



air pollution control district
SANTA BARBARA COUNTY

Notification for Renovation and Demolition

ENF-28

Santa Barbara County Air Pollution Control District
260-A N San Antonio Rd, Santa Barbara, CA 93110-1315

Please read the instructions and definitions on pages 4 and 5 prior to completing this form.

Section I. Notification

Demolition Dates:

*Start Date: _____

Finish Date: _____

Asbestos Abatement Dates:

*Start Date: _____

Finish Date: _____

PROJECT #: _____

Start Date: _____

Finish Date: _____

***You MUST start on this date or revise this notification.
See instructions for start date change requirements.**

Indicate type of Notification:

Emergency (E) _____ (See page 4 for Emergency definition – Prior approval is recommended!)

ORIG _____ Asbestos No. _____ REV 1 2 3 4 (Circle One) CANCL _____

Fees for Asbestos Demolition and Renovation (District Rule 210, schedule E)

(Please check box and submit proper amount)

	<u>Fee</u>	
Demolition of Regulated Facility: (demolitions require a stand-alone notification, see attached definitions).		
Each Building	\$ 137.93	<input type="checkbox"/>
Asbestos Removal Renovations:		
260 linear or 160 square feet but		
Less than 500 linear or square feet	\$ 551.72	<input type="checkbox"/>
500 or greater but less than 1000	\$ 781.61	<input type="checkbox"/>
1000 or greater but less than 2500	\$ 1,048.29	<input type="checkbox"/>
2500 or greater but less than 5000	\$ 1,296.55	<input type="checkbox"/>
5000 or greater but less than 10,000	\$ 1,517.25	<input type="checkbox"/>
10,000 or greater	\$ 1,793.10	<input type="checkbox"/>

► **Attach Asbestos Survey**

FOR DISTRICT USE ONLY		DATE STAMP
Asbestos No.		
Postmark Date		
Check / CC #		
Fee Amount Paid		

Section II. Addresses

Asbestos Contractor:
 Company Name: _____
 Contact Name: _____
 Address: _____
 City: _____
 State/Zip: _____
 Phone:(____) _____

Facility Owner: _____
 Address: _____
 City: _____
 State/Zip: _____
 Phone:(____) _____

General Contractor:
 Company Name: _____
 Contact Name: _____
 Address: _____
 City: _____
 State/Zip: _____
 Phone:(____) _____

Facility: _____ **Age:** _____
Description & Use: _____
Street Ad: _____
City: _____
State/Zip: _____
Sq Ft of Facility or Project _____

Section III. Project Specifications (circle one) Renovation or Demolition (see definition)

Is Asbestos Containing Material (ACM) present? (Yes / No) (**Attach Survey**)

Asbestos Type & percent %: Amosite Amphibole Chrysotile Other

Amount of Asbestos to be removed

Unit	Total RACM To Be Removed	Nonfriable Asbestos Containing Material	
		Category I	Category II
Linear Feet (Pipes)			
Square Feet (Surface Area)			

Section IV. Procedures - Procedure used to detect the presence of Asbestos Containing Materials (ACM):

(circle) visual Bulk sampling PLM PCM TEM

Description of planned demolition or renovation work to be performed and method(s) to be employed, including demolition and renovation techniques to be used and description of facility components: _____

Description of work practices and engineering controls to be used to comply with 40 CFR Part 61, including asbestos removal and waste handling emission control procedures: _____

Section V. Disposal

Waste Transporter #1: Name: _____ Tel.#: (____) _____
Address: _____
City: _____ State: _____ Zip Code: _____

Waste Disposal Site: Name: _____ Tel.#: (____) _____
Location: _____
City: _____ State: _____ Zip Code: _____

Section VI. Governmental Ordered Demolition - Attach Order.

Section VII. Emergency Renovations - Call for Approval.

Be prepared to provide the following information: the date and hour the emergency occurred, a description of the sudden and unexpected event, and an explanation of how the event caused an unsafe condition, or would cause equipment damage or an unreasonable financial burden.

Section VIII. Unexpected Discovery of Asbestos

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: _____

Section IX. Trained Individual On-Site (if applicable)

I certify that a trained individual in the provisions of the NESHAP regulation will be on-site during the renovation or demolition of any Asbestos Containing Material and evidence that the required training has been accomplished by this person will be available for inspection during project hours.

Print Name of On-site Trained Supervisor(s)

cell ph # or/on-site ph # / pager #

Certification #

Training Provider

Exp. Date

Section X. Statement

I certify pursuant to Health & Safety Code Section 42303.5 that all information contained herein and information submitted with this notification is true and correct:

(Signature of Responsible Party) (Date)

Print Name

Telephone Number

Additional Comments:

INSTRUCTIONS FOR COMPLETING DISTRICT FORM ENF-28

Please note that verbal or facsimile notifications will not be accepted. Original notifications may be sent via mail, email, or delivered by hand. Emailed notifications must be in a non-editable format (i.e. pdf) and include form APCD-01C for credit card payment. All notifications must be accompanied by payment and survey. A revision is required any time the amount of affected ACM changes by 20% or more and/or whenever a reported start date changes.

Section I. Notification

A. Notifications should be sent to the Santa Barbara County Air Pollution Control District at 260-A N San Antonio Rd, Santa Barbara, CA 93110-1315 (for projects being performed in Santa Barbara County). Email notifications should be sent to asbestos@sbcapcd.org. When submitting via email, if you do not receive a response within 72 hours confirming that the District has received your submittal, please assume the notification was not received and contact us at 805-961-8800.

