



ASN 2

ANNUAL NOTIFICATION FORM For Small-Scale Abatement of Friable Asbestos-Containing Material

State of Oregon
Department of
Environmental
Quality

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

- Facilities or contractors who plan to conduct asbestos abatement or maintenance activities on a yearly basis, where the asbestos abatement is limited to 40 linear or 80 square feet or less of friable asbestos material, must file this form annually to notify DEQ of their intent to conduct those projects.
- This notice is not considered complete until the appropriate fee and all required information is received by DEQ.

ANNUAL NOTIFICATION FEE: \$ 750

- The use of this form also requires you to file Quarterly Reports (DEQ Form ASN 3). These reports summarize the small friable abatement projects you have completed during each calendar quarter that are covered by this annual Notice for Removal.

Quarterly Summary Reports must be received at DEQ by the 15th day of the month immediately following the end of each calendar quarter (April 15, July 15, October 15, and January 15).

- Complete all lines below that apply to you. See back side of this form for instructions.

INFORMATION IN THIS BOX TO BE COMPLETED BY FACILITIES ONLY				
Starting Date (Date form turned in to DEQ): _____		Ending Date: _____		
Name of Facility: _____				
Facility Address: _____				
Street		City	County	Zip
Name of Contact Person: _____			Phone: _____	
Describe Facility: _____				Survey completed: Yes _____ No _____
Describe Method of Removal: _____				
Name of Certified Supervisor or Worker: _____			Certificate No. _____	
Name of Property Owner: _____			Phone: _____	
Address of Owner: _____				
Street # or PO Box		City	State	Zip
Asbestos Disposal Site: _____			Disposal Date: _____	
Asbestos Waste Hauler: _____			Phone: _____	

QUESTIONS? Call DEQ at 1-800-452-4011 for the location and phone number of [you local regional DEQ Office](#).

INFORMATION IN THIS BOX TO BE COMPLETED BY CONTRACTORS ONLY				
Starting Date (Date turned in to DEQ): _____		Ending Date: _____		
Abatement Contractor: _____		License No: _____		Phone: _____
Address: _____				
Street or P.O. Box		City	State	Zip
Contact Person: _____			Phone: _____	
Asbestos Disposal Site: _____				
Asbestos Waste Hauler: _____			Phone: _____	

SEND THE SIGNED FORM AND THE NOTIFICATION FEE TO THE DEQ BUSINESS OFFICE AT 811 SW SIXTH AVENUE, PORTLAND, OREGON 97204 MAKE CHECKS PAYABLE TO "DEQ"

Name (of Owner, Operator, or Abatement Contractor): _____ Position: _____
(Please Print)

Signature: _____ Date: _____ Phone: _____