

 <p><b>PUGET SOUND Clean Air Agency</b></p>	<p><b>Puget Sound Clean Air Agency</b></p> <p>1904 3rd Ave Ste 105 Seattle WA 98101-3317  206-343-8800 • 800-552-3565  fax 206-689-4073</p>	<p>Date Received:</p>
	<p align="center"><b>Asbestos Annual Quarterly Report</b></p>	

<b>1<sup>st</sup> Qtr Due April 15</b>	<b>2<sup>nd</sup> Qtr Due July 15</b>	<b>3<sup>rd</sup> Qtr Due October 15</b>	<b>4<sup>th</sup> Qtr Due January 15</b>
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<b>Notification #:</b>			<b>Registration #</b> (if applicable):
<b>Property Owner:</b>			<b>Work Schedule: M T W Th F Sa Su</b> <b>Hours:</b>
<b>Mailing Address:</b>			<b>Contact Person:</b>
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Phone No.:</b>

**IMPORTANT:** Do not include any other asbestos projects filed under separate notification forms. The quarterly report shall only apply to projects where the sum total of all the asbestos removals from each structure, vessel or building in a calendar year is less than 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):**  
\_\_\_\_\_

\* Continue on Next Page for Additional Projects

**ANTICIPATED ASBESTOS REMOVAL PROJECTS FOR NEXT QUARTER:**

<p>I do hereby certify that the information contained in this Quarterly Report and supplemental data described herein is to the best of my knowledge, accurate and complete.</p>	<p align="center"><b>Agency Use Only</b></p>
<p>_____ Signature</p>	<p>_____ Reviewed By</p>
<p>_____ Representing</p>	
<p>_____ Date</p>	

## QUARTERLY REPORT (Continued)

**ASBESTOS REMOVAL PROJECTS UNDERTAKEN DURING THE \_\_\_\_\_ QUARTER FOR CALENDAR YEAR 20\_\_\_\_**

PROPERTY OWNER: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

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 _____ Address or Location _____ City	1. _____ 2. _____ 3. _____ 4. _____	_____ _____ _____ _____		
<p>METHOD OF REMOVAL (describe):</p> <p>_____</p> <p>COMPLIANCE PROCEDURES (describe):</p> <p>_____</p>						

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 _____ Address or Location _____ City	1. _____ 2. _____ 3. _____ 4. _____	_____ _____ _____ _____		
<p>METHOD OF REMOVAL (describe):</p> <p>_____</p> <p>COMPLIANCE PROCEDURES (describe):</p> <p>_____</p>						

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 _____ Address or Location _____ City	1. _____ 2. _____ 3. _____ 4. _____	_____ _____ _____ _____		
<p>METHOD OF REMOVAL (describe):</p> <p>_____</p> <p>COMPLIANCE PROCEDURES (describe):</p> <p>_____</p>						

\* Attach Continuation Page for Additional Projects