

MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT

BRAD POIRIEZ, EXECUTIVE DIRECTOR

14306 Park Avenue, Victorville, CA 92392-2310

760.245.1661 • Fax 760.245.2022

Email: asbestos@mdaqmd.ca.gov

www.MDAQMD.ca.gov • @MDAQMD



Notification of Demolition/Renovation

Submit this form, the asbestos survey and copy of payment to asbestos@mdaqmd.ca.gov. Refer to **Rule 302** for asbestos fee.

PLEASE TYPE OR PRINT

For District use only

CSLB license:	Transaction ref. ID #:	Amount received:	MDAQMD approval
License expiration:	Company/Facility No. (if applicable):		

1. Type of notification

Original Revised (highlight areas below that have been revised)

2. Facility owner

Name:

Address:

City, State, Zip:

Contact name and title:

Email:

Phone:

3. Abatement contractor

MDAQMD Permit No(s):

Name:

Company/Facility No.:

Address:

City, State, Zip:

Contact name and title:

Email:

Phone:

4. Demolition/renovation contractor

Name:

Address:

City, State, Zip:

Contact name and title:

Email:

Phone:

5. Project type

If applicable, select all that apply:

Select one:

- Demolition**
- Renovation**

- Emergency
- Planned
- Ordered
- By fire

6. Facility description		
Building name:	Parcel No.:	
Address:		
City, state, zip:		
Site location:		
Building size:	No. of floors:	Age (years):
Present use:	Prior use:	

7. Asbestos survey	Date:	Lab used:
Procedure (include analytical method, if appropriate, used to detect the presence of asbestos material):		
Submit the completed survey with this form as indicated at the top of Page 1.		

8. Asbestos amount to be removed:			
	Friable/regulated ACM	Category 1 non-friable	Category 2 non-friable
Square feet			
Linear feet			
Cubic feet			
Description of friable/regulated ACM:			
Describe the 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:			

Asbestos fee calculation (regulated ACM per NESHAP)					
Area	Linear Pipe (outside diameter >2.35")	Linear Pipe (outside diameter <=2.35")	Cubic		
(square feet)	(linear feet)	(linear feet)	(cubic feet)		
a					
	(square feet) $(3.14 \times \text{linear feet} \times D [\text{inches}])/12$				
	b				
(total square feet a + b)					
302(E)(2) fee (square feet)		302(E)(2) fee (linear feet)	Website fee	Total fees	
\$		\$	\$	\$	

9. Scheduled dates	
Asbestos setup start:	
Asbestos removal start:	Complete:
Demolition/Renovation start:	Complete:

10. Describe the planned demolition or renovation work, including methods to be used and a description of affected facility components:

11. Describe the work practices and engineering controls used to prevent emissions of asbestos on site:

12. Waste transporter

Name:

Address:

City, state, zip:

Contact:

Phone:

13. Waste disposal site

Name:

Address:

City, state, zip:

Contact:

Phone:

14. Ordered/emergency project *(include a copy of the order)*

Agency name:

Authorizing person:

Date of order:

Title:

Order start:

15. Nature of emergency

Date and hour of emergency:

Describe the unexpected event:

Explain how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

Certification Under Penalty of Perjury

I certify that an individual trained in the provisions of this regulation (40 CFR, Part 61, Subpart M) will be on site during the stripping and removal described by this notification and evidence that the required training has been accomplished by this person will be available for inspection during the normal business hours. (Required 1 year after promulgation)

Signature of acknowledgment:

Date:

The undersigned, under the penalty of law, states to the best of my knowledge, that all of the above information is true and correct.

Signature of Responsible Party:

Official Title:

Type or Print Name of Signer:

Date:

Contact phone number and email address: