

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

**SEND TO:**

Attn: Asbestos Section  
SMAQMD  
777 12<sup>th</sup> Street, Third Floor  
Sacramento, CA 95814-1908  
Phone # (916) 874-4800  
Fax # (916) 874-4899  
Asbestos@airquality.org

**PLEASE CHECK ONE:**

Renovation/ Asbestos Abatement  
 Revision  
 Emergency Renovation/ Demolition (See #13)

**MAKE NO REVISION CHANGES ON THIS PAGE (SEE #11)**

<p><b>1. CONTRACTOR</b> _____</p> <p>ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP _____</p> <p>PHONE _____ CONTACT _____</p> <p>AHERA Site Supervisor _____</p> <p>EMAIL _____</p>	<p><b>3. STRUCTURE</b> _____</p> <p>ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP _____</p> <p>CONTACT _____</p> <p>PHONE _____</p>
<p><b>2. OWNER</b> _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Contact _____</p> <p>EMAIL _____</p>	<p><b>4. STRUCTURE DESCRIPTION</b> _____</p> <p>Use _____ Floors _____ Size _____ Age _____</p> <p>Work Location _____</p> <p>_____</p>
<p><b>5. RACM Removal Start Date</b> _____ <b>RACM Completion Date</b> _____</p> <p>Weekday Hours _____ Weekend Hours _____</p>	
<p><b>6. ESTIMATE OF RACM TO BE REMOVED</b></p> <p><b>Lineal Feet on pipe</b> _____ <b>Square Feet</b> _____ <b>Cubic Feet</b> _____</p> <p>Amount of Category I _____ Amount of Category II _____</p> <p>Describe Materials to be Removed _____</p> <p>Analytical Method _____</p>	
<p><b>7. Methods of Removal</b> _____</p> <p>_____</p>	
<p><b>8. Work Plan Description</b> _____</p> <p>_____</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 use GOV PAY at [www.airquality.org](http://www.airquality.org). Circle 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 4/2013

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