



South Coast Air Quality Management District ([www.aqmd.gov](http://www.aqmd.gov))

21865 Copley Drive, Diamond Bar, CA 91765-4182 Phone: (909)396-2336

Rule 1403 Form
Notification of Demolition or Asbestos Removal

1 Fax these type of Notification Forms to (909)396-3342 and mail the originals within 48 hrs

Mail Form and Fee To:
SCAQMD
Asbestos Notification File # 55641
Los Angeles, CA 90074-5641

Project Type DEMOLITION DEMOLITION ASBESTOS REMOVAL PLANNED RENO 1 PROCEDURE 4 PLAN 1 PROCEDURE 5 PLAN Project Urgency EMERGENCY ORDERED

Notification Type ORIGINAL 1 CANCELLATION 1 REVISION AMOUNT 1 REVISION DATES 1 REVISION OTHER

Contractor Information: Notifications should be submitted by the contractor performing the project
CSLB License Cal. OSHA REG AQMD ID CHECK FEE DATE PROJECT #
Company Name List Site Supervisor(s) Phone
Address
City State Zip
Completed by Phone

Site Information: Copies of this notification and the CAC asbestos survey report must be kept at the worksite during this project
Site Name
Site Address Cross Street
Site City State Zip County
Site Owner Contact Phone
Owner Address City State Zip
Describe Work
Describe Work Location (s)
Project Work Shift Day Swing Night
2 Number of Floors Building Age (Years) Number of Buildings or Dwelling Units
Building Prior/ Present Use SCHOOL HOSPITAL CONDO/APT PUBLIC BLDG. INDUSTRIAL COMMERCIAL OFFICE UNI/COLLEGE HOUSE SHIP OTHER
Required Building Information ASBESTOS SURVEY? ASBESTOS FOUND? ASBESTOS REMOVED? BUILDING TO BE DEMOLISHED?

Asbestos Information: Do not provide this information in demolition notifications, see pg 2
Amount of Each Type of Asbestos in sq ft FRIABLE CLASS I CLASS II 2 TOTAL AMOUNT
ACOUSTIC CEILING LINOLEUM INSULATION FIRE PROOFING DUCTING STUCCO MASTIC FLOOR TILES (VAT)
DRYWALL PLASTER TRANSITE ROOFING OTHER PLEASE DESCRIBE OTHER TYPE OF ASBESTOS:
Asbestos Removal From SURFACES PIPES COMPONENTS

Asbestos Detection Procedures: Check the procedures and analytical methods used to determine the presence of asbestos in the building. See Survey Checklist
SURVEY BULK SAMPLING INSPECTION CAC ASSUMED AS ASBESTOS-PACM PLM PCM TEM

Controls: Check the combination of Rule 1403 procedures used to control asbestos emissions. (Procedure 4 and 5 submit plans for AQMD prior approval)
PROCEDURE NUMBER 1 2 3 4 5

Emergency Asbestos Removal: Check the sudden unexpected event and attach a letter from the person affected by the emergency explaining how this event caused unsafe conditions, equipment damage or unreasonable financial burden. For disturbed/damaged asbestos materials see Procedure 5 Guidelines.
FIRE FLOOD WATER DAMAGE EARTHQUAKE NUISANCE VANDALISM HEALTH/SAFETY FINANCIAL BURDEN EQUIPMENT DAMAGE OTHER

Name of Person Declaring/ Authorizing the Emergency Phone Date of Emergency Hour of Emergency

AQMD USE ONLY: SCREENED BY RECEIVED POSTMARKED ENTERED BY NOTIFICATION #



**South Coast Air Quality Management District** ([www.aqmd.gov](http://www.aqmd.gov))  
 21865 Copley Drive, Diamond Bar, CA 91765-4182 Phone: (909)396-2336

