

ANNUAL ASBESTOS PROJECT PERMIT APPLICATION

To be submitted to the department between October 1 and November 15 for the following year.

This form may be completed online at <https://app.mt.gov/AsbestosPermits>

TYPE OF ACTIVITY

Renovation Remove

ASBESTOS PROJECT CONTRACTOR (Operator)

Asbestos Project Contractor, Individual or Company Name

Mailing Address *City* *State* *Zip* *County*

Company E-Mail Address (Optional) *Contractor Contact Person (First and Last Name)*

Telephone Number *Fax Number*

On-Site Project Contractor/Supervisor *Contractor/Supervisor Accreditation Number* *Expiration Date*

SITE/BUILDING OWNER

Owner Name

Mailing Address *City* *State* *Zip* *County*

Telephone Number *Contractor Contact Person for Owner(First and Last Name)*

SITE INFORMATION

Building Name / Site (Please note that site name listed may not be reflected on permit or online listing of approved projects)

Location Address *City* *State* *Zip* *County*

Site Contact Person (First and Last Name) *Site or Contact Person Telephone Number*

Building Size (sq. ft.) *Number of Floors* *Age of Site in Years* *Latitude* *Longitude*

LOCATION PRESENT USE*

*Commercial ~ Industrial ~ Residential ~ School ~ Infrastructure ~ Vacant ~ Other ~

C I R S INF V O

LOCATION PRIOR USE*

C I R S INF V O

PRE-RENOVATION/DEMOLITION ASBESTOS INSPECTION INFORMATION

Is Asbestos Present? Yes No Inspection Date: _____

Printed Name of Inspector Who Performed Inspection *Accreditation Number* *Expiration Date*

TYPE OF AND APPROXIMATE AMOUNT OF ASBESTOS-CONTAINING MATERIAL (See Continuation Sheet (MTACP-LACMCS) to list more items)

#	AUMs (Qty.)	Unit of measure	Type	Regulated ACM	Non-Friable ACM to be removed	Non-Friable ACM NOT to be removed	Material Description
1		<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF	<input type="checkbox"/> TSI <input type="checkbox"/> Surfacing <input type="checkbox"/> Misc.				
2		<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF	<input type="checkbox"/> TSI <input type="checkbox"/> Surfacing <input type="checkbox"/> Misc.				
3		<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF	<input type="checkbox"/> TSI <input type="checkbox"/> Surfacing <input type="checkbox"/> Misc.				
4		<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF	<input type="checkbox"/> TSI <input type="checkbox"/> Surfacing <input type="checkbox"/> Misc.				
5		<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF	<input type="checkbox"/> TSI <input type="checkbox"/> Surfacing <input type="checkbox"/> Misc.				
6		<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF	<input type="checkbox"/> TSI <input type="checkbox"/> Surfacing <input type="checkbox"/> Misc.				
7		<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF	<input type="checkbox"/> TSI <input type="checkbox"/> Surfacing <input type="checkbox"/> Misc.				
8		<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF	<input type="checkbox"/> TSI <input type="checkbox"/> Surfacing <input type="checkbox"/> Misc.				

RACM WASTE TRANSPORTER

Check if same as Asbestos Project Contractor

Contractor, Individual or Company Name

Mailing Address City State Zip County

Telephone Number

Fax Number

Contractor Contact Person (First and Last Name)

ACM WASTE DISPOSAL SITE

- Allied Waste Systems - Missoula
- Butte Silver Bow - Butte
- City of Billings - Billings
- City of Hardin - Hardin
- City of Malta - Malta
- City of Shelby - Shelby
- Other:
- Coral Creek - Baker
- Daniels County - Scobey
- Flathead County - Kalispell
- High Plains Site 1 - Great Falls/Floweree
- Libby Class II - Libby
- Miles City - Miles City
- Northern MT - Conrad
- Park County - Livingston
- Richland - Sidney
- Sheridan County - Plentywood
- Valley County - Glasgow
- Valleyview - Helena

An applicant for an Annual Asbestos permit shall submit to the department:

- A Health and Safety Plan per MCA 75-2-504
To meet the requirements of 75-2-504, MCA, ACP will conduct a review to confirm a HASP exists for each facility permitted under an annual asbestos project permit prior to initiation of asbestos projects. DEQ's review will focus on criteria designed to ensure the risk of exposure to asbestos is reduced at the facility and that the permitted facility continuously employs accredited asbestos workers. DEQ is not "approving" the health and safety plan and the permittee must meet all obligations under state and federal law, including OSHA.

Print First and Last Name of Project Designer (PD)

(Accreditation Number/Exp. Date)

I certify that an individual/s trained in the provisions of 40CFR part 61, subpart M will be onsite during the renovation/demolition project with the exception of demolitions where the asbestos inspection report indicates no asbestos is present; that evidence of required training accomplished by this person will be available for inspection during project work schedule; all work pursuant to the authorization of the Asbestos Project Permit/Demolition Acknowledgment will be performed in accordance with 40CFR part 61, subpart M, Montana Code Annotated §§75-2-501 through 519, Administrative Rules of Montana 17.74.301 through 406; that all asbestos containing waste materials removed during this project shall be transported properly and disposed of in an approved Class II or IV disposal facility; and that for all projects, as applicable, a copy of the application, approved acknowledgment, and asbestos inspection report/s will be posted on site on-site for the department to review. I certify that all information herein is correct and accurate.

Printed Name / Signature

Date

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

DEQ US ONLY	Amount Received	Check Number	Date Received	Date Approved
	ACCT 502702	Fund 02202	ORG 494832	Receipt Number