

MONTANA ANNUAL ASBESTOS PERMIT APPLICATION

DEQ USE ONLY

FACILITY INFORMATION

Fee Amount Received _____
Check Number _____
Receipt Number _____
ORG: 574835 / ACCT 502704 / FUND 02202

(Registered Business Name - Please Print)

(Location Address)

(City)

(State)

(Zip)

(Contact)

(Telephone Number)

Latitude

Longitude

Yes No Is this an application for amendment to an existing permit?

Existing Permit Number: _____

If yes, please state the requested amendment. _____

Yes No Will employees of the facility be conducting asbestos abatement activities under provisions of this permit? If yes, please attach names, accreditation numbers, and expiration dates.

ASBESTOS PROJECT CONTRACTOR INFORMATION

Yes No Will an outside asbestos project contractor be used to conduct asbestos projects under provisions of the permit? If yes, please provide the following:

(Contractor's Registered Business Name - Please Print)

(Address)

(City)

(State)

(Zip)

(Contact)

(Telephone Number)

On-Site Contact:

(Contact Name)

(Telephone Number)

Yes No Has a third party been contracted with to conduct clearance air sampling? If yes, please provide name, address, and contact information of consultant.

(Consultant Name - Please Print)

(Phone Number)

(Address)

(City)

(State)

(Zip)

If no, Owner must notify the Asbestos Control Program of clearance sampling consultant for each asbestos project.

ASBESTOS TRANSPORTER

(Asbestos waste transporter - Please Print)

(Location Address)

(City)

(State)

(Zip)

(Telephone Number)

(Fax Number)

(Name, accreditation #, and expiration date of driver or escort)

ASBESTOS WASTE DISPOSAL LANDFILL

(Landfill Name - Please Print)

(Location Address)

(City)

(State)

(Zip)

(Landfill Contact - Please Print)

(Telephone Number)

(Fax Number)

I certify that all work performed pursuant to the authorization of the Annual/Facility Asbestos Project Permit will be performed in accordance with Montana Code Annotated §§ 75-2-501 through -519, Administrative Rules of Montana 17.74.301 through .406 and EPA NESHA, 40 CFR part 61 subpart M. I certify asbestos projects will be performed by persons accredited by the DEQ. In addition, I hereby certify all regulated asbestos-containing waste materials generated during this asbestos project will be transported properly and disposed of in a State-approved Class II landfill. If not submitting notification with this application for materials to be removed during the annual permit dates, I certify that notification will be made to the DEQ 10 working days prior to the start of any asbestos-related activities.

(Facility Owner's Printed Name and Signature)

Date of Signature

(Title)

Tax ID Number

REQUIRED SUBMITTALS

(Documents may be submitted on computer disk.)

The facility owner shall submit the following annual asbestos project permit requirements.

1. A general description of the facility or structure.
2. A description of planned asbestos projects to be performed during the year.
3. A list of accredited asbestos worker(s) and contractor/supervisor(s) who will be conducting project activities.
4. A copy of the facility's asbestos health and safety program (HASP). The asbestos HASP shall contain the following elements:
 - a. Background information on asbestos.
 - b. Health effects related to asbestos exposure.
 - c. Pre-abatement work activities and considerations.
 - d. Medical Surveillance.
 - e. Establishing the work area.
 - f. Establishing the decontamination unit.
 - g. Controlling asbestos exposure.
 - h. Other safety and health considerations.
 - i. Removal techniques.
 - j. Cleaning the work area.
 - k. Post abatement lockdown.
 - l. Sampling and analytical methods.
 - m. Waste transport.
 - n. Waste disposal.
 - o. Regulations.

ANNUAL PERMIT FEE

\$

(Enclosed Fee)

FEE SCHEDULE

Annual Permit	\$2000.00
Amendments to Annual Permit	\$600.00

Mail to: Asbestos Control Program, Waste & Underground Tank Management Bureau
 Montana Department of Environmental Quality
 1520 East 6th Avenue
 P.O. Box 200901
 Helena MT 59620-0901
 Telephone: (406) 444-5300

The time estimated by the department to process and make a determination on a complete Asbestos Annual Permit Application is 45 working days.