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

Single-Family Residence Asbestos Notification

Asbestos projects within Clallam, Grays Harbor, Jefferson, Mason, Pacific, and Thurston counties REQUIRE A NOTIFICATION and require that the following conditions be 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 (ACM), or any other action that disturbs or is likely to disturb any asbestos-containing materials. 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.

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

1. Only the homeowner may remove ACM from the residence.
2. Each structure to be abated (renovated) is required to have its own notification. Ancillary structures, associated with a residential home, such as a garage, shed or hobby barn, may be counted with the main structure.
3. It is the responsibility of the building owner to ensure all ACM removed is properly disposed of in accordance with ORCAA's Regulations.
4. A copy of the asbestos survey and Asbestos Notification, as well as any subsequent amendments, must be kept on site and be available for review by Agency inspection personnel.
5. For asbestos projects that will result in a demolition project, asbestos surveys must be submitted with Notification.
6. Submit the Asbestos Amendment Notification Form to make changes to the original Notification.
7. The original asbestos notification will expire at 11:59 pm on the last Completion Date of record. To change the completion date, an Asbestos Amendment Notification form must be received no later than 4:30pm on the last completion date of record. 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 Non-refundable emergency fee.**

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Non-refundable Notification Fee - $100.00 - 10 day waiting period prior to start of project.
Non-refundable Emergency Fee – Double the project fee – must be accompanied by letter explaining emergency circumstance.

Homeowner:	Phone:	Email:	
Mailing Address:	City:	State:	Zip:
Site Address:	City:	County:	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:			Is this your primary residence ☐ Yes ☐ No

Check Material being removed:

☐ Duct Insulation ☐ Pipe Insulation ☐ Fireproofing ☐ Paints ☐ Plaster

☐ Cement Board ☐ Cement Pipe ☐ Flooring ☐ Roofing ☐ Textured Coating

☐ Other _____

Name and location of Disposal Site:

Will all identified asbestos be removed from the structure? ☐ Yes ☐ No

Will this structure be demolished after asbestos removal? ☐ Yes* ☐ No

***Required for demolitions:** ☐ **Asbestos Survey attached**

I do certify that I am the owner of 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 Name **Signature** **Date**

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