

ASBESTOS PROJECT PERMIT APPLICATION

To be submitted to the department at least two weeks (10 working days) prior to the start of work.

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

ACCOUNTING CODE: 574832 / 502702 / 02202

TYPE OF ACTIVITY

<input type="checkbox"/> Encapsulate (S)	<input type="checkbox"/> Remove (V)	<input type="checkbox"/> Transport/Disposal (TD)	<input type="checkbox"/> Revision to Permit No:
<input type="checkbox"/> Enclosure (N)	<input type="checkbox"/> Renovation (R)	<input type="checkbox"/> Repair (P)	MT P/N/C/F:

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

<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
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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
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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 the asbestos project, and during subsequent renovations or demolition.

SCHEDULED DATES FOR ON-SITE ASBESTOS PROJECT*

Start Date (mm/dd/yyyy)	Complete Date (mm/dd/yyyy)
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*T&D of waste not done under permit is noted below.

SCHEDULED DATES FOR ASBESTOS WASTE DISPOSAL

(When not disposed of during permitted dates.)

Start Date (mm/dd/yyyy)

Complete Date (mm/dd/yyyy)

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

Amount	Measurement	Regulated ACM (Description)	Non-Friable ACM to be removed		Non-Friable ACM <u>not</u> to be removed	
			CAT I	CAT II	CAT 1	CAT II
1	<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> EA					
2	<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> EA					
3	<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> EA					
4	<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> EA					
5	<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> EA					
6	<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> EA					
7	<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> EA					

RACM WASTE TRANSPORTER	<input type="checkbox"/> Check if same as Asbestos Project Contractor
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Contractor, Individual or Company Name

Mailing Address

City	State	Zip	County
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Telephone Number	Fax Number	Contractor Contact Person (First and Last Name)
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ACM WASTE DISPOSAL SITE		
<input type="checkbox"/> Allied Waste Systems - Missoula	<input type="checkbox"/> Coral Creek - Baker	<input type="checkbox"/> Northern MT - Conrad
<input type="checkbox"/> Butte Silver Bow - Butte	<input type="checkbox"/> Daniels County - Scobey	<input type="checkbox"/> Park County - Livingston
<input type="checkbox"/> City of Billings - Billings	<input type="checkbox"/> Flathead County - Kalispell	<input type="checkbox"/> Richland - Sidney
<input type="checkbox"/> City of Hardin - Hardin	<input type="checkbox"/> High Plains Site 1 - Great Falls/Flowerree	<input type="checkbox"/> Sheridan County - Plentywood
<input type="checkbox"/> City of Malta - Malta	<input type="checkbox"/> Libby Class II - Libby	<input type="checkbox"/> Valley County - Glasgow
<input type="checkbox"/> City of Shelby - Shelby	<input type="checkbox"/> Miles City - Miles City	<input type="checkbox"/> Valleyview - Helena
<input type="checkbox"/> Other:		

PROJECT DESIGN INFORMATION

Description of transportation & disposal procedures, or planned demolition or renovation work and method(s) to be used:

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

See Annual Standard Operating Project Design (SOPD), Number:

Description of procedures to be followed in the event that unexpected asbestos is found or previously non-friable asbestos material becomes crumbled, pulverized, or reduced to powder:

Print First and Last Name of Project Designer (PD)

(Accreditation Number/Exp. Date)

I certify that: an individual trained in the provisions of 40 CFR part 61, subpart M will be on-site during the demolition or renovation; that evidence of the required training accomplished by this person will be available for inspection during the project work hours; that all work pursuant to the authorization of the Asbestos Project Permit 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 all 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; and that for all projects, as applicable, a copy of the application, approved permit, project design, sketch, list of workers, and asbestos inspection report will be posted on site, and that a copy of the contract will be on site available for department review. I also certify that all the information contained herein is correct.

Printed Name / Signature	Date
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Contract Volume and Fee Information	Cost	Fee Total	Check No.	Receipt Log No.
Associated Costs	x .10			
Non-Associated Costs				

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

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

**SPECIAL NOTE:
FOR ASBESTOS PROJECTS PLEASE ENSURE THE FOLLOWING IS POSTED ON SITE PER ARM 17.74.355**

- A. Approved permit from the department.
- B1. Project design with sketch. -OR-
- B2. Current Contractor Annual Standard Operating Project Design, project specific sketch, and approved variance request.
- C. List of accredited asbestos personnel with their accreditation ID numbers and expiration dates.
- D. Asbestos inspection report.
- E. *FOR WORK AT SCHOOLS: Copy of the initial course certificate and the most recent refresher certificate (Per 40 CFR 763, Subpart E, App. C, paragraph I(C)).*