

Notice of Intent No. _____
Agency Use Only



QUARTERLY REPORT

FOR ASBESTOS REMOVAL
(e-file not available)

Date Stamp - Agency Use Only

QUARTERLY REPORT FOR ANNUAL NOTIFICATIONS

Reference
Section 9.04.B.7.j

A. Reporting Period:	<input type="checkbox"/> January-March Year: _____ Due April 15	<input type="checkbox"/> April-June Due July 15	<input type="checkbox"/> July-September Due October 15	<input type="checkbox"/> October-December Due January 15
Number of Pages Submitted in this Quarterly Report: _____			(attach additional pages if necessary)	

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

C. Site Address:	City: _____	State: _____	Zip: _____
Contact Person: _____	Job Site Phone: _____		

D. Was asbestos-containing material removed during this reporting period: Yes (provide removal information, below) No
Only include asbestos projects performed under an annual notification filed with Spokane Regional Clean Air Agency (SRCAA).

Structure Name / Location	_____
Asbestos Project Description	_____
Start Date	_____
End Date	_____
Removal Contractor Name(s)	_____
Removal Employee Name(s)	_____
Type & Quantity Removed	_____
Total Removed From This Structure for Year	Linear Feet: _____ Square Feet: _____

Structure Name / Location	_____
Asbestos Project Description	_____
Start Date	_____
End Date	_____
Removal Contractor Name(s)	_____
Removal Employee Name(s)	_____
Type & Quantity Removed	_____
Total Removed From This Structure for Year	Linear Feet: _____ Square Feet: _____

Structure Name / Location	_____
Asbestos Project Description	_____
Start Date	_____
End Date	_____
Removal Contractor Name(s)	_____
Removal Employee Name(s)	_____
Type & Quantity Removed	_____
Total Removed From This Structure for Year	Linear Feet: _____ Square Feet: _____

E. Acknowledgement. I certify that the information contained in this quarterly report for annual notifications, and any supplemental information provided with this report is, to the best of my knowledge, accurate and complete.

Business Name: _____ Fax: _____ Phone: _____

Mailing Address: _____

Signature: _____ Print Name: _____

Agency Use Only:	<input type="checkbox"/> Report Deficient (see below) _____ Date & Initial	<input type="checkbox"/> Report Complete _____ Date & Initial
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Reason(s) Quarterly Report Deficient: _____



QUARTERLY REPORT (continued)

FOR ASBESTOS REMOVED UNDER AN ANNUAL NOTIFICATION

Page _____ of _____ for NOI # _____ for January-March April-June July-September October-December

Structure Name / Location		
Asbestos Project Description		
Start Date		
End Date		
Removal Contractor Name(s)		
Removal Employee Name(s)		
Type & Quantity Removed		
Total Removed From This Structure for Year	Linear Feet:	Square Feet:

Structure Name / Location		
Asbestos Project Description		
Start Date		
End Date		
Removal Contractor Name(s)		
Removal Employee Name(s)		
Type & Quantity Removed		
Total Removed From This Structure for Year	Linear Feet:	Square Feet:

Structure Name / Location		
Asbestos Project Description		
Start Date		
End Date		
Removal Contractor Name(s)		
Removal Employee Name(s)		
Type & Quantity Removed		
Total Removed From This Structure for Year	Linear Feet:	Square Feet:

Structure Name / Location		
Asbestos Project Description		
Start Date		
End Date		
Removal Contractor Name(s)		
Removal Employee Name(s)		
Type & Quantity Removed		
Total Removed From This Structure for Year	Linear Feet:	Square Feet:

Structure Name / Location		
Asbestos Project Description		
Start Date		
End Date		
Removal Contractor Name(s)		
Removal Employee Name(s)		
Type & Quantity Removed		
Total Removed From This Structure for Year	Linear Feet:	Square Feet:

Structure Name / Location		
Asbestos Project Description		
Start Date		
End Date		
Removal Contractor Name(s)		
Removal Employee Name(s)		
Type & Quantity Removed		
Total Removed From This Structure for Year	Linear Feet:	Square Feet: