



# PHASED PROJECT SCHEDULE

This schedule must be submitted along with the Asbestos Abatement/Demolition Notification. See the Phased Project Schedule Instruction Guide for more information on how to complete this schedule. For online notifications, email this schedule along with a copy of the notification summary to [EHNG.Help@dshs.state.tx.us](mailto:EHNG.Help@dshs.state.tx.us). If you need additional information, call (512) 834-6747.

Is this Phased Project Schedule being submitted along with an online notification?  Yes  No

If yes, what is the notification number? \_\_\_\_\_

This schedule is being submitted along with the following type of notification:

Initial Notification  Amendment Number: \_\_\_\_\_

Select Work Type:  Asbestos Abatement  Demolition

Total number of facilities being reported as part of this phased project: \_\_\_\_\_

<input type="checkbox"/>	<b>Facility Name:</b>		
<input type="checkbox"/>	<b>Address:</b>	<b>City:</b>	<b>Zip:</b>

### Asbestos-Containing Building Material Type and Amounts

- ACBM: \_\_\_\_\_ AMT.: \_\_\_\_\_  Sq Ft  Ln Ft (pipes)  Cu Ft
- ACBM: \_\_\_\_\_ AMT.: \_\_\_\_\_  Sq Ft  Ln Ft (pipes)  Cu Ft
- ACBM: \_\_\_\_\_ AMT.: \_\_\_\_\_  Sq Ft  Ln Ft (pipes)  Cu Ft
- ACBM: \_\_\_\_\_ AMT.: \_\_\_\_\_  Sq Ft  Ln Ft (pipes)  Cu Ft

Start date: \_\_\_\_\_  Stop date: \_\_\_\_\_  Start time: \_\_\_\_\_  End time: \_\_\_\_\_

<input type="checkbox"/>	<b>Facility Name:</b>		
<input type="checkbox"/>	<b>Address:</b>	<b>City:</b>	<b>Zip:</b>

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<input type="checkbox"/>	<b>Address:</b>	<b>City:</b>	<b>Zip:</b>

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**Start date:** \_\_\_\_\_    **Stop date:** \_\_\_\_\_    **Start time:** \_\_\_\_\_    **End time:** \_\_\_\_\_

<input type="checkbox"/>	<b>Facility Name:</b>		
<input type="checkbox"/>	<b>Address:</b>	<b>City:</b>	<b>ZIP:</b>

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