

**TEN-DAY AND NON-FRIABLE NOTIFICATION OF INTENT TO REMOVE OR ENCAPSULATE
ASBESTOS IN LANE COUNTY, OREGON**
Lane Regional Air Protection Agency
1010 Main Street
Springfield, OR 97477
(541) 736-1056, Fax: (541) 726-1205, toll free (877) 285-7272

For LRAPA Use:
Project: _____
Fee Rec'd: \$ _____
Check #: _____

Type of Abatement	Project Category and REQUIRED Fee
<input type="checkbox"/> Demolition <input type="checkbox"/> Removal <input type="checkbox"/> Encapsulation <input type="checkbox"/> Renovation <input type="checkbox"/> Maintenance/Repair Other _____	<input type="checkbox"/> Emergency Waiver (Add 50% to required fee) \$ _____ <input type="checkbox"/> Non-Friable (5-Day Notice) \$ 50 <input type="checkbox"/> Residential Project (Occupied Residence, not for Demolition) <input type="checkbox"/> ≤ 40 lin/80 sq ft (Small Scale, Short Duration) <input type="checkbox"/> > 40 linear/80 square feet; ≤ 260 linear/160 square feet <input type="checkbox"/> > 260 linear/160 sqft; ≤ 1,300 linear/800 sqft <input type="checkbox"/> > 1,300 linear/800 sqft; ≤ 2,600 linear/1,600 sqft <input type="checkbox"/> > 2,600 linear/1,600 sqft; ≤ 5,000 linear/3,500 sqft <input type="checkbox"/> > 5,000 linear/3,500 sqft; ≤ 10,000 linear/6,000 sqft <input type="checkbox"/> > 10,000 linear/6,000 sqft; ≤ 26,000 linear/16,000 sqft <input type="checkbox"/> > 26,000 linear/16,000 sqft; ≤ 260,000 linear/160,000 sqft <input type="checkbox"/> ≥ 260000 linear/160000 sqft
Has a survey been completed? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes By _____ Whom? _____	\$ 106 \$ 426 \$ 534 \$ 925 \$ 1,066 \$ 1,708 \$ 2,847 \$ 3,558 Is this a revision to a previous notification? Yes <input type="checkbox"/> No <input type="checkbox"/>

ABATEMENT PROJECT INFORMATION
 Site Name _____ Phone _____
 Site Address _____ City _____
 Location of Asbestos at the site _____
 Site Category: school residence college industrial commercial other _____
 Start Date _____ Completion Date _____ Hours on Site _____ Days on Site _____
 Emergency project notification requested: No Yes -- Discussed with _____ Date _____

TYPE OF ASBESTOS MATERIAL
 Type & Percent of Asbestos _____ Estimate Lab
 Quantity of asbestos in project _____ Linear Square Cubic feet
 pipe insulation tape cementitious(eg: *transite*) floor tile roofing felt sprayon
 valve packing mastic sheet vinyl other _____

WORK PRACTICES AND REMOVAL PROCEDURES
 wet method dry methods with air filtering glovebag containment negative air
 HEPA vacuum vacuum truck with HEPA filter other _____
 Ambient air monitoring to be performed: yes no

DISPOSAL PROCEDURES
 chute to dropbox hand-load dropbox wetted and double bagged other _____
 waste stored on site in secured container waste secured off site at _____
 waste removed daily other _____

DISPOSAL SITE
 Short Mountain Coffin Butte other _____

ABATEMENT CONTRACTOR
 Contractor Name _____ License No. _____
 Mailing Address _____
 City _____ State _____ ZIP _____ Phone _____
 Competent Person _____ Certificate No. _____ Cell/Pager No. _____

PROPERTY OWNER
 Name _____
 Mailing Address _____
 City _____ State _____ ZIP _____ Phone _____
 Name (Please Print) _____ Organization _____
 Signature _____ Phone _____
 Email _____ Date _____

INSTRUCTIONS

This NOTIFICATION shall be considered incomplete until all the required information and the appropriate fee(s) are received.

Type of abatement: Check box indicating principal type of abatement project.

Project Category and Required Fee: Check appropriate box and remit appropriate fee to:

**LANE REGIONAL AIR PROTECTION AGENCY
1010 MAIN STREET
SPRINGFIELD, OR 97477
(541) 736-1056, Fax (541) 726-1205, toll free (877) 285-7272**

***You will not receive confirmation from LRAPA unless you enclose a stamped, self addressed return envelope with the application. ***

Abatement Project Information: Identify the site and the specific location of the asbestos at the site. Indicate the project dates and the time of day the project will be in operation.

Type of Asbestos Material: Identify the type, percent and quantity of the asbestos material.

Work Practices and Removal Procedures: Indicate the work practices being used in the project. Also indicate whether any ambient air sampling is planned.

Waste Disposal and Storage Procedures: Identify the methods of waste disposal being used.

Abatement Contractor: Provide the contractor and competent person names and license numbers.

FOR LRAPA USE ONLY

Inspected [] Yes, [] No By: _____ Date: _____

Site Contact: _____ Representing: _____

Project Site Name: _____ Project No.: _____

Project Start Date: _____ Project End Date: _____

Notes: _____

Enforcement Action Taken: [] Yes, [] No; If Yes, Notice of Non-Compliance No. _____

Comments: _____
