

### ASSESSMENT OF FEES FOR NONSCHEDULED ASBESTOS REMOVAL PERMIT

PERMIT NUMBER:		NESHAP ID NUMBER:	
FACILITY:		FACILITY ADDRESS:	
CONTRACTOR:			
CONTACT PERSON:		CONTACT PERSON PHONE:	
I. FIRST QUARTER REPORT (JAN - MARCH)		DATE SUBMITTED:	
TYPE OF RACM	AMOUNT X .10 = FEE	TYPE OF RACM	AMOUNT X .20 = FEE
Floor Tile: _____ sf x .10 = \$ _____		Pipe Insulation (TSI): _____ lf x .20 = \$ _____	
Ceiling Tile: _____ sf x .10 = \$ _____		Boiler Insulation (TSI): _____ sf x .20 = \$ _____	
Cementitious Wallboard: _____ sf x .10 = \$ _____		Surfacing Material: _____ sf x .20 = \$ _____	
Roofing: _____ sf x .10 = \$ _____		<small>(e.g., Textured Ceiling, Fireproofing, Plaster, etc.)</small>	
		Other: (Square or Cubic) _____ sf/cf x .20 = \$ _____	
		<small>(e.g. Drywall/Joint Compound Wallboard System)</small>	
TOTAL (A) _____ sf x .10 = \$ _____		TOTAL (B) _____ lf/sf/cf x .20 = \$ _____	
1. TOTAL (A) + TOTAL (B) = \$ _____		2. CONTRACT PRICE = \$ _____ X .01 (1%) = \$ _____	
TOTAL FEE DUE \$ _____ (Whichever is greater, item 1 or item 2 above)			
II. SECOND QUARTER REPORT (APRIL - JUNE)		DATE SUBMITTED:	
TYPE OF RACM	AMOUNT X .10 = FEE	TYPE OF RACM	AMOUNT X .20 = FEE
Floor Tile: _____ sf x .10 = \$ _____		Pipe Insulation (TSI): _____ lf x .20 = \$ _____	
Ceiling Tile: _____ sf x .10 = \$ _____		Boiler Insulation (TSI): _____ sf x .20 = \$ _____	
Cementitious Wallboard: _____ sf x .10 = \$ _____		Surfacing Material: _____ sf x .20 = \$ _____	
Roofing: _____ sf x .10 = \$ _____		<small>(e.g., Textured Ceiling, Fireproofing, Plaster, etc.)</small>	
		Other: (Square or Cubic) _____ sf/cf x .20 = \$ _____	
		<small>(e.g. Drywall/Joint Compound Wallboard System)</small>	
TOTAL (A) _____ sf x .10 = \$ _____		TOTAL (B) _____ lf/sf/cf x .20 = \$ _____	
1. TOTAL (A) + TOTAL (B) = \$ _____		2. CONTRACT PRICE = \$ _____ X .01 (1%) = \$ _____	
TOTAL FEE DUE \$ _____ (Whichever is greater, item 1 or item 2 above)			
III. THIRD QUARTER REPORT (JULY - SEPT)		DATE SUBMITTED:	
TYPE OF RACM	AMOUNT X .10 = FEE	TYPE OF RACM	AMOUNT X .20 = FEE
Floor Tile: _____ sf x .10 = \$ _____		Pipe Insulation (TSI): _____ lf x .20 = \$ _____	
Ceiling Tile: _____ sf x .10 = \$ _____		Boiler Insulation (TSI): _____ sf x .20 = \$ _____	
Cementitious Wallboard: _____ sf x .10 = \$ _____		Surfacing Material: _____ sf x .20 = \$ _____	
Roofing: _____ sf x .10 = \$ _____		<small>(e.g., Textured Ceiling, Fireproofing, Plaster, etc.)</small>	
		Other: (Square or Cubic) _____ sf/cf x .20 = \$ _____	
		<small>(e.g. Drywall/Joint Compound Wallboard System)</small>	
TOTAL (A) _____ sf x .10 = \$ _____		TOTAL (B) _____ lf/sf/cf x .20 = \$ _____	
1. TOTAL (A) + TOTAL (B) = \$ _____		2. CONTRACT PRICE = \$ _____ X .01 (1%) = \$ _____	
TOTAL FEE DUE \$ _____ (Whichever is greater, item 1 or item 2 above)			
IV. FOURTH QUARTER REPORT (OCT - DEC)		DATE SUBMITTED:	
TYPE OF RACM	AMOUNT X .10 = FEE	TYPE OF RACM	AMOUNT X .20 = FEE
Floor Tile: _____ sf x .10 = \$ _____		Pipe Insulation (TSI): _____ lf x .20 = \$ _____	
Ceiling Tile: _____ sf x .10 = \$ _____		Boiler Insulation (TSI): _____ sf x .20 = \$ _____	
Cementitious Wallboard: _____ sf x .10 = \$ _____		Surfacing Material: _____ sf x .20 = \$ _____	
Roofing: _____ sf x .10 = \$ _____		<small>(e.g., Textured Ceiling, Fireproofing, Plaster, etc.)</small>	
		Other: (Square or Cubic) _____ sf/cf x .20 = \$ _____	
		<small>(e.g. Drywall/Joint Compound Wallboard System)</small>	
TOTAL (A) _____ sf x .10 = \$ _____		TOTAL (B) _____ lf/sf/cf x .20 = \$ _____	
1. TOTAL (A) + TOTAL (B) = \$ _____		2. CONTRACT PRICE = \$ _____ X .01 (1%) = \$ _____	
TOTAL FEE DUE \$ _____ (Whichever is greater, item 1 or item 2 above)			
CONTACT PERSON SIGNATURE _____		DATE: _____	

