

APPLICATION FOR A MONTANA ASBESTOS PROJECT PERMIT AND NESHAP DEMOLITION/RENOVATION NOTIFICATION

TYPE OF APPLICATION/PERMIT (See Instructions)				ACCOUNTING CODE: 574832 / 502702 / 02202
<input type="checkbox"/> Project Permit	<input type="checkbox"/> Project Permit Revision	<input type="checkbox"/> Courtesy Notification (NESHAP)	<input type="checkbox"/> Annual Permit	
<input type="checkbox"/> NESHAP Notification	<input type="checkbox"/> NESHAP Notification Revision	<input type="checkbox"/> Annual Permit Amendment	<input type="checkbox"/> Annual Permit w/Contractor	
TYPE OF NOTIFICATION				
<input type="checkbox"/> Renovation (R)	<input type="checkbox"/> NESHAP Demo/Reno	<input type="checkbox"/> Ordered Demolition (O)	<input type="checkbox"/> Transport (T)	
<input type="checkbox"/> Demolition (M)	<input type="checkbox"/> Courtesy (C)	<input type="checkbox"/> Emergency Renovation (E)	<input type="checkbox"/> Disposal (D)	
<input type="checkbox"/> Annual	(For Annual Permit Holders) Annual Permit MTF			

ASBESTOS PROJECT CONTRACTOR (Operator)				
Asbestos Project Contractor, Individual or Company Name				
Mailing Address	City	County	State	Zip
Telephone Number	Fax Number	Contractor Contact Person (First and Last Name)		
On-Site Project Contractor/Supervisor	Contractor/Supervisor Accreditation Number	Expiration Date		

DEMOLITION/RENOVATION CONTRACTOR (Operator)				
Demolition/Renovation Contractor, Individual or Company Name				
Mailing Address	City	State	Zip	County
Telephone Number	Fax Number	Contractor Contact Person (First and Last Name)		

SITE INFORMATION								
Building Name / Site								
Location Address		City	State	Zip	County			
Site Telephone Number		Location Contact Person (First and Last Name)						
Building Size (sq. ft.)	Number of Floors	Age of Site in Years	Latitude	Longitude	Township	Range	Section	

SITE/BUILDING OWNER				
Owner Name				
Mailing Address	City	State	Zip	County
Telephone Number	Contractor Contact Person for Owner(First and Last Name)			

LOCATION PRESENT USE*											
* <u>C</u> ommercial ~ <u>H</u> ospital ~ <u>I</u> ndustrial ~ <u>M</u> iscellaneous ~ <u>O</u> ffice ~ <u>P</u> ublic Building <u>R</u> esidence ~ <u>S</u> chool ~ <u>S</u> hip/Boat ~ <u>U</u> niversity/College ~ <u>V</u> acant											
<input type="checkbox"/> C	<input type="checkbox"/> H	<input type="checkbox"/> I	<input type="checkbox"/> M	<input type="checkbox"/> O	<input type="checkbox"/> P	<input type="checkbox"/> R	<input type="checkbox"/> S	<input type="checkbox"/> B	<input type="checkbox"/> U	<input type="checkbox"/> V	
LOCATION PRIOR USE*											
<input type="checkbox"/> C	<input type="checkbox"/> H	<input type="checkbox"/> I	<input type="checkbox"/> M	<input type="checkbox"/> O	<input type="checkbox"/> P	<input type="checkbox"/> R	<input type="checkbox"/> S	<input type="checkbox"/> B	<input type="checkbox"/> U	<input type="checkbox"/> V	

PRE-RENOVATION/DEMOLITION ASBESTOS INSPECTION INFORMATION		
Is Asbestos Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Inspection:
Printed Name of Inspector Who Performed Inspection	Accreditation Number	Expiration Date

TYPE OF AND APPROXIMATE AMOUNT OF ASBESTOS MATERIAL										
Material No.	Amount & Measurement		Type of RACM to be Abated (See Instructions)				Non-Friable ACM to be removed		Non-Friable ACM <u>not</u> to be abated	
	Amount	Measurement	Type				CAT I	CAT II	CAT 1	CAT II
Material No. 1	<input type="checkbox"/>	SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/>								
Material No. 2	<input type="checkbox"/>	SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/>								
Material No. 3	<input type="checkbox"/>	SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/>								
Material No. 4	<input type="checkbox"/>	SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/>								
Material No. 5	<input type="checkbox"/>	SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/>								
Material No. 6	<input type="checkbox"/>	SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/>								
Material No. 7	<input type="checkbox"/>	SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/>								
Material No. 8	<input type="checkbox"/>	SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/>								
Material No. 9	<input type="checkbox"/>	SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/>								
Material No. 10	<input type="checkbox"/>	SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/>								

