



# COUNTY OF SISKIYOU

**PUBLIC HEALTH & COMMUNITY DEVELOPMENT DEPARTMENT**  
Building ♦ Environmental Health ♦ Office of Emergency Services  
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BUILDING

## **ASBESTOS DEMOLITION / RENOVATION PERMIT DECLARATION** **SISKIYOU COUNTY BUILDING DEPARTMENT**

SECTION 19827.5 HEALTH & SAFETY CODE, STATE OF CALIFORNIA EFFECTIVE JANUARY 1, 1991 AND PART 61 OF TITLE 40 OF THE CODE OF FEDERAL REGULATIONS, EFFECTIVE NOVEMBER 20, 1990.

Pursuant to Section 19827.5 H & S and Part 61, Title 40 CFR, every applicant for demolition or renovation permit must complete this declaration germane to hazardous air pollutants upon application for demolition or renovation permit.

A copy of the attached EPA/NESHAPS form must be attached to this declaration form. The EPA form must be filed with the United States Environmental Protection Agency whether asbestos materials are or are not associated with the demolition or renovation project. Renovations on single family residences and apartment buildings with four units or fewer are exempt from notification to the EPA.

DATE OF DECLARATION \_\_\_\_\_

PROPERTY OWNER(S) \_\_\_\_\_

ASSESSOR PARCEL NUMBER \_\_\_\_\_

LICENSED CONTRACTOR \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

\_\_\_\_\_ Demolition

\_\_\_\_\_ Renovation

\_\_\_\_\_ Attached is a copy of my written Asbestos Demolition/Renovation Notification to the United States Environmental Protection Agency for the demolition or renovation project located at \_\_\_\_\_

\_\_\_\_\_ I hereby declare that a written Asbestos Demolition/Renovation Notification to the United States Environmental Protection Agency is not applicable to this demolition project.

I have read this declaration and state that the above information is correct. I agree to comply with all city and county ordinances, state and federal laws relating to demolition or renovation, and hereby authorize representatives of this county to enter upon the property for inspection purposes.

I declare under penalty of perjury that the foregoing is true and correct. Executed this the day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, Property Owner, or California Licensed Agent in the County of \_\_\_\_\_, State of \_\_\_\_\_.

## EPA ASBESTOS NESHAP REQUIREMENTS

The National Emissions Standards for Hazardous Air Pollutants (NESHAP) regulates asbestos under Section 112 of the Clean Air Act (CAA) .

Under 40 CFR Part 61, owners of buildings and/or their contractors are required to notify applicable State and local agencies and/or EPA Regional Offices **prior to all demolitions**, or **before** renovations of "facilities" where asbestos material will be disturbed. In addition, the Asbestos NESHAP requires special removal, handling, and disposal practices to be followed during demolitions and renovations of all **facilities**. Regulated facilities are institutional, commercial, public industrial or residential structures, installations or buildings containing condominiums, or individual dwelling units operated as residential cooperatives, but excluding residential buildings having four or fewer dwelling units); ships; or active or inactive waste disposal sites.

Notifications must contain the information indicated on the attached EPA Notification Form, postmarked at least ten **working** days prior to the start of any demolition (including demolitions of facilities where no asbestos is present) or renovation activity that will disturb asbestos, and mailed to:

### **Regional Asbestos Coordinator (mail original)**

U.S. EPA Region IX  
Enforcement Section (A-3-3)  
Asbestos NESHAP Notification (Air 5)  
75 Hawthorne Street  
San Francisco CA 94105

Provide, Mail or Fax copies of EPA Notification Form:

### **California Air Resources Board (fax copy)**

Enforcement Division  
Asbestos NESHAP Notification  
Post Office Box 2815  
Sacramento, California 95812  
Fax: (916) 445-7986

### **CAL/OSHA (fax copy)**

381 Hemstead Drive  
Redding CA 96002  
Phone: 530-224-4743  
Fax: 530-224-4747

### **Siskiyou County Air Pollution (fax copy)**

Agriculture Department  
525 South Foothill Drive  
Yreka CA 96097  
530-841-4029 and 530-841-4031

### **Siskiyou County Health Department (fax copy)**

806 South Main Street  
Yreka CA 96097  
530-841-2100

### **Siskiyou County Building Department**

806 South Main Street  
Yreka CA 96097  
530-841-2100

## **PROJECTS REQUIRING NOTIFICATIONS**

Notifications are mandatory for the jobs indicated below.

