ANNUAL SMALL SCALE, SHORT DURATION NOTIFICATION OF INTENT TO REMOVE OR ENCAPSULATE ASBESTOS IN LANE COUNTY, OR

Lane Regional Air Protection Agency
1010 Main Street, Springfield, OR 97477
email: asbestos@lrapa-or.gov 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

Has a survey been completed?
☐ Yes ☐ No
If yes, By Whom?
_____

NOTICE VALID FROM JANUARY 1st (or date filed with our office) thru DECEMBER 31st

Annual Fee Schedule for Non-Friable

$ 898 ☐ Non-Friable Projects at Schools, Colleges and Facilities

Annual Fee Schedule for Small Scale, Short Duration

$ 666 ☐ Friable Projects < 40 linear/80 square feet

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 □ cementatious (*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: _______________________