

Reviewed by: _____ Permit Number: _____ <i>Agency Use Only</i>	 <p>Olympic Region Clean Air Agency 2940 Limited Lane NW Olympia, WA 98502 (360) 539-7610 • FAX (360) 491-6308</p>	Date Application Received <i>Agency Use Only</i>
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QUARTERLY REPORT

1st QTR DUE APRIL 15 – 2nd QTR DUE JULY 15 – 3rd QTR DUE OCTOBER 15 – 4th QTR DUE JANUARY 15

Facility Name:		Work Schedule: M T W Th F Sa Su	
		Hours:	
Mailing Address:		Contact Person:	
City:	State:	Zip:	Phone No.:

IMPORTANT: Do not include any other asbestos projects filed under separate notification forms. The quarterly report shall only apply to projects where the total of all the asbestos removals in a calendar year from each structure, vessel or building that is limited to 260 linear feet and 160 square feet.

ASBESTOS REMOVAL PROJECTS UNDERTAKEN DURING THE _____ QUARTER FOR CALENDAR YEAR 20 _____

FACILITY NAME: _____ TELEPHONE: (_____) _____

PROJECT DATES		JOB SITE ADDRESS OR LOCATION Specify Name of Bldg., Vessel, etc.	ASBESTOS CONTRACTOR OR EMPLOYEE NAMES	CERT #	QUANTITY REMOVED In Linear or Square Feet	
Start	Complete				Quarter	Year Total
		Facility _____	1. _____	_____		
		Address or Location _____	2. _____	_____		
		City _____	3. _____	_____		
			4. _____	_____		

METHOD OF REMOVAL (describe): _____

COMPLIANCE PROCEDURES (describe): _____

ANTICIPATED ASBESTOS REMOVAL PROJECTS FOR NEXT QUARTER: _____

I do certify that I am the owner, authorized agent of the owner, or authorized contractor for the property subject to this ORCAA application/permit. I authorize ORCAA staff to enter the property listed in this application at reasonable times for purposes of inspecting the work that is the subject of this application/permit and to ensure compliance with permit conditions, applicable laws, and regulations. I understand that granting of this permit by ORCAA does not authorize anyone to violate federal, state, or local laws or regulation pertaining to activities associated with this permit. I have read and will abide by the conditions set forth in this permit and any addendum thereto.

I do certify under penalty of perjury under the laws of the state of Washington that the information in this application and supplemental data is, to the best of my knowledge true, accurate and complete.

Signature: _____ Date: _____

Representing: _____

QUARTERLY REPORT (Continued)

ASBESTOS REMOVAL PROJECTS UNDERTAKEN DURING THE _____ QUARTER FOR CALENDAR YEAR 20_____

PROPERTY OWNER: _____ Page _____ of _____

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Start	Complete				Quarter	Year Total
		Facility _____	1. _____	_____		
		Address or Location _____	2. _____	_____		
		City _____	3. _____	_____		
			4. _____	_____		

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