



ASBESTOS ABATEMENT PROJECT LICENSE APPLICATION
 BUREAU OF AIR QUALITY • ASBESTOS SECTION • 2600 BULL STREET • COLUMBIA • SC • 29201

TYPE OF OPERATION: Standard Removal Emergency Removal Enclosure Encapsulation Cleanup Disposal

FOR OFFICE USE Postmark/Received: _____	Original <input type="checkbox"/> / Revised <input type="checkbox"/> / Cancellation <input type="checkbox"/> (check one)	Project License I.D. (For Revisions/Cancellations): _____
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I. FACILITY OWNER: _____
 MAILING ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 CONTACT PERSON: _____ PHONE: (____) _____

II. REMOVAL CONTRACTOR: _____
 MAILING ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 CONTACT PERSON: _____ PHONE: (____) _____
 E-MAIL ADDRESS: _____ E-MAIL PERMIT OR MAIL PERMIT
 FEDERAL I.D. NUMBER: _____
 DHEC CONTRACTOR LICENSE NO. (If applicable): _____ EXPIRATION DATE: _____

III. FACILITY NAME: _____
 STREET ADDRESS: _____
 CITY: _____ STATE: _____ COUNTY: _____
 SITE (ROOM, FLOOR, WING, UNIT, MACHINE, ETC.): _____
 BUILDING SIZE: _____ NO. OF FLOORS: _____ AGE IN YEARS: _____
 PRESENT USE: _____ PRIOR USE: _____ FUTURE USE: _____

IV. PROCEDURES, INCLUDING ANALYTICAL METHOD IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:
 FACILITY OR FACILITY COMPONENT SURVEYED BY (INSPECTOR NAME): _____
 COMPANY: _____ PHONE: (____) _____
 DHEC LICENSE NUMBER: _____ EXPIRATION DATE: _____

V. PROJECT DESIGN PERFORMED BY (IF APPLICABLE): _____
 COMPANY: _____ PHONE: (____) _____
 DHEC LICENSE NUMBER: _____ EXPIRATION DATE: _____

VI. ASBESTOS-CONTAINING MATERIALS (ACM) **TO BE REMOVED ONLY:**

TYPE (TSI, SURFACING, FLOORING, ROOFING, ETC.)	AMOUNT (SQUARE FEET, LINEAR FEET, CUBIC FEET)	CONDITION (CIRCLE ONE)
		<input type="checkbox"/> FRIABLE <input type="checkbox"/> NON-FRIABLE
		<input type="checkbox"/> FRIABLE <input type="checkbox"/> NON-FRIABLE
		<input type="checkbox"/> FRIABLE <input type="checkbox"/> NON-FRIABLE
		<input type="checkbox"/> FRIABLE <input type="checkbox"/> NON-FRIABLE

VII. SCHEDULED DATES OF REMOVAL: START DATE: _____ COMPLETION DATE: _____
 WORK DAYS: _____ WORK HOURS: _____

<p>APPLICATIONS MUST BE SUBMITTED WITH FEES PRIOR TO THE SCHEDULED START DATE AS FOLLOWS: NESHAP PROJECTS: 10 WORKING DAYS SMALL PROJECTS: 4 WORKING DAYS MINOR PROJECTS: 2 WORKING DAYS</p> <p>Non-Friable (NESAP-sized) Projects: 4 working days. No fee for non-friable ACM. For additional information concerning regulatory requirements call or visit our Web site at http://www.scdhec.gov/environment/baq/asbestos.aspx</p>	<p>FEE SCHEDULE FOR FRIABLE ASBESTOS-CONTAINING MATERIALS: 10 CENTS PER SQUARE FOOT OR LINEAR FOOT MINIMUM FEE OF \$25.00 MAXIMUM FEE OF \$1000.00</p>
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VIII. DESCRIPTION OF PLANNED ABATEMENT WORK & METHOD(S) TO BE USED:

IX. DESCRIPTION OF WORK PRACTICES & ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE RENOVATION SITE:

X. WASTE TRANSPORTER #1: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: (_____) _____

WASTE TRANSPORTER #2: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: (_____) _____

XI. WASTE DISPOSAL SITE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: (_____) _____

TEMPORARY ASBESTOS STORAGE CONTAINMENT AREA LICENSE NUMBER (IF APPLICABLE): _____

XII. DESCRIPTION OF EMERGENCY REMOVAL (PLEASE ATTACH A LETTER FROM THE FACILITY OWNER EXPLAINING THE NATURE OF THE EMERGENCY)

DATE & HOUR OF EMERGENCY (MM/DD/YY): _____

DESCRIPTION OF SUDDEN, UNEXPECTED EVENT:

EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS AND/OR WOULD CAUSE EQUIPMENT DAMAGE AND/OR AN UNREASONABLE FINANCIAL BURDEN:

XIII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLD, PULVERIZED OR REDUCED TO POWDER:

XIV. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

(SIGNATURE OF OWNER/OPERATOR)

(DATE)

XIV. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

(SIGNATURE OF OWNER/OPERATOR)

(DATE)