



# Notification of Residential Asbestos Abatement Project

(Home Owner Form)

ASBESTOS SECTION - 2600 BULL STREET - COLUMBIA - SC - 29201  
PHONE (803) 898-4289 - FAX (803) 898-4281

**Office Use Only:** Project License No.:

Date Issued:

I. NAME OF HOME OWNER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ E-MAIL PERMIT  OR MAIL PERMIT

II. SITE ADDRESS (*physical location preferred*): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

III. PROCEDURE(S) USED TO REMOVE ASBESTOS MATERIAL: \_\_\_\_\_

IV. ASBESTOS-CONTAINING MATERIALS (ACM) TO BE REMOVED:

TYPE (SIDING, FLOORING, ROOFING, OTHER)	AMOUNT (SQUARE FEET, LINEAR FEET, LBS., BAGS, OTHER)	CONDITION (i.e. crumbled, pulverized, powder, large sections)

V. SCHEDULED DATES OF REMOVAL: Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

VI. WASTE DISPOSAL SITE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

VII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

\_\_\_\_\_  
(SIGNATURE OF OWNER/OPERATOR)

\_\_\_\_\_  
(DATE)

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

Disclaimer: Although the removal of asbestos containing material in private residences is not generally regulated, the Department does not recommend that any untrained person engage in such activity. Contractors specializing in asbestos abatement can be found in your local yellow pages. A list of licensed asbestos abatement contractors is also available through the Department free of charge.