



## MENDOCINO COUNTY AIR QUALITY MANAGEMENT DISTRICT

1100A HASTINGS ROAD, UKIAH, CA 95482

PHONE: (707) 463 5354 mcaqmd@mendocinocounty.gov [www.mendoair.org](http://www.mendoair.org)

### Asbestos Demolition / Renovation — Single Family Home Self-Certification

#### Project Information

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Site Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Project Type: ☐ Demolition ☐ Renovation ☐ New Construction

Project Description: \_\_\_\_\_

#### NESHAP Single-Family Exemption Checklist

Answer YES or NO for each question. If you answer NO to any item, you do not qualify for the exemption. For additional information on asbestos safety and NESHAP requirements, visit: [www.epa.gov/asbestos](http://www.epa.gov/asbestos)

- |                                                                                                                                                                      |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. Is this project for a single-family dwelling?                                                                                                                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Does the project involve fewer than five (5) single family homes or dwelling units?                                                                               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Is the property privately owned and operated (i.e., not by a commercial entity, public agency, or government body)?                                               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Is the property's intended use non-commercial, both before and after any renovation or demolition?                                                                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Is the project conducted without any affiliation with or on behalf of a public agency (including school districts, municipalities, or other government entities)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

#### Result

##### ☒ If you answered YES to ALL statements above:

Your project qualifies for the Single Family Home Exemption from Federal NESHAP requirements. No asbestos notification to the District is required for this project, provided the representations made on this form are accurate. **This form MUST be submitted to MCAQMD.** Forms can be submitted in person, via email or mail.

##### ☐ If you answered NO to ANY statement above:

Your project does not qualify for the exemption. You must complete and submit an Asbestos Demolition/Renovation Notification Form to MCAQMD and obtain District clearance before proceeding with the project.

By signing below, I certify that the information provided on this form is true, accurate, and complete to the best of my knowledge. I understand that I am solely responsible for accurately representing the scope and nature of this project. **Misrepresentation of project details may result in enforcement action under applicable state and federal law.**

Applicant Signature

Date

Printed Name

Initial: \_\_\_\_\_

I certify that a copy of this form has been provided to the District.

Questions? Contact MCAQMD before proceeding: (707) 463 4354 – [mcaqmd@mendocinocounty.gov](mailto:mcaqmd@mendocinocounty.gov)

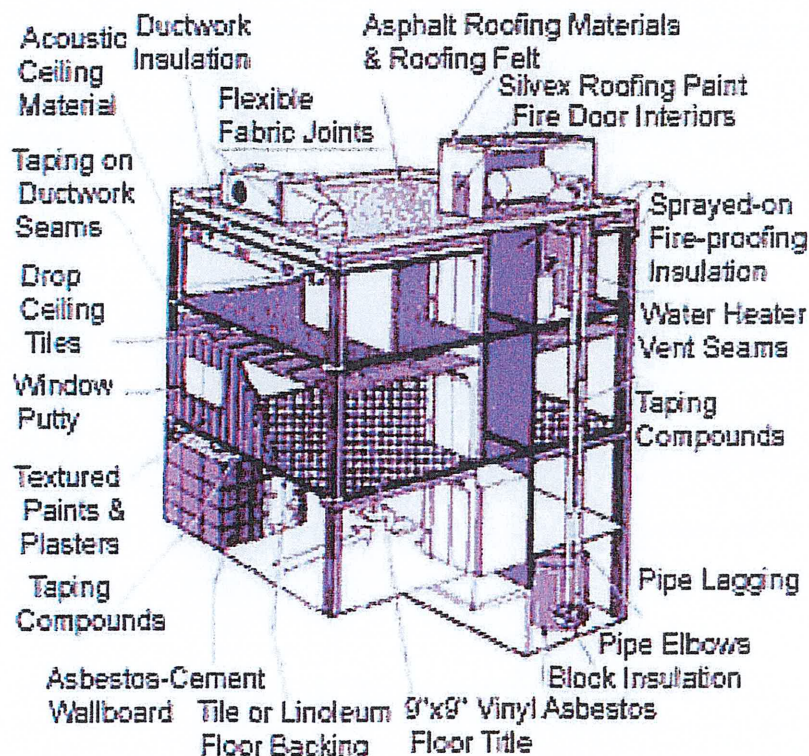


Mendocino County  
Air Quality Management District

1100A Hastings Road  
Ukiah, CA 95482  
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## Where is Asbestos most commonly found?

