



ASN 7

DEQ ANNUAL NOTIFICATION FORM

For Nonfriable Asbestos Projects

For DEQ Use Only	
Date received:	_____
Amount received:	_____
Check number:	_____
Project number:	_____

- Facilities owners and Schools who plan to do nonfriable asbestos abatement on a yearly basis, or Contractors who plan to do this work for facilities or schools, must file this form annually to notify the DEQ of their intent to conduct nonfriable projects.
- This notice is not considered complete until all required information is received by the DEQ, and accompanied by the appropriate fee.

**ANNUAL NOTIFICATION FEE:
\$500.00**

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

Quarterly Summary Reports must be received by DEQ 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 your projects. Please type or print clearly. See other side for instructions.

**THE FOLLOWING INFORMATION MUST BE COMPLETED BY
THE SCHOOL, FACILITY OWNER, OR ABATEMENT CONTRACTOR**

Start Date (Date turned in to DEQ): _____ End Date: _____

Name of Facility or School: _____

Name of Contact Person: _____ Phone: _____

Facility or School Address: _____
Street City State Zip

Describe Facility: _____

Asbestos Disposal Site: _____ Disposal Date: _____

Asbestos Waste Hauler: _____ Phone: _____

**THE FOLLOWING ADDITIONAL INFORMATION MUST BE SUPPLIED BY THE ASBESTOS
CONTRACTOR PERFORMING NON-FRIABLE ASBESTOS WORK FOR A FACILITY OR SCHOOL**

Abatement Contractor Name: _____ License Number: _____ Phone: _____

Address: _____
Street City State Zip

QUESTIONS? If you have questions, contact your local DEQ Regional Office in Portland 503-229-5364, Salem 503-378-5086, Medford 541-776-6107, Coos Bay 541-269-2721 ext. 222, Bend 541-633-2019, or Pendleton 541-278-4626.

Name of _____ or _____ contractor: _____ Position: _____

**Sign below and send the completed form, along with a check for the notification fee, to:
DEQ Business Office, 700 NE Multnomah Street Suite #600, Portland, Oregon 97232. Make
checks payable to "DEQ".**

owner, operator,
abatement

Signature: _____ Date: _____ Phone: _____

I certify that the information contained in this notification are true and correct to the best of my knowledge and belief.