

Phone Number: _____

POTENTIAL ASBESTOS ALONG WALLACE AVE

This form is only for excavation along Wallace Avenue south of Main Street. For more information, please contact the City Engineer's Office.

You must submit a copy of this form within 5 days of completion of the inspection and/or asbestos removal activities to both the City of Bozeman Street Department and the Montana Department of Environmental Quality at the addresses listed immediately below:

Street Department
City of Bozeman
P.O. Box 1230
Bozeman, MT 59771

Montana Department of Environmental Quality
Attn: CMC Bozeman Asbestos Facility
P.O. Box 200901
Helena, MT 59620-0901

Montana Accredited Asbestos Inspector Information:

Name: _____

Mailing Address: _____

Phone Number: _____

Accreditation Number: _____ Accreditation Date: _____

Date of Excavation: _____

Location of Excavation (please describe by nearest intersection & street address of nearest building): _____

Was asbestos found? Yes _____ No _____ **If yes:**

Approximate amount of asbestos material removed (cubic feet): _____

Areal extent of the excavation (square feet): _____

Depth to which asbestos contamination was found (feet): _____

Date removed: _____

Regulated asbestos-containing material transporter:

Contractor name: _____

Mailing address: _____

Phone number: _____

Waste Disposal Site: _____

Date disposed of: _____

Signatures:

Applicant

Montana Accredited Asbestos Inspector