

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>

ACCOUNTING CODE: 574832 / 502702 / 02202

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 RI 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 | <input type="checkbox"/> Check if same as Asbestos Project Contractor |
|-------------------------------|---|

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|--|
| Contractor, Individual or Company Name |
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| | | | | |
|-----------------|------|-------|-----|--------|
| Mailing Address | City | State | Zip | County |
|-----------------|------|-------|-----|--------|

| | | |
|------------------|------------|---|
| Telephone Number | Fax Number | Contractor Contact Person (First and Last Name) |
|------------------|------------|---|

| 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: | | |

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

- A Health and Safety Plan per MCA 75-2-504
- Documentation of employment of accredited asbestos workers (by internal employees or contract with outside company)

The asbestos HASP shall contain the following elements:

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> • Background info on Asbestos • Health Effects • Pre-Abatement Considerations • Medical Surveillance • Establishing Work Area | <ul style="list-style-type: none"> • Establishing Decontamination • Controlling Exposure • Safety and Health issues • Removal Techniques • Cleaning Work Area | <ul style="list-style-type: none"> • Post Abatement Lockdown • Sampling and Analytical methods • Waste Transport • Waste Disposal • Regulations |
|---|--|--|

| | |
|--|----------------------------------|
| 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

| | | | |
|-----------------|--------------|---------------|----------------|
| Amount Received | Check Number | Date Received | Date Approved |
| ACCT 502702 | Fund 02202 | ORG 494832 | Receipt Number |

DEQ USE ONLY