1. **All** demolition projects, including for facilities in which no asbestos is present. These include or cover:
  - Commercial and industrial facilities;
  - Institutional buildings, structures or installations;
  - Public facilities;
  - Houses which are part of an urban renewal project, a highway construction project, or a project to develop a shopping mall; and
  - Mobile structures used for non-residential purposes.
2. Renovation projects which involve the disturbance of friable or Regulated Asbestos Containing (RACM) material meeting or exceeding: the minimum of:
  - 260 linear feet (80 linear meters) on pipes, or
  - 160 square feet (15 square meters) on other facility components, and
  - 35 cubic feet (one cubic meter) on other facility components

### **EXCEPTIONS**

EPA does not require notifications for renovations or removal of non-friable ACM where the material is in good condition and there is no likelihood of rendering the material friable. Also not covered by the NESHAP are:

1. Single-family private residences;
2. Mobile homes used as single-family dwellings; and
3. Residential buildings or structures which have four or fewer dwelling units unless they are part of an army base, company housing, or group of houses subject to condemnation for a highway, right-of-way, or conversion to commercial facilities.

### **SOME DEFINITIONS**

1. **REGULATED ASBESTOS CONTAINING MATERIAL (RACM)** means
  - a. Friable asbestos material,
  - b. Category I non-friable ACM that has become friable,
  - c. Category I non-friable ACM that will be or has been subjected to sanding, grinding, cutting, or abrading, or
  - d. Category II non-friable ACM that has a high probability of becoming or has become crumbled, pulverized, or reduced to powder by the forces expected to act on the material in the course of demolition or renovation operations.
2. **CATEGORY I - NONFRIABLE ASBESTOS CONTAINING MATERIAL (ACM)** means asbestos containing packing, gaskets, resilient floor covering, and asphalt roofing-products containing more than 1 percent asbestos (as determined by Polarized Light Microscopy). NESHAP allows these matniques.
3. **CATEGORY II - NONFRIABLE (ACM)** means any material, excluding Category I non-friable ACM, containing more than 1 percent asbestos (such as transite, asbestos/cement products). NESHAP requires these materials to be removed prior to demolition.
4. **DEMOLITION** means the wrecking or taking out of any load supporting structural member of a facility together with any related handling operations or the intentional burning of any facility. NESHAP requires a facility to be inspected prior to demolition.

State and local regulations may be more stringent than the Asbestos NESHAP and must be followed. If you have any questions on Asbestos NESHAP requirements call EPA at (415-972-3989).

# ASBESTOS

## NOTIFICATION OF RENOVATION OR DEMOLITION

The Asbestos NESHAP regulation, 40 CFR, Subpart M, Section 61.145 requires written notification of demolition or renovation operations. The notification forms linked in the boxes below may be used to fulfill this requirement. Only **complete and accurate** notification forms are accepted. Submittal of incomplete or inaccurate notification forms may result in enforcement action.

The notification form should be typewritten and postmarked or delivered no later than ten working days prior to the beginning of the asbestos removal activity and/or demolition. This notification is required for demolition ***even if there is no asbestos present***.

The Asbestos NESHAP Notification Form should be typewritten and postmarked or delivered no later than ten working days prior to the beginning of the asbestos removal activity and/or demolition.

For specific information regarding California's Non-Delegated Air Districts, please view the Counties in Non-Delegated Districts table.

### Notification Instructions

1. **Type of Notification:** Enter "O" if the notification is a first time or original notification, "R" if the notification is a revision of a prior notification, or "C" if the activity has been canceled.
  
2. **Facility Information:** Enter the names, addresses, contact persons and telephone numbers of the following:
  - Owner: Legal owner of the site at which asbestos is being removed or demolition planned.
  - Removal Contractor: Contractor hired to remove asbestos.
  - Other Operator: Demolition contractor, general contractor, or any other person who leases, operates, controls or supervises the site.

If known, the name of the site supervisor should be entered as the contact person for the notification. If additional parties share responsibility for this site, demolition activity, renovations or ACM removal, include complete information (including name, address, contact person and telephone number) on additional sheets submitted with the form.
  
3. **Type of Operation:** Enter "D" for facility demolition, "R" for facility renovation, "O" for ordered demolitions, or "E" for emergency renovations.
  
4. **Is Asbestos Present?** Answer "Yes" or "No" regardless of the amount or type of asbestos.

5. **Facility Description:** Provide detailed information on the areas being renovated or demolished. If applicable, provide the floor numbers and room numbers where renovations are to be conducted.
- Site Location: Provide information needed to locate site in the event that the address alone is inadequate.
  - Building Size: Provide in square meters or square feet.
  - No. of Floors: Enter the number of floors including basement or ground level floors.
  - Age in Years: Enter approximate age of the facility.
  - Present Use/Prior Use: Describe the primary use of the facility or enter the following codes:
    - **H** for Hospital; **S** for School; **P** for Public Building; **O** for Office; **I** for Industrial; **U** for University or College; **B** for Ship; **C** for Commercial; or **R** for Residence.

6. **Asbestos Detection Procedure:** Describe methods and procedures used to determine whether ACM is present at the site, including a description of the analytical methods employed.