Asbestos can be found in a number of building materials, including drywall, plaster, roofing materials, flooring insulation, ductwork, adhesives, ceiling tiles and a wide variety of other commonly used materials.



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PHONE: (707) 463-4354 • mcaqmd@mendocinocounty.gov • [www.mendoair.org](http://www.mendoair.org)**ASBESTOS NOTIFICATION FORM**  
**REQUIRED FOR DEMOLITION AND RENOVATION***A minimum \$35.00 fee is required for review. Form instructions are located on Page 4.*

|                                                                                                                                                                                   |                  |                         |                                                          |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------|----------------------------------------------------------|------------------|
| <b>I. NOTIFICATION TYPE</b>                                                                                                                                                       |                  |                         |                                                          |                  |
| <input type="checkbox"/> Original <input type="checkbox"/> Revision <i>Date of Original Notice: _____</i> <input type="checkbox"/> Courtesy <input type="checkbox"/> Cancellation |                  |                         |                                                          |                  |
| <b>II. BUILDING/STRUCTURE OWNER, REMOVAL CONTRACTOR AND OTHER OPERATOR</b>                                                                                                        |                  |                         |                                                          |                  |
| OWNER NAME                                                                                                                                                                        |                  |                         |                                                          |                  |
| ADDRESS                                                                                                                                                                           |                  |                         |                                                          |                  |
| CITY                                                                                                                                                                              | STATE            | ZIP                     | PHONE                                                    |                  |
| CONTACT                                                                                                                                                                           |                  | EMAIL                   |                                                          |                  |
| ASBESTOS REMOVAL CONTRACTOR                                                                                                                                                       |                  |                         |                                                          |                  |
| ADDRESS                                                                                                                                                                           |                  |                         |                                                          |                  |
| CITY                                                                                                                                                                              | STATE            | ZIP                     | PHONE                                                    |                  |
| CONTACT                                                                                                                                                                           |                  | EMAIL:                  |                                                          |                  |
| OTHER CONTRACTOR                                                                                                                                                                  |                  |                         |                                                          |                  |
| ADDRESS                                                                                                                                                                           |                  |                         |                                                          |                  |
| CITY                                                                                                                                                                              | STATE            | ZIP                     | PHONE                                                    |                  |
| CONTACT                                                                                                                                                                           |                  | EMAIL:                  |                                                          |                  |
| <b>III. OPERATION TYPE</b>                                                                                                                                                        |                  |                         |                                                          |                  |
| <input type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Ordered Demolition <input type="checkbox"/> Emergency                            |                  |                         |                                                          |                  |
| IV. Has an asbestos inspection report been prepared?                                                                                                                              |                  |                         | V. Is this project located at a school?                  |                  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                          |                  |                         | <input type="checkbox"/> YES <input type="checkbox"/> NO |                  |
| <b>VI. BUILDING/STRUCTURE DESCRIPTION (Include building name, number and room/floor)</b>                                                                                          |                  |                         |                                                          |                  |
| <b>PLEASE NOTE: PHOTOS OF THE PROPOSED PROJECT MUST BE SUBMITTED ALONG WITH THIS APPLICATION.</b>                                                                                 |                  |                         |                                                          |                  |
| BUILDING NAME                                                                                                                                                                     |                  |                         |                                                          |                  |
| ADDRESS                                                                                                                                                                           |                  |                         |                                                          |                  |
| CITY                                                                                                                                                                              | STATE            |                         | ZIP                                                      |                  |
| SITE LOCATION DESCRIPTION                                                                                                                                                         |                  |                         |                                                          |                  |
| BUILDING SIZE                                                                                                                                                                     |                  | FLOORS                  | AGE IN YEARS                                             |                  |
| PRESENT USE                                                                                                                                                                       |                  |                         | PRIOR USE                                                |                  |
| Reviewed By:                                                                                                                                                                      | Start Dates:     | Postmark:               | Date Received:                                           | Amount: \$ _____ |
| See Comments Page 3                                                                                                                                                               | Removal: _____   | (For District Use Only) |                                                          | Receipt #: _____ |
|                                                                                                                                                                                   | Demo/Reno: _____ |                         |                                                          | Date: _____      |
|                                                                                                                                                                                   |                  |                         |                                                          |                  |

