Olympic Region Clean Air Agency
2940 Limited Lane NW
Olympia, WA 98502
(360) 539-7610 • FAX (360) 491-6308

Contractor Asbestos Notification

Asbestos projects within Clallam, Grays Harbor, Jefferson, Mason, Pacific, and Thurston counties REQUIRE NOTIFICATION and require the following conditions are met prior to the demolition.

Olympic Region Clean Air Agency (ORCAA) regulations define an asbestos project as any activity involving the abatement, renovation, demolition, removal, salvage, clean up, or disposal of asbestos-containing materials, or any other action that disturbs or is likely to disturb any asbestos-containing materials (ACM). It includes the removal and disposal of stored asbestos-containing materials or asbestos-containing waste material. This term does not include the application of duct tape, rewettable glass cloth, canvas, cement, paint, or other non-asbestos materials to seal or fill exposed areas where asbestos fibers may be released. ORCAA defines ACM as more than 1 percent (1%) of asbestos. Notification is not required for removal and disposal of non-friable asbestos caulking, window glazing or roofing if it meets all the requirements in ORCAA Regulation 6.3.1.

The following is merely a reference guide and not a substitute for agency regulations.

1. Each structure to be abated (renovated) is required to have a notification.
2. **For residential structures only:** Ancillary structures, associated with a residential home, such as a garage, shed or hobby barn, may be counted with the main structure.
3. Certified asbestos contractors can be found on ORCAA's website, on the Washington State Labor and Industries website, as well as conducting an internet search.
4. Asbestos samples must be sent to a NVLAP Laboratory (National Voluntary Laboratory Accreditation Program) per 40 CFR 763.87. A list of labs can be found on ORCAA's website.
5. The start date for asbestos abatement projects must be at least 10 days (14 days if NESHAP project) from the submission date of the complete application and payment.
6. It is the responsibility of the building owner and/or asbestos contractor to ensure all ACM identified (or suspected) in the survey and proposed to be removed, has been removed and properly disposed of in accordance with ORCAA's Regulations.
7. A copy of the asbestos survey, Asbestos Notification, and any subsequent amendments must be kept on site and be available for review by Agency inspection personnel.
8. Use the Asbestos Amendment Notification Form to make changes to the original notification.
9. The original asbestos notification will expire on the Completion Date. To change the completion date, an Amendment form must be received PRIOR to expiration. If the notification expires and the project is not complete, you must submit and pay for another asbestos notification. Under no circumstances will a project be extended beyond 1 year from original submission date.

ADDITIONAL REQUIREMENTS:

"Single-Family Residence" means any structure containing space for use such as living, sleeping, food preparation and eating. This term includes houses, mobile homes, detached garages, houseboats, and houses with a "mother-in-law apartment" or "guest room". This term does not include multiple-family units (i.e., apartment, duplex, condominium, etc.), nor does this term include any mixed-use building, structure, or installation that contains a residential unit.

Emergency Project: A project that was not planned but results in a public health or safety hazard; the project must proceed immediately to protect equipment, ensure continuous vital utilities, or minimize property damage; ACM was encountered that was not identified during the survey or the project must proceed to avoid imposing an unreasonable burden. Additional N**on-refundable emergency fee.**

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[ ] NESHAPS Project (14 day wait period)

PROPERTY OWNER

Name:	Phone:	Email:	
Mailing Address:	City:	State:	Zip:
Site Contact Person:	Phone:	Email:	
Site Address:	City:	County:	Zip:

ASBESTOS CONTRACTOR

Contractor/Business Name:	Phone:	Email:	
Mailing Address:	City:	State:	Zip:

PROJECT INFORMATION

Start Date:	Completion Date:	Work Shift Days: M__ T__ W__ Th__ F__ Sa__ Su__	Work Shift Hours:

Total Quantity to be Removed: **Square Feet:**_____ **Linear Feet:** _____

Disposal Site:

Will all identified asbestos be removed from structure? [ ] **Yes** [ ] **No**	**Will this structure be demolished after asbestos removal?** [X] **Yes** [ ] **No**

Material(s) being removed: [ ]Boiler/Furnace [ ]Duct Insulation [ ]Pipe Insulation [ ]Fireproofing Paints [ ]Plaster [ ]Cement Board [ ]Cement Pipe [ ]Flooring [ ]Roofing [ ]Textured Coating [ ]Other _____

ASBESTOS PROJECT CATEGORY	**NON-REFUNDABLE FEE**
[ ] 10-259 linear or 48-159 square feet	$250
[ ] 260-999 linear or 160-4,999 square feet	$500
[ ] 1,000-9,999 linear or 5,000-49,999 sq feet	$1000
[ ] 10,000+ linear or 50,000 square feet	$2000
[ ] Emergency	Double the project fee
[ ] Annual – limit of 260 linear feet or 160 square feet	$750

I do certify that I am the owner, authorized agent of the owner, or authorized contractor for the property subject to this ORCAA Notification. I authorize ORCAA staff to enter the property listed in this Notification at reasonable times for purposes of inspecting the work that is the subject of this Notification and to ensure compliance with conditions, applicable laws, and regulations. I understand this Notification does not authorize anyone to violate federal, state, or local laws or regulation pertaining to activities associated with this Notification. I have read and will abide by the conditions set forth in this Notification and any addendum thereto.

I do certify under penalty of perjury under the laws of the state of Washington that the information in this application and supplemental data is, to the best of my knowledge, true, accurate and complete.

_____ _____ _____
Print Applicant Name Signature Date

Date Received	Payment Info.	Asbestos Notification
	[ ] Cash	# ____ASB00_____
	[ ] Check: #_____	Demolition Notification
	[ ] Credit Card	# ____DEM00_____
	Receive date:___/___/___	Survey: [ ] Yes [ ] No
Agency Use Only	*Agency Use Only*	*Agency Use Only*