



Asbestos - Abatement Project Notification

Department of Environmental Quality, State of Oregon

700 NE Multnomah Street, Suite 600 Portland, OR 97232-4100

5/23/2024

Submittal ID: 40047

Submitted Date: **5/23/2024**

Owner Information

Full Name: **Bo Davidson**

Title: **Accountant**

Company: **Alpine Abatement Associates Inc.**

Email: **finance@alpineabatement.com**

Phone: **5413882672**

Mobile: **541-388-2672**

Mailing Address: **PO Box 1557 , Bend , OR 97709**

Pre-Requisite Question (determine if the notification form is needed)

Are you, yourself (Not through Contractor) performing a renovation project inside a single unit private residence that you own and live in, or performing an asbestos abatement outside (on the exterior) of a single unit private residence that you own, and the residence is not a rental property, a commercial business, or intended to be demolished? **N**

New Facility Information

Facility Name:

Abbreviation:

02250_GriffinConstruction_25745SWuttle-ShermanRd_97730

Is the facility located on Indian Lands? **No**

Email: **nichole@griffinconstructionllc.com**

Phone: **541-447-7237**

Fax:

Comments:

Mailing Address: **1411 NW Murphy Ct**

City: **Prineville**

State: **Oregon**

ZIP Code: **97754**

Physical Location: **25745 SW Suttle-Sherman Rd**

City: **Camp Sherman**

State: **Oregon**

ZIP Code: **97730-9614**

Basic Information

Is this an original or revision of project notification? **Original**

Type of Project: **Nonresidential renovation**

Type of Project & Survey Information

Friable or nonfriable? **Friable**

Was an asbestos survey completed? **Y**

AHERA Certified Inspector

Full Name: **Stefan Rankin**

Salutation:

Company: **PBS Engineering**

Title:

Email:
stefan.rankin@pbsusa.com

Phone: **503-248-1939**

Mobile:

Fax:

Asbestos-containing Material

Type of asbestos: **Serpentine (Chrysotile)**

Location of asbestos containing material: **North vestibule hot water closet walls and ceiling** % Asbestos by Weight: **15%**

Description of asbestos-containing material:
Cement Asbestos Board

Type of asbestos: **Serpentine (Chrysotile)**

Location of asbestos containing material: **South central room, easty hallway, multi-purpose room** % Asbestos by Weight: **4%**

Description of asbestos-containing material:
Vinyl Floor Tile/Mastic

Total quantity of asbestos-containing material: **Projects from 2,600 to 4,999 linear feet or 1,600 to 3,499 square feet of asbestos-containing material.**

Enter the exact total quantity of asbestos containing material: **Linear Feet:0 Square Feet:2450**

Performed in a negative pressure enclosure (NPE)? **Yes**

Method of abatement:

Full Scale NPE, Wet Methods, HEPA

Method of disposal:

Double bagged, wetted, labeled

State or local government ordered demolition? **N**

Building Owner/Operator Information

Is it a building owner or operator? **Operator**

Operator Name: **Griffin Construction**

Phone Number: **541-447-7237**

Mailing Address Line1: **1411 NW Murphy Ct;** Address Line2:

City: **Prineville**

State: **Oregon**

ZIP Code: **97754**

Site Contact

Full Name: **Nichole Scovill**

Salutation:

Company:

Title:

Email:

nichole@griffinconstructionllc.com

Phone: **541-447-7237**

Mobile:

Fax:

Contractor/Owner/Operator

Full Name(Business Name): **Alpine Abatement Associates**

Lic No: **FS-2023-00552**

Phone: **541-388-2672**

Address: **PO BOX 1557, BEND, OR 97709**

Project Detail

Is this an emergency? **N**

Emergency Waiver Requested?

Project Start Date: **2024-06-17**

Project Completion Date: **2024-06-18**

Notification Fee: **1134**

Hours of work: **07:00AM-05:00PM**

Days of work: **Monday-Tuesday**

Project Status: **Active**

Type of Facility: **School**

Is the facility occupied? **N**

Building floor, room, or unit #: **South central room, east hallway, multi-purpose room, north vestibule hot water closet walls and cei**

Current use of the building: **School**

Prior use of the building: **School**

Approximate date building constructed: **1951**

Project Supervisor

Full Name(Business Name): **Jose Vera Carreon**

Certification No: **S16146**

Project Supervisor's Work Cell Phone Numbers:

541-388-2672

Waste Hauler

Waste Hauler Name: **Alpine Abatement Associates**

Phone: **541-388-2672**

Mailing Address: **PO Box 1557**

City: **Bend**

State: **OR**

ZIP Code: **97709**

Disposal Site

Waste Disposal Name: **Crook County Landfill**

Mailing Address: **110 SW Landfill Rd**

City: **Prineville**

State: **Oregon**

ZIP Code: **97754-7794**

Signature of legally authorized representative

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

Signature of legally authorized representative: **Bo Davidson**

Date: **05/23/2024**