NOTIFICATION OF DEMOLITION

Southwest Clean Air Agency

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(10 working day waiting period from date submitted)

| Notification # | Notification Fee: | \$50.00 | | Date Received |
|--|-------------------|------------------|-----------|-----------------------|
| | Emergency Fee: | \$100.00 | | |
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| 1. TYPE OF NOTIFICATION (□ Original □ Revised □ Cancelled): | | | | |
| 2. TYPE OF OPERATION ☐ Partial Demolition ☐ Complete Demolition ☐ Ordered Demolition | | | | |
| ☐ Emergency Demolition ☐ Fire Training | | | SWCA | A Reviewed |
| 3. FACILITY DESCRIPTION (Example: Residence, Barr | n, Carport) | | | |
| Commercial Name or Description: | | | | |
| Address: | | | | |
| City: | | State: | | County: |
| Present use: Prior use: | | | | |
| 4. FACILITY INFORMATION | | | | |
| Owner Name: | | Mailing Address: | | |
| City: | State: | | Zip Code: | |
| Contact: | | | | Phone: |
| 5. NAME AND AHERA CERTIFICATION NUMBER OF ASBESTOS INSPECTOR: | | | | |
| 6. ATTACH A COPY OF THE ASBESTOS INSPECTION REPORT Report must include laboratory name, analyst, sample type, location sample was taken and analytical method used to detect the presence of asbestos materials. | | | | |
| 7. ASBESTOS REMOVAL CONTRACTOR (IF APPLICABLE): No asbestos present, see attached AHERA Report | | | | |
| Name: | | Address: | | |
| City: | State: | | | Zip Code: |
| Contact: | | | | Phone: |
| 8. DATES ASBESTOS REMOVAL OCCURRED (mm/de | d/yy) Start: | Complete: | | Asbestos Case Number: |
| 9. DATES DEMOLITION WILL OCCUR (mm/dd/yy) Start: Complete: | | | | |
| 10. DEMOLITION CONTRACTOR or FIRE DEPARTMENT: | | | | |
| Name: | | | | |
| Address: | | | | |
| <u> </u> | State: | | | County: |
| Contact and Phone #: | | | | |
| 11. DESCRIPTION OF PLANNED DEMOLITION WORK, METHOD(S) TO BE USED: | | | | |
| 12. FUGITIVE EMISSIONS/DUST FROM DEMOLITION ACTIVITIES MUST BE CONTROLLED/PREVENTED DURING ALL PHASES OF THE PROJECT. | | | | |
| 13. IF UNEXPECTED ASBESTOS CONTAINING MATERIAL (ACM) IS FOUND DURING DEMOLITION, STOP WORK, NOTIFY SWCAA AND CONSULT/HIRE A CERTIFIED ASBESTOS ABATEMENT CONTRACTOR. | | | | |

| 14. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: | | | | |
|--|-------------------------------------|--|--|--|
| Name: | Title: | | | |
| Agency: | | | | |
| Date of Order (mm/dd/yy): | Date Ordered to Begin (mm/dd/yy): | | | |
| 15. FOR EMERGENCY DEMOLITIONS: (Contact SWCAA prior to work) | | | | |
| Date and Hour of Emergency (mm/dd/yy) (hh/mm): | | | | |
| Description of the Sudden, Unexpected Event: | | | | |
| EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE BURDEN: (ATTACH ADDITIONAL PAGE IF NECESSARY) | | | | |
| 16. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. | | | | |
| (Type or Print Name) (Sig | nature of Owner/Operator) (Date) | | | |

HAVE YOU PERFORMED A HAZARDOUS MATERIALS ASSESSMENT ON THE STRUCTURE? ☐ YES ☐ NO

The Washington State Dangerous Waste Regulations (WAC 173-303) require that demolition debris be evaluated to determine if it is dangerous. The evaluation should be completed before demolition to ensure that hazardous constituents are not released to the environment and do not present a risk to human health during or after demolition. These requirements apply to all buildings being demolished and are the responsibility of the property owner. The Washington Department of Ecology's website, http://www.ecy.wa.gov/programs/hwtr/dangermat/demodebris constructions.html, provides more information about the requirements and about sampling and testing construction materials to determine if they present a risk. For more information please contact a Hazardous Waste Inspector at the Washington Department of Ecology Southwest Regional Office: 360-407-6300.