

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

MAIL TO:

**Attn: Asbestos Section
SMAQMD
777 12th Street, Third Floor
Sacramento, CA 95814-1908
Phone # (916) 874-4800
Fax # (916) 874-4899**

PLEASE CHECK ONE:

- Renovation
- Demolition
- Emergency Renovation/ Demolition (See #13)
- Ordered Demolition (See #13)
- Revision

**NOTE: Only Revisions and Emergency Notices can be FAXED
MAKE NO REVISION CHANGES ON THIS PAGE (SEE #11)**

<p>1. CONTRACTOR _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____ CONTACT _____ AHERA Site Supervisor _____</p>	<p>3. STRUCTURE _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ CONTACT _____ PHONE _____</p>
<p>2. OWNER _____ Address _____ City _____ State _____ Zip _____ Phone _____ Contact _____</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 _____