SCHEDULED DATES FOR ASBESTOS ABATEMENT		SCHEDULED DATES FOR DEMOLITION/RENOVATION	
Start Date (mm/dd/yy)	Complete Date (mm/dd/yy)	Start Date (mm/dd/yy)	Complete Date (mm/dd/yy)

PROJECT DESIGN INFORMATION	
Print First and Last Name of Project Designer (PD)	(Accreditation Number/Exp. Date)

RACM WASTE TRANSPORTER		<input type="checkbox"/> Check if same as Abatement Contractor
Contractor, Individual or Company Name		
Mailing Address	City	State Zip County
Telephone Number	Fax Number	Contractor Contact Person (First and Last Name)

RACM WASTE DISPOSAL SITE	
<input type="checkbox"/> Allied Waste Systems of Montana Missoula Landfill	<input type="checkbox"/> Libby Class II Landfill
<input type="checkbox"/> Butte Silver Bow Government Landfill	<input type="checkbox"/> Miles City Area Solid Waste Dist Landfill
<input type="checkbox"/> City of Billings Solid Waste Division Landfill	<input type="checkbox"/> Northern MT Joint Refuse Disposal Dist Conrad Landfill
<input type="checkbox"/> City of Hardin Class II Landfill	<input type="checkbox"/> Park County Refuse Disposal Dist Livingston Landfill
<input type="checkbox"/> City of Malta Landfill	<input type="checkbox"/> Richland County Solid Waste Dist Sidney Landfill
<input type="checkbox"/> City of Shelby Landfill	<input type="checkbox"/> Sheridan County Solid Waste Dist Plentywood Landfill
<input type="checkbox"/> Coral Creek Landfill	<input type="checkbox"/> Valley County Refuse Dist 1 Glasgow Landfill
<input type="checkbox"/> Daniels County Commissions Scobey Landfill	<input type="checkbox"/> Valleyview Class II CCSS Helena Landfill
<input type="checkbox"/> Flathead County Solid Waste District Kalispell Landfill	<input type="checkbox"/> Other: _____
<input type="checkbox"/> High Plains Sanitary Landfill Site 1 - Great Falls/Floweree	

THIS SECTION APPLIES TO FACILITY DEMOLITIONS/RENOVATIONS	
I certify that the above information is correct and that a State-accredited asbestos inspector inspected the facility for asbestos prior to demolition/renovation. <u>This Notice must be submitted to the Department at least 10 working days prior to the start of work.</u>	
Printed Name / Signature	Date

THIS SECTION APPLIES TO ASBESTOS PROJECTS	
I certify that all work performed pursuant to the authorization of the Asbestos Project Permit will be performed in accordance with 40 CFR part 61, subpart M, §§ 75-2-501 through -519, MCA, ARM 17.74.301 through 17.74.406, and the Montana Asbestos Work Practices and Procedures Manual. In addition, I hereby certify all regulated asbestos-containing waste materials removed during this project will be transported properly and disposed of in a State-approved Class II landfill or similar approved asbestos disposal facility.	
Printed Name / Signature	Date

FOR ASBESTOS PROJECTS PLEASE PROVIDE PER ARM 17.74.355	
<input type="checkbox"/> A1. Project design with sketch.	-- OR --
<input type="checkbox"/> A2. See Contractor Standard Operating Procedure dated _____, Project specific sketch, workers, and variance request attached.	
<input type="checkbox"/> B. List of accredited asbestos personnel with their accreditation ID numbers and expiration dates.	
<input type="checkbox"/> C. Copy of the contract showing the contract dollar amount for asbestos abatement.	
<input type="checkbox"/> D. Appropriate fee (Actual Contract Volume for RACM removal x 10%). NOTE: If using a figure with cents, round up to the nearest penny.	

_____ x 10% = _____	_____	_____	_____
Actual Contract Volume	Fee Amount Enclosed	Check No.	DEPOSIT LOG NO.

Mail completed form and fee to: MT DEQ Asbestos Control Program, 1520 East 6th Avenue, PO Box 200901, Helena, MT 59620-0901

Mont. Code Ann. § 75-2-503(2) requires the department to issue a permit decision within seven calendar days following receipt of a complete application for asbestos projects which cost \$3000 or less. For projects exceeding \$3000, the estimated time to process and issue a decision is ten working days.

FOR EMERGENCY RENOVATIONS - APPLICATION MUST BE SUBMITTED WITHIN FIVE DAYS OF NOTIFICATION	
Date of Emergency	_____ (Start Date) _____ (Complete Date)
Description of the sudden, unexpected event.	_____ _____ _____

IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, SUBMIT COPY OF GOVERNMENT ORDER