



ASN 1

DEQ PROJECT NOTIFICATION FORM For Removal or Encapsulation of Friable Asbestos-Containing Material

For DEQ use only	
Date Received	_____
Amount Received	_____
Check Number	_____
Project Number	_____

ATTENTION! This notification must be complete and received by DEQ at least 10 days before the start date of any friable asbestos abatement project and accompanied by the notification fee.

PROJECT CATEGORY AND NOTIFICATION FEE

- _____ EMERGENCY (Emergency notifications require a 50% fee increase)
- A. _____ \$100 for each project with less than 40 linear or 80 square feet of asbestos-containing material or for each residential abatement project.
 - B. _____ \$200 for projects from 40 to 259 linear feet or 80 to 159 square feet of asbestos-containing material.
 - C. _____ \$400 for projects from 260 to 1299 linear feet or 160 to 799 square feet of asbestos-containing material.
 - D. _____ \$525 for projects from 1300 to 2599 linear feet or 800 to 1599 square feet of asbestos-containing material.
 - E. _____ \$900 for projects from 2600 to 4999 linear feet or 1600 to 3499 square feet of asbestos-containing material.
 - F. _____ \$1,050 for projects from 5000 to 9999 linear feet or 3500 to 5999 square feet of asbestos-containing material.
 - G. _____ \$1,700 for projects from 10,000 to 25,999 linear feet or 6000 to 15,999 square feet of asbestos-containing material.
 - H. _____ \$2,800 for projects from 26,000 to 259,999 linear feet or 16,000 to 159,999 square feet of asbestos-containing material.
 - I. _____ \$3,500 for projects 260,000 linear feet or more or 160,000 square feet or more of asbestos-containing material.

1. Is this a revision to a previous notification? Yes _____ Revision# _____ No _____
2. Asbestos abatement project starting date: _____ Completion date: _____
3. Project site name: _____
Address: _____
(Street Address) (Apt #, Floor #, Bldg #) (City) (County) (ZIP)

4. Property Owner: _____
Address: _____
(City) (State) (ZIP)
5. Site Contact: _____ Phone: _____
6. Type of structure: _____
7. Present use of structure: _____
8. Was a survey performed? Yes: _____ No: _____
Who performed the survey? _____
9. Will this be a complete demolition? Yes: _____ No: _____
If yes, give demolition start date: _____
10. Type of asbestos-containing material and where it is located in facility: _____
11. Quantity of asbestos material to be removed or encapsulated:
Linear feet: _____ Square feet: _____
12. Abatement Contractor Name: _____
Address: _____
(City) (State) (ZIP)
Phone: _____
DEQ license number: _____

13. Describe method of removal or encapsulation: _____
14. Days of week and hours of day to be worked: _____
15. Oregon Certified Supervisor on this project:

Oregon Certification #: _____
16. Asbestos disposal site: _____
Address: _____
17. Waste Hauler: _____
Phone: _____

18. Name of owner, operator, or abatement contractor: _____
19. Signature: _____ Date: _____ Phone: _____