B. Asbestos notification requirements are as follows:

1. Notification of all Renovations and Demolitions are to be postmarked or delivered to the District 10 working days prior to starting work, unless it is an Emergency Renovation.

Note: Emergency Renovation, as defined by 40 CFR §61.141, means a renovation operation that was not planned but results from a sudden, unexpected event that, if not immediately attended to, presents a safety or public health hazard, is necessary to protect equipment from damage, or is necessary to avoid imposing an unreasonable financial burden. This term includes operations necessitated by non-routine failures of equipment.

Calling for prior Emergency approval is recommended.

2. Please indicate whether the Notification for the Project is an Original, Revision, or Cancellation in the space provided.
3. Attach copy of asbestos survey.
4. Please check appropriate box(es) for fee submittal. Amount submitted should correspond with fee schedule. Fees are subject to change every July 1st. Ensure that you are using the most current form and fee schedule. *Note:* Notifications received without the appropriate fee are considered incomplete. Credit card payments must use form APCD-01C.
5. If a revision to a notification is needed, please write the assigned Asbestos No. (call 805-961-8800 for number) in the space provided and submit only page one.
6. Start date changes: If the revised start date is after the original, you must notify the District as soon as possible and by no later than the original start date. If the revised date is before the original, notification must be made at least 10 working days before the revised start date.

C. All demolitions of regulated facilities are regulated by NESHAP and require written notification.

Section II. Addresses

- A. Please complete all areas that are applicable. If sections are the same Name and Address (e.g., Owner and Facility), entering "same" is acceptable.
- B. In the event there is no asbestos to be removed and no Asbestos Contractor is hired – leave blank.
- C. General Contractor means the contractor or company employed by the owner to complete the project.
- D. Facility: provide the name, description & use (i.e. retail – coffee shop/merchandise/restaurant, apartments, medical, office, etc), and actual street location of the structure/project. Include the square footage of the structure for demolitions or project square footage for renovations.

Section III. Project Specifications

- A. From the results of your survey identify the types and percent of asbestos present in the structure/facility.
- B. The total amount of Regulated Asbestos Containing Material (RACM) must be entered. ****It is this amount that determines the fees required in Section I.****

Section IV. Procedures

- A. Please complete all areas that are applicable.
- B. Briefly describe the types of ACM to be removed and the removal method(s). (i.e. remove acoustic ceiling tiles using wet methods.)
- C. Briefly describe the work practices and engineering controls to be used. (i.e. full containment and negative air.)

Section V. Disposal - Please complete all areas that are applicable. If more than one waste transporter will be used, please use the additional comments section for this information.

Section VI. Government Ordered Demolition - Complete all areas that are applicable and attach a copy of the order.

Section VII. Emergency Renovation – Calling for Prior Approval is Recommended - After initial call please complete all areas of notification that are applicable and submit within 48 hours. Work that definitively qualifies as an emergency may be started immediately. Starting a project early that is not an emergency will result in the issuance of a Notice of Violation and assessment of penalties.

Section VIII. Unexpected Discovery of Asbestos - Briefly describe the procedures to be used in the event of unexpected discovery of asbestos. (i.e. cease all work, seal the area, and contact a certified asbestos abatement contractor.)

Section IX. Trained Individual On-Site - If there is no asbestos involved in the renovation/demolition, there is no need to have a trained individual on-site and as such you may enter N/A in this block.

Section X. Statement - Certification statement must be signed by a responsible party which may be the owner of the property or a legal representative of the owner such as the General Contractor or Asbestos Consultant who has authority to sign for him/her. Be advised that whoever signs the notification has the obligation to provide revisions as required.

If you have any questions on completing this form, please contact the District
and ask for the Asbestos Project Coordinator at (805) 961-8800.

DEFINITIONS **Note: definitions may differ from Building Department usage.*

Asbestos containing material (ACM): any material or product that contains more than 1% asbestos.

Asbestos renovation: the removal of more than 160 square feet or 260 linear feet of ACM.

Category I nonfriable ACM: asbestos-containing packings, gaskets, resilient floor covering, and asphalt roofing products. (typically pliable materials, including sealants and mastics)

Category II nonfriable ACM: any other ACM, excluding Cat. I nonfriable ACM, that when dry, **cannot** be crumbled, pulverized, or reduced to powder by hand pressure. (typically non-pliable/cementitious materials)

Demolition: the wrecking or taking out of any load-supporting structural member (i.e. - load bearing wall) of a facility together with any related handling operations or intentional burning of any facility. **Note: this definition may differ from Building Department usage.*

District: Santa Barbara County Air Pollution Control District

Friable ACM: any ACM that when dry, **can** be crumbled, pulverized, or reduced to powder by normal hand pressure.

Nonfriable ACM: any ACM that when dry, **cannot** be crumbled, pulverized, or reduced to powder by hand pressure.

Regulated Asbestos Containing Material (RACM): *any friable* ACM that will be disturbed during a renovation or demolition of a regulated facility. Also, any Category I or II nonfriable ACM that will become friable due to the removal technique is considered RACM.

Regulated Facility: any institutional, commercial, public, industrial, or residential structure, installation, or building (including any structure, installation, or building containing condominiums or individual dwelling units operated as a residential cooperative, but excluding residential buildings having four or fewer dwelling units). Any facility that was previously subject to this regulation is not excluded, regardless of its current use or function. **Note: single family residences and associated outbuildings are exempt.*

Survey: a thorough inspection of the facility and testing of materials to determine the presence of asbestos. State and federal regulations require that surveys be done by certified personnel.