7. **Approximate Amount of Asbestos Including:** (1) Regulated ACM to be removed (including nonfriable ACM to be sanded, ground or abraded); (2) Category 1 ACM not removed; and (3) Category II ACM not removed.

For both removals and demolitions, enter the amount of RACM to be removed by entering a number in the appropriate box and an "X" for the unit. For demolitions only, enter the amount of Category I and II nonfriable asbestos not to be removed in the appropriate boxes.

Category I nonfriable material includes packing, gaskets, resilient floor covering and asphalt roofing materials containing more than one percent asbestos. Category II nonfriable material includes any material, excluding Category I products, containing more than one percent asbestos, that when dry, cannot be crumbled, pulverized or reduced to powder.

8. **Scheduled Dates of Asbestos Removal (MM/DD/YY):** Enter scheduled dates (month/day/year) for asbestos removal work. Asbestos removal work includes any activity, including site preparation, which may break up, dislodge or disturb asbestos material.
9. **Scheduled Dates of Demo/Renovation (MM/DD/YY):** Enter scheduled dates (month/day/year) for beginning and ending the planned demolition or renovation.
10. **Demolition of Planned Demolition or Renovation Work, and Method(s) to be Used:** Include in this description the demolition and renovation techniques to be used and a description of the areas and types of facility components which will be affected by this work.
11. **Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition and Renovation Site:** Describe the work practices and engineering controls selected to ensure compliance with the requirements of the regulations, including both asbestos removal and waste-handling emission control procedures.

- 12. Waste Transporter(s):** Enter the names, addresses, contact persons and telephone numbers of the persons or companies responsible for transporting ACM from the removal site to the waste disposal site. If the removal contractor or owner is the waste transporter, state "same as owner" or "same as removal contractor." If additional parties are responsible, include complete information on an additional sheet submitted with the form.
  
- 13. Waste Disposal Site:** Identify the waste disposal site, including the complete name, location and telephone number of the facility. If ACM is to be disposed of at more than one site, provide complete information on an additional sheet submitted with the form.
  
- 14. If Demolition is Ordered by a Government Agency, Please Identify the Agency Below:** Provide the name of the responsible official, title and agency, authority under which the order was issued, the dates of the order and the dates of the ordered demolition.
  
- 15. Emergency Renovation Information:** Provide the date and time of the emergency, a description of the event and a description of unsafe conditions, equipment damage or financial burden resulting from the event. The information should be detailed enough to evaluate whether a renovation falls within the emergency exception.
  
- 16. 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 Power:** Provide adequate information to demonstrate that appropriate actions have been considered and can be implemented to control asbestos emissions adequately, including at a minimum, conformance with applicable work practice standards.
  
- 17. Certification of Presence of Trained Supervisor:** One year after promulgation of the applicable regulation, the notifier must certify that a person trained in asbestos-removal procedures will supervise the demolition or renovation. The supervisor is responsible for the activity on-site. Evidence that the training has been completed by the supervisor must be available for inspection during normal business hours.
  
- 18. Verification:** Please certify the accuracy and completeness of the information provided by signing and dating the notification form.

# Notification Instructions Cont.

- RENOVATION:** means altering in any way one or more facility components. **NOTICE MUST BE POSTMARKED AS EARLY AS POSSIBLE BEFORE PROJECT.**
- DEMOLITION:** means the wrecking or taking out of load-supporting structural members of a facility together with any related handling operations. 10 day notice includes facilities which contain no asbestos.
- FACILITY:** means any institutional, commercial or industrial structure, installation, or building. Renovations on single family residences and apartment buildings with 4 units or fewer are exempt from notification to EPA.
- PROJECT JOB NUMBER:** Your **OWN IN-HOUSE I.D.** for a specific job site. Optional, but expedites communication concerning notifications.
- LOCAL AGENCY:** Most areas in Region 9 have local NESHAP delegated agencies. In these areas notice must be provided to both EPA and the local agency.

1. OPERATOR/CONTRACTOR: Full information concerning person doing the work.
2. PROPERTY OWNER: Complete in full.
3. FACILITY NAME: Must have complete address OR directions to the job site.
4. FACILITY DESCRIPTION: Current use of building. Project location in the facility. Other descriptive information as necessary.
5. START AND COMPLETION DATE: Provide month, day, and year. Must be revised if dates change. (See revision form below)
6. Estimate of amount to be removed (must be in square or linear feet). Revisions (see form below) must be made for additional amounts uncovered.
7. Examples of methods: glove bag, scrape, remove in sections, etc.
8. Examples: Adequate wetting prior to and during work, double bag, etc. **DRY REMOVAL MUST RECEIVE PRIOR WRITTEN APPROVAL FROM EPA OR THE LOCAL DELEGATED AGENCY**

**IF MORE SPACE IS NEEDED THAN PROVIDED, ADDITIONAL SHEETS SHOULD BE ATTACHED**

**TO REVISE A NOTIFICATION ALREADY ON FILE WITH EPA, USE FORM PROVIDED BELOW**

\*\*\*\*\*

PROJECT NAME \_\_\_\_\_ PROJECT JOB # \_\_\_\_\_

ORIGINAL NOTIFICATION DATE \_\_\_\_\_ Revision Notice # 1 2 3 4 5 please circle

This is to advise that the above referenced notification presently on file has been revised. Please note the revised portion listed.

