



**TEN-DAY AND NON-FRIABLE 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) Phone: (541) 736-1056  
Fax: (541) 726-1205 toll free: (877) 285-7272

**For LRAPA Use:**

Project #: \_\_\_\_\_  
Fee Received: \$ \_\_\_\_\_  
Check #: \_\_\_\_\_  
Date Received: \_\_\_\_\_

**Type of Abatement**

- ☐ Demolition  
☐ Removal  
☐ Encapsulation  
☐ Renovation  
☐ Maintenance/Repair  
Other \_\_\_\_\_

**Project Category and REQUIRED Fee**

- |   |
|---|
| <input type="checkbox"/> Emergency Waiver ( <i>Add 50% to required fee</i> ) \$ _____         |
| <input type="checkbox"/> Non-Friable (5-Day Notice)   |
| <input type="checkbox"/> Residential Project (Occupied Residence, <b>not</b> for Demolition)  |
| <input type="checkbox"/> ≤ 40 linear/80 square ft (Small Scale, Short Duration)               |
| <input type="checkbox"/> > 40 linear/80 square ft; ≤ 260 linear/160 square ft                 |
| <input type="checkbox"/> > 260 linear/160 square ft; ≤ 1,300 linear/800 square ft             |
| <input type="checkbox"/> > 1,300 linear/800 square ft; ≤ 2,600 linear/1,600 square ft         |
| <input type="checkbox"/> > 2,600 linear/1,600 square ft; ≤ 5,000 linear/3,500 square ft       |
| <input type="checkbox"/> > 5,000 linear/3,500 square ft; ≤ 10,000 linear/6,000 square ft      |
| <input type="checkbox"/> > 10,000 linear/6,000 square ft; ≤ 26,000 linear/16,000 square ft    |
| <input type="checkbox"/> > 26,000 linear/16,000 square ft; ≤ 260,000 linear/160,000 square ft |
| <input type="checkbox"/> ≥ 260,000 linear/160,000 square ft                                   |

**Has a survey been completed?**

Yes ☐ No ☐

If Yes, By Whom? \_\_\_\_\_

\$ 80  
\$ 80  
\$ 80  
\$ 170  
\$ 682  
\$ 855  
\$ 1,481  
\$ 1,707  
\$ 2,734  
\$ 4,558  
\$ 5,697

Is this a revision to a previous notification? Yes ☐ No ☐

**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 \_\_\_\_\_ Days 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 feet ☐ Square feet ☐ Cubic feet  
☐ pipe insulation ☐ tape ☐ cementitious (e.g.: *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 \_\_\_\_\_

## 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

Email: [asbestos@lrpa.org](mailto:asbestos@lrpa.org), Phone: (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: \_\_\_\_\_