

City of St. George
Demolition Air Quality Application

DEMOLITION PROJECT REQUIREMENTS

The following check list must be completed on all demolition projects and returned to the City with your permit application.

- Contact a state certified asbestos inspector to complete an assessment of the structure
(s). Local contacts for asbestos inspections: All Clear 435-680-8992
 Paul Sullivan 435-680-3064
 Randy Guymon 435-703-3462
- If asbestos is present, follow the specific guidelines of the Utah Division of Air Quality (this information is enclosed).
- Submit application with the Utah Division of Air Quality (enclosed).
- Submit application with the Washington County Solid Waste (enclosed).
- Contact Neil Schwendiman of Washington County Solid Waste (435-673-2813) for a walk-thru inspection after asbestos removal or before demolition (see attached information for Demolition Disposal and Asbestos Waste Profile Sheet).
- Schedule a demolition site inspection with Clint Hafen, a minimum of 24 hours in advance of the demolition start up (435-627-4058)

OFFICE USE ONLY

- Asbestos Inspection
- Utah Division Air Quality Application and Fee (\$50.00)
- Washington County Solid Waste & Asbestos Waste Profile Application
- City of St. George Air Demolition Application and Fee (\$100)
- Site Inspection with Neil Schwendiman of WCSW
- Schedule Site Inspection with Clint Hafen

City of St. George
Demolition Air Quality Application

AIR QUALITY DEMOLITION APPLICATION

Project Name: _____

Project Address/Location: _____

Demolition Contractor: _____ Business Address: _____

City Business License #: _____ Demolition Contractor License #: _____

On Site Contact: _____ Estimated Start Date: _____

Office Phone #: _____ Mobile Phone #: _____

DUST CONTROL METHODS:

Implementation of dust suppression measures shall be conducted prior to the start up of operations. Measures to control dust shall continue until final stabilization of the site is completed.

Identify the method(s) to be used for dust control. Pre-watering of the structure(s) is required.

- Fire hydrant with hand held water line
- Water truck
- Other (Describe) _____

Commercial trucks transporting demolition materials on public roadways shall have a covering over the entire load to prevent materials from blowing, spilling, or otherwise escaping from the vehicle.

Scheduling an inspection of the site prior to start up of activities is a requirement of this permit. Contact Clint Hafen at 435-627-4058.

I agree to abide with the requirements of the City of St. George Air Quality Regulations.

Contractor / Applicant: _____

Signature

Date

Printed Name

Official Use Only – City Review

Demolition Fee \$100.00	Code 10-3414	Receipt #	
-------------------------	--------------	-----------	--

Additional requirements and/or special conditions:

Development Services Approval _____ Date _____



UTAH DIVISION OF AIR QUALITY
195 North 1950 West, 4th Floor
P.O. Box 144820
Salt Lake City, UT 84114-4820

Postmark Date: _____
 Initials: _____
 Fee Received: _____
 Check #/Credit Card: _____

10 WORKING-DAY ASBESTOS NOTIFICATION

Please complete fully!!
Incomplete notifications may not be accepted

1 Fee \$ _____

2 Facility Name _____
 Address _____
 City _____ County _____ Zip Code _____
 Part of Facility Involved,(e.g.. floor #, room #, area etc.) _____
 Age of Facility _____ Size _____ # of Floors _____
 Present Use _____ Prior Use _____ Future Use _____

3 Facility Owner/Operator Name _____
 Address _____ City _____ State _____ Zip Code _____
 Contact Person _____ Phone Number _____
 Email _____

4 Asbestos Contractor Name _____ ID Number _____
 Address _____ City _____ State _____ Zip Code _____
 Contact Person _____ Phone _____
 Email _____

5 Dates of Asbestos Removal Prep Date _____ Start Date _____ Ending Date _____
 Working Days and Hours S M T W H F S from _____ am/pm to _____ am/pm

6 Asbestos Containing Material (ACM) to be removed, list amounts and units of measure

ceiling spray _____	floor tile/mastic _____
sheet vinyl _____	transite _____
pipe insulation _____	vermiculite _____
tank insulation _____	other (please specify) _____
sheetrock _____	other (please specify) _____
Total Surfacing (sq. ft.) _____	Total Pipe Covering (linear ft.) _____

(turn over and fill out reverse side)

7 I certify that all the information in this notification is true and correct.
 Signature of Owner/Operator _____ Date: _____
 Print name and title of Owner/Operator _____

OFFICIAL USE ONLY!

