



**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-or.gov 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 <input type="checkbox"/> Demolition <input type="checkbox"/> Removal <input type="checkbox"/> Encapsulation <input type="checkbox"/> Renovation <input type="checkbox"/> 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) \$ 83 <input type="checkbox"/> Residential Project (Occupied Residence, not for Demolition) <input type="checkbox"/> ≤ 40 linear/80 square ft (Small Scale, Short Duration) \$ 83 <input type="checkbox"/> > 40 linear/80 square ft; ≤ 260 linear/160 square ft \$ 176 <input type="checkbox"/> > 260 linear/160 square ft; ≤ 1,300 linear/800 square ft \$ 710 <input type="checkbox"/> > 1,300 linear/800 square ft; ≤ 2,600 linear/1,600 square ft \$ 890 <input type="checkbox"/> > 2,600 linear/1,600 square ft; ≤ 5,000 linear/3,500 square ft \$1,540 <input type="checkbox"/> > 5,000 linear/3,500 square ft; ≤ 10,000 linear/6,000 square ft \$ 1,776 <input type="checkbox"/> > 10,000 linear/6,000 square ft; ≤ 26,000 linear/16,000 square ft \$ 2,844 <input type="checkbox"/> > 26,000 linear/16,000 square ft; ≤ 260,000 linear/160,000 square ft \$ 4,740 <input type="checkbox"/> ≥ 260,000 linear/160,000 square ft \$ 5,925 Is this a revision to a previous notification? Yes <input type="checkbox"/> No <input type="checkbox"/>
Has a survey been completed? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, By Whom? _____	

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-or.gov, 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 [<input type="checkbox"/>] Yes, [<input type="checkbox"/>] No	By: _____ Date: _____
Site Contact: _____	Representing: _____
Project Site Name: _____	Project No.: _____
Project Start Date: _____	Project End Date: _____
Notes: _____ _____	
Enforcement Action Taken: [<input type="checkbox"/>] Yes, [<input type="checkbox"/>] No; If Yes, Notice of Non-Compliance No. _____	
Comments: _____ _____	