



**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**

\$ 798 ☐ Non-Friable Projects at Schools, Colleges and Facilities

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

\$ 592 ☐ 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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

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

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

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