Date Accepted _____ Date Rejected _____
 Reviewers Initials _____ Doc #: _____
 Rejection Comments: _____

8 Asbestos Inspection Information

Name of Utah Certified Inspector _____ ID Number _____
 Name of Utah Certified Asbestos Company _____ ID Number _____
 Analytical Method used for asbestos analysis _____
 Date of Inspection _____
 Is friable asbestos present? _____ Was it sampled or assumed? _____
 Is non-friable asbestos present? _____ Was it sampled or assumed? _____

9 Person Trained in the Provisions of the NESHAP who will supervise asbestos project

Name _____ State Certification Number _____

10 Describe the scope of the project (e.g.. boiler replacement, seismic upgrade etc.)

11 Describe the engineering controls or rule options to be used to control asbestos.

12 Waste Transporter I

Address _____ City _____ State _____ Zip Code _____
 Contact Person _____ Phone number _____

13 Waste transporter II

Address _____ City _____ State _____ Zip Code _____
 Contact Person _____ Phone number _____

14 Waste Disposal Site

Address _____ City _____ State _____ Zip Code _____
 Contact Person _____ Phone number _____

15 Individual receiving signed waste shipment record.

Phone number _____

16 Description of procedures to be followed in the event that unexpected RACM is found or generated during the project.

Attach additional pages as necessary to complete this form.

Fee Calculation						
Type of Structure	Base Fee	Abatement Unit Fee	Total Feet	Abatement Unit Fee	Total Feet	Total Fee
			under 10,000(sq.ft plus lin. ft.)		over 10,000(sq.ft plus lin. ft.)	
Owner Occupied Res.	\$50.00	+	X \$7.00 per 100 ft	+	X \$3.50 per 100 ft	
Other Structure	\$150.00	+	X \$7.00 per 100 ft	+	X \$3.50 per 100 ft	

Notifications can be submitted by email to:
 asbestos@utah.gov

A fee calculator is available at:

<http://www.deq.utah.gov/ProgramsServices/programs/air/asbestos/index.htm>

Payment by credit card, call:
 801-536-4000

Fees calculations will be verified by DAQ



UTAH DIVISION OF AIR QUALITY

195 North 1950 West, 4th Floor

P.O. Box 144820

Salt Lake City, UT 84114-4820

Postmark Date: _____

Initials: _____

Fee Received: _____

Check #/Credit Card: _____

10 WORKING-DAY NOTIFICATION OF DEMOLITION - no asbestos removed

Intentional Burning

1 Fee \$75 for first 5,000 sq. ft, then incremental charges per sq. ft. over 5,000 sq. ft. \$ _____

See fee calculator at <http://www.deq.utah.gov/ProgramsServices/programs/air/asbestos/index.htm>

