



# 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-or.gov](mailto:permitting@lrapa-or.gov)

**1. Name, address and telephone number of the individual or contractor performing the demolition:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Street \_\_\_\_\_ City/State \_\_\_\_\_ Zip

CCB License #: \_\_\_\_\_

**2. Information about the building, structure, facility, installation, vehicle or vessel to be demolished:**

Building Name or Number: \_\_\_\_\_

\_\_\_\_\_ Street Address or location \_\_\_\_\_ City/State \_\_\_\_\_ County \_\_\_\_\_ Zip

Age of building and present or prior use of the building: \_\_\_\_\_

Description of the structure: \_\_\_\_\_

Demolition Project Schedule: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**NOTE:** The Agency must be notified of any changes in the scheduled starting or completion dates or other substantial changes. Failure to do so will render this notification void. Please contact LRAPA prior to any changes.

**3. Major Source Information:**

Facility Owner or Operator Name: \_\_\_\_\_

\_\_\_\_\_ Street \_\_\_\_\_ City/State \_\_\_\_\_ County \_\_\_\_\_ Zip

Site Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**4. Asbestos Survey Information:**

Accredited Inspector/Consultant: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Street \_\_\_\_\_ City/State \_\_\_\_\_ Zip

Accreditation #: \_\_\_\_\_ Asbestos Survey Report Date: \_\_\_\_\_

**5. FACILITY OWNER OR OPERATOR'S CERTIFICATION:** I hereby certify that the information provided on this notification is accurate and that no asbestos-containing materials were identified during the asbestos survey. If any asbestos-containing materials are uncovered during demolition the procedures found in LRAPA Rules and Regulations [Title 43](#) will be followed.

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **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 Regulation [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-or.gov](mailto:permitting@lrapa-or.gov)

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 if 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-or.gov](mailto:permitting@lrapa-or.gov)

Website: [www.lrapa-or.gov](http://www.lrapa-or.gov)