

Asbestos Notification Form ENF-62 for Demolition or Renovation

NOTIFICATION OF DEMOLITION OR RENOVATION

Notifications for non-residential renovation or demolition operations shall be delivered no later than 10 working days prior to commencement of demolition or renovation work.

Only typed forms will be accep NOTIFICATION MUST ALSO BI CAL-OSHA ~ 6150 Van Nuvs BI	E SENT TO CAL-OSHA					
CAL-OSHA ~ 6150 Van Nuys Blvd, Suite 405, Van Nuys, CA 91401 PHONE: 818/901-5403 FAX: L TYPE OF NOTIFICATION Original Revised Cancelled IF REVISION, state: Change in amount, start/completion date, other?					Owner/Contractor Project #	
II. FACILITY INFORMATION [Id PROPERTY OWNER(S):	dentify owner and remov	al contrac	ctor]			
ADDRESS: [No Post Office Boxe	es]					
CITY:			STATE:		ZIP:	
CONTACT:		TELE	PHONE:	E	I Email:	
REMOVAL CONTRACTOR:		I				
ADDRESS: [No Post Office Box	es]					
CITY:	CITY:		STATE:		ZIP:	
CONTRACTOR'S SITE FOREMAN:			ABATEMENT CONTRACTOR OFFICE TELEPHONE:			
RULE 62.7.B.2.K: For operation Contractor's License Certification				ounty APCD re	quires proof of California State	
CA STATE CONTRACTOR LIC. NO.		CAL OSHA REG. NO.		EXPIRATION DATE:		
III. TYPE OF OPERATION:	DEMO O Demo definition: Removal of loa	RDERED		RENOVATION	EMERGENCY RENOVATION	
IV. IS ASBESTOS PRESENT?	\					
V. FACILITY DESCRIPTION [II	nclude building name, n	umber, ar	nd floor or room r	number]		
BUILDING NAME:						
ADDRESS:						
CITY:	CITY:		STATE:		ZIP:	
BUILDING SIZE (sqft):			NUMBER OF FLOORS:			
SITE LOCATION: [i.e., baseme	nt, attic, crawl space, etc	C.]				
PRESENT USE:			PRIOR USE:			
VI. Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material:						
	Description of friable asbestos to be removed (i.e., TSI, aircell)		List Unit of measurements below (Rule 62.7.B.2.f requires pipe measurement in BOTH LnFt & SqFt		If demolition: Amount of nonfriable asbestos containing material subject to Rule 62.7.C:	
Pipes			UNITS LnFt: SqFt:		Category I:	
Surface area or volume			SqFt:	CuFt:	SqFt. SqFt.	
	romoval (mm/dd/s.c)	Start:	· ·		SqFt	
VIII. Scheduled dates asbestos removal (mm/dd/yyyy)						
IX. Scheduled dates demo (mm	/dd/yyyy)	Start:		Com	plete:	



Ventura County Air Pollution Control District NOTIFICATION OF DEMOLITION OR RENOVATION (continued)

XII. WASTE TRANSPORTER #1						
NAME:						
ADDRESS: [No post office box numbers]						
CITY:	STATE:	ZIP:				
CONTACT:	TELEPHONE:					
XIII. WASTE TRANSPORTER #2						
NAME:						
ADDRESS: [No post office box numbers]						
CITY:	STATE:	ZIP:				
CONTACT:	TELEPHONE:					
	TEEL HONE.					
XIV. WASTE DISPOAL SITE NAME:						
ADDRESS:						
	LOTATE	7ID.				
CITY:	STATE:	ZIP:				
CONTACT:		TELEPHONE:				
XV. IF DEMOLITION ORDERED BY GOVERNME		NCY BELOW:				
NAME:	TITLE:					
AGENCY:	·					
DATE OF ORDER: [mm/dd/yyyy] DATE ORDERED TO BEGIN: [mm/dd/yyyy]						
XVI. FOR EMERGENCY RENOVATIONS [Attach additional sheets if necessary]						
EMERGENCY DATE [mm/dd/yyyy]: TIME (am/pm):						
DESCRIPTION OF THE SUDDEN, UNEXPECTED EVENT:						
EVDI ANIATIONI OF HOW THE EVENT CALISED LINEAFF CONDITIONS OF MOULD CALISE FOURDARN'S DAMAGE OF						
EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN TO PROPERTY OWNER:						
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR						
PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.						
XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED						
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.						
PRINT OWNER/OPERATOR NAME	SIGNATURE OF OWNER/OPERATOR	DATE				
		DATE				
XIX. I CERTIFY THAT THE ABOVE INFOMRATION IS CORRECT. NOTE: MISSING SIGNATURE WILL RESULT IN						
PRINT OWNER/OPERATOR NAME	SIGNATURE OF OWNER/OPERATOR	DATE				



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Ventura County Air Pollution Control District 4567 Telephone Road, 2nd Floor Ventura, CA 93003

FAX: 805/456-7797

Asbestos NESHAP Fees

Demolition Projects without Asbestos:					
Notification Fee	\$ 176.80				
Demolition or Renovation Projects with Asbestos:					
Greater than or equal to 100 but less than 1,000 square feet of asbestos containing material (100 – 999 sqft)	\$ 270.40				
Greater than or equal to 1,000 but less than 5,000 square feet of asbestos containing material (1,000 – 4,999 sqft)	\$ 644.80				
Greater than or equal to 5,000 square feet of asbestos containing material (≥ 5,000 sqft)	\$ 1014.00				
Revisions:					
Any notification revision	\$ 62.40				

Payment shall be due prior to the commencement of asbestos removal per Rule 45.2.

NOTIFICATION SUBMITTAL: Original notifications and revisions may be submitted by email (PDF required), mail, or hand delivered. Email completed forms to asbestos@vcapcd.org (preferred). Notifications for non-residential renovation or demolition operations shall be typewritten and postmarked or delivered no later than 10 working days prior to commencement of demolition or renovation work. Notifications for residential renovation or demolition operations shall be typewritten and received by the District prior to commencement of demolition or renovation work.

FEE PAYMENT: Payment may be made online, check, or cash. Submit online payments here: https://www.govpaynow.com/gps/user/cyg/plc/a004cn

DEMOLITION: Notification and 10 working day wait required on all subject demolitions even if Asbestos Containing Material (ACM) is not present.

RENOVATION: A separate notification is required for each planned renovation operation involving 100 square feet or more of ACM except Category I nonfriable ACM that is removed in accordance with the requirements of Subsection E.2.a of Rule 62.7.

DEMOLITION: A separate notification is required for each planned demolition operation where any amount of ACM is present.

REVISIONS: Revisions are required if there are any changes to removal or demolition dates, amounts of asbestos present or removed, or to contractors, transporters, or disposal site. Each revision shall be assessed a fee of \$62.40.

*Additional fees MAY apply to any project if significant APCD staff time is needed to determine compliance.For additional information, an Asbestos NESHAP Notification Form, or other Asbestos related issues, visit our website at http://www.vcapcd.org/asbestos.htm or call either VCAPCD Inspector Ken Hall at (805) 303-3709 or Kourtney Heald (805) 303-3709