## QUARTERLY REPORT FOR ANNUAL NOTIFICATIONS

**Reference**
Section 9.04.B.7.j

### A. Reporting Period:
- [ ] January-March Due April 15
- [ ] April-June Due July 15
- [ ] July-September Due October 15
- [ ] October-December Due January 15

**Number of Pages Submitted in this Quarterly Report:**
(attach additional pages if necessary)

### B. Property Owner:
- **Mailing Address:**
- **Phone:**
- **Fax:**
- **Zip:**

### C. Site Address:
- **Contact Person:**
- **City:**
- **State:**
- **Zip:**

### D. Was asbestos-containing material removed during this reporting period:
- [ ] Yes (provide removal information, below)
- [ ] No

*Only include asbestos projects performed under an annual notification filed with Spokane Regional Clean Air Agency (SRCAA).*

<table>
<thead>
<tr>
<th>Structure Name / Location</th>
<th>Asbestos Project Description</th>
<th>Start Date</th>
<th>End Date</th>
<th>Removal Contractor Name(s)</th>
<th>Removal Employee Name(s)</th>
<th>Type &amp; Quantity Removed</th>
<th>Total Removed From This Structure for Year</th>
<th>Linear Feet:</th>
<th>Square Feet:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Structure Name / Location</th>
<th>Asbestos Project Description</th>
<th>Start Date</th>
<th>End Date</th>
<th>Removal Contractor Name(s)</th>
<th>Removal Employee Name(s)</th>
<th>Type &amp; Quantity Removed</th>
<th>Total Removed From This Structure for Year</th>
<th>Linear Feet:</th>
<th>Square Feet:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### E. Acknowledgement
I certify that the information contained in this quarterly report for annual notifications, and any supplemental information provided with this report is, to the best of my knowledge, accurate and complete.

**Business Name:** ____________________________ **Fax:** ____________________________ **Phone:** ____________________________

**Mailing Address:** __________________________________________________________________________________________

**Signature:** ____________________________ **Print Name:** ____________________________

---

**Agency Use Only:**
- [ ] Report Deficient (see below) Date & Initial
- [ ] Report Complete Date & Initial

**Reason(s) Quarterly Report Deficient:**
______________________________________________________________________________
______________________________________________________________________________
QUARTERLY REPORT (continued)
FOR ASBESTOS REMOVED UNDER AN ANNUAL NOTIFICATION

<table>
<thead>
<tr>
<th>Structure Name / Location</th>
<th>Asbestos Project Description</th>
<th>Start Date</th>
<th>End Date</th>
<th>Removal Contractor Name(s)</th>
<th>Removal Employee Name(s)</th>
<th>Type &amp; Quantity Removed</th>
<th>Total Removed From This Structure for Year</th>
<th>Linear Feet:</th>
<th>Square Feet:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1610 S. Technology Blvd., Suite 101, Spokane, WA 99224 / [www.spokanecleanair.org](http://www.spokanecleanair.org) / Ph:(509)477-4727 Fax: (509) 477-6828 9/2/14