



**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: _____
 2. Facility Name: _____ 6. Company Official: _____
 3. Mailing Address: _____ 7. Title: _____
 _____ 8. Telephone Number: _____
 (City) (State) (Zipcode) 9. E-mail Address: _____
 4. Street Address: _____ 10. In-house Contractor: _____
 _____ 11. E-mail permit or mail permit
 (City) (State) (Zipcode)

12. Calendar Quarter (choose one): 1st 2nd 3rd 4th

Removal Date(s) (MM/DD/YYYY)	Location	Type of ACM (TSI, Surfacing, etc.)	Amount of ACM			Condition (Friable/Nonfriable)
			LF	SF	CF	

Total Fee Due

Total Amount of Friable ACM:			
Total Amount of Non-Friable ACM:			

Temporary Waste Storage Location: _____
 Waste Disposal Site: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact Person: _____ Phone: _____

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: _____
 (MM/DD/YYYY)

For additional information concerning regulatory requirements call or visit our Web site at <http://www.scdhec.gov/environment/baq/asbestos.aspx>

