



**LAKE COUNTY AIR QUALITY  
MANAGEMENT DISTRICT**  
885 Lakeport Boulevard  
Lakeport, CA 95453  
Phone: (707) 263-7000 / Fax: (707) 263-0421

Robert L. Reynolds  
Air Pollution Control Officer

**SERPENTINE DUST CONTROL PLAN**

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ / \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Pager/Cell #: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Owner Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Owner Phone: \_\_\_\_\_

**Job Location:** \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Mail Address: \_\_\_\_\_ City/State: \_\_\_\_\_ / \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Pager/Cell #: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach map and grading plan)

Amount of off site disposal: \_\_\_\_\_ yd<sup>3</sup>

Disposal Location: \_\_\_\_\_

Name of property owner at location: \_\_\_\_\_

Mailing address of property owner: \_\_\_\_\_

City/State: \_\_\_\_\_ / \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Serpentine Material Supply Notice Required? Yes  No  (Attach Copy)

## Serpentine Dust Control Plan

All work performed in serpentine containing greater than 1% asbestos shall utilize adequate control measures to prevent visible dust at all times.

The following items will be implemented to control dust during work in regulated serpentine. Check all boxes that are planned to be implemented. Items marked with (\*) are mandatory minimum requirements.

- 1. Pre-wet work area and immediately follow with fine spray application preferably on the immediate area being worked to eliminate visible dust to the extent possible.
- 2.\* Perform work during wet season, when possible, during light rainfall
- 3.\* Limit vehicle access to exposed serpentine surfaces with effective barrier(s). Describe type of barrier: \_\_\_\_\_
- 4.\* Asbestos Hazard Notice Posting. Conspicuously post and maintain notice at entry to regulated area. Size not less than 12" x 18". Danger - Asbestos Dust Hazard, Cancer and Lung Disease Hazard, Authorized Personnel Only.
- 5.\* Vehicle speed limit on exposed serpentine to reduce fiber releases.  
Posted Speed Limit:  5 mph  10 mph  Other: \_\_\_\_\_
- 6.\* Cover serpentine surfaces exposed to vehicle travel with non-asbestos cover material. Describe cover material and depth of coverage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 7. Exposed Surface Stabilization: Maintain a high moisture condition of the disturbed surface or apply a "binder" material to seal loose fibers together and to the parent rock particle. Dust palliatives such as lignin sulfonate, magnesium chloride, pitch, rosin and polymer emulsions can be effectively utilized in a variety of applications. Describe Stabilization Method(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 8.\* Material transfers or stockpiles of loose material should be kept adequately wet, sealed by a palliative or covered where conditions warrant.
- 9.\* Material transfer requirements: Material must be wet. Transfers more than 1 mile must be tarped.
- 10.\* Provide employee notification of potential health risk of airborne asbestos and the requirements of the asbestos dust mitigation plan. A copy of the notification, signed by the on site workers is to be provided to the District upon request.
- 11. Worker safety precautions and exposure monitoring should be considered but is not specifically required by District regulation. Other agency regulations (OSHA) are applicable. Results of worker monitoring tests are to be provided the District upon request.
- 12.\* Site Access: Establish and maintain a minimum of 75 feet of track-out prevention surfacing at the entrance to the location. Materials tracked onto the public road shall be removed, as necessary, to prevent visible emissions.
- 13.\* Avoid working when sustained wind speeds are greater than 10 mph unless adequate dust control can be maintained.

Plan Fee: \$75.91

Make check payable to the Lake County AQMD, and submitted along with the notification.

I hereby acknowledge that I understand the requirements of the Lake County Air Quality Management District Serpentine Dust Control Regulation and will comply with the rule by implementing this control plan.

\_\_\_\_\_ Date: \_\_\_\_\_  
Responsible Individual Name

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District Use Only

Plan submittal fee: \$75.91 Received: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Receipt No. \_\_\_\_\_

Review By: \_\_\_\_\_ Review Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Approved With Revisions: yes / no (Attach Revised Approval Letter)