|                                                                                                                                                                                                                                                                                                                                                                                                |       |                                                                                                              |                                                                                                              |  |                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|
| <b>VII. INSPECTION REPORT WITH PROCEDURE, INCLUDING ANALYTICAL METHOD USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL, MUST BE INCLUDED WITH THIS FORM – SEE PAGE 3 FOR FEE SCHEDULE</b>                                                                                                                                                                                                      |       |                                                                                                              |                                                                                                              |  |                                         |
| <b>VIII. Approximate amount of asbestos, including:</b><br>1. Regulated ACM to be removed.<br>2. Category I/II ACM to be removed.<br>3. Non-friable ACM to be removed                                                                                                                                                                                                                          |       | <b>RACM</b><br><u>to be removed</u>                                                                          | Non-friable asbestos material<br><u>not to be removed</u><br><br>Category I                      Category II |  | Non-friable ACM<br><u>to be removed</u> |
| PIPES – Linear Feet                                                                                                                                                                                                                                                                                                                                                                            |       |                                                                                                              |                                                                                                              |  |                                         |
| SURFACE AREA – Square Feet                                                                                                                                                                                                                                                                                                                                                                     |       |                                                                                                              |                                                                                                              |  |                                         |
| VOL RACM OFF FACILITY COMPONENT – Cubic Feet                                                                                                                                                                                                                                                                                                                                                   |       |                                                                                                              |                                                                                                              |  |                                         |
| <b>IX. PLANNED DATES FOR ASBESTOS REMOVAL (MM/DD/YYYY)</b>                                                                                                                                                                                                                                                                                                                                     |       |                                                                                                              | <b>X. PLANNED DATES OF DEMOLITION/RENOVATION (MM/DD/YYYY)</b>                                                |  |                                         |
| START:                      COMPLETE:                                                                                                                                                                                                                                                                                                                                                          |       | START:                      COMPLETE:                                                                        |                                                                                                              |  |                                         |
| <b>XI. DESCRIPTION OF PLANNED DEMOLITION/RENOVATION WORK AND METHODS TO BE USED:</b>                                                                                                                                                                                                                                                                                                           |       |                                                                                                              |                                                                                                              |  |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                |       |                                                                                                              |                                                                                                              |  |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                |       |                                                                                                              |                                                                                                              |  |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                |       |                                                                                                              |                                                                                                              |  |                                         |
| <b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS AT SITE</b>                                                                                                                                                                                                                                                                                     |       |                                                                                                              |                                                                                                              |  |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                |       |                                                                                                              |                                                                                                              |  |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                |       |                                                                                                              |                                                                                                              |  |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                |       |                                                                                                              |                                                                                                              |  |                                         |
| <b>XIII. WASTE TRANSPORTER</b>                                                                                                                                                                                                                                                                                                                                                                 |       |                                                                                                              |                                                                                                              |  |                                         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                           |       | ADDRESS                                                                                                      |                                                                                                              |  |                                         |
| CITY                                                                                                                                                                                                                                                                                                                                                                                           | STATE | ZIP                                                                                                          | PHONE                                                                                                        |  |                                         |
| <b>XIV. WASTE DISPOSAL SITE</b>                                                                                                                                                                                                                                                                                                                                                                |       |                                                                                                              |                                                                                                              |  |                                         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                           |       | ADDRESS:                                                                                                     |                                                                                                              |  |                                         |
| CITY                                                                                                                                                                                                                                                                                                                                                                                           | STATE | ZIP                                                                                                          | PHONE                                                                                                        |  |                                         |
| <b>XV. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY BELOW</b>                                                                                                                                                                                                                                                                                                                   |       |                                                                                                              |                                                                                                              |  |                                         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                           |       | TITLE                                                                                                        |                                                                                                              |  |                                         |
| AUTHORITY                                                                                                                                                                                                                                                                                                                                                                                      |       | ORDER DATE: ____/____/____                                                                                   | ORDER TO BEGIN DATE: ____/____/____                                                                          |  |                                         |
| <b>XVI. FOR EMERGENCY RENOVATIONS, IF APPLICABLE</b>                                                                                                                                                                                                                                                                                                                                           |       |                                                                                                              |                                                                                                              |  |                                         |
| DATE & HOUR OF EVENT ____:____ ____/____/____                                                                                                                                                                                                                                                                                                                                                  |       | DESCRIPTION OF EMERGENCY, INCLUDING HOW THE EVENT CAUSED UNSAFE CONDITIONS OR UNREASONABLE FINANCIAL BURDEN: |                                                                                                              |  |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                |       |                                                                                                              |                                                                                                              |  |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                |       |                                                                                                              |                                                                                                              |  |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                |       |                                                                                                              |                                                                                                              |  |                                         |
| <b>XVII. PROCEDURE TO BE FOLLOWED FOR UNEXPECTED ASBESTOS DISCOVERY INCLUDING PULVERIZING/CRUMBLING OF NON-FRIABLE ASBESTOS</b>                                                                                                                                                                                                                                                                |       |                                                                                                              |                                                                                                              |  |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                |       |                                                                                                              |                                                                                                              |  |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                |       |                                                                                                              |                                                                                                              |  |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                |       |                                                                                                              |                                                                                                              |  |                                         |
| <b>XVIII. I certify that all of the above information is correct and that an individual trained in the provisions of this Regulation (40 CFR, Part 61, Subpart M) will be onsite during the demolition or renovation and evidence that required training has been accomplished by this person will be available for inspection during business hours (required 1 year after promulgation).</b> |       |                                                                                                              |                                                                                                              |  |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                |       |                                                                                                              |                                                                                                              |  |                                         |
| Signature of Owner/Operator                                                                                                                                                                                                                                                                                                                                                                    |       |                                                                                                              | Date                                                                                                         |  |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                |       |                                                                                                              |                                                                                                              |  |                                         |
| District Signature                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                              | Date                                                                                                         |  |                                         |

