

ACKNOWLEDGMENT OF ASBESTOS ASSESSMENT

Return to:

Washoe County Health District  
1001 E. Ninth Street, Suite B171  
Reno, Nevada 89512  
(775) 784-7200 FAX (775) 784-7225

Submit online: <https://aca.accela.com/ONE/> Or  
e-mail to: [aqmdasbestos@washoecounty.us](mailto:aqmdasbestos@washoecounty.us)

- Application must be filled out completely for **all items that are applicable**.
- Application must be signed by a responsible person
- An application fee of **\$125.00** must be submitted with this application.

PROPERTY BEING EVALUATED: \_\_\_\_\_  
BUSINESS AND/OR BUILDING NAME

STREET CITY STATE ZIP PARCEL # (APN)

Do you currently have a hold on building plans due to the requirement of this form? Yes No

If yes, what is the (W), (S), BLD #: \_\_\_\_\_

Description of entire scope of project: please be specific (what materials if any, and how much will be disturbed/removed, does it include build-back? Roofing/tear off only? Overlay? Etc.), provide plans if available. AQMD does not keep plans.

TYPE OF PROPERTY:

- SINGLE FAMILY
- NON-RESIDENTIAL
- MULTI-FAMILY

ASSESSMENT CATEGORY:

- TENANT IMPROVEMENT
- DEMO ONLY
- DEMO & BUILD BACK

CONCRETE REMOVAL?

- YES  NO
- RECYCLE
- WASTE DISPOSAL

\* 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.

APPLICANT (company name): \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

STREET CITY STATE ZIP

TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SAME AS APPLICANT:

CONTRACTOR (company name): \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

STREET CITY STATE ZIP

TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**ACKNOWLEDGMENT OF ASBESTOS ASSESSMENT**

**CONSULTING FIRM:** \_\_\_\_\_ **PERSON CONDUCTING ASSESSMENT:** \_\_\_\_\_

\_\_\_\_\_ STREET CITY STATE ZIP

TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

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

**ASBESTOS ABATEMENT CONTRACTOR (if applicable):** \_\_\_\_\_

\_\_\_\_\_ STREET CITY STATE ZIP

TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ASBESTOS TO BE REMOVED: \_\_\_\_\_  
(QUANTITY & MATERIAL)

DATE ASBESTOS ABATEMENT COMPLETED/SCHEDULED TO BE 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 not 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.

\_\_\_\_\_  
APPLICANT SIGNATURE DATE

By signing the above I accept responsibility for the project as described and certify that the information is accurate and current. I acknowledge that any changes to the project from how it is presented on the date of signature require AQMD notification. Submitting project information that is NOT accurate and current or failure to notify AQMD of changes to the project will result in a notice of violation with associated fines assessed.