

ACKNOWLEDGMENT OF ASBESTOS ASSESSMENT

PROPERTY OWNER _____ PHONE # _____
OWNER'S
ADDRESS _____

STREET

CITY

STATE ZIP

PROPERTY BEING EVALUATED: _____
BUSINESS AND/OR BUILDING NAME

STREET

CITY

STATE ZIP

TYPE OF PROJECT:

TYPE OF PROPERTY:

PROPERTY BEING ASSESSED:

DEMOLITION

RESIDENTIAL

TOTAL

\$62.00 FILING FEE

RENOVATION

NON-RESIDENTIAL

PARTIAL*

*** NOTE: If this project is a partial renovation and additional work is to be conducted later, additional asbestos assessment(s) will be required unless this assessment covers all pertinent representative asbestos suspected materials throughout the building.**

GENERAL CONTRACTOR

PHONE # _____

CONTACT FOR GENERAL CONTRACTOR

STREET

CITY

STATE ZIP

PHONE # _____

COMPANY OR PERSON PERFORMING ASSESSMENT

STREET

CITY

STATE ZIP

ASSESSMENT RESULTS: Asbestos Present Asbestos Absent Friable Non-Friable Both Not Tested

PHONE # _____

ABATEMENT CONTRACTOR

STREET

CITY

STATE ZIP

ASBESTOS TO BE REMOVED _____ ASBESTOS ABATEMENT COMPLETED _____

**** NOTE: If asbestos present, abatement must be conducted in accordance with NESHAP and OSHA Regulations before renovation or demolition work may proceed.**

Signature on this asbestos assessment document does NOT constitute full Health Department approval for this project. Any additional Health permits such as are required for bar or restaurant operations, underground storage tanks, hazardous material disposal or air pollution sources must be obtained separately.

Signature by the Washoe County Health District does no warrant, nor should this report be taken to warrant, that asbestos was or was not present on stated property. Exposure to even small amounts of airborne asbestos fibers may cause cancer. For this reason the District Health Department recommends that all asbestos handling and abatement work be performed by certified asbestos contractors.

AIR QUALITY MANAGEMENT DIVISION - WASHOE COUNTY HEALTH DISTRICT
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