

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.6.j

<b>A. Reporting Period:</b>	<input type="checkbox"/> January-March 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
Year:				
Number of Pages Submitted in this Quarterly Report:			(attach additional pages if necessary)	

<b>B. Property Owner:</b>	Phone:	Fax:
Mailing Address:	City:	State: Zip:

<b>C. Site Address:</b>	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: \_\_\_\_\_

<b>Agency Use Only:</b>	<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: