

APPENDIX E

EXAMPLE PERMITS AND REPORTS

DATE: _____

AIRFIELD ZONE - TEMPORARY CONSTRUCTION WAIVER

Any construction projects within the airfield zone (shown on CEC drawing cover sheets) need this checklist filled out and submitted to the Base Community Planner at least 60 days prior to start of construction. (Specification 01040, para. 1.05) Submit to Mr. Hayden Hinton, 778 CES/CECP, 478-926-3533, Ext 28808. E-mail address is Hayden.Hinton@robins.af.mil.

CONSTRUCTION MANAGER _____ PHONE # _____ OFFICE _____

PROJECT # _____ W/O # _____ TITLE _____

EST FIELD WORK START DATE: _____ EST COMPLETION DATE: _____

NOTE: Provide crane data if crane is over 200 feet in reach.

ATTACHMENTS:

- 1. DRAWINGS TO SHOW
 - A. CONSTRUCTION SITE
 - B. CONSTRUCTION MATERIAL STORAGE AREA IF DIFFERENT FROM CONSTRUCTION SITE
 - C. HAUL ROUTE
- 2. AFF 332, WORK REQUEST, IF AVAILABLE

COMMENTS:

DETERMINATION OF BASE COMMUNITY PLANNER:

- _____ 1. WAIVER IS NOT REQUIRED.
- _____ 2. WAIVER IS REQUIRED. ALLOW _____ DAYS FROM DATE OF SUBMITTAL FOR PROCESSING.

SIGNED: _____ DATE: _____
BASE COMMUNITY PLANNER/REP

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.



78th CIVIL ENGINEER GROUP DIGGING PERMIT

This permit is valid only if a Utility Protection Commission (UPC) ticket number has been issued to the permittee for the same site. The UPC expires at the close of business on the 14th calendar day after the date of approval. The CE Digging Permit expires at the 21st Day or expiration date. It is the permittee's responsibility to call 1-800-282-7411 to obtain a UPC ticket number.

No digging is allowed until this form is approved by the 78th Civil Engineer Group.

Purpose: A digging permit is required for all work (contract or in-house) that may disrupt aircraft, vehicular, or personnel traffic flow; base utility services; protection provided by fire and intrusion alarm systems; or routine activities of the installation. This form is used to coordinate the required work with key base activities and to identify potentially hazardous work conditions in an attempt to prevent the accidental damage to base utilities and to ensure the proper restoration of the excavated site.

Site Maintenance: It is the responsibility of the permittee to ensure the area is kept marked at all times.

Damage: Digging near marked cables shall be accomplished as spelled out in the contract specifications and drawings. Any damage to cables or utilities will be reported immediately to the Civil Service Call, 926-5657, and to your inspector. Permittee also agrees not to use "plowing" implements to trench and install utilities. All cost to restore service to base utilities resulting from damage will be billed to permittee.

Permit: _____ Control No: _____

1. Clearance is requested to proceed with work at _____
Work Order: _____, Project/Contract: _____
involving the excavation or utility disturbance per attached sketch

2. Date Coordination Started: _____ 3. Projected Work Start Date: _____

4. Description of Work/Remarks: _____

5. I certify that the subcontractor(s) have been or will be briefed on the method and limits of excavation and will be provided a copy of this form to retain while working on Robins AFB. All subcontractors on the work site will comply with precautionary measures.

6. Requestor: _____ Signature: _____
Organization/Company: _____ Phone: _____

Road Cuts:

Approved by: _____ Date: _____

Restoration:

1. I agree to comply with the site restoration plan as outlined on the attached.
2. I certify that I have personally visited the site covered under this permit and that the site will be properly restored in accordance with the attached restoration plan.
3. Project Monitor: _____ Phone: _____ Date: _____

Approved by: _____ Date: _____ Expires: _____

NO PERMIT WILL BE ISSUED WITHOUT THE UPC NUMBER WITH START AND EXPIRATION DATES.

NUMBER	START DATE	END DATE
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AGENCY	LOCATION	PHONE	ACTION	REMARKS	INITIALS	DATE
				OKAY TO DIG	Future Action Required	
Alarms Cathodic Controls	Bldg 1555	6-5820 x179				
Ext/Interior Electric	Bldg 1555	6-5820 x193				
Chillwater Steam Lines	Bldg 1555	6-5820				
WaterLines SewerLines Natural Gas	Bldg 1555	6-5820 x205				
Pavements Ground Drainage	Bldg 1555	6-5820 x200				
Fire Dept	Bldg 280	6-3533 x28604				
Eng/Enviro Planning	Bldg 376	6-1197 x125				
POL Systems	Bldg	7-3817				
78th CS Plans Section	Bldg 214	6-7652				
B.T.S. Lucent Tech	Bldg 214	6-1119				
Watson Cable	1127 Leverett	922-9440				
Cox Cable	Hwy 247	784-5134				
JAPA Maint	Bldg 1346	6-3931				

FOR FLIGHTLINE OPERATIONS						
Security Police	Bldg 263	6-2118				
Base Operations	Bldg 263	6-2114				
78th CS Plans Section on flightline	Bldg 210	6-4114				

SPECIAL PROVISIONS/RESTRICTIONS

1. Security police must approve any interference with normal traffic flow, "ALL LOCATIONS".
2. All Utilities must be located by hand when digging within 3 feet of any utility.
3. **ALL UTILITY DAMAGE**, regardless of severity, must be reported to the Civil Engineering "Service Call" immediately at 926-5657.
4. Under certain circumstances, "**NO**" digging will be allowed. You will be notified of "no digging" dates.

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

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 _____