



1600 South Second Street
 Mount Vernon, WA 98273-5202
 ph 360-428-1617
 fax 360-428-1620
 info@nwcleanairwa.gov
 www.nwcleanairwa.gov

Asbestos Notification Resident/Owner Form

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Agency Use Only
 Case#

****Only the resident homeowner or certified contractor can remove asbestos****

I: OWNER INFORMATION

Project starting date: _____ Completion Date: _____
 Owner name: _____ Daytime phone: _____ Evening phone: _____
 Physical address: _____ City: _____ State: _____ Zip: _____

II: SITE INFORMATION

Site Address: **This must be completed** (Attach a brief explanation if site address is different from owner address.)

_____ Street _____ City _____ State _____ Zip _____ County _____

Has material to be removed been sampled and analyzed? Yes No If yes, attach results summary

If 'No', please explain:

III: ASBESTIOS MATERIAL INFORMATION

Quantity to be removed/encapsulated: _____ Quantity for pipe work only: _____

Facility type (check all that applies):

- Single family
- Two or more units
- Non-owner occupied
- Owner occupied

Material to be removed/encapsulated:

- Vermiculite (only- no fee)
- Boiler Insulation
- Other pipe insulation
- Sheet vinyl flooring
- Cement asbestos board
- Plaster
- Stucco
- Duct/furnace wrap
- Popcorn ceiling
- Vinyl asbestos tiles
- Mag. pipe insulation
- Other _____

IV: CONTROL MEASURES AND EQUIPMENT

Control measures:

- Decon area
- Neg air machine # _____
- Enclosures
- Water applicator
- Glove bag
- Wrap & cut (pipe removal)
- HEPA vac
- Other _____

Personal Protection Equipment:

- 1/2 face respirator
- Eye protection
- Disposable coveralls
- Rubber boots
- Disposable gloves
- Other _____

Briefly describe your method of removal:



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V: OPTIONAL DEMOLITION INFORMATION

Yes No **Is this building scheduled for demolition? If yes, complete this section. \$54.00 Additional fee.**

Permitting authority: City County

Yes No Ordered demo? (attach copy) Asbestos disposal site: _____

Demolition start date: _____ Demolition start date must be after asbestos removal end date.

Demolition contractor: _____ State License No.: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Contact person: _____ Phone: _____

*** ALL ASBESTOS MUST BE REMOVED PRIOR TO DEMOLITION ***

VI: ASBESTOS DISPOSAL SITES (for Island, Whatcom and Skagit)

Environmental Abatement Services (EAS)

18365 W. Lincoln St.
Mount Vernon, WA 98273
Phn: 360-755-1085
Fax: 360-755-5145

EAS is a local asbestos contractor willing to pick up or accept delivery of properly wrapped asbestos waste from residential work sites. Call for a price quote per cubic yard. Forty pounds maximum per unit waste.

Republic Services (formally Recomp)

1524 Slater Road
Ferndale, WA 98248
(360) 380-0435
www.republicservices.com

Signed waste packaging form provided by Republic Services or NWCAA. 24 hours prior notice of delivery Forty pounds maximum per unit waste. Waste authorization form to be completed at landfill.
Fee: \$290 per ton, \$80 minimum.

All disposal sites will require a copy of this form for waste deliveries. For disposal sites out of NWCAA's jurisdiction that accepts asbestos waste from all Washington counties visit: <http://nwcleanairwa.gov/download/disposal-information/>

VI: PROCESSING FEES

- \$33 Asbestos notification processing fee enclosed
- \$54 Demolition notification processing fee enclosed

**Mail payment in full to: Northwest Clean Air Agency
1600 S. 2nd St.
Mount Vernon, WA 98273**

Total enclosed: _____

**This notification *must* be present or posted
at all times at the asbestos project site. NWCAA Reg No. 570.4(a)(6)**

**I CERTIFY THAT I AM THE OWNER OF THIS RESIDENCE, I LIVE IN OR INTEND TO LIVE
IN THIS PROPERTY AND THAT THE ABOVE INFORMATION IS CORRECT.**

Signature

Date

For Agency Use