**Rule 1403 Form  
 Notification of Demolition or Asbestos Removal**

**Mail Form and Fee To:**  
 SCAQMD  
 Asbestos Notification File # 55641  
 Los Angeles, CA 90074-5641

**Demolition Information:** All asbestos containing materials must be removed *prior* to any demolition activity

Asbestos Removal Company Name \_\_\_\_\_ Date of Asbestos Removal \_\_\_\_\_

Check work practices to prevent, suppress and contain dust, and dust controls to be use at the demolition site  
 SPRAY WATER EXIT GRATES TARP TRUCKS/BINS FENCE SCREENS STONE TRUCK PADS TIRE WASHING SOIL STABILIZERS OTHER \_\_\_\_\_

**Contingency Demolition Plan:** Check actions to be followed if unexpected asbestos is found during demolition or asbestos material becomes disturbed, crumbled, pulverized or reduced to powder. Disturbed/Damaged ACM requires a Procedure 5 Plan Approval prior to clean-up ( See [Procedure 5 Guidelines](#))

STOP WORK NOTIFY OWNER SECURE STABILIZE POST SIGNS ISOLATE WORK AREA SURVEY CHARACTERIZE WASTE OTHER \_\_\_\_\_

**Ordered Demolition:** Attach a copy of the agency order

Agency Name \_\_\_\_\_ Phone \_\_\_\_\_ Date of Order \_\_\_\_\_  
 Authorizing Person \_\_\_\_\_ Title \_\_\_\_\_ Date Ordered to Begin \_\_\_\_\_

**Waste Information**

**WASTE TRANSPORTER #1** \_\_\_\_\_ **WASTE STORAGE SITE** \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**WASTE TRANSPORTER #2** \_\_\_\_\_ **LANDFILL** \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Contractor Certification:** All contractors or owner/operator submitting this notification must sign this form

I certify that an individual trained in the provisions of regulations AQMD [Rule 1403](#) and the [Asbestos NESHAP Title 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. I hereby certify that all of the information contained herein and information submitted with this notification is true and correct.

Company Name \_\_\_\_\_ Title of Owner/Operator \_\_\_\_\_  
 Print Name of Owner/Operator \_\_\_\_\_ Signature of Owner/Operator \_\_\_\_\_ Date \_\_\_\_\_

**Notification Fee:** No notifications shall be considered received pursuant to [Rule 1403](#), unless it is accompanied by the required payment ([Rule 301](#), Table VI). Please make check payable to "SCAQMD". Fees are per notification and vary according to the <sup>2</sup>**TOTAL AMOUNT** of asbestos removed or the demolition <sup>2</sup>**BUILDING SIZE**. The Revision Amount fee is the difference between the new Project Size Fee category and the original Project Size Fee category (See [Fee Information](#))

<b>Project Size Fee:</b> _____	<b>Fee Based on Project Size (sq ft)</b>	<b>Additional Fees</b>
<b>Additional Fee:</b> _____		
<b>Total Fee Due:</b> _____		

**Attention**

**Keep Three (3) Copies of This Notification Form** for your records, **to post at the worksite**, and to obtain a city demolition permit. See [California Health and Safety Code 19827.5](#) that requires that you provide a copy of the demolition notification to Building and Safety before issuance of a demolition permit. For questions call 909-396-2336. Forms, instructions and [Rule 1403](#) can be obtained from the AQMD website at <http://www.aqmd.gov>. Please mail this signed original notification form, fee, and any attachments to SCAQMD Asbestos Notification File # 55641 Los Angeles, CA 90074-5641. Mailing saves time, money and reduces traffic and air pollution.

