



**ASBESTOS ABATEMENT PROJECT  
 QUARTERLY REPORT FORM  
 BUREAU OF AIR QUALITY-ASBESTOS SECTION  
 2600 BULL STREET, COLUMBIA SC 29201**

1. Company Name: \_\_\_\_\_ 5. Group License Number: \_\_\_\_\_ 10. Calendar Quarter (Circle one)

2. Facility Name: \_\_\_\_\_ 6. Company Official: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_ 7. Title: \_\_\_\_\_

4. Street Address: \_\_\_\_\_ 8. Telephone Number: \_\_\_\_\_

9. In-House Contractor: \_\_\_\_\_

1st
2nd
3rd
4th

REMOVAL DATE(S)	INDIVIDUAL(S) WHO PERFORMED WORK	LOCATION	TYPE OF ACM	AMOUNT OF			CONDITION (FRIABLE/NONFRIABLE)
				LF	SF	CF	

	LF	SF	CF
<b>TOTAL AMOUNTS OF FRIABLE ACM</b>			
<b>TOTAL AMOUNT OF NONFRIABLE ACM</b>			

**TEMPORARY WASTE STORAGE LOCATION:** \_\_\_\_\_

**WASTE DISPOSAL SITE:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**TOTAL FEE DUE** \_\_\_\_\_

**I certify that the RACM notified in this report was abated by properly trained and licensed personnel, in accordance with applicable Federal and State regulations. I certify that the above information is correct.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

