SECTION 00 4308

CONTRACTOR'S ASBESTOS FREE AFFADAVIT

PROJECT NAME: GONZALES HEALTHCARE EXPANSION

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CONTRACTOR: (NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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THE UNDERSIGNED ACKNOWLEDGES AND AGREES THAT GONZALES HEALTHCARE SYSTEM, IN ORDER TO PROTECT THE PATIENTS, STAFF AND PUBLIC IN GENERAL FROM ANY UNNECESSARY EXPOSURE TO ASBESTOS FIBERS, AND TO COMPLY WITH THE ASBESTOS HAZARD EMERGENCY RESPONSE ACT, PROHIBITS THE USE OF ASBESTOS-CONTAINING MATERIALS IN ALL FORMS IN THE CONSTRUCTION AND OPERATION OF THEIR FACILITIES.

THE UNDERSIGNED CERTIFIES THAT HE/SHE IS FAMILIAR WITH THE MATERIALS USED IN THE CONSTRUCTION OF AND INCORPORATED INTO, THE PROJECT REFERENCED ABOVE. UNDERSIGNED FURTHER CERTIFIES THAT, TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, NO ASBESTOS-CONTAINING MATERIALS, EITHER FRIABLE OR OTHERWISE, WERE USED IN THE PROCESS OF CONSTRUCTING OR INCORPORATED INTO THE CONSTRUCTION OF THE PROJECT.

DATED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_

CONTRACTOR:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF TEXAS

COUNTY OF GONZALES

THIS INSTRUMENT WAS ACKNOWLEDGED BEFORE ME ON THE \_\_\_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_, 20\_\_,

BY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, A TEXAS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ON BEHALF OF SAID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC, STATE OF TEXAS

END OF SECTION