



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION IX

215 Fremont Street
San Francisco, Ca. 94105

ATTESTATION OF CUSTODIAN

I, Janet Crawford, Environmental Protection Specialist, attest that I have shown an original of the official agency record listed below to the Freedom of Information Officer for EPA Region 9 and that the copy attached is a true and correct copy of the listed record, the original of which is located in the Asbestos Demolition/ Renovation Notification file, in the Enforcement Section, Air and Toxics Division.

1. Asbestos Renovation Notification for the Bechtel Building located at 50 Beale Street, San Francisco, CA.

DATE: Oct 6, 1989

Janet Crawford
NAME Janet Crawford
TITLE Environmental Protection Specialist

ATTACHMENT

CERTIFICATION OF AUTHENTICITY

I, Ida E. Tolliver, Freedom of Information Officer, United States Environmental Protection Agency, Region 9, attest that the attached copy of the document listed below is a true and correct copy of an official agency document held in my custody:

1. Asbestos Renovation Notification for the Bechtel Building located at 50 Beale Street, San Francisco, CA.

SUBSCRIBED UNDER PENALTY THIS 6th DAY OF October, 1988.

Ida E. Tolliver
Ida E. Tolliver
Freedom of Information Officer

CERTIFICATION

I, Nancy J. Marvel, Regional Counsel, United States Environmental Protection Agency, Region 9, certify that the official whose signature appears above has the legal custody pursuant to 40 C.F.R. Section 2.406 of the original documents of which copies are attached, as witnessed by my signature and the official seal of the United States Environmental Protection Agency which appear below.

Dated: 10.6.89

Nancy J. Marvel
Nancy J. Marvel
Regional Counsel

**ASBESTOS DEMOLITION/RENOVATION
NOTIFICATION**

MAIL TO

ASBESTOS NOTIFICATION
EPA/NESHAPS Region IX
215 Fremont Street A-3-3
San Francisco, CA 94105

DATE: 1-25-89

PROJECT JOB # 19144-175
(Please see reverse side)

Name of Local Agency ALSO
Notified: BA AQMD
OSHA
Fire & Police Dept

Please check one:

☒ Renovation

☒ Demolition requiring
10 day notice

☐ Demolition requiring
20 day notice

☐ Revision of Original
(Form on reverse side)

EPA USE ONLY

Date Rec 1-26

Pstmrk 1-25

School F

Del/ND Bay

ADQTE? T

Code#: BCAA

Doc#: 0329

INSTRUCTIONS ON REVERSE SIDE--PLEASE READ BEFORE USING THIS FORM

1. OPERATOR: Brechtel Control Asbestos Mgmt.
(Contractor)
ADDRESS 50 Brale ST

CITY SAN FRANCISCO STATE CA

ZIP 94119 PHONE (415) 768-2701

3. FACILITY NAME _____

STREET ADDRESS 50 Brale ST

CITY SAN FRANCISCO STATE CA

COUNTY SAN FRANCISCO ZIP 94111

2. OWNER Brechtel Inc.

ADDRESS 50 Brale ST

CITY SAN FRANCISCO STATE CA

ZIP 94111 PHONE (415) 768-5887

4. FACILITY DESCRIPTION 23 STORY

HIGH RISE BUILDING

AGE 18 SIZE 32,000

PRIOR USE OFFICE

5. Project Start Date: 2/1/89

Completion Date: 5/3/89

6. Estimate of Friable Asbestos: ON PIPE: 500 Linear Feet

SURFACE OF OTHER COMPONENTS: 26,900 Square Feet

Nature of Materials: SPRAY ON FIRE PROOFING

7. DESCRIBE METHODS OF REMOVAL: FULL CONTAINMENT, WET REMOVAL, UNDER
HEPA FILTERED NEGATIVE AIR

8. PROCEDURES USED TO COMPLY WITH 40 CFR 61.147 & 152: ALL MATERIAL WILL
BE DOUBLE BAGGED, ARE WILL BE PROTECTED, AND REMOVED THROUGHOUT OPERATIONS.

9. NAME & LOCATION OF DISPOSAL SITE: ANDERSON SOLID WASTE INC. ANDERSON CA.

RENOVATION: means altering in any way one or more facility components.
NOTICE MUST BE POSTMARKED AS EARLY AS POSSIBLE BEFORE PROJECT
DEMOLITION: means the wrecking or taking out of load-supporting structural
members of a facility together with any related handling operations
10 Day notice for MORE than 160 sq.ft. or 260 linear ft. asbestos
20 Day notice for LESS than 160 sq.ft. or 260 linear ft. asbestos,
includes facilities which contain no asbestos.

FACILITY: means any institutional, commercial or industrial structure,
installation, or building. Renovations on single family residences
and apartment buildings with 4 units or fewer are exempt from
notification to EPA.

PROJECT JOB #: Your OWN IN-HOUSE I.D. for a specific jobsite. Optional,
but expedites communication concerning notifications.

LOCAL AGENCY: Most areas in Region 9 have local NESHAP delegated agencies.
In these areas notice must be provided to both EPA and the
local agency.

OPERATOR/CONTRACTOR: Full information concerning person doing the work.

PROPERTY OWNER: Complete in full.

FACILITY NAME: Must have complete address OR directions to the jobsite.

FACILITY DESCRIPTION: Current use of building. Project location in the
facility. Other descriptive information as necessary.

START AND COMPLETION DATE: Provide month, day and year. Must be revised
if dates change. (see revision form below)

Estimate of amount to be removed (must be in square or linear feet).

Revisions (see form below) must be made for additional amounts uncovered.

Examples of methods: glovebag, scrape, remove in sections, etc.

Examples: Adequate wetting prior to and during work, double bag, etc.

DRY REMOVAL MUST RECEIVE PRIOR WRITTEN APPROVAL FROM EPA
OR THE LOCAL DELEGATED AGENCY

MORE SPACE IS NEEDED THAN PROVIDED, ADDITIONAL SHEETS SHOULD BE ATTACHED

REVISE A NOTIFICATION ALREADY ON FILE WITH EPA, USE FORM PROVIDED BELOW

PROJECT NAME _____ PROJECT JOB # _____
ORIGINAL NOTIFICATION DATE _____ Revision Notice #1 2 3 4 5
please circle

It is to advise that the above referenced notification presently on file has
been revised. Please note the revised portion listed.

CHANGES FOR THIS REVISION: PROJECT ()
CANCELLATION _____

NEW Location _____

NEW Scope of Work _____

ADDITIONAL Quantity of Asbestos _____

NEW Start Date _____

NEW Completion Date _____

NEW Disposal Site _____