

**NOTICE OF INTENT TO REMOVE ASBESTOS**

**AGENCY USE ONLY**

  
  
  

Date Notification Received \_\_\_\_\_

**Southwest Clean Air Agency**

11815 NE 99<sup>th</sup> Street, Suite 1294  
 Vancouver, WA 98682  
 Voice: (360) 574-3058  
 Fax: (360) 576-0925  
[www.swcleanair.org](http://www.swcleanair.org)

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

**AGENCY USE ONLY**

Date Paid: \_\_\_\_\_

Fee: \$ \_\_\_\_\_

Receipt #: \_\_\_\_\_

Date of Submittal: \_\_\_\_\_

**PROJECT CATEGORY (Check only one) See Consolidated Fee Schedule (Table 11) <http://www.swcleanair.org/fees/index.asp>**

<b>Must include fee</b>	<b>Advance Notification Period</b>
<input type="checkbox"/> Residential (any amount-owner occupant performed)	Prior Notification
<input type="checkbox"/> Less than 10 linear feet, Less than 48 square feet	exempt per structure per year
<input type="checkbox"/> 10 to 259 linear feet, 48 to 159 square feet	<b>10 working days</b>
<input type="checkbox"/> 260 to 999 linear feet, 160 to 4999 square feet	<b>10 working days</b>
<input type="checkbox"/> 1000 linear feet or more, 5000 square feet or more	<b>10 working days</b>
<input type="checkbox"/> <b>Emergency (Call SWCAA immediately for notification period waiver)</b>	<b>(Double fee)</b>

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 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.