



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 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 1st (or date filed with our office) thru DECEMBER 31st

Annual Fee Schedule for Non-Friable

\$ 768 Non-Friable Projects at Schools, Colleges and Facilities

Annual Fee Schedule for Small Scale, Short Duration

\$ 569 Friable Projects ≤ 40 linear/80 square feet

Has a survey been completed?

Yes No

If yes, By Whom?

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 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: _____

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Amount of Friable asbestos abated: LF: _____ SF: _____

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