

**NOTICE OF INTENT TO REMOVE ASBESTOS**

**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 Notification Received \_\_\_\_\_

**AGENCY USE ONLY**

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

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

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

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

PROJECT CATEGORY (Check only one)	Advance Notification Period	SWCAA FEE
<input type="checkbox"/> Residential (any amount-owner occupant performed)	Prior Notification	\$25.00
<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 working days	\$100.00
<input type="checkbox"/> 260 to 999 linear feet, 160 to 4999 square feet	10 working days	\$250.00
<input type="checkbox"/> 1000 linear feet or more, 5000 square feet or more	10 working days	\$500.00
<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

\_\_\_\_\_  
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.