

APPENDIX O

EXAMPLE PERMITS

PROJECT NOTIFICATION FOR ASBESTOS RENOVATION, ENCAPSULATION OR DEMOLITION



COMPLETE AND RETURN TO: (WITH FEES): EPD-ASBESTOS FEES
 P.O. BOX 101173
 ATLANTA, GA 30392

(NO FEES): DEBBIE HAMMOND
 FAX: 404-362-2693

OR MAIL TO: EPD ASBESTOS PROGRAM
 4244 INTERNATIONAL PKWY STE 104
 ATLANTA GA 30354

STATE USE ONLY (Rev. 10/2002)		ACTS ID#	
Project Inspector	Date Assigned	ACTS Input By	
Fee Deposit Information		Batch #	
Received By	Date	Fees Paid	Additional Fees Due
Check #	Deposit #		

- I. Type of Notice & Project:**
- | | | |
|--|---|--|
| <input type="checkbox"/> Original | <input type="checkbox"/> Revision # _____ | <input type="checkbox"/> Courtesy |
| <input type="checkbox"/> Renovation Only | <input type="checkbox"/> Renovation, Pre-Demo | <input type="checkbox"/> Joint Renovation/Demo |
| <input type="checkbox"/> Demolition Only | <input type="checkbox"/> Ordered Demolition* | <input type="checkbox"/> Emergency* |
| | | <input type="checkbox"/> Encapsulation |
| | | <input type="checkbox"/> Annual Blanket Notice |

II. Site Information: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Nearest Major Intersection/Highway: _____

Size of Bldg: _____ (SF) Age of Bldg: _____ Number of Floors in Bldg: _____

Specific Location of Abatement in Bldg: _____

Present Use: _____ Prior Use: _____

Contact Person: _____ Telephone: _____

III. Contractor Information

A. Asbestos Removal Contractor: (Firm Name) _____

Licensed Agents Name: _____ License No.: _____ Exp. Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Contact Person: _____ Telephone: _____

B. Demo/Sub/General Contractor: (Firm Name) _____

Description of Job Contracted: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Contact Person: _____ Telephone: _____

IV. Project Dates (MM/DD/YY):



Demolition:

Start: ____/____/____ Stop: ____/____/____ Work Days: _____ Work Hours: _____

Asbestos Removal:

Start: ____/____/____ Stop: ____/____/____ Work Days: _____ Work Hours: _____

V. ACM Information

Is Asbestos Present? Yes No Friable Non-Friable

VI. Asbestos Inspection:

Did an AHERA Accredited Asbestos Inspector inspect the site? _____ Yes _____ No

Inspector Name: _____ Telephone No.: _____

Employer: _____

Course Name: _____ Cert #: _____ Expiration Date: _____

VII. Total Asbestos Quantities To Be Removed:

	RACM	TYPE	CAT I	TYPE	CAT II	TYPE
LF	_____	_____	_____	_____	_____	_____
SF	_____	_____	_____	_____	_____	_____
CF	_____	_____	_____	_____	_____	_____

VIII. Will Asbestos Remain in Project Area? Yes _____ No _____ Unknown _____

Explain: _____

IX. Method of Demolition and/or Renovation activity and description of work practices and engineering controls to be used:

X. Waste Transporter: _____ County: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contact Name: _____ Telephone Number: _____

XI. Waste Disposal Site Name: _____ Permit #: _____ County: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contact Name: _____ Telephone Number: _____

XII. Owner of Project Site/Facility: _____ County: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contact Name: _____ Telephone Number: _____

XIII. I certify that an individual trained in the provisions of the Federal Regulations (NESHAP/40 CFR 61 Subpart M) will be on site during the demolition or renovation, and evidence that this person has accomplished the required training will be available for inspection during normal business hours.

I certify that all of the above information is correct.

License #: _____

Date: _____

 Type or Print Name of Agent/Designee

Abtmt Contr _____ Other Contr _____ Owner _____ Consultant _____

 Signature

XIV. Fee Notice:

Total RACM Removal Amount in (Lb Ft/Sq Ft): _____

Fee Payment: \$ _____ Check #: _____

Revised Total RACM Removal Amount in (Lb Ft/Sq Ft): _____

Total Fees Due: \$ _____ Fee Payment Adjustment: \$ _____ Check #: _____

Fee Schedule	Residential Projects	Other Projects
	Ten cents (\$.10) per linear foot or square foot of friable asbestos, subject to a minimum fee payment of \$25.00 and a maximum fee payment of \$50.00 per house.	Ten cents (\$.10) per linear foot or square foot of friable asbestos, subject to a minimum fee payment of \$25.00 and a maximum fee payment of \$1,000.00.

