



ASN 1 DEQ Project Notification Form For Abatement of Friable Asbestos-Containing Material

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

Attention: This notification must be complete, legible and received by DEQ at least 10 days before the start date of any friable asbestos abatement project and accompanied by the appropriate notification fee. Form instructions are online at: www.oregon.gov/deq

Project Category and Notification fee

_____ **Emergency Abatement Project** (Emergency notifications require a 50% fee increase.)
Emergency Approved by (DEQ staff name) _____ **Date** _____
Reason for Emergency _____
 (e.g., explanation: fire or water damage, dangerous structure, etc.)

Check one:

- A. _____ \$100 Projects with less than 40 linear feet or 80 square feet of asbestos-containing material, or for each residential abatement project.
- B. _____ \$200 Projects from 40 to 259 linear feet or 80 to 159 square feet of asbestos-containing material.
- C. _____ \$400 Projects from 260 to 1,299 linear feet or 160 to 799 square feet of asbestos-containing material.
- D. _____ \$525 Projects from 1,300 to 2,599 linear feet or 800 to 1,599 square feet of asbestos-containing material.
- E. _____ \$900 Projects from 2,600 to 4,999 linear feet or 1,600 to 3,499 square feet of asbestos-containing material.
- F. _____ \$1,050 Projects from 5,000 to 9,999 linear feet or 3,500 to 5,999 square feet of asbestos-containing material.
- G. _____ \$1,700 Projects from 10,000 to 25,999 linear feet or 6,000 to 15,999 square feet of asbestos-containing material.
- H. _____ \$2,800 Projects from 26,000 to 259,999 linear feet or 16,000 to 159,999 square feet of asbestos-containing material.
- I. _____ \$3,500 Projects 260,000 linear feet or more or 160,000 square feet or more of asbestos-containing material.

Complete the following:

1. If this is a revision to a previous notification, provide the revision number:			
List lines that have been revised on this form:			
2. Project start date:		3. Completion date:	
4. Days of week abatement to be worked:			
5. Hours of abatement work: a.m. /p.m. - a.m./p.m.			
6. Project site name:			
7. Project site address:			
Building, floor, room or unit number:			
City:		State:	County:
			Zip:
8. Project site contact:			Phone:
9. Abatement contractor name:			DEQ license number: FSC
Address:			Phone:
City:		State:	Zip:
10. Quantity of asbestos material to be abated:		Linear feet:	Square feet:
11. Asbestos disposal site name:		Address:	

12. Type of facility: Residence (No. of units) ____, School ____, Hospital ____, Apartments ____, Commercial ____, Industrial ____, Equipment ____, Ship ____, Other _____.			
13. List the asbestos-containing materials to be abated, the percent asbestos by each material, and where the asbestos-containing materials are located in the facility. Attach separate page if needed:			
14. Oregon Certified Supervisor(s):			Phone:
Oregon Certification number:			
15. Is the facility occupied or vacant?			
16. Present use of facility:		Future use of facility:	
Approximate construction date:			
17. Survey performed or sample(s) collected?		Survey: Yes No	
Samples: Yes No, assumed			
18. Survey or samples collected by		Name:	
Phone:			
19. Is this a demolition? Yes No		Complete or Partial demolition?	
Is this a renovation? Yes No			
20. Is the demolition State or local government ordered? Yes No		Name of government official who ordered the demolition:	
Order date:		Government initiated demolition start date:	
21. Facility owner or operator name:			Phone:
Facility owner or operator address:			
City:		State:	
Zip:			
22. Describe methods of asbestos abatement and disposal:			
23. Waste hauler name:			Phone:
Signature:		Date:	
Phone:			

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

Reference: Oregon Administrative Rule 340-248-0260 for applicable notification requirements.

Please sign this form and deliver or mail with the fee payable to DEQ

Oregon Department of Environmental Quality
 Financial Services - Revenue Section
 700 NE Multnomah St., Suite 600
 Portland, OR 97232-4100

Revisions to notifications may be scanned and emailed or faxed to the appropriate DEQ regional office

Northwest Region	Fax: 503-229-6957	Email: deqnwrasbestos@deq.state.or.us
Eastern Region	Fax: 541-388-8283	Email: Messina.Frank@deq.state.or.us
Western Region South, Coos Bay, Medford	Fax: 541-776-6262	Email: Croucher.Steve@deq.state.or.us
Western Region	Fax: 503-378-4196	Email: Boyd.Dottie@deq.state.or.us

Questions: Call DEQ at 1-800-452-4011 for your regional DEQ office contact or visit: www.oregon.gov/deq



Instructions for Filing Form ASN 1

Notification for the Abatement of Friable Asbestos

Notification: Oregon asbestos rules require written notification to be given to the DEQ when abating asbestos-containing material (OAR 340-248-0260). Notification must be submitted on DEQ forms and accompanied by the appropriate notification fee.

Notification and fee: Send a check or money order along with your completed notification to DEQ. Make the check payable to "DEQ" or "Department of Environmental Quality." The amount of the notification fee depends on the Project Category (as shown on the front side of the ASN 1 form). Asbestos regulations require a 50 percent fee increase for projects where DEQ gives approval to waive the 10-day waiting period.

Notification waiting period: DEQ must receive the completed notification and fee **10 days before** the start date of any friable asbestos abatement project. The 10-day waiting period will not start until the completed notification and fee have been received by DEQ.

You **will not** receive a copy of the form or a receipt. Keep a copy of the form for your files. Unless notified otherwise, you may begin your project as scheduled on the notification.

Revisions to notifications: DEQ must be notified in writing if there are project changes prior to those changes taking place. List the lines that have been revised on the form, line one.

Email or fax the revisions to the appropriate regional staff.
Fax numbers: Northwest Region 503-229-6957, Western Region 503-378-4196, Western Region South, Medford and Coos Bay 541-776-6262, Eastern Region 541-388-8283.
Find your region online: www.oregon.gov/deq.

Send the completed ASN 1 Form and project fee to:
Department of Environmental Quality
ATTN: Financial Services, Revenue Section
700 NE Multnomah Street, Suite 600
Portland, OR 97232-4100

If you need more information:
Call a DEQ regional asbestos program staff
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

Filling out the form: Be sure you complete all lines of the notification. The following are some guidelines for providing the required information:

Is this a notification revision? If this is a revision to a previous notification, provide the revision number and list the lines of the form that have been changed.

Project starting and completion dates: The dates you enter here must be accurate to meet the 10-day waiting requirement.

Project site address: Include apartment numbers, building numbers, floor numbers, school names or any other identifying information.

Type of facility, type and quantity of asbestos-containing material and the method of removal: Be specific and complete in providing this information (e.g., residential, manufacturing, apartment complex, condo, etc.). Attach an additional sheet with special work practices or disposal techniques, which require prior approval from DEQ when necessary.

Asbestos Survey: Was a survey performed or samples collected? Check yes or no. Give the name of the person or the name of the company that performed the survey or collected the samples.

Asbestos Abatement Contractor: Give the name, address, telephone number, and license number of the contractor for the project.

Work shift information: List the days of the week and the hours of the day when asbestos work will take place.

Certified Supervisor: Give the name and certification number of the supervisor.

Property Owner/Operator: Give the name and address of the property owner or operator.

Site Contact: Give the name and phone number of the person to contact regarding the job site. (Note: The site contact can't be an employee of the asbestos contractor.)

Disposal site and waste hauler: Include the name and address of disposal site and name of the waste hauler.

Sign the form: Property owner, operator, or abatement contractor. **The form must have a signature.**