



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 1PROCEDURE 4 PLAN 1PROCEDURE 5 PLAN Project EMERGENCY ORDERED
Urgency (Fire Training) (Renovation) (Annual)

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?
YES NO YES NO YES NO YES NO

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](#))

Project Size Fee: _____	Fee Based on Project Size (sq ft)	Additional Fees
Additional Fee: _____		
Total Fee Due: _____		

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