|                   |
|-------------------|
| DISTRICT COMMENTS |
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**Mendocino County Air Quality Management  
District Regulation 1, Rule 1-310, Fees**

**SCHEDULE 8  
ASBESTOS OPERATIONS FEE SCHEDULE**

Anyone conducting a demolition or renovation project subject to the provisions of Title 40 of the Code of Federal Regulations, Part 61, Subpart M for asbestos removal and required to submit a written notification of the project to the District shall pay to the District the following fee:

**Asbestos operations other than single-family  
residential dwellings of less than five units.**

|                                                            |          |
|------------------------------------------------------------|----------|
| Less than 100 lineal feet or less than 100 square feet     | \$ 35.00 |
| 100 to 200 square feet or 100 to 300 lineal feet           | \$ 65.00 |
| 200 to 500 square feet or 300 to 600 lineal feet           | \$130.00 |
| 500 to 2,000 square feet or 600 to 2,400 lineal feet       | \$200.00 |
| 2,000 to 20,000 square feet or 2,400 to 20,000 lineal feet | \$325.00 |
| greater than 20,000 square feet or 20,000 lineal feet      | \$650.00 |

If upon inspection or in the course of a demolition or renovation project, it is discovered that the project belongs in a higher fee category than was initially determined, the owner or operator shall pay the balance of the fee for the higher category.

