag <input type="checkbox"/> Terminator™ <input type="checkbox"/> Critical Barriers <input type="checkbox"/> HEPA Vacuum <input type="checkbox"/> Other: _____		<input type="checkbox"/> Hammers <input type="checkbox"/> Explosion/Implosion <input type="checkbox"/> Axes <input type="checkbox"/> Intentional Burning <input type="checkbox"/> Shovels <input type="checkbox"/> Skid Loaders/bobcats/Top Loaders <input type="checkbox"/> Bulldozer <input type="checkbox"/> Cranes (wrecking ball, clamshell, bucket) <input type="checkbox"/> Backhoes <input type="checkbox"/> Other: _____	
<b>For Ordered Demolition provide a copy of the order and complete the information below:</b>			
Agency Name:	Authorizing Person:	Title:	
Date of Order:	Date Ordered to Begin:	Phone:	
<b>Contingency Plan</b>	Describe actions to be followed if unexpected asbestos is found during demolition/abatement or if nonfriable asbestos material becomes crumbled, pulverized or reduced to powder.		
<b>Training Certification</b>	I certify that an individual trained in the provisions of this regulation (Rule 1206 (f)(8)) will be on site during asbestos 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)	
<b>Information Certification</b>	By signing this form I certify that the information on this form is complete and correct. As signatory I am accepting legal responsibility for the information on this form.		
Date:	Print Name: (Owner/Operator)	Signature: (Owner/Operator)	

Original notifications must be submitted to the District at least 10 working days prior to removal or demolition. Revised notifications must be submitted prior to the original start date. The District must receive payment by close of business of the next working day after the effective date of the notification. The District considers submitted Notifications (original and revised) without the required fee(s) as stated in Rule 40(f)(2) to be considered invalid. Notifications shall expire within 365 days from the effective date.