Houston County MSW Landfill

2018 Kings Chapel Road

Perry, Georgia 31069

Telephone: (912) 987-0089

Fax: (912) 987-0102

Profile No. _____

(Assigned by Houston County)

SPECIAL WASTE ACCEPTANCE APPLICATION (SWAA)

Generator Name: _____

Contact: _____

Address: _____

Telephone: _____

Fax: _____

Description of Waste: _____

Source / Location of Waste: _____

Waste Quantity: _____

Cubic Yards

Tons

Frequency of Disposal: Daily Weekly Monthly One Time Other

LABORATORY DATA (Please attach a hard copy of laboratory test data)

Physical Properties: Physical State: _____ Solid Semisolid Liquid Color: _____
 Halogenated Organics: _____ mg/kg Flash Point: _____ °F Odor: Yes No
 Water Content: _____ % by Weight Paint Filter Test Passed Failed
 Reactive: No Yes With H₂S _____ mg/kg HCN _____ mg/kg Others _____ mg/kg
 pH Value _____ (S.U.) Infectious: Yes No:

Chemical Properties: (Concentrations in mg/l)

(TCLP) Arsenic	_____	m-Cresol	_____	Hexachlorobenzene	_____	Pyridine	_____
Barium	_____	p-Cresol	_____	Hexachlorobutadiene	_____	Selenium	_____
Benzene	_____	Total Cresol	_____	Hexachloroethane	_____	Silver	_____
Cadmium	_____	2,4-D	_____	Lead	_____	Tetrachloroethene	_____
Carbon Tetrachloride	_____	1,4 Dichlorobenzene	_____	Lindane	_____	Toxaphene	_____
Chlordane	_____	1,2 Dichloroethane	_____	Mercury	_____	Trichloroethene	_____
Chlorobenzene	_____	1,1 Dichloroethylene	_____	Methoxychlor	_____	2,4,5 Trichlorophenol	_____
Chloroform	_____	2,4 Dinitrotoluene	_____	Methyl Ethyl Ketone	_____	2,4,6 Trichlorophenol	_____
Chromium	_____	Endrin	_____	Nitrobenzene	_____	2,4,5TP (Silvex)	_____
o-Cresol	_____	Heptachlor (a hydroxide)	_____	Pentachlorophenol	_____	Vinyl Chloride	_____

None of the above constituents exceed TCLP disposal limits _____

Others (List) _____

Other Information: Delivery method: Bulk Other _____

Regulatory Agency Approval Received: Yes No

Permit Number _____

Material Safety Data Sheet Provided: Yes No

Generator's Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. To the best of my knowledge, the material described above is not classified as hazardous waste under current regulations, and I agree to notify Houston County MSW Landfill if such classification changes. The attached information provided is true and accurate to the best of my knowledge."

Signature of Authorizing Agent _____

Date _____

Name of Agent (Typed or Printed) _____

Title _____

Waste Management Report (Monthly)

Contract Number: _____
 Contractor: _____
 Contractor POC: _____
 Phone No: _____

Gov't Inspector: _____
 Project # Title: _____
 Date: _____

I. Sanitary Landfill Waste

Quantity (tons): _____
 Landfill Site: _____
 Tip fee/ton (\$/ton): _____
 * Total cost of disposal (\$): _____
 * Total cost/ton (\$/ton): _____

II. Inert Landfill Disposal

Quantity (tons): _____
 Landfill Site: _____
 * Total cost of disposal (\$): _____
 * Total cost/ton (\$/ton): _____

III. Alternatives to Landfilling (Recycling Strongly Encouraged)

Type Of Material	Quantity (pounds or tons)	Destination	* Handling and Transportation Cost (\$)	* Expected Revenue and Tip Fee Earnings (\$)	* Net Cost (\$)	* Cost if Landfilled (\$)	* Comparison Cost (+) / Savings (-)
Cardboard							\$ -
Dimensional Wood							\$ -
Beverage Containers							\$ -
Land Debris							\$ -
Concrete							\$ -
CMU							\$ -
Asphalt							\$ -
Metals - All Types							\$ -
Gypsum Board							\$ -
Paint							\$ -
Carpet							\$ -
Insulation							\$ -
Glass							\$ -
Cast Stone							\$ -
Wood Material							\$ -
Electric Cable							\$ -
PVC Piping							\$ -
Rubber Flooring							\$ -
Raised Flooring							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -

IV. Total net cost (+) or savings (-) from all alternatives to landfilling all project waste \$ -

V. Means of keeping recyclables free of contamination

All similar materials will be grouped together based on the requirements of the recycling center. All dissimilar materials will be kept in separate containers/bins in order to avoid contamination.

VI. Meetings to be held to address waste management

At regularly scheduled job site coordination/progress meetings and at job safety meetings, waste management requirements will be discussed to clarify any confusion with craftspeople.

* Optional

Air Quality Data Required Large Item Paint/Depaint Facilities

Upon receiving the following data, CE shall forward the information to EM.

Requirements	Answer
Stack Height?	
Number of Stacks?	
Total Facility Airflow? (If multiple stacks, airflow per stack?)	
Stack Diameter?	
Paint Hangar Filter Efficiency Rating?	
Depaint Hangar Filtration Type and Efficiency Rating?	
Make and model of control devices?	
Location of stacks?	
Bldg height?	