SAVE | RESET | PRINT

LRAPA
Lane Regional Air Protection Agency

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

- ☐ Demolition
- ☐ Removal
- ☐ Encapsulation
- ☐ Renovation
- ☐ Maintenance/Repair

Other _____

Has a survey been completed?
Yes ☐ No ☐

If Yes, By Whom?

_____

Project Category and REQUIRED Fee

	☐ Emergency Waiver (***Add 50% to required fee***) $_____
$ 90	☐ Non-Friable (5-Day Notice)
$ 90	☐ Residential Project (Occupied Residence, **not** for Demolition)
$ 90	☐ < 40 linear/80 square ft (Small Scale, Short Duration)
$ 191	☐ ≥ 40 linear/80 square ft; < 260 linear/160 square ft
$ 767	☐ ≥ 260 linear/160 square ft; < 1,300 linear/800 square ft
$ 962	☐ ≥ 1,300 linear/800 square ft; < 2,600 linear/1,600 square ft
$1,665	☐ ≥ 2,600 linear/1,600 square ft; < 5,000 linear/3,500 square ft
$ 1,921	☐ ≥ 5,000 linear/3,500 square ft; < 10,000 linear/6,000 square ft
$ 3,076	☐ ≥ 10,000 linear/6,000 square ft; < 26,000 linear/16,000 square ft
$ 5,127	☐ ≥ 26,000 linear/16,000 square ft; < 260,000 linear/160,000 square ft
$ 6,409	☐ ≥ 260,000 linear/160,000 square ft

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 _____

Form Available on LRAPA website: www.lrapa-or.gov

Updated: 06/04/2026

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@lrapa-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 [ ]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:_____
_____

Form Available on LRAPA's website: www.lrapa-or.gov