

# ASN 8

## TITLE V FACILITY ASBESTOS INSPECTION NOTIFICATION Certification that ACM is not present prior to Demolition



**ATTENTION:** This notification must be completed and received by DEQ **at least 10 days before starting the demolition project. PLEASE PRINT OR TYPE!** If you have questions, contact your local DEQ Regional Office in Portland at 503-229-5364, Salem at 503-378-5086, Medford at 541-776-6107, Coos Bay at 541-269-2721, ext. 222, Bend at 541-388-2019, or Pendleton at 541-278-4626.

1. Name, address and telephone number of the individual or contractor performing the demolition:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

CCB License #: \_\_\_\_\_

2. Information about the building, structure, facility, installation, vehicle or vessel to be demolished:

Building Name or Number: \_\_\_\_\_

Street Address or location \_\_\_\_\_ City/State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Age of building and present or prior use of the building: \_\_\_\_\_

Description of the structure: \_\_\_\_\_

Demolition Project Schedule: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**NOTE:** The Department must be notified of any changes in the scheduled starting or completion dates or other substantial changes. Failure to do so will render this notification void. Please contact the local Regional Office prior to any changes.

3. Major Source Information:

Facility Owner or Operator Name: \_\_\_\_\_

Street \_\_\_\_\_ City/State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Site Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Asbestos Survey Information:

Accredited Inspector/Consultant: \_\_\_\_\_ Phone: \_\_\_\_\_

Street \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Accreditation #: \_\_\_\_\_ Asbestos Survey Report Date: \_\_\_\_\_

5. **FACILITY OWNER OR OPERATOR'S CERTIFICATION:** I hereby certify that the information provided on this notification is accurate and that no asbestos-containing materials were identified during the asbestos survey. If any asbestos-containing materials are uncovered during demolition the procedures found in OAR 340-248-0250 through 340-248-0290 will be followed.

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Instructions for Filing the DEQ Form ASN 8 Title V Asbestos Inspection Notification**

**Notification:** Oregon asbestos rules requires written notification to the DEQ prior to any demolition at an Oregon Title V Operating Source where no asbestos was identified based on an asbestos survey performed by an accredited inspector (OAR 340-248-0240). The local DEQ Regional Office must receive the completed notification **10 days before** commencing the demolition project. You will not receive a copy of the form or a receipt from the DEQ. Keep a copy of the form for your records. Unless notified otherwise, you may begin your project as scheduled on the notification.

Mail or fax the notification to the DEQ Regional Office identified in the facilities Title V Operating Permit.

**Revisions to Notifications:** The appropriate DEQ Regional Office must be notified if there are changes to the scheduled starting or completion dates or any other substantial changes. Submit the revision prior to the changes taking place. The simplest way to do this is to fax DEQ a copy of the original notice, circling the changes.

Fax the revisions to the appropriate DEQ Regional Office:  
Portland Office at 503-229-6957  
Salem Office at 503-378-4196  
Medford Office at 541-776-6262  
Coos Bay Office at 541-269-7984  
Bend Office at 541-388-8283  
Pendleton Office at 541-278-0168

### **FILLING OUT THE FORM**

Be sure to complete all of the information requested on the form. The following are some guidelines for providing the required information.

**Contractor Information:** Include the name, address, phone number and CCB license number of the individual or contractor that will be performing the demolition.

**Project Site Address:** Include the building name and/or number, address or location or any other identifying information.

**Building Information:** Include the age and present or past use of the building. Describe the structures interior and exterior.

**Project Starting and Completion Dates:** List the dates the demolition project will start and will be completed.

**Major Source Information:** Include the owner or operator's name of the Major Source, the facility address, the site contact name and their phone number.

**Asbestos Survey Information:** List the name or the consultant who performed the asbestos survey, along with their address and phone number. Include the inspector's accreditation number and the date of the asbestos survey report.

**Signing the Form:** The notification must be signed by the owner or operator of the facility. By signing the form, the facility is certifying that no asbestos-containing materials were identified during the asbestos survey and that if any asbestos-containing materials are uncovered during the demolition procedures outlined in OAR 340-248-0250 through 340-248-0290 will be followed.