



**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  
email: [asbestos@lrapa.org](mailto:asbestos@lrapa.org) fax: (541) 726-1205  
phone: (541) 736-1056 toll free: (877) 285-7272

**For LRAPA Use:**

Project: \_\_\_\_\_  
Fee Rec'd: \$ \_\_\_\_\_  
Check #: \_\_\_\_\_  
Date Received: \_\_\_\_\_

**Type of Abatement:**

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

**NOTICE VALID FROM JANUARY 1<sup>st</sup> (or date filed with our office) thru DECEMBER 31<sup>st</sup>**

**Annual Fee Schedule for Non-Friable**

\$ 830  Non-Friable Projects at Schools, Colleges and Facilities

**Annual Fee Schedule for Small Scale, Short Duration**

\$ 616  Friable Projects ≤ 40 linear/80 square feet

**Has a survey been completed?**

Yes  No

If yes, By Whom?

\_\_\_\_\_

**Submit Notices Quarterly:**

- 1<sup>st</sup> Quarter (January 1 thru March 31)
- 2<sup>nd</sup> Quarter (April 1 thru June 30)
- 3<sup>rd</sup> Quarter (July 1 thru September 30)
- 4<sup>th</sup> 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  Lab  
 Quantity of asbestos in project \_\_\_\_\_  Linear  Square  Cubic feet  
 pipe insulation  tape  cementitious (eg: transite)  floor tile  roofing  felt  spray on  
 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 No. \_\_\_\_\_  
 Competent Person \_\_\_\_\_ Certificate No. \_\_\_\_\_ Cell No. \_\_\_\_\_  
 Competent Person \_\_\_\_\_ Certificate No. \_\_\_\_\_ Cell No. \_\_\_\_\_

**PROPERTY OWNER:**

Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

**NOTICE SIGNER:**

Name (Please Print) \_\_\_\_\_ Organization \_\_\_\_\_  
 Signature \_\_\_\_\_ Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Date \_\_\_\_\_

Job site address: \_\_\_\_\_

Description of Facility: \_\_\_\_\_ Type of Asbestos: \_\_\_\_\_

Project start date: \_\_\_\_\_ Completion date: \_\_\_\_\_

Name of Certified Worker or Competent Person: \_\_\_\_\_ Certification No: \_\_\_\_\_

Amount of Friable asbestos abated: LF: \_\_\_\_\_ SF: \_\_\_\_\_

Amount of Non-friable asbestos abated: Square Footage: \_\_\_\_\_

Job site address: \_\_\_\_\_

Description of Facility: \_\_\_\_\_ Type of Asbestos: \_\_\_\_\_

Project start date: \_\_\_\_\_ Completion date: \_\_\_\_\_

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