



ASBESTOS
 NOTIFICATION FORM

1. NOTIFICATION TYPE						
Original	Revised (please highlight changes)			Courtesy		
2. FACILITY INFORMATION						
County:	Inyo	Mono	Alpine			
Building Address:			City:			
Building Name:	Building Size:		Year Constructed:			
Present Use:	Prior Use:		Future Use:			
Owner Name:	Telephone:		Email:			
Owner Address:			City:	State:	Zip:	
3. PROJECT INFORMATION						
Operation/Activity:	Demolition	Renovation	Ordered Demo	Emergency Renovation		
<i>DEFINITIONS</i>	<u>Demolition</u> : removal of ANY load-supporting structural component, or intentional burning of, any facility <u>Renovation</u> : altering a facility in any way, including removal of regulated asbestos containing material (RACM)					
Project Description:						
Demolition / Renovation Start Date:			Demolition / Renovation End Date:			
General Contractor Name:			Telephone:			
General Contractor Address:		City:	State:	Zip:		
Site Supervisor:			Site Contact Number:			
4. ASBESTOS SURVEY - A copy of the survey including the analytical method used MUST be attached to this notification.						
Has an asbestos survey by a certified professional been completed?				YES	NO	
Is asbestos present?				YES	NO	
5. ASBESTOS AMOUNTS						
<i>Please fill in table with approx. amounts of asbestos. See instructions for additional details.</i>		RACM to be removed	Non-friable ACM to be removed*		Non-friable ACM NOT to be removed	
			Category I	Category II	Category I	Category II
Pipes (Linear Feet)						
Surface Area (Square Feet)						
Volume (Cubic Feet)						
* The District considers all ACM friable unless a statement is provided by a CAC or a contractor licensed to provide asbestos abatement services in the state of California describing the procedures to be used to ensure the material will not be made friable						
FOR DISTRICT USE ONLY						
District Notification #	Received Date	Postmark	Fee Received	Review		

6. CERTIFIED ASBESTOS REMOVAL CONTRACTOR INFORMATION			
Name:	CAL-OSHA Registration #:		
Address:	City:	State:	Zip:
Site Supervisor:	Telephone:		
Asbestos Removal Start Date:	Asbestos Removal End Date:		
Asbestos Removal Work Hours and Days of Week Worked:			
Description of work practices and controls to be used to prevent asbestos emissions at work site:			
7. WASTE TRANSPORTER			
Name:	Contact Person:	Telephone:	
Address:	City:	State:	Zip:
8. WASTE DISPOSAL SITE:			
Name:	Location:	Telephone:	
Address:	City:	State:	Zip:
9. PROCEDURES FOR UNEXPECTED ASBESTOS			
Describe the procedures that will be followed in the event unexpected asbestos is found, or previously non-friable asbestos material is crumbled, pulverized, or reduced to powder:			
10. IF ORDERED BY A GOVERNMENT AGENCY (If applicable) - <i>Please attach copy of the order</i>			
Agency Name:	Authority:		
Date of order:	Date ordered to begin:		
11. EMERGENCY (If applicable)			
Emergency Declared By:	Date of Emergency:		
Emergency Description:			
Description how event caused unsafe conditions or other hardship:			
12. APPLICABLE FEES (Contact GBUAPCD Staff or Refer to GBUAPCD Fee Schedule)			
13. CERTIFICATION			
By signing I certify that 1) the above information is correct; 2) if asbestos containing material is present a person certified in asbestos-removal procedures will supervise the demolition or renovation and documentation of their training will be available for inspection; and 3) I am the owner/operator or am authorized by the owner/operator to submit this information.			
Print Name	Title	Signature	Date