

Notice of Intent No. _____
Agency Use Only



NOTICE OF INTENT FOR ASBESTOS PROJECTS / DEMOLITION

Date NOI Received

Date Stamp - Agency Use Only

Review Spokane Regional Clean Air Agency (SRCAA) Regulation I, Article IX and Section 10.09 for applicable requirements.

A. Project Type:	<input type="checkbox"/> Asbestos Removal	<input type="checkbox"/> Asbestos Removal & Demolition	<input type="checkbox"/> Demolition, No Asbestos Removal
Does this project involve a fire-damaged structure?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If yes, refer to Sections 9.03.F.3 and 9.08)	
Does this project involve demolition by fire training?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	(See Sections 9.02.L, 9.03.F.4 & 9.04.A.6.f)	
How many contiguous structures does this project involve?:	Maximum of 5 structures per Notice of Intent (NOI)		

B. Property Owner:	Phone:	Fax:
Mailing Address:	City:	State: Zip:

C. Site Address	Contact Person:	Job Site Phone:
Structure #1:	If >1 structure, provide details to identify	
#2:	#3:	
#4:	#5:	

D.	<input type="checkbox"/> Material Presumed	<input type="checkbox"/> Asbestos Survey:	Date survey performed:	AHERA Bldg. Inspector Name:
			Was asbestos found? <input type="checkbox"/> Yes <input type="checkbox"/> No	Company: Cert. No.:

E. Asbestos Removal	Start Date:	Completion Date:	For each structure listed in section C, itemize the type and quantity of asbestos-containing materials to be removed. Also indicate which structure(s) will be demolished.
Do materials include disturbed or non-intact asbestos?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Total Linear Feet:	Total Square Feet:	Abatement By (if known):
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F. Demolition Information	Start Date: (earliest)	Demolition By (if known):
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G. Asbestos Project & Demolition Notification Waiting Period and Non-Refundable Fee Categories (additional categories - pg. 2)
 Your advance notification period will begin when a completed NOI, including required fees, is received by SRCAA.
 Check / complete all boxes which apply, below.

Owner-occupied, single-family residence (refer to Renovation and Demolition information sheet)	Waiting Period	Fee
1. <input type="checkbox"/> ≥ 10 ln ft and/or ≥ 48 sq ft asbestos project NOT performed by residing homeowner	Prior Notice	\$0
2. <input type="checkbox"/> All Demolition (all asbestos must be properly removed and disposed of prior to demolition)	3 Days	\$30
Not owner-occupied, single-family residence		
	Waiting Period	Fee
3. <input type="checkbox"/> < 10 ln ft and/or < 48 sq ft making total per structure, per calendar year ≥ 10 ln ft and/or ≥ 48 sq ft	Prior Notice	\$75
4. <input type="checkbox"/> 10-259 ln ft and/or 48-159 sq ft asbestos	3 Days	\$250
5. <input type="checkbox"/> 260-999 ln ft and/or 160-4,999 sq ft asbestos	10 Days	\$500
6. <input type="checkbox"/> ≥ 1,000 ln ft and/or ≥ 5,000 sq ft asbestos (see below if ≥ 2,000 ln ft or ≥ 10,000 sq ft)	10 Days	\$1,250
If ≥ 2,000 ln ft or ≥ 10,000 sq ft, the additional incremental fee added to the \$1,250 base fee is calculated as the greater of:		
Number of 1,000 ln ft increments beginning at 2,000 ln ft: _____ x \$250 = \$_____ + \$1,250 base fee = \$_____		
Number of 10,000 sq ft increments beginning at 10,000 sq ft: _____ x \$250 = \$_____ + \$1,250 base fee = \$_____		
7. <input type="checkbox"/> All Demolition (this fee waived if project performed with project category 4, 5, or 6, above)	10 Days	\$250

H. Acknowledgement - Refer to page 3.

Check here to indicate you have read and accept the acknowledgement in Part H on Page 3.

Business Name & Address: _____ Fax: _____

Signature: _____ Print Name: _____ Phone: _____

Agency Use Only:	<input type="checkbox"/> NOI Deficient (see page 2) _____ (Date & Initial)	<input type="checkbox"/> NOI Complete _____ (Date/Initial)	Page 1 of 3
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I. (Continued From Pg. 1) Asbestos Project and Demolition Notification Waiting Period and Non-Refundable Fee Categories

Your advance notification period will begin when a completed NOI, including required fees, is received by SRCAA.

Below are additional categories which may apply to the project categories in 1-8, on page 1.

Check all boxes which apply, below. If applicable, provide all respective information required.

