

TITLE V FACILITY ASBESTOS INSPECTION NOTIFICATION

Certification that ACM is not present prior to Demolition or Renovation

ATTENTION: This notification must be completed and received by LRAPA (Agency) at least 10 days before starting the demolition or renovation project.

PLEASE PRINT OR TYPE!

If you have questions, contact LRAPA at 541-736-1056 or by email at permitting@lrapa.org.

Name:	Phone:	
Street	City/State	Zip
CCB License #:	•	1
Information about the building, structure	e, facility, installation, vehicle or vessel to be d	emolished:
•	,,,,,	
Street Address or location	City/State	County Zip
Age of building and present or prior use o	of the building:	
Description of the structure:		
Demolition Project Schedule: Start Date	e:End Date:	
NOTE: The Agency must be notified of a	my changes in the scheduled starting or comple	etion dates of other substantial
changes. Failure to do so will render this n	notification void. Please contact LRAPA prior to	
C	notification void. Please contact LRAPA prior to	
Major Source Information:	notification void. Please contact LRAPA prior to	o any changes.
Major Source Information:	·	o any changes.
Major Source Information: Facility Owner or Operator Name: Street	•	o any changes. Zip
Major Source Information: Facility Owner or Operator Name: Street	City/State County	o any changes. Zip
Major Source Information: Facility Owner or Operator Name: Street	City/State County	o any changes. Zip
Major Source Information: Facility Owner or Operator Name: Street Site Contact: Asbestos Survey Information:	City/State County	o any changes. Zip
Major Source Information: Facility Owner or Operator Name: Street Site Contact: Asbestos Survey Information:	City/State County Phone:	o any changes. Zip
Major Source Information: Facility Owner or Operator Name: Street Site Contact: Asbestos Survey Information: Accredited Inspector/Consultant:	City/State County Phone: Phone:	o any changes. Zip
Major Source Information: Facility Owner or Operator Name: Street Site Contact: Asbestos Survey Information: Accredited Inspector/Consultant: Street	City/State County Phone: Phone:	o any changes. Zip
Major Source Information: Facility Owner or Operator Name: Street Site Contact: Asbestos Survey Information: Accredited Inspector/Consultant: Street Accreditation #: FACILITY OWNER OR OPERATOR'S C.	City/State County Phone: Phone: City/State Asbestos Survey Report Date: ERTIFICATION: I hereby certify that the info	Zip Zip Zip
Major Source Information: Facility Owner or Operator Name: Street Site Contact: Asbestos Survey Information: Accredited Inspector/Consultant: Street Accreditation #: CACILITY OWNER OR OPERATOR'S Consultant and that no asbestos-containing in	City/State County Phone: Phone: City/State Asbestos Survey Report Date:	Zip Zip Zip ormation provided on this notification revey. If any asbestos-containing
Major Source Information: Facility Owner or Operator Name: Street Site Contact: Asbestos Survey Information: Accredited Inspector/Consultant: Street Accreditation #: FACILITY OWNER OR OPERATOR'S Consultant and that no asbestos-containing to the street and the	City/State County Phone: Phone: City/State Asbestos Survey Report Date: ERTIFICATION: I hereby certify that the informaterials were identified during the asbestos such procedures found in LRAPA Rules and Reg	Zip Zip Zip ormation provided on this notification revey. If any asbestos-containing

Instructions for Filing the LRAPA Form ASN-8 Title V Asbestos Inspection Notification

Notification: LRAPA asbestos rules require written notification to the agency prior to any demolition or renovation at major sources subject to the federal operating permit program as defined in OAR 340-200-0020 where no asbestos was identified based on an asbestos survey performed by an accredited inspector. (LRAPA Rules and Regulations Title 43) LRAPA must receive the completed notification 10 days before commencing the demolition or renovation project. You will not receive a copy of the form or a receipt from LRAPA. Keep a copy of the form for you records. Unless notified otherwise, you may begin your project as scheduled on the notification.

Mail or fax the notification to LRAPA:

Email: permitting@ lrapa.org

Fax: 541-726-1205

Revisions to Notification: The LRAPA office must be notified if there are changes to the scheduled starting or completion dates or any other substantial changes. Submit the revision prior to the changes taking place. The simplest way to submit revisions is to email or fax LRAPA a copy of the original notice, circling the changes.

FILLING OUT THE FORM:

Be sure to complete all the information requested on the form.

The following are some guidelines for providing the required information:

Contractor Information: Include the name, address, phone number and CCB license number of the individual or contractor that will be performing the demolition or renovation.

Project site address: Include the building name and/or number, address or location or any other identifying information.

Building Information: Include the age and present or past use of the building. Describe the structure's interior and exterior.

Project Starting and Completion Dates: List the dates the demolition or renovation project will start and will be completed.

Major Source Information: Include the owner or operator's name of the Major Source, the facility address, the site contact name and their phone number.

Asbestos Survey Information: List the name or the consultant who performed the asbestos survey, along with their address and phone number. Include the inspector's accreditation number and the date of the asbestos survey report.

Signing the Form: The notification must be signed by the owner or operator of the facility. By signing the form, the facility is certifying that no asbestos-containing materials were identified during the asbestos survey and that is any asbestos-containing materials are uncovered during the demolition or renovation, procedures outlined in LRAPA Rules and Regulations Title 43 will be followed.

Contact Information:

Lane Regional Air Protection Agency (**LRAPA**) 1010 Main Street. Springfield, OR 97477

Phone: 541-736-1056 Fax: 541-726-1205

Email: permitting@lrapa.org
Website: www.lrapa.org