

NOTICE OF INTENT TO REMOVE OR ENCAPSULATE ASBESTOS

Southwest Clean Air Agency

11815 NE 99th Street, Suite 1294

Vancouver, WA 98682

Voice: (360) 574-3058

Fax: (360) 576-0925

AGENCY USE ONLY

Date Notification Received

AGENCY USE ONLY

Date Paid: _____

Fee: \$ _____

Receipt #: _____

Is this a revision to a prior notification?

YES NO

(If yes, highlight all revisions below.)

TYPE OF PROJECT

- A. Emergency (double fee)
- B. Maintenance
- C. Encapsulation
- D. Enclosure
- E. Removal
- F. Other (specify)

SWCAA Reviewed by: _____

PROJECT CATEGORY (Check one only.)

PROJECT CATEGORY (Check one only.)	ADVANCE NOTIFICATION	FEE (\$)
1. <input type="checkbox"/> Residential (any amount- owner occupant performed)	24 Hour Notification	25.00
2. <input type="checkbox"/> Less than 10 linear feet Less than 48 square feet	exempt per structure per year	0
3. <input type="checkbox"/> 10 to 259 linear feet 48 to 159 square feet	10 working days	100.00
4. <input type="checkbox"/> 260 to 999 linear feet 160 to 4999 square feet	10 working days	250.00
5. <input type="checkbox"/> 1000 linear feet or more 5000 square feet or more	10 working days	500.

Quantity to be removed/encapsulated: _____ square feet or _____ linear feet

Project starting date: _____ Completion date: _____

Site address: _____

Street

City

State

Zip

County

Workshift days: (circle)

M T W T F S S

Workshift hours: _____

Location of asbestos to be removed: _____

Project description: School? Yes No Federal facility or marine vessel? Yes No

Complete demolition of structure? Yes No Asbestos survey conducted? Yes No - Presumed ACM

Facility Type: _____ Age: _____ yrs. Size: _____ sq. ft. # of Floors: _____

Type of material to be removed/encapsulated:

- Fireproofing "Popcorn" Ceiling CAB Sheet Vinyl Boiler Insulation Duct Tape
- Duct Paper Mag. Pipe Insulation Air Cell CA Pipe VAT Other _____

Is removal: Indoors Outdoors

Control measures & personal protection equipment:

- N.P. Enclosure Glove Bag Mini Enclosure Wrap & Cut Water HEPA Vac Type C Continuous Flow
- 1/2 Mask APR Full Face APR PAPR Type CP Demand Other _____

AHERA certified building inspector: _____ Certification #: _____

Asbestos contractor: _____ Contractor#: _____

Mailing address: _____

Supervisor: _____ Certificate #: _____ Phone: _____

Owner/CEO: _____ Title: _____ Phone: _____

Property owner: _____ Phone: _____

Mailing address: _____

Street

City

State

Zip

County

Site contact: _____ Title: _____ Phone: _____

Asbestos disposal site: _____

I DO HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS NOTIFICATION IS, TO THE BEST OF MY KNOWLEDGE, ACCURATE AND COMPLETE.

Signature _____

Date _____

Title _____

Representing _____

AGENCY USE ONLY

Case No. _____

Amendment No. _____

INSTRUCTIONS FOR FILING WRITTEN NOTICE OF INTENT TO REMOVE OR ENCAPSULATE ASBESTOS

Written notice as required by SWCAA 476 "Standards for Asbestos Control" must be submitted on this form. If this notice is submitted by mail, the appropriate fee must be enclosed. A copy of your notice must accompany the asbestos waste when deposited at a waste disposal site. The required "Advance Notification Period" approval date will be from the date that all required submittals are received at SWCAA.

TYPE OF PROJECT

Check the applicable box that pertains to your type of asbestos project.

PROJECT CATEGORY

Check the applicable box that indicates your project category and note the advance notification period and fee. Residential owner performed projects must be confined to owner occupied dwellings; other restrictions may apply.

QUANTITY TO BE REMOVED/ENCAPSULATED

Indicate amount of estimated asbestos material and attach appropriate fee.

PROJECT START AND COMPLETION DATES

Dates must be consistent with the required notification period identified in SWCAA 476-040. Unless you are notified otherwise, your project may begin on the scheduled starting date.

WORKSHIFT DAYS AND HOURS

Indicate days and hours scheduled to be on site.

JOB SITE ADDRESS

Must be complete and include building numbers, school names, or any other identifying information.

TYPE OF MATERIAL TO BE REMOVED AND CONTROL MEASURES

Indicated by checking the appropriate box(es).

ASBESTOS INSPECTION REPORT BY AHERA CERTIFIED BUILDING INSPECTOR

Must be submitted with Notice of Intent to Remove or Encapsulate Asbestos, unless the material is presumed to be asbestos containing material which is therefore not required to be evaluated by an AHERA building inspector.

ASBESTOS CONTRACTOR (list the following)

1. Name and address of property owner.
2. Site contact, and asbestos certification number.
3. Name of owner or chief executive officer and telephone number.

PROPERTY OWNER (list the following)

1. Name and address of property owner.
2. Site contact, title, and telephone number.

DISPOSAL SITE NAME AND LOCATION

Specify the asbestos disposal site.

SIGNATURE AND TITLE OF RESPONSIBLE PERSON AND WHO PARTY IS REPRESENTING

Form must be signed and dated by responsible person or the notice is not valid.