**Project #** \_\_\_\_\_



# South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178 1-800-CUT-SMOG www.aqmd.gov

## ASBESTOS SURVEY REPORT CHECKLIST

Rev 06/8/11

Inspection Date:	Notification #:	Survey Purpose	Limited Survey	Thorough Survey
Contractor Name:		Class ID#:	Contact Name:	Phone:
Site Address:			City:	State: Zip:
Survey Conducted By:			Phone:	Class ID#:

Rule 1403	Asbestos Survey Documentation Requirements*	40CFR763	In Compliance	Misc.
d1A	Thoroughly inspected the facility for ACM and assumed ACM where the demolition/renovation will occur	85a	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d1A	Identified all friable and nonfriable types of ACM and assumed ACM	85a4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d1A	Quantified all the friable and nonfriable ACM and assumed ACM		<input type="checkbox"/> Yes <input type="checkbox"/> No	
iii	Submitted a CAC signed survey report with the company logo/headings and contact information	85a4viA	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(iii)(I)	Documented the name, address and phone # of the person(s) that performed the inspection(s)	85a4viA	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(iii)(II)	Documented the OSHA certificate # of the person(s) that performed the inspection(s)	85a4viA	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(iii)(III)	Documented the dates the survey was performed	85a4viA	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(iii)(IV)	Listed the sample location and description and prepared a sketch & sample chain of custody	85a4viB	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(iii)(V)	Documented the name, address and phone # of the lab used for sample analysis	87d	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(iii)(VI)	Documented the NVLAP approval # of the lab used for sample analysis	87a	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(iii)(VI)	Documented the sampling protocols (763.86) and lab test methods used for asbestos analysis (763.87)	86 & 87	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(iii)(VIII)	Described the facility included any structural damage (fire, demo, partial reno, etc)	-	<input type="checkbox"/> Yes <input type="checkbox"/> No	
iv	Provided proof of Cal/OSHA certification as a Certified Asbestos Consultant (CAC)	85a4viA	<input type="checkbox"/> Yes <input type="checkbox"/> No	
h1	Sampled the suspect ACM in accordance with the AHERA inspection protocol	86	<input type="checkbox"/> Yes <input type="checkbox"/> No	
-	Assessed the ACM condition for damage type and rating in percent	85a4v	<input type="checkbox"/> Yes <input type="checkbox"/> No	
h2	Analyzed samples at a NVLAP lab by PLM or SCAQMD Method 300-91	87	<input type="checkbox"/> Yes <input type="checkbox"/> No	
-	Included a table summary of findings listing all ACM and non-ACM materials	85a4B	<input type="checkbox"/> Yes <input type="checkbox"/> No	

\* Please see 40CFR763 Subpart E, B&P7180, and R1403d1A for minimum survey requirements

**Comment:**

Reporting Inspector:	Date:	Reviewing Supervisor:	Date:
----------------------	-------	-----------------------	-------



**South Coast Air Quality Management District**

21865 Copley Drive  
Diamond Bar, CA 91765  
(909) 396-2000

**INSTRUCTIONS FOR THE ASBESTOS - DEMOLITION NOTIFICATION FORM**

**PROJECT TYPE:** Check a project description. For annual notifications and progress reports check [Planned Reno \(annuals\)](#).

**NOTIFICATION TYPE:** Check [ORIGINAL](#) for first time notification. Check [REVISION DATES](#) to change the [START](#) or [END](#) project schedule dates. [REVISIONS](#) are for updating information on Notifications in which the project [END](#) date has not expired. Revision of site location address *requires a new notification*. Check [CANCELLATION](#) to cancel a prior notification. Use [REVISION OTHER](#) for **Previously Notified** and updating other information

**CONTRACTOR INFORMATION:** Name and DBA as shown in the CSLB contractor license and company physical address - **No PO Boxes**. Notifications should be filled and submitted by the contractor performing the actual asbestos removal or demolition. Provide the numbers for your California Contractor State License Board ([CSLB](#)), Cal/OSHA Registration ([OSHA REG](#)), and AQMD identification ([AQMD ID](#)). CSLB Abatement License and OSHA Registration are required to perform asbestos removal. The AQMD ID number is found in the contractor's District permits or invoices. **For your convenience mail your notification and do not hand carry to AQMD as there is no designated staff to receive it. Mailing saves you valuable time, gas money, car wear and tear, and reduces traffic and air pollution.**

**COMPLETED BY:** Type the company business legal name and DBA as shown in the CSLB contractor license, name and phone number of the person completing the notification form, the date, check number, fee amount, and the contractor's project number (if any).

