



HEALTH DEPARTMENT OF KANSAS CITY, MISSOURI
AIR QUALITY PROGRAM
2400 TROOST, SUITE 3200
KANSAS CITY, MO 64108
Office: (816) 513-6314
Fax: (816) 513-6173

ASBESTOS PROJECT POST-NOTIFICATION

FOR OFFICE USE ONLY

GENERAL INSTRUCTIONS

Persons who perform asbestos abatement projects are required to submit post-notification to the department within 60 days of the completion date of the project. This post-notification shall include signed and dated receipt(s) of asbestos disposal as well as final air clearance results (if applicable).

These documents, inspection fees (if applicable), as well as the completed post-notification form shall be mailed to the following address:

Health Department of Kansas City, Missouri
Air Quality Program
2400 Troost, Suite 3200
Kansas City, MO 64108

PART A ASBESTOS PROJECT INFORMATION

1. NAME OF CONTRACTOR		2. PROJECT NUMBER ASSIGNED BY AIR QUALITY PROGRAM	
3. CONTRACTOR CONTACT PERSON			
4. PROJECT SITE (PLEASE IDENTIFY THE PROJECT COMPLETELY, REGISTRATION EXPIRATION DATE)			
5. STREET ADDRESS			
6. CITY		7. STATE	8. ZIP CODE
9. START DATE OF PROJECT		10. COMPLETION DATE OF PROJECT	

PART B AIR SAMPLING AND LABORATORY INFORMATION

ANALYTIC LABORATORY OR QUALIFIED INDIVIDUAL USED FOR FINAL AIR CLEARANCE RESULT		(CHECK ALL THAT APPLY)	
		<input type="checkbox"/> AIHA #	<input type="checkbox"/> NVLAP <input type="checkbox"/> AAR#
STREET ADDRESS			
CITY		STATE	ZIP CODE
TELEPHONE NUMBER		CONTACT PERSON	

AS THE AIR SAMPLING PROFESSIONAL PERFORMING AIR MONITORING FOR THIS PROJECT:

- 1a. I certify that the air sampling for this asbestos abatement project has been completed by an individual who has completed the required training to conduct air monitoring.
- 1b. By my signature, I attest that all air samples have been collected and analyzed in compliance with all applicable state and federal regulations.
- 1c. I hereby certify that, to the best of my knowledge and understanding, the information concerning air clearance monitoring found in this post-notification is true and correct.

SIGNED	DATE
PRINTED NAME AND TITLE	MISSOURI CERTIFICATION NUMBER

NOTE

INCLUDE COPIES OF THE FINAL AIR CLEARANCE RESULTS (IF APPLICABLE) AND WASTE DISPOSAL RECEIPTS.