

**VERMONT DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH
Asbestos and Lead Regulatory Program
Drawer 30
108 Cherry Street, P.O. Box 70
Burlington, VT 05402**

SMALL SCALE SHORT DURATION ACTIVITIES NOTIFICATION FORM

(Refer to Vermont Regulations for Asbestos Control Section 2.5 for Complete Rules)

FORM MUST BE FILLED OUT COMPLETELY AND LEGIBLY

Name of Abatement Entity: _____ Ph: _____ Fax: _____

Street Address of Abatement Entity: _____

City: _____ State: _____ Zip: _____

Abatement Entity VT Certification #: _____ Certification Expiration Date: _____

Name of Facility: _____

Street Address of Facility: _____

City: _____ Zip: _____

Name of Facility Owner: _____ Ph: _____

Street Address of Facility Owner: _____

City: _____ State: _____ Zip: _____

Specify Type, Amount, and Location of each Asbestos Containing Material Involved in the Activity:

Type of Abatement Activity to be Performed: (check one)

Removal Repair Encapsulation Enclosure Clean-up

If Clean-Up, Reason for Clean-Up: _____

Total Amount of Asbestos Containing Material Involved: _____ Ln. ft. _____ Sq. ft.

Starting Date: _____ Completion Date: _____

Name(s) & Vermont Certification Number(s) of Worker(s)/Supervisor(s) Performing Activity:

Was Glove-Bag Method Used? Yes No Was Enclosure Used? Yes No

Alternative Work Procedures Requested? Yes No Was There a Final Air Clearance? Yes No

Name and Address of Final Disposal Site: _____

Print: _____ Signature: _____ Date: _____

Name and Signature of Notification Preparer