Any demolition or renovation project requiring an inspection by the Air Quality Management District shall pay an additional fee to the District for the actual cost of the inspection as determined by the Air Pollution Control Officer in accordance with Rule 1-330, Technical Services Fees.

*[Adopted 6/01/93; Amended 9/14/93; Amended 5/6/03]*

## INSTRUCTIONS

In accordance with the provisions of the Code of Federal Regulations, 40 CFR 61 subpart M for asbestos, anyone conducting a demolition or renovation project must thoroughly inspect the affected facility or portion of the facility for the presence of asbestos and provide written notification of the project to the Air Quality Management District, including projects without Asbestos Containing Material (ACM). The notification requirements apply to all commercial buildings, government buildings, schools, multi-family dwellings of more than four units, and other structures. For all demolition or renovation projects, fill out the form as completely as possible and submit to the District for approval at least 10 days prior to any activity.

Demolition or renovation activities involving at least 160 square feet (15 square meters), or 260 linear feet (80 linear meters) of regulated asbestos-containing materials (RACM) require abatement as well as notification. These amounts are known as "threshold" amounts. Should the structure contain "threshold" amounts of asbestos materials that must be abated prior to the demolition or renovation, fill out the Notification Form and submit the Notification and any related documents to the District for approval **at least 10 days prior to any abatement activity**.

**Note: All burned structures require consultation with the Air Quality Management District.**

If the demolition is being ordered by a government agency, please provide a copy of the Demolition Order. For emergency renovations or demolitions please provide any documentation and describe the project. For specifically defined "Emergency" conditions, the 10-working day period may be waived.

Fees associated with Asbestos Notification for Demolition and Renovation are attached to this form. Please notify the District if the job is postponed or cancelled or if there are any revisions.

Asbestos Demolition-Renovation Notification forms may be emailed, hand delivered or mailed.

|                          |                                                                            |                               |
|--------------------------|----------------------------------------------------------------------------|-------------------------------|
| Office Location:         | Email:                                                                     | Mail:                         |
| 1100A Hastings Rd, Ukiah | <a href="mailto:mcaqmd@mendocinocounty.gov">mcaqmd@mendocinocounty.gov</a> | PO Box 247, Ukiah CA<br>95482 |

Call the District office at 707-463-4354 if you have any questions or need further assistance.

In addition to the requirements of 40 CFR 61 subpart M, the California Health & Safety Code, Section 19827.5 (Local Building Permits) requires written approval from the Mendocino County Air Quality Management District prior to the issuance of any demolition or renovation permit. CH&SC, Section 19827.5 states: "... A demolition permit shall not be issued by any city, county, city and county, or state or local agency which is authorized to issue demolition permits as to any building or other structure except upon the receipt from the permit applicant of a copy of each written asbestos notification regarding the building that has been required to be submitted to the United States Environmental Protection Agency or to a designated state agency, or both, pursuant to Part 61 of Title 40 of the Code of Federal Regulations..."

**Contact your California Certified Asbestos Consultant or Abatement Contractor for more information about removing asbestos safely.**



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# Asbestos in Your Home: What You Need to Know

## The Basics

### Q What is asbestos and why is it dangerous?

Asbestos is a naturally occurring mineral fiber widely used in building materials from the 1940s through the 1980s. Some building materials are still manufactured with asbestos. DTSC classifies asbestos-containing material as hazardous waste if it is "friable" and contains one percent (1.0%) or more asbestos. When disturbed — cut, sanded, drilled, or broken — invisible fibers are released into the air. Breathing them can cause mesothelioma, asbestosis, and lung cancer, often decades later. There is no safe level of exposure.

