

This notice must be submitted to the department two weeks (10 working days) prior to the start of work

****This form may only be used for building demolitions and when no ACM has been identified or no ACM will be left in the facility.***

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

DEMOLITION CONTRACTOR (Operator)

Demolition/Renovation Contractor, Individual or Company Name

Mailing Address City State Zip County (Montana only)

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

Telephone Number Fax Number

SITE/BUILDING OWNER

Owner Name

Mailing Address City State Zip County (Montana only)

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 the 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 ~ Hospital ~ Industrial ~ Miscellaneous ~ Office ~ Public Building ~ Residence ~ School ~ Ship/Boat ~ University/College ~ Vacant

C H I M O P R S B U V

LOCATION PRIOR USE*

C H I M O P R S B U V

PRE-RENOVATION/DEMOLITION ASBESTOS INSPECTION INFORMATION

Is Asbestos Present? Yes* No Inspection Date:

Printed Name of Inspector Who Performed Inspection Accreditation Number Expiration Date

The above-referenced inspection report must be kept on site during demolition activities.

SCHEDULED DATES FOR DEMOLITION

Start Date (mm/dd/yyyy)

Complete Date (mm/dd/yyyy)

PROJECT PLAN

Description of planned demolition method(s) to be used:

Description of work practices and engineering controls to be used to prevent emissions at the demolition site:

Description of procedures to be followed in the event that unexpected asbestos is found:

I certify that an individual trained in the provisions of 40 CFR part 61, subpart M will be on-site during the demolition; that evidence of the required training accomplished by this person will be available for inspection during the demolition work hours; that all work will be performed in accordance with 40 CFR part 61, subpart M, Mont. Code Ann. §§ 75-2-501--519, ARM 17.74.301 - 17.74.406; that there are no asbestos-containing waste materials or the materials were previously removed under an approved project permit and transported properly and disposed of in a State-approved Class II landfill or similar approved asbestos disposal facility; and that a copy of the asbestos inspection report will be posted on site during the demolition activities. I also certify that all the information contained herein is correct.

Printed Name / Signature

Date

**Mail completed form to: MT DEQ Asbestos Control Program, 1520 East 6th Avenue, PO Box 200901, Helena, MT 59620-0901
Or E-Mail to deqacponline@mt.gov**

Got List Serve? <http://svc.mt.gov/deq/ListServe/asbestosStep1.asp>

MONTANA DEMOLITION NOTIFICATION
Form MTACP02-R6