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Asbestos Notification Contractor Form

For Agency Use Only

Case #: _____

For revisions to this information use
[Amendment...to Perform Asbestos Project](#)
 (NWCAA Form No. 570.5)

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

Type of Project	Project Category (Mark all that apply)	Advance Notification Period	NWCAA Fee
<input type="checkbox"/> Renovation	<input type="checkbox"/> Residential (Single family/owner-occupied <u>only</u> /any size)	Prior Notification	\$47.00
<input type="checkbox"/> Maintenance	<input type="checkbox"/> 10-259 linear ft., 48-159 square ft.	3 Working Days	\$263.00
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> 260-1,000 linear ft., 160-5,000 square ft.	10 Working Days	\$526.00
<input type="checkbox"/> Demolition* (\$68 fee)	<input type="checkbox"/> More than 1,000 linear ft., More than 5,000 square ft.	10 Working Days	\$1,314.00
Permitting authority: <input type="radio"/> City <input type="radio"/> County	<input type="checkbox"/> Emergency (Call NWCAA immediately for notification period waiver)		Double Fees
Demolition start date: _____ *Demolition start date must be after asbestos removal end date.			\$68.00

Quantity to be removed/encapsulated: _____ square ft. _____ linear ft. Workshift Days: M T W TH F SA SU

Project start date: _____ Completion Date: _____ Workshift Hours: _____

Site Address: _____ **City:** _____ **Zip:** _____ **County:** _____

Location of asbestos: _____

Project Description: K-12 School? Yes No School Name: _____ Federal facility or marine vessel? Yes No

Complete demolition of structure? Yes No Facility type: _____ Age: _____ Size: _____ # Floors: _____

Asbestos survey conducted? Yes No If yes, include results summary page. If no, reason: _____

AHERA Inspector: _____ **Certification #:** _____

MATERIAL TO BE REMOVED:		CONTROL METHODS:
Class I (TSI/Surfacing) <input type="checkbox"/> Pipe Lagging <input type="checkbox"/> Boiler Insulation <input type="checkbox"/> Duct Paper <input type="checkbox"/> Other surfacing/TSI _____	Class II (Non-TSI/Surfacing) <input type="checkbox"/> Fireproofing <input type="checkbox"/> "Popcorn" Surfacing <input type="checkbox"/> Decorative/Acoustic Plaster <input type="checkbox"/> Cement Board (CAB) <input type="checkbox"/> Cement Pipe <input type="checkbox"/> Wallboard <input type="checkbox"/> Sheeting <input type="checkbox"/> Roofing	<input type="checkbox"/> Floortile (VAT) <input type="checkbox"/> Mastics <input type="checkbox"/> Siding <input type="checkbox"/> Putty/Sealant <input type="checkbox"/> Other _____ <input type="checkbox"/> Water Applicator <input type="checkbox"/> HEPA Vac <input type="checkbox"/> Glove bag <input type="checkbox"/> Neg Air Machine # _____ <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Full Enclosure <input type="checkbox"/> Decon area <input type="checkbox"/> Wrap & cut <input type="checkbox"/> Critical Barriers

Asbestos Abatement Contractor: _____ **Contractor job #:** _____ **Contractor #:** _____

Mailing Address: _____ **City:** _____ **Zip:** _____ **County:** _____

Supervisor/competent person: _____ **Competent person phone:** _____ **Certificate #:** _____

Owner/CEO: _____ **Business Phone:** _____ **FAX:** _____

Property Owner: _____ **Phone:** _____

Mailing address: _____ **City:** _____ **State:** _____ **Zip:** _____

Asbestos disposal site: _____

Estimated cost of asbestos abatement project: _____

I DO HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS, TO THE BEST OF MY KNOWLEDGE, ACCURATE AND COMPLETE.

 Signature

 Title

 Date

 Representing

For Agency Use