

**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](mailto:asbestos@mdaqmd.ca.gov)  
[www.MDAQMD.ca.gov](http://www.MDAQMD.ca.gov) • @MDAQMD



# Notification of Demolition/Renovation

Submit this form, the asbestos survey and copy of payment to [asbestos@mdaqmd.ca.gov](mailto:asbestos@mdaqmd.ca.gov). Refer to **Rule 302** for asbestos fee.

**Signatures required on Page 4.**

PLEASE TYPE OR PRINT

**For District use only**

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

## 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

Name: \_\_\_\_\_ MDAQMD Permit No(s): \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_ Company/Facility No.: \_\_\_\_\_

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:

- Demolition     Emergency
- Renovation     Planned
- Ordered
- By fire

<b>6. Asbestos survey</b>	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.		

<b>7. Asbestos amount to be removed:</b>			
	Friable/regulated ACM	Category 1 non-friable	Category 2 non-friable
<b>Square feet</b>			
<b>Linear feet</b>			
<b>Cubic feet</b>			
Description of friable/regulated ACM:			
Asbestos material to remain in place (identify material and quantity): None    RACM _____    Cat 1 _____    Cat 2 _____			
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:			

<b>7-A Asbestos fee calculation (ACM)</b>			
302(E)(2a) fee (square feet) \$	302(E)(2a) fee (linear feet) \$	302(E)(2a) fee (cubic feet) \$	Enter total fees below

<b>7-B Asbestos fee calculation (regulated ACM per NESHAP)</b>			
Area	Linear Pipe (outside diameter > 2.35")	Linear Pipe (outside diameter ≤ 2.35")	Cubic
(square feet)	(linear feet)	(linear feet)	(cubic feet)
<b>a</b>			
	(square feet) (3.14 x linear feet x D [inches])/12		
	<b>b</b>		
(total square feet <b>a + b</b> )			
302(E)(2) fee (square feet) \$	302(E)(2) fee (linear feet) \$	302(E)(2) fee (cubic feet) \$	Enter total fees below

<b>7-C Demolition fee calculation</b>			
302(E)(1) fee (square feet) \$	302(E)(1) fee (linear feet) \$	302(E)(1) fee (cubic feet) \$	Enter total fees below

<b>Total fees</b>		
<b>7-A</b> total fees: \$	<b>7-B</b> total fees: \$	<b>7-C</b> total fees: \$
If completing 7-A and 7-C, <b>OR</b> 7-B and 7-C, add total fees from those entries and enter a complete total: \$		

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

9. Schedule details		
Asbestos setup start date:	Asbestos setup start time:	
Asbestos removal start date:	Asbestos removal start time:	Removal completed date:
Demolition/Renovation start date:	Demolition/Renovation completed date:	

10. Describe the planned demolition or renovation work, including methods to be used and a description of affected facility components	
Removal method:	Hand method    Mechanical    Glove bag    Other: _____
Affected components:	

11. Describe the work practices and engineering controls used to prevent emissions of asbestos on site	
Work practices:	
Engineering controls:	Fill containment Negative pressure Wet method    Other: _____

12. Waste transporter
Name:
Address:
City, state, zip:
Contact:
Phone:

13. Waste disposal site
Name:
Address:
City, state, zip:
Contact:
Phone:

————— For emergency project notification only —————

14. Ordered/emergency project <i>(include a copy of the order)</i>	
Agency name:	
Authorizing person:	Title:
Date of order:	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:

