



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@lrpa-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

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

Annual Fee Schedule for Non-Friable

\$ 830 ☐ Non-Friable Projects at Schools, Colleges and Facilities

Annual Fee Schedule for Small Scale, Short Duration

\$ 616 ☐ 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: _____

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Amount of Non-friable asbestos abated: Square Footage: _____