Emergency Notification	Reference	Waiting Period	Non-Refundable Fee
9. <input type="checkbox"/> Emergency	Section 9.04.A.7.h	Prior Notice	Twice the Regular Fee
Select the reason that best describes your situation: <input type="checkbox"/> Sudden, unexpected event that resulted in a public health or safety hazard. <input type="checkbox"/> The project must proceed immediately to protect equipment, ensure continuous vital utilities, or minimize property damage. <input type="checkbox"/> Asbestos-containing materials were encountered that were not identified during the asbestos survey. <input type="checkbox"/> The project must proceed to avoid imposing an unreasonable financial burden.			
Amendment	Refer to NOI Amendment form (Section 9.04.B)		
Annual Notification	Refer to Annual NOI form (Section 9.04.A.7.j)		
Alternate Asbestos Project Work Practices	Reference	Waiting Period	Non-Refundable Fee
10. <input type="checkbox"/> Alternate Asbestos Project Work Practices	Section 9.08.A	10 days	Twice the Regular Fee
Name of person that prepared the Alternate Work Plan:			
Company he/she represents:			
His/her certified AHERA Project Designer No.:			
The Alternate Work Plan must be available upon request	Be prepared to submit a copy of the plan to SRCAA upon request		
Demolition with Nonfriable Asbestos Roofing	Reference	Waiting Period	Non-Refundable Fee
11. <input type="checkbox"/> Demolition with Nonfriable Asbestos Roofing	Section 9.08.B	10 days	Twice the Regular Fee
Name of person that determined that nonfriable asbestos roofing material could be left in place per Sect. 9.08.B:			
Company he/she represents:			
His/her certified AHERA Project Designer No.:			
Exception for Hazardous Conditions	Reference	Waiting Period	Non-Refundable Fee
12. <input type="checkbox"/> Exception for Hazardous Conditions	Section 9.08.C	10 days	Regular Fee
Name of person that prepared the Alternate Work Plan:			
Company he/she represents:			
His/her certified AHERA Project Designer No.:			

J. Optional: List additional parties you would like copies of this NOI and/or related notices sent to (list name & fax number and/or mailing address):

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Reason(s) NOI Deficient: _____

Notice of Intent (NOI) for Asbestos Projects / Demolition Instruction Sheet

The NOI must be complete, accurate, and submitted with the applicable non-refundable fee. These instructions are not a substitute for applicable regulations. If you have questions on how to complete the form, please contact SRCAA at (509) 477-4727.

Part A – Project Type

- Mark one box that reflects the project type you're filing the NOI for.
- Indicate if the project involves one or more fire damaged structures.
- Indicate if the project involves demolition by fire training.
- If this project involves multiple structures, you are urged to carefully review SRCAA Regulation I, Section 9.04.A.3.

Part B – Property Owner

- Provide accurate property owner information.

Part C – Site Address

- List the name of the person that be contacted on-site should any questions arise. Provide his/her telephone number.
- Provide the address of the structure(s). If the address is the same for multiple structures, provide a detailed description / location of the structures so they are clearly identifiable (e.g., Structure #1: house at 25 Bumpy Rd, city; #2: garage behind structure #1; #3: shed 50' west of structure #1).

Part D – Material Presumed or Asbestos Survey

- If material is presumed, check the box and proceed to Section E.
- If an asbestos survey was performed, complete the remainder of this section.

Part E – Asbestos Removal

- List the asbestos removal start date. Be sure it complies with the waiting period in Section G and I (most projects have a 10 calendar day waiting period meaning if you submit the NOI on the 1st, removal can begin on the 11th).
- List the asbestos removal completion date.
- The start and/or completion date(s) may be revised after filing the initial NOI if it's done in accordance with SRCAA Regulation I, Section 9.04.B.
- List, by structure, the type (e.g., CAB, 9x9 tile and mastic, etc.) and quantity of asbestos-containing materials (ACMs) being removed. If necessary, attach an additional sheet. If only a portion of ACM listed is being abated, indicate such (e.g. partial removal of 1,000 sq ft mastic).
- List the total linear feet and square feet of ACM removal. Where multiple layers are being removed such as with many roofing and flooring products, the footage of each layer needn't be counted separately. For example, a layer of 1,000 sq ft of tile over a layer of 1,000 sq ft of mastic counts as 1,000 sq ft tile & mastic removal for purposes of listing quantities on the NOI.
- Indicate if all ACM will be removed from the structure(s) by the asbestos removal completion date.

Part G & I – Asbestos Project & Demolition Notification Waiting Period and Non-Refundable Fee Categories

- Select all boxes which apply (e.g., an asbestos removal category with demolition filed as an emergency). Refer to SRCAA Regulation I, Article IX for details.

Part H – Acknowledgement

- The Control Officer, or duly authorized representative, shall be allowed to access property at reasonable times to inspect projects specific to the control, recovery, or release of contaminants into the atmosphere, in accordance with SRCAA Regulation I, Article II and RCW 70.94.200. For the purposes of renovation, demolition, and asbestos projects, reasonable times include, but are not limited to, any of the following: when renovation, demolition, or asbestos removal appear to be occurring or are scheduled to occur, and times when the Control Officer or duly authorized representative are investigating air quality complaints filed with the agency and/or have reason to believe that air quality violations have occurred or may be occurring. No person shall obstruct, hamper or interfere with any such inspection. I certify that the information contained in this notification and any supplemental information provided is, to the best of my knowledge, accurate and complete.
- Indicate the business name and address, fax number and phone number. The NOI must be signed and dated.