

**Sacramento Metropolitan Air Quality Management District
ASBESTOS ABATEMENT NOTIFICATION FORM**

SEND TO: Attn: Asbestos Section
Sac Metro Air District
777 12th Street, Suite 300
Sacramento, CA 95814-1908
Phone # (279) 207-1122
Fax # (279) 207-1144
Asbestos@airquality.org

PLEASE CHECK ONE:
 _____ **Renovation/ Asbestos Abatement**
 _____ **Revision**
 _____ **Emergency Renovation/ Demolition (See #13)**

MAKE NO REVISION CHANGES ON THIS PAGE (SEE #12)

<p>1. CONTRACTOR _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____ CONTACT _____ AHERA Site Supervisor _____ EMAIL _____</p>	<p>3. STRUCTURE _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ CONTACT _____ PHONE _____</p>
<p>2. OWNER _____ Address _____ City _____ State _____ Zip _____ Phone _____ Contact _____ EMAIL _____</p>	<p>4. STRUCTURE DESCRIPTION _____ Use _____ Floors _____ Size _____ Age _____ Work Location _____ _____</p>
<p>5. RACM Removal Start Date _____ RACM Completion Date _____ Weekday Hours _____ Weekend Hours _____</p>	
<p>6. ESTIMATE OF RACM TO BE REMOVED</p> <p>Lineal Feet on pipe _____ Square Feet _____ Cubic Feet _____ Amount of Category I _____ Amount of Category II _____ Describe Materials to be Removed _____ Analytical Method _____</p>	
<p>7. Methods of Removal _____ _____</p>	
<p>8. Work Plan Description _____ _____</p>	

NOTE: Both sides of this form must be completed. **Handcarried** **Postmark** _____

9. STRUCTURE ADDRESS and WORK LOCATION _____

10. Name of Disposal Site _____

Address & Phone Number _____

11. Name of Waste Transporter _____

Address & Phone Number _____

12. REVISION INFORMATION: Make revision changes ON THIS PAGE ONLY, BUT FAX BOTH PAGES
Fax or mail this notice on or before the date(s) previously reported

REVISION NUMBER (circle) 1 2 3 4 5 6 7 8 9 10 11 12 13 14

Cancellation of Project _____ Upon project cancellation, you may submit this form as a refund in writing, however, a minimum administrative fee of \$228 will be deducted from the original fees submitted. If a site visit was conducted, the fee deducted will be \$435.

A. Correction of Project address/location _____

B. New Scope of Work: Lineal Feet _____ Square Feet _____ Cubic Feet _____

RACM involved _____

Change in plan fee based on new scope: \$ _____ Increase Decrease

(Enclose balance due with this revision, make check payable to SMAQMD)

C. Date Changes: Old removal start date: _____ New removal start date: _____

Old completion date: _____ New completion date: _____

D. New Disposal Site _____

13. EMERGENCY RENOVATION OR DEMOLITION (Call SMAQMD for authorization number.)

For a demolition ordered by a government agency, attach a copy of the order.

SMAQMD Authorization number _____ Date: _____

Reason for Emergency _____

14. FEE: This notice will NOT be accepted without the appropriate plan fee (SMAQMD Rule 304).

Please make check payable to SMAQMD or pay online at www.airquality.org. Mark the appropriate plan fee category listed below.

Linear Feet	Square Feet	Cubic Feet	Fee**
0-259*	0-159*	0-34*	\$435*
260-499	160-499	35-109	\$435
500-999	500-999	110-218	\$635
1,000-2,499	1,000-2,499	219-547	\$935
2,500-4,999	2,500-4,999	548-1,094	\$1,335
5,000-9,999	5,000-9,999	1,095-2,188	\$1,835
10,000 or more	10,000 or more	2,189 or more	\$2,335

*This category applies to demolition projects only.
 Revised June 2021

**If materials are in more than one category, the higher fee will apply.