

SMALL SCALE, SHORT DURATION 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

- Demolition
- Removal
- Encapsulation
- Renovation
- Maintenance/Repair
- Other _____

Has a survey been completed?

Yes No

If Yes, By Whom? _____

Annual Fee Schedule for Non-Friable

\$ 499 Non-Friable Projects at Schools, Colleges and Facilities

Annual Fee Schedule for Small Scale, Short Duration

\$ 370 Friable Projects \leq 40 lin/80 sq ft

Submit Notices Quarterly:

1st Quarter (January 1 thru March 31)

2nd Quarter (April 1 thru June 30)

3rd Quarter (July 1 thru September 30)

4th Quarter (October 1 thru December 31)

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: _____

Emergency project notification requested: No, Yes - Discussed with: _____ Date: _____

TYPE OF ASBESTOS MATERIAL

Type & Percent of Asbestos _____ Estimate or Lab _____

Quantity of asbestos in project _____ Linear, Square or 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 _____

Asb:07/01/11

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: _____
