

Asbestos and Lead Regulatory Program 108 Cherry Street, P.O. Box 70 Burlington, VT 05402

Small Scale Short Duration Activities Notification Form

(Refer to <u>Vermont Regulations for Asbestos Control Section 2.5</u> for Complete Rules)

Fill out application COMPLETELY and email it to: AHS.VDHALRPGeneral@Vermont.gov

Facility Name:							
Street Address:							
City:			State: Zip:				
			•				
Facility Owner: Ph			: Er		mail:		
Street Address:		Cit	ty:		State: Zip:		
			T		Т		
Abatement Entity:			Ph: Fax:				
Street Address:			Email:				
City:			State: Zip:				
VT Certification #:	Certification Expiration Date:						
Specify Type, Amount, and I	Location (of EACH a	sbestos contai	ning ma	terial inv	olved:	
Total Amount of Asbestos Containing Material Involved:					Ln. ft. Sq. ft.		
Starting Date:		Co	ompletion Date	e:			
Type of Abatement Activity to be performed (check one): Removal Repair Encapsulation If Clean-Up, Reason for Clean-Up:				Encl	Enclosure Clean-Up		
Name(s) & Vermont Certific	ation Nui	mber(s) o	f Worker(s)/Su	perviso	(s) Perfo	orming Act	ivity:
Glove-Bag method used?	Yes	No	Alternative Work Procedures used?		Yes	No	
Mini-Containment used?	Yes	No	Was there a Final Air Clearance?			Yes	No
		•	If yes, who pe	erforme	d:	•	
Describe any alternative pro	cedures	used:					
Final Disposal Site Name & A	Address:						
Print Name Signature Name and Signature of Notification Preparer					Date Signed		
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