

AGENCY USE ONLY

Date Notification Received _____

NOTICE OF INTENT TO REMOVE ASBESTOS
Southwest Clean Air Agency

11815 NE 99th Street, Suite 1294
 Vancouver, WA 98682
 Voice: (360) 574-3058
 Fax: (360) 576-0925
www.swcleanair.org

**This notification *must* be present at
 all times at the asbestos project site**

AGENCY USE ONLY

Date Paid: _____

Fee: \$ _____

Receipt #: _____

PROJECT CATEGORY (Check only one) MUST INCLUDE FEE	Advance Notification Period	SWCAA Fee
<input type="checkbox"/> Residential (any amount-owner occupant performed)	Prior Notification	\$30.00
<input type="checkbox"/> Less than 10 linear feet, Less than 48 square feet	exempt per structure per year	-0-
<input type="checkbox"/> 10 to 259 linear feet, 48 to 159 square feet	10 days	\$120.00
<input type="checkbox"/> 260 to 999 linear feet, 160 to 4999 square feet	10 days	\$300.00
<input type="checkbox"/> 1000 linear feet or more, 5000 square feet or more	10 days	\$600.00
<input type="checkbox"/> Emergency (Call SWCAA immediately for notification period waiver)		(Double Fee)

Quantity to be removed: _____ square ft. _____ linear ft. Workshift days: M T W TH F SA SU

Project starting date: _____ Completion date _____ Workshift hours: _____

Site address: _____ City _____ Zip _____ County _____

Location of asbestos: _____

Demolition of structure? _____ If yes, Notification of Demolition required

Asbestos survey conducted? YES NO If yes, include results summary page. If no, reason: _____

AHERA Inspector: _____ **Certification #:** _____

Material to be Removed:

Fireproofing Popcorn Ceiling CAB Sheet Vinyl Boiler Insulation Duct Tape

Duct Paper Mag. Pipe Insulation Air Cell CA Pipe VAT Other _____

Control Methods:

N.P Enclosure Glove Bag Mini Enclosure Wrap & Cut Water

HEPA Vac Other _____

Asbestos contractor: _____ **Asbestos Certification #** _____

Mailing address: _____

Owner/CEO: _____ Phone: _____

Onsite Supervisor: _____ Certificate #: _____ Phone: _____

Property owner: _____ Phone: _____

Mailing address: _____

City _____ State: _____ ZIP: _____

Asbestos disposal site and landfill address: _____

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

 Signature

 Title

 Date

 Representing

AGENCY USE ONLY

Case No. _____

Reviewed by _____

INSTRUCTIONS FOR FILING WRITTEN NOTICE OF INTENT TO REMOVE 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 this 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 information is submitted to 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

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. These dates are important as SWCAA performs periodic site visits. 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. These times are important as SWCAA performs periodic site visits.

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 company.
2. Name of owner or chief executive officer and telephone number.
3. Site contact and asbestos contractor certification number.

PROPERTY OWNER (list the following)

1. Name, address and telephone number of property owner.

DISPOSAL SITE NAME AND LOCATION

Specify the asbestos disposal site-including landfill address.

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.