



NOTIFICATION OF NON-FRIABLE ASBESTOS ABATEMENT PROJECT (CONTRACTORS FORM)

ASBESTOS SECTION 2600 BULL STREET COLUMBIA SC 29201 Phone:(803)898-4289 Fax(803) 898-4281

CHECK ONE:

ORIGINAL NOTIFICATION: _____ REVISION: _____ PROJECT LICENSE NUMBER: _____

I. FACILITY OWNER _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT PERSON _____ PHONE _____

II. ASBESTOS REMOVAL CONTRACTOR _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT PERSON _____ PHONE _____

E-MAIL ADDRESS _____ E-MAIL PERMIT _____ MAIL PERMIT _____

FEDERAL ID NUMBER _____

III. FACILITY NAME _____

STREET ADDRESS (physical location) _____

CITY _____ STATE _____ ZIP _____

IV ASBESTOS-CONTAINING MATERIALS (ACM) TO BE REMOVED ONLY

Table with 3 columns: TYPE (FLOORING, ROOFING, OTHER), AMOUNT (SQUARE FEET, LINEAR FEET, CUBIC FEET), CONDITION: GOOD/POOR

V. SCHEDULED DATES OF REMOVAL: START _____ COMPLETE DATE _____ WORK DAYS: _____ WORK HOURS _____

VI. DESCRIPTION OF PLANNED ABATEMENT WORK METHOD(S) TO BE USED:

VII. WASTE DISPOSAL SITE: _____ PERMIT NO: _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ CONTACT PERSON _____ PHONE _____

VIII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUS NONFRIABLE MATERIAL BECOMES CRUMBLED, PULVERIZED OR REDUCED TO POWDER:

XI. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT SIGNATURE OF OWNER/ OPERATOR _____ DATE _____