**SITE INFORMATION:** Provide detailed information about the facility site location and/or building(s) where the asbestos removal or demolition is to occur, including a cross street. [DESCRIBE WORK AND LOCATION](#) by providing the specific work and areas within the facility or building. Examples: *remove VAT from main lobby, demo Monroe Hall, remove mastic from kitchen of Bldg. #2.*

**SITE OWNER:** Name, address and phone number of the site legal owner, or authorized contact person if the site is owned by a company.

**PRESENT and PRIOR USE:** Check the [PRESENT](#) and [PRIOR](#) use of the facility. For all rental property check [Commercial](#). Check [House](#) only for single family homes that are owner occupied and not being used as rental property.

**PROJECT DATES:** The actual [START](#) and [END](#) dates and work shifts of the Asbestos Removal or Demolition project. This includes set-up, clean-up and clearance. Changes of project scheduled dates stated in [ORIGINAL](#) or previous notifications require a [Revision](#) to the previous notification.

**\*BUILDING SIZE IN SQ FT:** Provide the size of the building in square feet. For building [Demolition](#), the fee is based on the building size. For refinery or chemical unit [Demolition](#), the fee is based on the structure's footprint surface area.

**REQUIRED BUILDING INFORMATION:** Check a [YES](#) or [NO](#) answer for each question. **Asbestos Surveys are required prior to all renovations and demolitions.** Asbestos must be removed [prior](#) to any activity that may disturb it and [prior](#) to **ALL** demolitions.

**ASBESTOS AMOUNT TO BE REMOVED:** Enter the asbestos amount in square feet in the boxes labeled [Friable, Class I, and Class II](#), and add the row to calculate the **\*TOTAL AMOUNT** of asbestos to be removed. Fee varies according to the total asbestos amount to be removed. [To convert linear feet to square feet multiply the factor 3.14 times the pipe diameter times the pipe length, all in feet.](#)

**ASBESTOS REMOVED FROM:** Check [SURFACES](#), [PIPES](#) and/or [COMPONENTS](#) to indicate from where the asbestos is to be removed.

**DESCRIBE TYPE(S) AND AMOUNT(S) OF ASBESTOS:** Enter the amount(s) in square feet under each type of material(s) to be removed.

**ASBESTOS DETECTION PROCEDURES:** Check the methods and procedures used to determine whether asbestos was present at the facility.

**CONTROLS:** Check Procedure Number or combination thereof to describe the asbestos work practices and engineering controls. **Procedure 1** is required for removing friable asbestos materials (i.e., acoustic, linoleum, stucco, etc.) **Procedure 2** is for small-scale, short duration jobs using glovebag or mini-enclosures. **Procedure 3** is for manual removal methods using adequate wetting with no power tools. **Procedures 4 and 5** require [prior](#) written AQMD approval. Refer to Rule 1403 for specific procedural requirements.

**EMERGENCY REMOVAL:** Give the name and phone number of the person authorizing the emergency. Explain the reason(s). For **DEMOLITIONS** state when and who removed the asbestos. Demolitions require [proof of prior](#) asbestos survey and removal, and the [Building Size](#) to calculate the notification fee. For partial demolitions provide the size of the area to be demolished in square feet.

**CONTINGENCY PLAN:** Check the actions to be followed if unexpected asbestos is found or nonfriable asbestos is rendered friable.

**ORDERED DEMOLITIONS** require a copy of the government agency legal notice ordering the demolition. [Ordered Demolitions](#) require proof of prior asbestos survey, asbestos removal and disposal; and/or [prior written approval](#) from AQMD. See [Procedure 5 Plan Guideline](#).

**WASTE TRANSPORT:** Name the companies transporting the asbestos and/or demolition waste to a landfill or any off-site storage.

**WASTE STORAGE SITE.** Provide the temporary storage site address if the waste is not going directly to a landfill.

**LANDFILL:** Name and address of the landfill where the asbestos and/or demolition waste will be sent. This includes demolition waste.

**CONTRACTOR CERTIFICATION:** Use a "wet" signature to certify that contractor's workers have the required R1403(i)(3) and federal asbestos NESHAP training, and that the notification information is complete and accurate. **Notifications must be signed by the contractor performing the work, or its authorized company representative.**

**Keep three (3) copies of this Notification Form** for your records, **to post at the worksite**, and to obtain a city demolition permit. See [California Health and Safety Code 19827.5](#) requiring that you provide a copy of this demolition notification form to Building and Safety before issuance of a demolition permit. This law **does not** require proof of receipt or approval by AQMD. Mail the signed original notification form, fee and any attachments to [SCAQMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES, CA 90074-5641](#). Mailing saves time, money, gasoline, and reduces traffic, energy use and air pollution. Los Angeles City, Palm Springs Fire Department, and Cal-OSHA require a separate Notification. For questions call the asbestos [HOTLINE at 909-396-2336](#).

[Notification Form](#), instructions, and [Rule 1403](#) can be found at <http://www.aqmd.gov/comply/asbestos/asbestos.html>

## ASBESTOS/DEMOLITION RULE 1403 - GENERAL INFORMATION

**SURVEY REQUIREMENT:** Asbestos surveys are required **prior** to any renovation or demolition. Asbestos must be removed **prior** to renovation activities that may disturb the asbestos containing materials. **All** asbestos must be removed prior to building demolition.

**NOTIFICATION REQUIREMENTS:** Postmark notifications **14 calendar days prior** to starting any asbestos removal of 100 square feet or greater or **any** demolition. Notifications shall be filled, signed, paid, submitted and fax/mailed by the contractor performing the removal and/or demolition job. Notifications without signature(s) require a revision. Renovations without asbestos do not require notification.

**FEE REQUIREMENT:** [Rule 301\(o\)](#) requires all notifications to be submitted with appropriate fees. Fees are per notification and are not refundable. Notifications submitted without appropriate fees may be returned, deemed incomplete, and referred to the compliance unit for follow-up. Projects conducted without a valid notification are subject to local and federal enforcement. Cancellation of notifications and asbestos removal projects less than 100 square feet are exempt from fees - other requirements may apply.

**REVISIONS TO THE NOTIFICATION:** Update the notifications as necessary and explain the reason for the revision. For Revision Amount notifications state the amount in the previous notification. The Revision Amount fee is the difference between the new Project Size Fee category and the Original Project Size Fee category. Revisions increasing the asbestos amount or demolition size but remaining in the same amount/size category stated in a previous notification(s) requires only a revision fee. Increase in amount/size category requires a revision fee and a fee for the difference in amount between the new Project Size Fee Category and the original Project Size category. Fees are per notification and multiple service charge fees may apply. **Notifications expire on the project schedule End Date and cannot be revised after the expired End Date.**

**FAX REQUIREMENT:** **All Revisions, Emergencies, Ordered Demolitions, Procedure 4 & 5 Plans, and Cancellations** require initial **faxing to 909-396-3342** and mailing the original notification and fee within 48 hours of sending this fax. Faxed notifications do not replace the Original signed notification required by local and federal law.

**MAILING REQUIREMENT:** Postmark/Mail the notification and fee to **SCAQMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES, CA 90074-5641**. Mailing saves time, money and reduces traffic and air pollution. Cancellations do not require mail follow-up.

**EMERGENCY NOTIFICATIONS** require email to [asbestos\\_and\\_demolition\\_notifications@aqmd.gov](mailto:asbestos_and_demolition_notifications@aqmd.gov) or faxing to **909-396-3342**. An **Emergency Notification** is to expedite asbestos removals due to unsafe conditions, breakdowns, flood, earthquake, fire, and site contamination. All **Emergency Notifications** **require a formal letter from the person confirming or agency authorizing the emergency**. For emergency site de-contamination to clean-up disturbed asbestos fax a Procedure 5 Plan for **prior** written AQMD approval.

