

**COMPLETION NOTIFICATION
FOR
REMOVAL OR ENCAPSULATION OF ASBESTOS**



Complete and return with fee check to:

**EPD - Asbestos Fees
P. O. Box 101173
Atlanta, Georgia 30392**

I. PROJECT INFORMATION:

Asbestos Project: _____
Project Address: _____
City: _____ State: Georgia County: _____ Completion Date: ____/____/____
Removal Contractor (Agent Name): _____ License No/Expiration: _____
Removal Contractor/Company Name: _____ Telephone No: _____

II. FEE SCHEDULE

Removal Fee: Ten cents (\$.10) per linear or square foot of friable asbestos
Minimum Fee: \$25.00 (any friable asbestos project)
Maximum Fee: \$50.00 (residential friable asbestos project)
Maximum Fee: \$1000 (other friable asbestos projects)

ACTUAL REMOVAL:

_____ Linear Feet / Square Feet

Original Fee Paid: \$ _____ Check Number: _____ EPD Deposit Number: _____

Actual Fee Due: \$ _____ Check Number: _____ EPD Deposit Number: _____

III. LANDFILL INFORMATION:

Landfill Name: _____ Permit Number: _____

Volume of Asbestos Disposed: _____ SQ/FT _____ LN/FT _____ CU/YD

Type of Containers: _____

Were Containers Labeled "Asbestos Waste": EPA/OSHA: Yes: _____ No: _____

IV. CERTIFICATION

I certify that this project was conducted in accordance with the disposal and work practices of the Georgia Rules for Asbestos Removal and Encapsulation, 40 CFR Part 61.140-61.156, and the Georgia Rules for Solid Waste Management.

Agent Signature / Title

Date