FORM AVAILABLE ON LRAPA’S WEBSITE: www.lrapa.org

UPDATED: 07/01/19

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@lrapa.org 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

$ 682 □ Non-Friable Projects at Schools, Colleges and Facilities

Annual Fee Schedule for Small Scale, Short Duration

$ 506 □ 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_________________
| 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: | |

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