



# Iowa Department of Transportation

## ASBESTOS REMOVAL

### CERTIFICATION OF COMPLETION

\_\_\_\_\_ hereby certifies that the asbestos removal work performed for the Iowa Department of Transportation as listed below, is complete and that all identified asbestos-containing materials have been properly removed in accordance with all local, state, and federal regulations.

<u>COUNTY</u>	<u>PARCEL NUMBER(S)</u>	<u>PROJECT NUMBER</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Title)

Contractor to forward completed form to project engineer along with the final project documentation.

Project engineer received \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Initials)

Project engineer to forward completed form to Office of Location and Environment after receiving contractor's final documentation.