**INSTRUCTIONS  
ASSESSMENT OF FEES FOR  
NONSCHEDULED ASBESTOS REMOVAL PERMIT  
HHCU 3768-B (REVISED 6/26)**

**PURPOSE:** This form is used for the quarterly reporting of amounts of regulated asbestos-containing materials (RACM) removed from an individually permitted facility under an annual nonscheduled asbestos removal permit and for the calculating of fees due.

**PREPARATION:** This form shall be completed quarterly by the owner or operator of a facility that has an active permit for nonscheduled asbestos removal activities. At the end of each quarter, the original form shall be completed and submitted with any applicable fees to:

**For All USPS Mail, FedEx, and  
UPS Deliveries:**  
Health Hazards Control Unit  
NCDHHS-Division of Public Health  
1912 Mail Service Center  
Raleigh, NC 27699-1912  
Telephone: 919-707-5950  
Fax: 919-870-4808

**For Expedited FedEx and UPS  
Deliveries, NO USPS:**  
Health Hazards Control Unit  
NCDHHS-Division of Public Health  
65 Moore Drive  
Durham, NC 27713

**INSTRUCTIONS:** Enter assigned NC Permit Number (This number is always preceded by the letters "NC", i.e. "NCXXXXX").

Enter the assigned NESHAP ID Number, if applicable. (This number will appear on the approved permit).

Enter the facility name and facility address where the nonscheduled asbestos removal was permitted ; the Contractor's name, Contact Person's name, and Contact Person's telephone number.

- I. **FIRST QUARTERLY REPORT (JAN-MARCH):** Complete the corresponding blanks with the amounts of regulated asbestos containing material(s) (RACM) removed at the facility during the quarter. When RACM removed is greater than 35 cubic feet, 160 square feet and/or 260 linear feet, compute the fees as outlined on the form. Complete totals (A) and (B). Total amounts (A) + (B), when fees are applicable. Enter the asbestos removal contract price and multiply by 0.01 (1%) and enter total. The total fee due will be the grand total of (A) and (B), or 1% of the contract price, whichever is greater.
- II. **SECOND QUARTER REPORT (APRIL-JUNE):** Complete all information as indicated for the period April through June.
- III. **THIRD QUARTER REPORT (JULY-SEPT):** Complete all information as indicated for the period July through September.
- IV. **FOURTH QUARTER REPORT (OCT-DEC):** Complete all information as indicated for the period October through December.

The Contact Person shall sign and date the form.

Fees totaling \$5.00 or less may be carried over to the next quarter.