CHANGES FOR THIS REVISION PROJECT ( )  
CANCELLATION \_\_\_\_\_

1. **NEW** Location \_\_\_\_\_
2. **NEW** Scope of Work \_\_\_\_\_
3. **ADDITIONAL** Quantity of Asbestos \_\_\_\_\_
4. **NEW** Start Date \_\_\_\_\_
5. **NEW** Completion Date \_\_\_\_\_
6. **NEW** Disposal Site \_\_\_\_\_

## ASBESTOS NESHAP NOTIFICATION OF DEMOLITION AND RENOVATION

OPERATOR PROJECT #	POSTMARK	DATE RECEIVED	NOTIFICATION #		
I. TYPE OF NOTIFICATION ( O - ORIGINAL C- CANCELLED ) (R - REVISION -- WRITE REVISION #? ) _____					
II. FACILITY INFORMATION (IDENTIFY OWNER, REMOVAL CONTRACTOR, AND OTHER OPERATOR)					
OWNER NAME:					
ADDRESS:					
CITY:	County:	State:	ZIP:		
CONTACT:			Telephone:		
ASBESTOS REMOVAL CONTRACTOR:					
ADDRESS:					
CITY:		State:	Zip:		
CONTACT:		Telephone:	Title:		
DEMOLITION CONTRACTOR:					
ADDRESS:					
CITY:		State:	ZIP		
CONTACT:		Telephone:	Title:		
III. TYPE OF OPERATION: (D-DEMO O-ORDERED DEMO R-RENOVATION E-EMERGENCY RENOVATION):					
IV. IS ASBESTOS PRESENT? ( YES / NO )		List Type of Asbestos Material (s) to be Removed:			
V. FACILITY DESCRIPTION (INCLUDE BUILDING NAME, NUMBER AND FLOOR OR ROOM NUMBER)					
BUDG NAME:					
ADDRESS:					
CITY:	County:	State:	ZIP:		
SITE LOCATION:					
BUILDING SIZE:		Number of floors:	Age in years:		
PRESENT USE:		PRIOR USE:			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:  1. REGULATED ACM TO BE REMOVED 2. CATEGORY I ACM NOT REMOVED 3. CATEGORY II ACM NOT REMOVED	RACM TO BE REMOVED	NONFRIABLE ASBESTOS MATERIAL TO BE REMOVED		NONFRIABLE ASBESTOS MATERIAL NOT TO BE BEREMOVED	
		CAT I	CAT II	CAT I	CAT II
PIPES: (Linear Feet)					
SURFACE AREA (Square Feet)					
VOL. RACM OFF FACILITY COMPONENT (Cubic Feet)					
VIII. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				Complete:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:				Complete:	
Weekdays Work Hours:			Weekend Work Hours:		



<b>X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b>		
<b>XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE.</b>		
<b>XII. WASTE TRANSPORTER #1</b>		
<b>ADDRESS:</b>		
<b>CITY:</b>	<b>STATE</b>	<b>ZIP</b>
<b>CONTACT PERSON:</b>	<b>TELEPHONE:</b>	
<b>XIII. WASTE DISPOSAL SITE:</b>		
<b>NAME:</b>		
<b>LOCATION:</b>		
<b>CITY:</b>	<b>STATE</b>	<b>ZIP</b>
<b>TELEPHONE:</b>		
<b>XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
<b>NAME:</b>	<b>TITLE:</b>	
<b>AUTHORITY:</b>		
<b>DATE OF ORDER (MM/DD/YY)</b>	<b>DATE ORDERED TO BEGIN: (MM/DD/YY)</b>	
<b>XV. FOR EMERGENCY RENOVATIONS</b>		
a) <b>DATE AND HOUR OF EMERGENCY: (MM/DD/YY)</b>		
b) <b>DESCRIPTION OF THE SUDDEN, UNEXPECTED EVENT:</b>		
c) <b>EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN:</b>		
<b>XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER.</b>		
<b>XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS ( REQUIRED 1 YEAR AFTER PROMULGATION)</b>		
_____		_____
(SIGNATURE OF OWNER/OPERATOR)		(DATE)
<b>XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.</b>		
_____		_____
(SIGNATURE OF OWNER/OPERATOR)		(DATE)