2 Facility Name _____

Address _____

City _____ County _____ Zip Code _____

Part of Facility Involved,(e.g. floor #, room #, area etc.) _____

Age of Facility _____ Total Size _____ # of Floors (include basement) _____

Present Use _____ Prior Use _____ Future Use _____

3 Facility Owner/Operator Name _____

Address _____ City _____ State _____ Zip Code _____

Contact Person _____ Phone Number _____

Email _____

4 Demolition Contractor Name _____

Address _____ City _____ State _____ Zip Code _____

Contact Person _____ Phone _____

Email _____

5 Dates of Demolition

Start Date _____ Ending Date _____

Working Days _____ S M T W H F S

6 Asbestos Inspection Information

Date of Inspection _____

Name of Utah Certified Inspector _____ ID Number _____

Name of Utah Certified Asbestos Company _____ ID Number _____

Analytical Method used for asbestos analysis _____

Is asbestos present? _____ Was it sampled or assumed? _____

7 Asbestos Containing Material to be left in the facility during demolition, (list types and amounts).

roofing _____ flooring _____ other (please specify) _____

8 Description of procedures to be followed in the event that unexpected RACM is found or generated during the project. _____

9 I certify that all the information in this notification is true and correct.

Signature of Owner/Operator _____ Date _____

Print name and title of Owner/Operator _____

OFFICIAL USE ONLY!

Date Accepted _____ Date Rejected _____

Doc #: _____ Reviewers Initials _____

Rejection Comments: _____



Administrative Control Board Washington County Solid Waste Special Service District #1

Requirements needed for Demolition Disposal Washington County Landfill

Complete and submit the following paperwork:

- a. Asbestos Waste Profile Sheet - (This is required to gain access to the landfill)
- b. Asbestos Inspection report provided from a certified asbestos inspector. Typically called an asbestos survey report.
- c. If samples and testing occurred, provide the analytical reports.
- d. If asbestos is present, must submit abatement paperwork showing when and where the asbestos was disposed.

Local Contacts for asbestos inspections:

Paul Sullivan (435) 680-3064

All Clear (435) 680-8992

Landmark Testing (435) 986-0566

Submit all paperwork to Neil Schwendiman, Washington County Solid Waste District Manager.
Fax 435-673-8332 or Email wcsw01@gmail.com

Once paperwork has been submitted contact Neil to schedule an onsite inspection (after asbestos testing or abatement is completed). Once Neil has reviewed all paperwork and completed an onsite inspection he will sign the bottom of the Asbestos Waste Profile Sheet. This will grant you permission to dump this waste at the Washington County Landfill.

A copy of the asbestos waste profile sheet must accompany the first driver each day the demolition will be delivered to the landfill. We cannot allow any demolition to be landfilled until all paperwork is complete.

All loads must be tarped or loads will be subject to fines.

Demolition/Renovation Asbestos Clearance Certification

Requested Disposal Facility: Washington County Landfill



I. GENERATOR INFORMATION:			
Generator Name:			
Generator Site Address:			
City:	County:	State:	Zip:
Phone Number:		Email:	

II. CONTRACTOR INFORMATION:	
Company Name:	Contact Name:
Address: _____	Phone Number:
_____	Email:

III. TRANSPORTER:	
Company Name:	Contact Name:
Address: _____	Phone Number:
_____	Email:
Project Term:	Estimated Volume:

IV. PHYSICAL CHARACTERISTICS OF WASTE:	
Waste Description:	
Asbestos Survey Performed by:	
Asbestos Survey Date:	
Asbestos Detected:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Asbestos removal performed by:	
If Yes, Asbestos disposal facility:	

V. GENERATOR CERTIFICATION:

I hereby certify that to the best of my knowledge and belief, the information contained herein is a true and accurate description of the waste material being offered for disposal. I further certify that by utilizing this certification form, neither myself nor any other employee of the company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste or infectious waste, or any other waste material this facility is prohibited from accepting by law. Our company hereby agrees to fully indemnify this disposal facility against any damages resulting from this certification being inaccurate or untrue. I further certify that the company has not altered the form or content of this form as provided by Washington County Solid Waste.

AUTHORIZED REPRESENTATIVE NAME AND TITLE (PRINTED)

COMPANY NAME

AUTHORIZED REPRESENTATIVE SIGNATURE

DATE

VI. WASHINGTON COUNTY SOLID WASTE DECISION:

Approved Rejected Expiration: _____

Conditions: _____

Name, Title

Signature

Date