

**ASBESTOS DEMOLITION/RENOVATION
NOTIFICATION**

DISTRICT MANAGER CAL-OSHA
DIVISION OF OCCUPATIONAL SAFETY
& HEALTH
1655 MESA VERDE AVE., STE. #150
VENTURA, CA 93003-6518

EPA USE ONLY

DateRec _____

Pstmrk _____

School _____

Del / ND _____

ADQUTE? _____

Code#: _____

Doc#: _____

Please check one:

_____ Renovation

_____ Demolition requiring
10 day notice

_____ Demolition requiring
20 day notice

_____ Revision of Original
(Form on reverse side)

DATE: _____

PROJECT JOB # _____
(Please see reverse side)

Agencies ALSO Notified

- Local - San Luis Obispo APCD
- California Air Resources Board
- Cal OSHA
- Building Department

INSTRUCTIONS ON REVERSE SIDE - PLEASE READ BEFORE USING THIS FORM

<p>1. OPERATOR: _____ (Contractor) ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE (____) _____</p>	<p>3. FACILITY NAME: _____ STREET ADDRESS _____ CITY _____ STATE _____ COUNTY _____ ZIP _____</p>
<p>2. OWNER: _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE (____) _____</p>	<p>4. FACILITY DESCRIPTION _____ _____ AGE _____ SIZE _____ PRIOR USE _____</p>
<p>5. Project Start Date: _____ Completion Date: _____</p>	
<p>6. Estimate of Friable Asbestos: ON PIPE: _____ Linear Feet SURFACE OF OTHER COMPONENTS: _____ Square Feet Nature of Materials: _____ _____</p>	
<p>7. DESCRIBE METHODS OF REMOVAL: _____ _____</p>	
<p>8. PROCEDURES USED TO COMPLY WITH 40 CFR 61.147 & 152: _____ _____</p>	
<p>9. NAME & LOCATION OF DISPOSAL SITE: _____</p>	
<p>ANY FURTHER PERTINENT INFO CAN BE INCLUDED BY ATTACHING ADDITIONAL SHEETS QUESTIONS??? FOR FURTHER INFORMATION CALL (415) 556-6415 8am/4pm M-F</p>	