### Q How do I know if my home has it?

You cannot tell by looking. Homes built or renovated before 1980 are most at risk. Common locations include:

- Vinyl floor tiles and the adhesive (mastic) beneath them
- Popcorn / textured ceilings and drywall joint compound
- Pipe, boiler, and HVAC duct insulation
- Roof shingles, older siding, and plaster walls

Note: Even newer buildings are not guaranteed asbestos-free — some older-formula products remain legal to manufacture and sell.

### Q If a material isn't damaged, do I need to worry?

Generally no. Intact, undisturbed asbestos-containing materials do not release fibers. The EPA's guidance is clear: if it's in good condition and won't be disturbed, leave it alone. Check it periodically for deterioration — if you see damage, don't touch it.

### Q When should I get my home tested?

Have a certified professional test before any renovation, remodel, or demolition — especially in homes built before 1980. Do not sample materials yourself. Disturbing material to take a sample can release more fibers than leaving it alone. Always hire a certified asbestos inspector.

### Q Even small DIY projects?

Yes. Patching a ceiling, pulling up old floor tiles, cutting a wall — any of these can disturb asbestos-containing materials. If you suspect the area contains asbestos, stop and get it tested before continuing.

## Questions? Contact MCAQMD before you start any project.

(707) 463-4354 | [mcaqmd@mendocinocounty.gov](mailto:mcaqmd@mendocinocounty.gov) | [mendoair.org](http://mendoair.org) | [epa.gov/asbestos](http://epa.gov/asbestos)

## Do's & Don'ts at a Glance

| ✓ DO                                                                 | ✗ DON'T                                                              |
|----------------------------------------------------------------------|----------------------------------------------------------------------|
| Leave undamaged asbestos materials alone.                            | Dust, sweep, or vacuum debris — vacuums spread fibers.               |
| Hire a certified professional for any testing, repair, or removal.   | Saw, sand, scrape, drill, or break suspected materials.              |
| Keep children and pets away from any damaged suspected material.     | Use power strippers or abrasive pads on old vinyl flooring.          |
| Use damp wiping (not dry sweeping) if you must clean a suspect area. | Sand or level old asbestos floor tiles — lay new flooring over them. |
| Inspect suspected materials periodically for wear or water damage.   | Track dust from a suspect area through the rest of your home.        |

## If There Is a Problem

### Q What if material is damaged or accidentally disturbed?

Limit access immediately and do not touch it further. For anything more than minor damage, call a certified asbestos professional. They can:

- Encapsulate (seal) fibers in place — often used for pipe or boiler insulation
- Enclose (cover) the material with a protective barrier
- Remove it entirely — required when remodeling will disturb the material or damage is extensive

Never attempt removal yourself. Improper removal dramatically increases exposure.

### Q What should I expect from a contractor?

Get a written contract before work begins. At minimum, during a job the contractor must:

- Seal the work area with plastic sheeting; turn off HVAC
- Wet the material before removal to prevent fibers becoming airborne
- Use sealed, labeled, heavy-duty plastic bags for all waste and equipment
- Clean with wet mops or a HEPA vacuum — never a regular vacuum

Get written confirmation when the job is complete. Consider an independent air quality test afterward.

## Finding a Certified Professional

### Q Who do I hire and how do I find them?

There are two types of professionals:

- Certified Asbestos Consultant (CAC) / Inspector — inspects, samples, and advises. Use for testing before any project.
- Abatement Contractor — licensed to repair, encapsulate, or remove asbestos materials.

Use separate firms for inspection and removal — having the same firm do both is a conflict of interest.

Find certified consultants in California at:

[dir.ca.gov](http://dir.ca.gov) → [Databases](#) → [DOSH Certified Asbestos Consultants](#)

You can also call MCAQMD at (707) 463-4354 for guidance.

### Questions? Contact MCAQMD before you start any project.

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