**DEMOLITIONS** require 4 **PRIOR** steps **1-Asbestos Survey, 2-Asbestos Removal, 3-AQMD Notification, and 4-B&S demolition permit**. **ALL** demolitions require a notification by the contractor/operator performing the demolition. Demolitions without prior asbestos removal require **prior written approval** from AQMD (See [Procedure 5 Plan Guideline](#)). Demolition is defined as the wrecking or taking out of a load-supporting structural member of a facility or the intentional burning of a structure. Dismantling of partitions and installation of windows and doors through load-supporting walls without asbestos is exempt from notification.

**FIRE TRAINING DEMOLITION:** Training burns require the 4 PRIOR steps listed above plus 2 more steps: **Step 5-call the [Rule 444 "training burn notification"](#) to SCAQMD at 800-442-4847 the day prior to burning, and Step 6-perform the training burn on a burn day**. Fire departments are responsible for obtaining and submitting to AQMD all documented proof that **all 6 steps** were followed, phoning AQMD the [Rule 444](#) notification the day prior to the training burn, and coordinating with the demolition contractor to clean the site right after the training burn is completed.

**ORDERED DEMOLITIONS:** Fax a copy of government agency legal notice ordering the demolition and/or Building and Safety "**red tag**"

**RENOVATION** is the removal, stripping, or altering of asbestos containing materials, and/or any activity involving the associated disturbance of asbestos in a facility. Renovations require an asbestos survey and asbestos removal prior to any activity that may disturb asbestos containing materials. Building remodeling or renovations without asbestos do not require notification. See [Survey Requirements](#)

**PROCEDURE 4/5 PLANS:** Procedure 4 Plans are for dry removals. Procedure 5 Plans are required for cleaning asbestos disturbances, site decontaminations, excavations, and demolitions with asbestos. These plans **require prior** evaluation and approval by AQMD. To obtain approval fax the survey report, the plan, and the notification to 909-396-3342 attention Asbestos Supervisor. **For after hours** fax and leave a message at 1-800-CUTSMOG for the asbestos supervisor. Within 48 hrs of Plan approval, postmark the hard copies of the plan, notification, and fees. For [Demolitions](#) without prior asbestos removal submit a Procedure 5 Plan for **prior written AQMD approval**.

**PLANNED RENOVATION NOTIFICATIONS (PRN):** There are two types of **PRN - Nonscheduled Asbestos Removals** (aka *Annual Notification postmarked by each December 17*) are individual projects of less than 100 sq ft, that when you add all these projects together performed during a calendar year, the combined amount of asbestos to be removed from a facility exceeds the removal threshold limit (100 sq ft) during a calendar year. The second PRN type is to notify for a series of *Scheduled Asbestos Removals* projects within a large facility, where each project is greater than 100 sq ft. These notifications require an attachment listing each individual project planned within the facility detailing the work locations/areas/buildings involved including its sizes, floors, ages and uses, the amounts and types of asbestos at each location/area/building, each project scheduled dates and asbestos types and amounts. Any project schedule change requires a Revision. Any individual removal job (whether it is scheduled or nonscheduled) greater than 100 sq ft requires an individual notification. All Rule 1403 requirements apply regardless of the size of the asbestos removal project.

**Keep three (3) copies of this Notification Form** for your records, **to post at the worksite**, and to obtain a city demolition permit. See [California Health and Safety Code 19827.5](#) requiring that you provide a copy of this demolition notification form to Building and Safety before issuance of a demolition permit. This law **does not** require proof of receipt or approval by AQMD. Mail the signed original notification form, fee and any attachments to **SCAQMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES, CA 90074-5641**. Mailing saves time, money, gasoline, and reduces traffic, energy use and air pollution. Los Angeles City, Palm Springs Fire Department, and Cal-OSHA require a separate Notification. For questions call the asbestos **HOTLINE at 909-396-2336**.

[Notification Form](#), instructions, and [Rule 1403](#) can be found at <http://www.aqmd.gov/comply/asbestos/asbestos.html>